Conclusion The study showed that there was generally good compliance with documenting verbal consent for the procedures in the case notes or in the consent form. However, there was suboptimal use of the departmental proforma which is the Hospital standardized process of collating and documenting explicit consent.

There was no section for parental or carer signature in the department consent proforma which is an essential component of explicit consent documentation.

Following our quality improvement project, we have now redesigned our department consent proforma and included parent or carer signature which is a legal and ethical requirement. With this project we aim to improve documentation of explicit consent, patient care and safety.

We acknowledge that our study cohort cases are small numbers, it has however highlighted the areas for improvement in explicit consent taking within our practice, which would be useful in reducing the adverse medico-legal implications of incomplete consent documentation.

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POSTNATAL DIAGNOSES OF COARCTATION OF THE AORTA OR HYPOPLASTIC AORTIC ARCH PRESENTING TO A TERTIARY CARDIAC CENTRE

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Aims Review of postnatal diagnoses of hypoplastic aortic arch or coarctation of the aorta cases presenting to a tertiary regional cardiac centre. Examining if any common themes in these patients, if there is any lessons to be learned in how we may detect these patients if not done antenatally.

Methods 5 year review from January 2017 to 2021 of patients admitted to Leeds Teaching Hospitals Trust (LHTT) PICU with a primary diagnosis of Coarctation of the aorta or Hypoplastic aortic arch. The PICANET database was used to create the database. Electronic patient records (PPM) was used to gain further details, which included electronic documentation and any paper notes that had been uploaded.

Results 133 patients during this time, 120 single patient admissions, of these 48% were Coarctation and 52% Hypoplastic aortic arch. 67% male and 33% female. For postnatal diagnoses there were 64 (53%) cases, with 73% male and 27% female.

Coarctation of the aorta made up 66% of postnatal diagnoses, 68% male and 32% female. Age ranges of diagnosis was 1 day to 18months, 16% were picked up by the NIPE exam and 5% by GP exam. 66% of this group had another structural cardiac abnormality, with commonest lesions being VSD (36%), abnormal aortic valve (32%) or hypoplastic aortic arch (24%). 10.5% also had genetic conditions.

Hypoplastic aortic arches were 42% of postnatal diagnoses, 19% female and 81% male. 15% were picked up by the NIPE and 4% by GP exam. Age of diagnosis ranged from 1 day to 4 years. 96% had another structural cardiac abnormality, the commonest being coarctation of the aorta (88%), VSD (60%) or abnormal aortic valve (24%). 23% also had a genetic condition.

Commonest presenting symptoms were weak or absent femorals (44%), signs of respiratory distress (28%) and murmur (27%). 16% in total presented in collapsed state, with 10.5% coarctation patients versus 23%

Conclusion Both hypoplastic aortic arch and coarctation of the aorta were more common in males. Both had similar presenting features as described in the literature, of weak or absent femorals, murmur, feeding difficulties, respiratory distress or collapse. Coarctation of the aorta is a difficult diagnosis to make antenatally, therefore these cases continue to present in the postnatal period. In the sick newborn infant, weak or absent femorals should prompt concerns and investigations (i.e