

Introduction National Institute of Clinical Excellence (NICE-UK) guidelines covering sedation for diagnostic and therapeutic procedures has laid out recommendations for pre-sedation preparation, monitoring during the sedation along with training and skills required for health care professionals.

The following survey was conducted to identify the sedation practices in various centres across UK.

Methods Online questionnaire based on the Key Priorities of implementation (KPIs) of the guidelines. Our centre was excluded.

Results 20 units participated in the survey. The pre-sedation check list for most of the centres (94.7 to 100%) took into account medical background, anthropometric & airway assessments; however, only 6 (31.6%) centres included psychological and developmental status. NICE (UK) recommends anaesthetist advice for sedating children < 1 year- only 2 (10.5%) responses confirmed this. 8 centres (42.1%) ensured that sedation process was overseen by 2 healthcare professionals. In 5 centres (26.3%), the professional delivering sedation did not hold Advanced Paediatric Life Support qualification.

84.2–100% of the participating centres reported that oxygen saturations, respiration and heart rate were monitored routinely; BP was monitored by 7 (36.8%), and ECG monitoring by 2 centres (10.5%). 5 (26.3%) centres reported at least one adverse cardiorespiratory event during sedation.

Conclusion We could not identify any centres that were able to implement the KPIs fully for routine scan sedations, raising questions about possible practical issues. This warrants further exploration into the practical experiences of different centres. We hope to initiate a discussion aiming to weigh the benefits and practical difficulties of the sedation guidelines.

1683 PARENT PRIORITIES AND PREFERENCES AT THE OUTPATIENT VISIT

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Background and Aims The outpatient care model for children is well established. This study evaluated parent perceptions and understanding of this service in a District General Hospital.

Methods Parents attending a paediatric outpatient clinic were surveyed to discern their health priorities for their child, their understanding of the functioning of the outpatient clinic, the cost accrued by the visit and their views on alternate care delivering systems.

Results Two hundred and forty three surveys were completed by parents. Forty five (18.8%) had children less than 1 year, 91 (38.1%) were between 1 and 5 years, 50 (20.9%) were aged 6 to 10 and the remainder were 11 or older. For 202 (84.2%) it was a return visit. Their priorities were.

1. obtaining a diagnosis.
2. achieving health gain for their child.
3. being reassured.
4. being seen by a consultant.
5. being treated with courtesy.
6. having tests performed.

Ninety three (44.5%) were aware of how the clinic operated and 112 (49.1%) wished to be seen by a consultant only. To attend the clinic 84 (37.2%) took time off work, 50 (22.6%) required child minding services, 44 (27%) experienced excessive waiting and 198 (88%) accrued parking costs. One hundred and forty three (71.8%) are open to alternate care options other than the traditional outpatient visit with 141 (68.1%) accepting specialist nurse assessment, 122 (55.5%) postal assessment, and 56 (25.2%) telephone assessment by a doctor.

Conclusion The model of outpatient care has changed little in the past decades. While parents understand the process there is active interest in pursuing more family friendly models.

1684 IMPACT OF TRANSITIONAL CARE SERVICE AND COMMUNITY CHILDREN'S NURSING (CCN) TEAM ON LONG STAY ADMISSIONS IN A DGH PAEDIATRIC UNIT

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In the original audit (1998–2001) medical, nursing, social and resource issues contributing to long stay paediatric admissions (>100 days) were identified. 11 children were found with stays in excess of 100 days (4505 bed days) with an estimated cost of £1.5 million. It was also shown that, over time, social and resource factors became the predominant reasons preventing children's discharge, rather than medical or nursing issues.

As a result our Trust developed a services package aimed at facilitating early discharge and maintaining home placements for children with complex needs, including a Transitional Care Team, which provides care within the hospital based Transitional Care Unit and community settings. Additionally, there is a Community Paediatric Nursing Team who facilitate care packages, respite and competency based training for those involved in the children's care. Furthermore, there is a dedicated community paediatrician with expertise in palliative care.

We have repeated the audit 10 years later. Only 5 children stayed over 100 days resulting in 625 bed days (mean 125). This was an 86.1% reduction in bed days for patients staying greater than 100 days. Case note review suggests that in 80% (4/5) of these cases the primary reason for prolonged hospitalisation was the child's intensive medical and nursing needs. In addition the 4 children, for whom service involvement documentation was available, had active involvement from our new services.

We believe this audit confirms our impression that development of expert community based care has significantly contributed to shortening stays for our most complex and vulnerable children.

1685 MOOD DISORDERS IN POSTPARTUM PERIOD AT A RURAL TEACHING HOSPITAL IN WESTERN INDIA

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Background and Aims Post Partum Blues/Mood Disorders affects 50–80% of women in the first two weeks Post partum. Post partum depression affects 10% of women and post partum psychosis affects 1/1000 women.

Methods

1. Determine ease and feasibility of EPDS in State of Gujarat, India.
2. Determine incidence of post partum mood disorders/blues in Anand district, Gujarat.

Women delivering beyond 30 weeks at Shri Krishna Hospital, Karamsad were asked to complete EPDS survey within a week of Delivery (after informed consent). The EPDS form was translated in Gujarati language. The study was conducted for one month. EPDS score of 10.5 or more was considered high risk.

Results The prevalence of post partum blues was 48.5%. Factors associated with post partum blues were birth weight, difficulty in breastfeeding, mother's worries about the infant and whether pregnancy unwanted. 90% of the women with unwanted pregnancy had mood disorder. Addiction of husband and violence from husband were also associated to the mood disorder of the new mother. Infant death was not found to be associated with mood disorder in mothers as mothers with infants surviving as well were