

proportionately found to have mood disorder. Gender of child did not show any association with the post partum blues in the mother. **Conclusion** Post partum blues has a higher prevalence of 49% in our region. In India we need to study both the immediate post partum blues and post partum depression to understand their effects on child health.

1686 REVIEW OF CYCLICAL VOMITING SYNDROME IN A GENERAL PAEDIATRIC HOSPITAL OVER A 12 YEAR PERIOD

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Background and Aims Cyclical vomiting syndrome (CVS) is a chronic disorder characterised by recurrent episodes of vomiting separated by symptom free periods. Aim is to review the epidemiology, history, investigation and treatment of children diagnosed with CVS in Mid Western Regional Hospital Limerick from January 2000 to December 2011.

Methods This is a retrospective study of the cases that met the criteria for the diagnosis of CVS. Cases were identified using the hospital in-patient enquiry scheme (HIPE) data. Each patient's case file was assessed for the review.

Results A total of 89 cases of recurrent vomiting were identified using the HIPE data. 10 cases of CVS were identified. Age of onset ranged from 5 to 13 years. 8(80%) of patients were female. There was an average of 18 months between the onset of symptoms and establishment of diagnosis. Average duration of vomiting episodes was 5 days and average frequency was 6 weekly. 1(10%) had a positive family history of CVS while 4(40%) had a family history of migraine. 3(30%) had associated migraine. 9(90%) of patients had abdominal x-ray and upper GI contrast study while 5(50%) had upper GI endoscopy and abdominal ultrasound scan. 3(30%) had brain MRI and 1(10%) had laparoscopy and MRCP. 9(90%) of patients were treated with ondasetron, 8(80%) with proton pump inhibitors and 3(30%) with cyclizine during episodes. 2(20%) required psychiatric input.

Conclusions CVS is a disabling condition with female predominance. There is often a delay in diagnosis and large expenditure on investigations before diagnosis is made.

1687 STUDY OF CHILDREN OF BURN VICTIMS ADMITTED IN A BRAZILIAN TEACHING PUBLIC HOSPITAL

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Background and Aims The injuries are among the leading causes of morbidity and mortality of children and adolescents. As burns takes the second place in the world of accidents, it is important to be prevented. The aim of this study is describe data from patients hospitalized in a public pediatric unit with a diagnosis of burns in hospital admission.

Methods Cross sectional analysis of documentary records of patients admitted into the Unit of Pediatrics Teaching Hospital in the mountainous region of the State of Rio de Janeiro from May 2009 to May 2011.

Results A total of 29 patients, five (17.24%) required intensive care. The mean age was 5.73 years and duration of hospitalization was 18.17 days. Predominated by males (65.51%). The average age of the ICU was 4.6 years with a predominance of males (60%) and length of hospital stay was 12.6 days. The heated liquid is the main

causative agent, the mean body surface area affected was 42%. Mechanical ventilation of 40% of patients and hemodynamic support with vasoactive 80%, the mean sedation was 192 hours and the mean of beginning the diet was 43.2 hours, and is the most used jejunal (60%). Three patients made use of hyperbaric therapy, with good resolution.

Conclusions The burns are an important public health problem, efforts are needed to reduce accidents and the large number of victims, because the main form of "treatment" for the burn is still prevention through the application of epidemiological principles awareness campaigns and legislative measures.

1688 HOSPITAL@HOME - AN INNOVATIVE COST EFFECTIVE APPROACH TO PAEDIATRIC CARE IN COMMUNITY

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Background A survey in 2009–10 in our region showed 60% of the total 5500 admissions were discharged from paediatric admissions unit within 4 hours with no active clinical intervention. In early 2011 Local Health Economy(LHE)group consisting of GPs and Paediatricians devised an innovative approach for existing H@H team to manage children with acute illnesses at home and prevent hospital attendance.

Aims To prevent unnecessary hospital attendances and offer a safe cost-effective alternative to short stay admissions by providing clinical care for children at home.

Methods The new H@H service was promoted by GP practice visits and various educational events by the team before commencing in April 2011. Following assessment by GPs, children who needed observation for their acute illnesses and were appropriate to be managed at home were referred to H@H. The H@H team followed local guidelines for management of these children at home and any deterioration in the clinical condition prompted referral to the PAU.

Results Until now H@H has been utilised by 90 of 100 GP practices in our region. 950 children were referred and managed by H@H with no adverse events till date. H@H has crossed the conservative cost effective target of reducing 4 PAU referrals each day with a projected saving of £181,000/annum. The feedback has been positive from all service users.

Conclusions The two streams of H@H

- early discharge facility
- cost-effective admission avoidance facility have proved successful in our region and is currently being evaluated to be introduced by other regions.

1689 REDUCING REFERRALS TO SECONDARY CARE - AN INNOVATIVE APPROACH

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Background A recent survey showed that in 2009/10 there were approximately 5,500 paediatric admissions in our region. 62% of these were children referred by GP and 70% were discharged within 4 hours without active clinical intervention. NHS Stoke-on-Trent, NHS North Staffordshire and Partners in Paediatrics (PiP) devised an innovative approach between primary and secondary care