

department. Co-created information by parents and health professionals were found to be more successful.

Conclusions Safety netting information resources may be more effective if they are designed with parents and their content, mode and place delivery is evidence based.

1750 IMPLEMENTING DEVELOPMENTAL SCREENING RECOMMENDATIONS IN A FAMILY MEDICINE RESIDENCY TRAINING PROGRAM: BARRIERS, SOLUTIONS AND RECOMMENDATIONS FOR PRACTICE

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Background and Aims The American Academy of Pediatrics recommends that all children, as part of well child care, have validated developmental screening in the medical home. Testing increases the early identification of children with developmental delay and improves outcome. However, USA data show that many primary care practices do not provide this screening. Our goal was to understand these barriers in our own practice, to overcome them, and to achieve 100% developmental screening rates.

Methods Our QI workgroup used electronic surveys and focus group discussion to solicit parent expectations, to understand provider barriers, and to explore work flow issues. Using this information to drive PDSA cycles and LEAN initiatives in our practice, we instituted educational training, workflow adjustments, screening tool modification, computerized tracking, and the redesign of select well child visits to focus on development screening.

Results The use of a validated screening tool by non-pediatric providers in our practice was 0% at the initiation of intervention. The major barriers to screening were lack of provider time, lack of comfort in developmental/behavioral pediatrics, lack of familiarity with a screening tool, and perceived lack of need for formalized testing. Following implementation of changes, including the modification of specific well visits to focus on developmental screening, 100% of eligible children had validated developmental screening performed over the last two months.

Conclusion Educational intervention, work flow modification, and the refocus of select well visits can significantly improve developmental screening rates in practice.

1751 CHILDPROOFING CANNOT BE SAFELY ASSUMED AFTER ACCIDENTAL POISON INGESTION RELATED HOSPITAL VISITS

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Background/aims: Data is scant on the follow up of the patients after accidental poison ingestions. We wanted to determine if the parents of children with recent accidental poison ingestions took any steps for childproofing their homes after discharge from the hospital.

Method We conducted telephone interviews with the parents of children who visited ER (emergency center) of a tertiary center for accidental poison ingestions in the preceding 3–13 months. The parents were asked if they lock medicines in the cabinets, keep cleaning materials out of the reach of young children, educate their domestic helpers or do nothing to prevent such accidents. The parents had the option of selecting more than one strategy.

Results 100 parents were contacted and 71 decided to participate. 62 out of 71 households had a domestic helper but only 22/71 parents (31%) said they would educate their domestic helpers. 39 parents (55%) said they did or would lock the medicines in the cabinets and 35 out of 71 (49%) said they would or did keep the cleaning materials out of reach of young children. Only 16 parents out of 71 (22.5%) said they would do or did both- lock the medicines in the cabinet and keep the cleaning supplies out of reach of their young children.

Conclusion The domestic and behavior changes are not a foregone conclusion after accidental poison ingestions related ER visits. Follow up home visitation by a public health nurse for personalized tips in childproofing may have a positive behavioral outcome.

1752 A NATIONAL PROPOSAL IN COMMUNITY RISK PREVENTION: TRANSITION TO ADULT HEALTH CARE FOR ADOLESCENTS WITH CHRONIC DISEASES

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Childrens with complex chronic diseases now survive past the age of adolescence and into adult life, however health services have not always recognized the need to prepare these patients for the move into their specific adult services. This issue has resulted in these adolescents having to find a way to obtain the necessary health care services from adult healthcare providers. However, without proper preparation on both ends of healthcare, this transition is very difficult. For all adolescents, the transition from childhood to adulthood involves combining the patient's individual identity, need to achieve independence, establishment of adult relationships and obtainment of a meaningful occupation. This transition is made more difficult because of the patient's continuous concerns about whether their social and health care needs will be met. These are the more serious reasons why many adolescents with chronic diseases are greatly hindered during the transition process. The effects of these issues are the debilitation and deterioration of the patient's health, both physical and psychological, mostly due to the fact that the patient is not prepared properly for the transition to adulthood with regards to their healthcare. The goal in this process is to make sure that the adolescent with chronic diseases, as well as their respective family members, are trained, helping to facilitate the ability to accept and understand that the transition process is like any other stage in life, with the inclusion of implication and new responsibilities specific to the patient that will need to be incorporated quickly and effectively.

1753 THE PERCEPTION OF THE TERM CEREBRAL PALSY (CP) IN SAUDI ARABIA

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Background and purposes: Cerebral palsy (CP) is one of the most common childhood disabilities and makes heavy demands on health, educational, and social services as well as on families and children. In Saudi Arabia the term CP is recognized by most health professionals as a physically disabling condition, however this is not the case for the general public, nor more importantly for mothers of children with CP. Misinterpreting the term of CP by Arabic language, clearly exists. This research aimed to explore the perception of the term CP with mothers of children with CP.

Methods Critical ethnography was adopted as the methodological approach; data were collected through focus groups, individual interviews, field note and participant observation.

Results This study has provided preliminary data on the perception of Saudi mothers who have a child with CP. It was found that mothers reflected a good understanding about the medical terminology of the CP. However, most of the mothers did not accept that their child had this diagnosis. There was also a strong belief that the children were experiencing developmental delay. Mothers expressed their trust in God, and relying on God for their child cure and health and for giving them the courage to care for the child.

Conclusions This work has allowed mothers to express their beliefs about the term CP. The data yielded information regarding mothers' beliefs surrounding the meaning of the CP term. These ranged from traditional and cultural beliefs to medical explanations, and to frank confusion between the two.

1754 **ASSESSMENT OF DATA RECORDING OF KEY FACTORS RELATING TO DIAGNOSIS, INVESTIGATION, TREATMENT AND MULTI-PROFESSIONAL INPUT FOR PATIENTS WITH CEREBRAL PALSY**

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Aims To assess the quality and availability of data recorded within clinic letters regarding diagnosis, classification, investigation and management of Cerebral Palsy (CP).

Methods A retrospective review of case notes on the most recently reviewed (n=50) patients within community paediatric catchment area with a diagnosis of CP, assessing quality of data recorded in the last clinic letter.

Results Mean age at first referral was 2.06 years. 64% had Spastic CP, with 74% having bilateral symptoms. GMFCS score was recorded in 54% and MACS score in 0%. Specific areas of management varied dramatically: input recorded physiotherapy 70%, psychological 6%.

30% of letters noted cognitive skills, 34% visual assessment, 12% hearing status, 36% presence of epilepsy, 32% MRI findings, 14% hip-x-ray, 22% SALT involvement and 32% OT involvement.

Conclusion The data suggests that there is currently poor written communication of functionality and involvement of multiple professional groups in this sample of children with CP, although diagnostic elements are better recorded.

The information required may be elsewhere not readily apparent within the notes. Therefore it would not be safe to assume that absence of details signifies lack of professional involvement or normal functionality.

This information is critical to understanding patient needs, especially since patients may be seen by different healthcare professionals with limited handover. Lack of such clear communication makes it difficult to audit sub-groups of patients and identify the quality of care being provided.

Subsequent to this audit outcome documentation template for clinic reviews for children with CP has been developed.

1755 **PARENTS' EXPERIENCES WITH A PREVENTIVE INTERVENTION FOR VERY LOW BIRTH WEIGHT INFANTS AND THEIR PARENTS AFTER DISCHARGE FROM HOSPITAL**

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Background and Aims The ToP programme is a preventive, neurobehavioral intervention for very low birth weight infants and their parents. It is provided at home by a specially trained paediatric physical therapist from discharge until 1 year. The aim was to investigate parents' experiences with the ToP programme.

Methods All parents participating in the ToP programme were asked to fill in two questionnaires at the end of the intervention: the Measure of Processes of Care (MPOC-20), a measure of parental perception of the extent to which the services they received were family-centered and a questionnaire on the satisfaction of the parents with the ToP programme.

Results From the 124 parents who completed the intervention, 74 returned the questionnaires (60%). Children had a mean (SD) birth-weight of 1287 (377) grams and a mean (SD) gestational age of 29.8 (2.6) weeks. Mean age (SD) of mothers at birth was 31.5 (5.2) years. The mean (SD) domain scores (scale 1–7) of the MPOC were high and ranged from 5.5 (1.4) for providing specific information to 6.3 (0.5) for coordinated and comprehensive care. Even though 27% reported not to have known what to expect from the intervention, the parents rated the ToP programme a mean (SD) of 9.0 (1.0) on a scale from 0–10. Parents were positive about the knowledge of the therapist, the suggestions they received, and the number of visits (mean (SD) 9.3 (2.0)).

Conclusions Parents were very positive about the ToP programme. It was perceived as respectful, supportive, and well coordinated.

1756 **CAN CHILDREN WITH DISABILITIES BE TRANSPORTED SAFELY? THE CHALLENGE AND SOLUTIONS**

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Background and Aims Children with diverse medical problems are transported daily to school, medical appointments and family events. One-in-ten children worldwide have conditions that may require special consideration to ensure optimal transportation safety. How to safely transport this population is poorly understood. This initiative enhances understanding of correct occupant protection for children with disabilities.

Method Positioning problems and physiologic stability of children with developmental, skeletal, and physiologic abnormalities and behavioral concerns were reviewed and where needed special restraints were identified. Biomechanical principles were investigated and applied where possible. Solutions were sought for each condition involving a unique concern. A literature review was conducted and resources identified, many of which were developed by the authors.

Results Many infants and children with low birth weight or born prematurely, cerebral palsy, hypotonia, or spina bifida, and skeletal problems including children in casts following injury or surgery frequently cannot be safely transported in conventional car seats. Even within developed nations children with disabilities are suboptimally restrained. Solutions for difficult transportation problems have been developed and identified. Some problems remain unresolved and safety remains suboptimal for some conditions.

Conclusions Motor vehicle crashes are a leading cause of mortality and morbidity worldwide and children are often severely injured or killed. Appropriate use of child restraints has been shown to save lives and reduce injury. Solutions exist for many conditions and families benefit from assistance in identification and access to these solutions. Transportation options will be explained and care improved by the information in this presentation.

1757 **MECHANICAL VIBRATIONS DURING SIMULATED NEONATAL TRANSPORT**

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