

Association of Paediatric Emergency Medicine

G235 WHAT DID THE DOCTOR SAY? MEASURING INFORMATION DECAY IN A PAEDIATRIC ASSESSMENT UNIT

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Aims As medicine becomes more complex, the need for effective communication increases. Changes in acute paediatrics have reduced opportunities for information transfer, with more Paediatric Assessment Units (PAU's) attendances and shorter inpatient stays. However parents still expect clinicians to explain the diagnosis and management.

We therefore explored factors predicting effective information transfer to parents of children in a PAU.

Methods In a PAU serving 22,000 patients/yr, doctor-parent interactions were observed after consent, noting the child's demographics, presentation variables and information covered. Parents were interviewed 2–4 hours later exploring what they remembered and how their perceptions of the earlier interaction.

The study had been approved by the local ethics committee.

Results 20 patients, attending between 0900 and 1700 on weekdays were selected. Those not expected to stay after their consultation were excluded. Mean patient age was 7.75 yrs (range 10 months–15 years). 75% were boys. Mean number of items of information was 6.6 (range 4–10) per patient. Parents recalled a mean of 86% of these items (range 33–100%).

There was no correlation between numbers of items covered and the number remembered, nor with demographics, interaction time, perceived anxiety or departmental noise.

Those with better than mean recall more often had children who had suffered an injury rather than an illness, had overall lower illness severity (PEWS mean 0.91 vs 1.67; $p = 0.08$) and had shorter overall waiting times before being seen (2.5 vs 3.9 hours; $p = 0.08$) than those in the lower recall group.

Conclusions Despite the stressful PAU environment, we found good recall of given information in our sample group. Unexpectedly, better recall was unrelated to consultation time or items covered, but seemed better with traumatic presentations, when the child was less unwell and with shorter waits. Parents may more readily assimilate information in relation to more obvious or external conditions and when they are less stressed.

These findings suggest extra consideration is placed upon information giving when the child is particularly unwell or has an illness rather than trauma.

G236 PREVALENCE AND MANAGEMENT OF ACUTE PAIN IN CHILDREN ATTENDING EMERGENCY DEPARTMENTS IN IRELAND VIA AMBULANCE

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Aims Pain is the commonest symptom in the emergency setting. It has previously been described that pre-hospital assessment of pain in children by paramedics is often inadequate and that pain severity is frequently underestimated. To date, there is no published data in Ireland on acute pain management in children, in the emergency setting. This study aims to describe the prevalence of acute pain in children presenting to emergency departments (EDs) in Ireland via

ambulance, with reference to severity, aetiology, and efficacy of current pre-hospital analgesic interventions, prior to ED arrival.

Methods A national prospective cross-sectional study was undertaken in 7 EDs over a 12-month period (1st November 2011 – October 31st 2012). Ethical approval was granted for this study. All children (<16 years) who attended the ED via ambulance with pain as a documented symptom during ambulance transfer were included. Patient demographics, cause of pain, vital signs (including pain scores), pre-hospital pain interventions, and initial ED management were recorded.

Results 5,560 children were transported to the 7 EDs by ambulance over the study period. 2,450 (44%) had a documented complaint of pain on the ambulance patient care report form. Injury was implicated in over 2/3's of cases. 60% were male with a mean age of 8 years (2 months–15 years). 24% of children had their pain formally assessed in the pre-hospital phase of care, of whom 2/3's were recorded as experiencing acute moderate to severe pain. Younger age was associated with poorest pain management. 45% of children had no documented analgesic intervention prior to ED arrival. On ED arrival, 48% of children had their pain formally documented and 56% were administered analgesia.

Conclusion The assessment and treatment of acute pain in children remains a significant problem in the emergency setting in Ireland. Further studies are required to formally delineate the barriers, as perceived by emergency healthcare providers, to managing acute pain in this vulnerable population. Additionally, alternative strategies must be explored both to augment the timely assessment of pain intensity, particularly in pre-verbal children, and facilitate the effective treatment of moderate to severe pain.

G237 WHY DO CHILDREN WITH GASTROENTERITIS PRESENT TO EMERGENCY DEPARTMENTS?

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Aims Gastroenteritis is a significant cause of morbidity and mortality worldwide. It accounts for 10–20% of presentations to urgent and emergency care annually in the UK. Surprisingly little is known about parental expectations of care and the factors that lead to presentations by children with gastroenteritis. In this study we sought to investigate these factors in the paediatric emergency department (ED) setting.

Methods We conducted our study within the EDs of two large tertiary hospitals, each within a major UK city during January–March 2012. An opportunistic sample was taken. Parents/carers with children aged from six months to their fifth birthday presenting with suspected gastroenteritis were eligible. The study questionnaire was designed by the authors, informed by the available literature. In order to improve validity, the questionnaire was piloted on a small sample of parents and additionally reviewed by the National Institute for Health Research Clinical Specialities Group in general paediatrics.

Results The questionnaire was completed by 121 parents across the two hospitals. Parents were asked for the main reason that they had brought their child to the ED. Of seven possible responses, the most frequently chosen, was 'symptoms persisted longer than expected' (by 56%), however 46% wanted 'reassurance that there is not a serious cause'. When making the decision to come to the ED, 46% had decided alone, 40% were helped by a healthcare professional and 15% were helped by a family member. Asked about investigation expectations, 31% were expecting urine tests and 21% were expecting blood tests. Many parents were expecting treatments to be given including 38% expecting an anti-emetic, 34% an anti-diarrhoeal agent, 11% antibiotics and 55% fluids (36% by mouth, 13%