

Conclusion The Combined tool with PISA and PEWS provides guidance in discharging patients from the observation and assessment unit. We recommend performing prospective study to validate this combined tool in a larger study population.

G249(P) JOURNEY TO HEALTH: AMBULANCE USE IN PAEDIATRIC ED ATTENDERS

doi:10.1136/archdischild-2013-304107.261

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Aim To study the outcome of children brought in to the Emergency Department (ED) by ambulance.

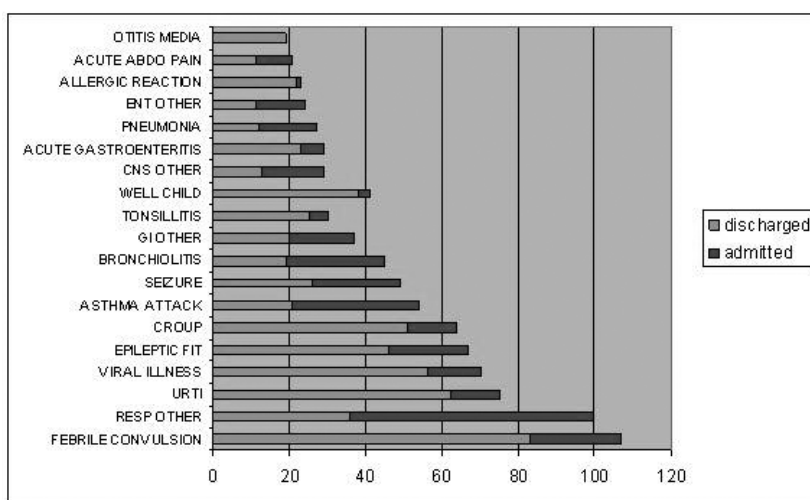
Method All children (below 16 years) who were brought in by ambulance over a period of one year to our ED were included in the study. Data was retrospectively analysed from electronic hospital records. Final diagnosis was obtained from the coding system used locally.

Results Our ED sees about 20,000 children per annum. A total of 1,828 children were brought in by ambulance between the period 01/09/2011 to 30/08/2012. Only 568 (34.88%) children were admitted as inpatients. A total of 1,191 children were discharged home from the ED.

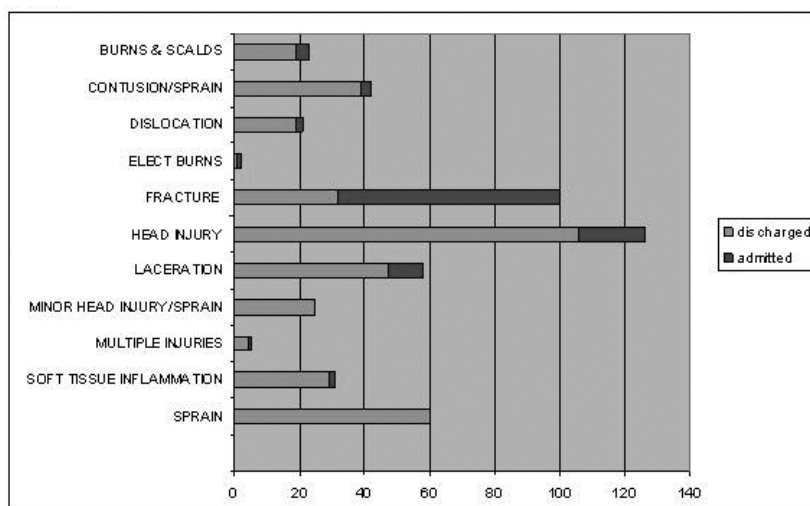
Diagnosis was available for 1,628 children. Out of these children (1,628) where diagnosis was documented in the ED notes, trauma was the most common reason for being brought in by ambulance – 502 (30%) out of 1628, 115 out of these were discharged. The commonest medical reason for which children were brought to ED was respiratory problems (about 22%). Out of which 55% were discharged. Out of 107 children brought for febrile seizure 83 (78%) were discharged from ED. Seventy five children were diagnosed to have an upper respiratory tract infection. In total, only 50 children were admitted to paediatric intensive care unit (PICU).

Out of the 200 where diagnosis could not be found in ED records, 30 (15%) were admitted and 56 were discharged, 46 children were referred to the GP in ED and 12 patients did not wait to see a doctor.

The number of children brought in by ambulance increased after 17:00 and decreased after 22:00.



Abstract G249(P) Figure 1 Outcome of children brought in for medical reason



Abstract G249(P) Figure 2 Outcome of children brought in for trauma

Conclusion The majority of children brought in by ambulance were discharged home from ED. Targeted intervention aiming at certain paediatric diagnoses may help to prevent inappropriate ambulance transfer to ED and create significant cost savings.

List of figures

Figure 1 Outcome of children brought in for medical reason.

Figure 2 Outcome of children brought in for trauma.

G250(P) WHAT IS THE DEMOGRAPHY OF CHILDREN PRESENTING WITH NO PHYSIOLOGICAL, BEHAVIOURAL OR NURSING CONCERN?

doi:10.1136/archdischild-2013-304107.262

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Background The purpose of an Emergency Department (ED) is to identify ill or deteriorating patients, but discharge well patients. The public increasingly seeks medical help for mild conditions. Since the addition of the "Paediatric Observation Priority Score" (POPS) into our ED, and the addition of an electronic recording system, we have analysed the group scoring 0, to see if those patients could be confidently discharged from hospital.

Methods Ethical and Information Governance Board approval was obtained to record the eight domains of POPS: heart rate, respiratory rate, saturations, temperature, work of breathing, AVPU, key

features of past medical history and the parameter of nursing concern. Data was entered electronically during initial assessment on arrival. No concern in any of the 8 parameters scores 0. Variation outside of APLS-derived physiological values or the other parameters scores 1 or 2 points, leading to maximum of 16. Data was collected between August and December 2012 on all children 0–15 presenting with illness (rather than injury). Patient discharge disposition, and ED investigations or treatments were merged with the data file. Patients presenting directly to the resuscitation room were not included in the data set.

Results After accounting for downtime of the system and corrupted data there were 2890 records available, of which 1084 (37.5%) scored POPS zero. 137 (12.6%) of these were admitted compared to an overall admission rate of 28.9% (835/2890). The average age of those with 0 was 4.36 years with a large standard deviation (4.55). This was significantly older than from those with a POPS of 3 and above ($p < 0.01$). 56.7% of children scoring 0 had no treatment or investigation (other than advice and observations) compared with 39.3% of all children. 152/2980 (5.1%) children arrived by ambulance overall, but 26.3% (40/152) of these scored 0.

Conclusions Children commonly present with no physiological or behavioural disturbance, they are an older cohort but still require resources in the form of treatments and investigations. Determining the role of POPS and other scoring systems in both the detection of serious illness but also as an aid to safe discharge warrants further research.