

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.