We successfully condensed ETAT/ETAT+ training to two courses of shorter duration. ‘Essential ETAT’ was well received by participants, and a significant improvement in post-course test scores was achieved. Further evaluation at 6 months post course is required to indicate whether knowledge is retained and changes clinical practice.

**Abstract G119**

**RECALL (RAPID EVALUATION OF CARDIO-RESPIRATORY ARRESTS WITH LESSONS FOR LEARNING): DEVELOPING A TOOL TO LEARN FROM PAEDIATRIC ARRESTS**

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1J Runnacles, S Chapman, P Lachman. 1Department of Paediatrics, Kingston Hospital NHS Trust, Kingston-upon-Thames, UK; 2Quality, Safety and Transformation Team, Great Ormond Street Hospital for Children NHS Foundation Trust, London, UK

**Aim**

Our Trust, a tertiary centre, aims to eliminate predictable cardio-respiratory arrests (CRA) outside of intensive care by the end of 2013. Although CRA in hospitalised children is rare, the majority are preventable (Tibballs et al 2005). Local incident reports highlighted areas of concern such as poor documentation and incomplete monitoring. Review processes are lengthy and focus on errors rather than areas for improvement. The aim was to develop a new approach to rapidly review all CRA’s and share lessons with the relevant teams.

**Method**

Experienced clinicians, safety experts and risk managers used a Plan-Do-Study-Act (PDSA) approach to develop RECALL: PDSA cycles: detailed study of recent CRA’s by team to identify key areas to structure review tool tested key areas for completeness, ease of use and relevance key areas refined and tested again interventions identified for review: Assessment, Escalation, Clinical reviews, Interventions tested proforma of questions to guide quick but systematic analysis of medical/nursing notes Using care-bundle approach, five ‘must do’s’ identified for each category

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<th>1. Approach</th>
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<td>Confrontational, judgmental approach</td>
<td>Attempts to establish rapport with the learner(s) but is either over critical or too informal in manner</td>
<td>Establishes and maintains rapport throughout; uses a non-threatening but honest approach to create a psychologically safe environment</td>
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**Results**

RECALL was tested prospectively over 8 weeks. The RECALL tool was then tested prospectively over 8 weeks. Early results are promising with a reduced number of CRA (fig 1) and increased staff engagement.

**Conclusion**

RECALL has facilitated a culture of learning so clinical teams understand how to improve recognition/escalation of seriously ill children. Central themes include completeness of observations and timeliness of interventions. A simple rapid assessment tool can provide timely and useful data that can be used to drive improvement.

**Abstract G1120**

**KNOWLEDGE AND ATTITUDES; ESSENTIAL INGREDIENTS FOR DEVELOPING CO PRODUCED TAILORED INTERVENTIONS FOR ASTHMA MANAGEMENT (MIA) IN SOUTH ASIAN AND WHITE BRITISH CHILDREN**

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2D Bird, N Hudson, L Culley, E Angell, M Lakanapaul. 1General and Adolescent Paediatrics Unit, UCL Institute of Child Health, London, UK; 2Dept of Medical and Social Care Education, University of Leicester, Leicester, UK; 3School of Applied Social Sciences, De Montfort University, Leicester, UK; 4Department of Health Sciences, University of Leicester, Leicester, UK

**Children**

Childhood asthma is a chronic illness affecting quality of life and leading to higher mortality in the UK than other countries. In the UK, prescription rates for relievers and preventers are lower for South Asian (SA) children. SA children are more likely to suffer uncontrolled symptoms and to be admitted to hospital with acute exacerbations compared to White British (WB) children. The MIA study aimed to
co-produce a tailored intervention framework for childhood asthma management by exploring the knowledge and attitudes towards asthma amongst WB and SA parents, carers and children.

**Methods** Semi-structured interviews with a purposive sample of 44 children aged 5-12yrs (33 SA, 14 WB) and 65 parents/carers (49 SA, 16 WB) were used to explore barriers and facilitators to asthma management. A comparative thematic analysis was conducted.

**Results** WB families were more likely to have pre-existing knowledge of asthma than SA families; previous knowledge of asthma strongly influenced how families managed childhood asthma in both communities. In a minority of SA families, ‘fear of the unknown’ prevented families from investigating asthma further. Beliefs regarding the causes and nature of asthma were similar in both groups, however whilst 33% of SA families attributed asthma to either God’s will or Karma, no WB families did so.

All communities reported that advice was often given by extended family members but this was more prominent in SA families, especially in relation to complementary asthma management strategies.

SA and WB families both reported a lack of information-giving by health care professionals in relation to asthma.

**Conclusions** Pre-existing knowledge and attitudes surrounding asthma differ between SA and WB parents and directly impact on management. Intervention co-production is increasing in use and popularity. The MIA project supports the co-production model by extending families’ pre-existing knowledge and attitudes surrounding asthma, which were normal, except for a recurrent finding of mildly elevated 3 hydroxy-butyrylcarnitine (as would be expected during fasting). 19 sets of case-notes were obtained. These showed 18/19 children who had gastroenteritis, 17/19 had no significant past medical history and 16/19 were admitted.

In 2011 and 2012 there was a substantial reduction in the number of screens performed in infants and children (10 in 2011; 7 in 2012). No significant abnormalities have been identified. The admission and follow up data for 2011 & 2012 is currently being analysed.

**Aims** To develop a safe but less invasive approach to the investigation and management of hypoglycaemia in infants and children.

**Methods 2010** We performed an audit of all hypoglycaemia screens undertaken between 1st February-12th May in a large district general hospital using retrospective case-note analysis.

Using these results we conducted a consultation exercise involving local consultants, biochemists and a tertiary metabolic specialist to develop a simple screening pathway that was also in line with the National Metabolic Biochemistry Network (NMBN) guidelines for investigation and management of hypoglycaemia. The pathway emphasises that symptomatic hypoglycaemia is a clinical emergency and permanent brain damage is a risk if treatment is delayed.

**Results** In 2010, 22 hypoglycaemia screens were performed, all of which were normal, except for a recurrent finding of mildly elevated 3 hydroxy-butyrylcarnitine (as would be expected during fasting). 19 sets of case-notes were obtained. These showed 18/19 children who had gastroenteritis, 17/19 had no significant past medical history and 16/19 were admitted.

In 2011 and 2012 there was a substantial reduction in the number of screens performed in infants and children (10 in 2011; 7 in 2012). No significant abnormalities have been identified. The admission and follow up data for 2011 & 2012 is currently being analysed.

Total numbers of infants and children referred to hospital, and the proportion of children diagnosed with gastroenteritis were similar in all three years.

**Conclusions** Analysis of practise in 2010 highlighted a population of previously well children who presented with symptoms of gastroenteritis and were incidentally found to have hypoglycaemia and were therefore investigated accordingly.