visitors at a district general hospital as a part of an improvement project.

Methods This is an observational study in which 414 children under the age of 18 in the year of 2011 were identified according to a diagnosis of either viral induced wheeze (VIW) or asthma. Database tools were used to parse the data and stratify the repeat visitors. An automated system was established for future use. Patient outcomes and management offered on discharge were noted and compared to British Thoracic Society (BTS) discharge guidelines.

Results

1. Out of 414 children, 353 attended accident and emergency (A&E) once, whereas 61 (15%) children attended repeatedly (≥2 visits) due to Asthma or VIW. Out of 513 visits there was an average admission rate of 21%.
2. There was no seasonal variation in admission rates between single and repeat visitors.
3. Less than 5% of children with repeat visits were given personalized written plans as recommended by Asthma UK.

Conclusion Asthma is the most common chronic medical condition affecting childhood in the United Kingdom. A 21% admission rate in repeat visitors is high in comparison to good units and the majority of patients were not discharged according to BTS discharge guidelines. Furthermore repeat visitors contribute to over 30% of all asthma related visits. Hence, we have identified a potential cost effective opportunity focussing on repeat visitors. Future projects will be aimed at improving the discharge planning process in A&E. This is particularly relevant as prior asthma admissions or A&E visits are the strongest risk factors for subsequent A&E visits.

G164(P) Table 1 Analysis of the data

<table>
<thead>
<tr>
<th>Frequency of visits to A&amp;E</th>
<th>Number of patients 2011</th>
<th>Total A&amp;E visits</th>
<th>Admissions in individual groups</th>
<th>Non admissions in individual groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>353</td>
<td>353</td>
<td>71 (25%)</td>
<td>282 (75%)</td>
</tr>
<tr>
<td>Repeat (≥ 2)</td>
<td>61</td>
<td>160</td>
<td>34 (21%)</td>
<td>126 (79%)</td>
</tr>
<tr>
<td>Total</td>
<td>414</td>
<td>513</td>
<td>105 (21%)</td>
<td>408 (79%)</td>
</tr>
</tbody>
</table>

G165(P) THE IMPACT OF A MULTI-DISCIPLINARY NEURO-RESPIRATORY CLINIC ON THE RESPIRATORY MONITORING OF CHILDREN WITH DUCHENNE’S MUSCULAR DYSTROPHY

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Aims Duchenne’s muscular dystrophy (DMD) is a progressive degenerative muscular disorder that leads to respiratory failure in early adulthood. Our aim was to assess the impact of the development of a multi-disciplinary neuro-respiratory clinic and recent guidelines upon the management of patients with DMD.

Methods In February 2009, data was collected and analysed from the hospital’s database of all children with DMD. Following on from this, a multi-disciplinary neuro-respiratory clinic was established. Data was re-collected and analysed in December 2012. Data was collected on the following: age, wheelchair confinement, ventilation support, pulmonary function test results and sleep study results.

Results In 2009, 47 patient were analysed, 22 were confined to a wheelchair, only 6 were under the care of a respiratory paediatrician. 20 patients had undergone lung function testing for one of the following reasons: prior to transition to adult services, as a work up for spinal surgery, subsequent to symptoms or at parent’s request. The 3 patients who were receiving long term-ventilation were under care of a respiratory physician, although 4 further children were suffering from respiratory symptoms. In December 2012, 41 children were on the database, 14 were confined to a wheelchair and 2 were receiving long term ventilation. 25 of the 41 patients were old enough for pulmonary function tests and all had had spirometry performed; 16 patients within the last year and 23 patients within the last 2 years. 5 patients had a FVC <50% and all had oxygen saturation/carbon dioxide sleep studies performed. 4 patient’s sleep studies were normal and the patient whose study was abnormal was commenced on a ventilator.

Conclusion The introduction of a neuro-respiratory clinic has resulted in a significant improvement in the respiratory monitoring of children with DMD, as well as providing them with broader respiratory advice.

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