Results There was a significant reduction in admission rates after institution of the new policy. The proportion of hospital admissions to PED observation unit cases was significantly reduced as a whole from 64.9% ± 5.1% to 33.2 ± 0.6% and also for the common paediatric problems studied.

Conclusion A multidisciplinary paediatric emergency department policy, using as much available evidence as possible, was successful in significantly reducing paediatric hospital admissions.

Background/aims Invasive procedures (eg intravenous cannulation) remain a leading cause of distress in children. They are performed daily yet rarely taught formally, leading to variation in practice. The British Psychological Society (BPS) created guidelines in 2010, although these have yet to be implemented in a formal teaching programme. Our teaching intervention aimed to align practice to BPS guidelines and improve professional confidence.

Methods Teaching sessions were delivered to professionals involved in cannulation at two South London hospitals by a senior play specialist and a paediatrician. Sessions covered assessment, preparation, teamwork, implementation and post-procedural care. A poster containing a flowchart was used for teaching and departmental reference.

Results Thirteen professionals involved in cannulation (9 medical, 4 nursing) reported their previous teaching experiences. 5 reported never receiving training in paediatric invasive procedures, 6 informal teaching and only 2 receiving formal teaching (1 medical, 1 nursing). Pre-intervention confidence was 5.7/10 (n = 13) [range 0–8]. This improved to 7.3/10 [range 4–9] post intervention. The intervention usefulness was rated 8.3/10 (n = 12, range 5–10). When self-reporting practical considerations for cannulation, 8/12 mentioned local anaesthetic creams but only 6/12 mentioned using distraction or a play specialist.

Conclusions This intervention aimed to address the lack of formal teaching available in Paediatric invasive procedures. It highlighted areas of BPS guidance that remain underappreciated despite their greater efficacy (eg the importance of distraction vs anaesthetic cream). Initial levels of confidence showed improvement.

Background Children and adolescent health has been recognised as an important indicator of a country’s development and global health. Adopting a health-related quality of life (HRQoL) approach can not only increase understanding of their own health but also help to establish policies that promote their safety and wellbeing.

Aims Evaluate HRQoL in a sample of Portuguese children and adolescents at primary care level, and assess age, gender and regional differences. Compare these results with the available European data.

Methods Cross-sectional observational study. Participants included 163 children and adolescents aged 8–18 years, presenting to a regular follow-up consultation at two primary care services (Lisbon and Oporto), during a six months period between 2012/13. HRQoL was assessed using KIDSCREEN-27, a self-report questionnaire that consists of five dimensions: Physical Wellbeing, Psychological Wellbeing, Autonomy and Parent Relations, Social Support and Peers, and School Environment. Statistics were calculated using SPSS Statistics 20.0.

Results The HRQoL scores, in all five dimensions, were consistently lower in female gender, adolescents and patients from Oporto region. However, statistically significant differences were found only for gender and age at the physical wellbeing dimension (p = 0.001 and p = 0.02, respectively). Compared to the European data our patients presented significantly higher HRQoL scores in all five dimensions (p = 0.025).

Conclusions The results underline the fact that females and adolescents should be the main targets when planning successful health policies and practices. Also, they call the attention for loco-regional differences that must be taken into account. Despite our patients presenting higher HRQoL scores, the results are according to the literature.

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