PO-0282 POWER OF EMPOWERMENT: PARENT CONTROLLED VISITORS’ BADGES TO MONITOR BEDSPACE VISITOR NUMBERS IN A PICU

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Background and aims Recent audit found common practice in the UK is to restrict visitors on PICU to 2 adults, including parents, to ensure staff’s safe patient access. This requires nurses to take responsibility for bed space visitors, however, this proves difficult in clinical practice for all concerned. This research explored whether empowering parents to take visitor responsibility impacted visitor numbers and therefore patient safety on PICU.

Methods The research took place on a 19 bedded tertiary PICU in the UK. Each day parents were issued two visitors badges, allocated at their discretion. Badges display day, bed number and badge number, and must be visible at all times. Twelve months post-implementation, a 3 month audit was undertaken to assess bed space adherence. Questionnaires were conducted to assess staff and parent knowledge and opinion towards the system.

Results 178 bed space observations were undertaken and 95 questionnaires completed (visitors=53; staff=42). In 26 observations visitors were without visible badges (15%) and in 2 instances over two visitors were at the bed space (1%). In one exceptional instance, end-of-life care was occurring. Questionnaire results showed 98% of staff and visitors were aware of the system, with 81% reporting it beneficial to the child and family, and 92% beneficial to the unit.

Conclusions Both staff and parents report the new system is empowering to parents, granting responsibility for their child’s welfare whilst still allowing staff to monitor effectively. This research has shown that through effective interaction with parents, systems can be implemented and successfully utilised, benefitting patient safety.

PO-0283 WITHDRAWN

PO-0284 USE OF SOFT TISSUE NECK RADIOGRAPHS IN PAEDIATRIC ACUTE AIRWAY OBSTRUCTIONS: CURRENT PERSPECTIVE

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Background Soft tissue neck radiographs (STNRs) are viewed as a helpful tool to investigate causes of acute upper airway obstructions (AUAO) among children. Some radiological findings guide clinicians identifying life-threatening causes of AUAO. Do the clinicians are skilled enough to recognise those signs?

Methods A retrospective study was conducted and the medical files from children aged 0–17 who had a STNR between January 1st 2010 and December 31st 2011 in a Canadian university paediatric hospital were reviewed. Those performed in an AUAO context were analysed. Identification by clinicians of significant findings on STNRs related to life-threatening causes of AUAO were compared to radiologists’ reports. Kappa coefficients were determined to describe inter-rater agreement on STNR findings.

Results Among 457 STNRs, 11% (n = 52) showed findings of life-threatening causes of AUAO according to clinicians, compared to 17% (n = 77) according to radiologists (global sensitivity=35%, specificity=93%; kappa=0.327). Sensibility and specificity differed according to signs evaluated: 26% and 97%, kappa=0.27 for swollen epiglottis/aryepiglottic oedema (n = 23 according to radiologists); 37% and 96%, kappa=0.37 for swelling of the retropharyngeal space (n = 38); 0% and 99%, kappa=-0.01 for decrease tracheal diameter/deviation (n = 16); 100% and 99%, kappa=0.86 for the presence of a foreign body (n = 3). Moreover, 15% of STNRs were described as technically inadequate by radiologists.

Conclusion Identification of life-threatening causes of AUAO on STNRs appears quite challenging for clinicians. STNRs are technically difficult to perform among children. Importance of STNRs need to be reassessed.