Background and aims Critically ill children in the UK are stabilised in the district general hospitals (DGH) and transferred to tertiary paediatric intensive care units (PICU). The North West and North Wales Paediatric transport Service (NWTS) is a specialist paediatric retrieval service, which transports sick children and also provides expert advice to DGH staff. However, in the DGHs anaesthetic teams (AT) provide the initial resuscitation and undertake the time-critical transfers. Countess of Chester hospital (COCH) is one of the 29 DGHs in the north-west. The purpose of this project was to review the role of AT in resuscitation, stabilisation and transfer of critically ill children from COCH to PICUs.

Methods Retrospective review of patient notes, NWTS transport documentation and discharge summaries of the patients at DGHs. Anaesthetic teams (AT) provide the initial resuscitation and undertake the time-critical transfers. Countess of Chester hospital (COCH) is one of the 29 DGHs in the north-west. The aim of this project was to review the role of AT in resuscitation, stabilisation and transfer of critically ill children from COCH to PICUs.

Results Of the 43 transfers from COCH 11 transfers were undertaken by AT. Major proportion of interventions were performed by the AT and the NWTS stabilisation time at COCH was similar to that in the rest of the DGHs. (See Table and Figure).

Conclusions Anaesthetic teams at DGH play a significant role in the resuscitation, stabilisation and transfer of critically ill children. Effective communication with the transport service and shared protocols enhance the performance of the DGH staff.

Background and aims Nowadays in Portugal we are witnessing an excessive demand for differentiated health services which generates misuse of resources, increase in costs and a tendency of rupture to the system itself. We aimed to characterise a paediatric emergency department (PED’s) use and to define whether there is unjustified demand for health care.

Methods Retrospective cross sectional analysis of emergency episodes during one year (2012) on a level II PED in Barreiro, Portugal. Episodes were defined as unjustified when classified as standard and non-urgent by Manchester Triage. Demographic and clinical data were analysed. Adequate statistical analysis was performed; level of significance p < 0.05.

Results We analysed 37,099 PED episodes. Most patients were males (53%), and there was a significant correlation between PED’s unjustified use and both week’s day and day’s hour: episodes occurred mostly at weekends (p<11-years (p < 0.05).

Conclusion There was an excessive use of the PED by non-emergent episodes in our study. It’s crucial to create measures to contain this phenomenon, namely promoting and strengthening the primary health care, the chain of care and referral network, as well as increase the population’s health literacy.