

**Background** The Japan Paediatric Society is currently surveying information management strategies at other societies in order to gain insight for the future development of their own information management strategy. To this end, we conducted a survey of personal information management strategies upon admission to subcommittees of the Japan Paediatric Society as a pilot study.

**Objective** The present study aimed to clarify the state of personal information management upon admission to Japan Paediatric Society subcommittees in order to determine information management strategies in the future.

**Methods** The contract terms for physicians upon admission to Japan Paediatric Society subcommittees were examined based on subcommittee websites.

**Results** Of the 23 subcommittees, 21 had websites, and one did not have a working URL to the website (as of April 4, 2014). Moreover, one subcommittee did not have information pertaining to admission on its website. Accordingly, we surveyed the 19 subcommittees which had websites that could be analysed. Information provided by the subcommittee websites included the following: basic information regarding how personal information is handled, 3; recommendation required, 5; name, 19 (*furigana*, 16; English 6), gender, 15; birthdate, 17; home address, 19; home phone (fax), 19; e-mail address, 18; workplace, 19; work address, 19; work phone number, 19; specialty, 10; and highest academic degree, 5.

**Conclusion** From the perspective of information management, the Japan Paediatric Society must maintain close collaboration with the various subcommittees in the future.

#### PO-0952 NEONATAL RESUSCITATION OPTION IN ISLAM

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**Background** A Do Not Resuscitate (DNR) order would be similar to many of the decisions a physician faces daily if it did not call for ethical and legal considerations. To comply with the intent of the order, a physician must be certain that further resuscitation is futile and is a waste of resources.

**Method** We offer both ways of DNR for parent of 25 cases in the last 12 months (10 cases were extrem preterm 23 weeks with bilateral IVH grad 4, and 4 cases were trisomy 18 with congenital anomalise, and 7 cases with sever form of multiple congignetal, 4 cases of inoperable complex congenital heart disease).

**Results** After we explain to the parents about the prognosis of those cases, 12 of them agreed to not be aggressive in the resuscitation if the condition of the patient deteriorated, and 2 of them agreed to withdraw the therapy.

**Conclusion** The majority of scholars said that the treatment of patients is desirable (not a must) where there is a hope of recovery, and DNR order is Permitted (mobah) in cases of a high degree of certainty that resuscitation is futile to the Patient, but does not mean to stop the fundamental support like antibiotic, feeding, and IV fluid. The treatment is mandatory (sever pain-treatment is successful-infectious diseases that will spread to others) While the intentional interference of the doctor by giving the patient medication to hasten the death in some cases which is called Euthanasia It is absolutely forbidden in Islam.

#### PO-0953 WITHDRAWN

#### PO-0954 CLICK! ENGAGING CHILDREN IN RESEARCH ABOUT THEIR LIVES: EXPERIENCES OF USING PHOTO-ELICITATION FROM ENGLAND, AUSTRALIA AND NEW ZEALAND

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**Background and aims** Engaging children in research about their lives is an essential component of providing excellent health care services. Utilising participatory, visual/arts-based approaches such as photo-elicitation (PE) can extend opportunities for children to reflect on and talk about their lives. This paper aims to explore the use of, benefits and issues associated with using PE with children.

**Methods** PE is a participatory, qualitative method that does not rely on high levels of verbal or written literacy and which creates equitable conditions for children's engagement in research. Within a broad brief, children are asked to take topic-related photos. Apart from safety/privacy related guidance about where it might not be appropriate to take photographs, the children are free to take any image that has meaning to them. The children then select the images they wish to discuss and the researcher literally has to 'follow' the children's data and adopt a flexible approach to the conversational interview.

**Results** Reflecting on our experience with PE we note how the quality of discussion is enhanced and intriguing and unexpected insights into children's lives are revealed. What children choose to photograph or omit can create interesting tensions; these and other lessons will be shared along with exemplar photographs and stories.

**Conclusions** Although PE provides considerable opportunities and benefits, it is challenging research to be part of and requires skilled researchers to ensure children are safe during research engagement and that the data provides a robust depth of insight into their lives.

#### PO-0955 CLOSING THE LOOP – SUCCESSFUL IMPLEMENTATION OF AUDIT RECOMMENDATIONS IN A REGIONAL DIABETES CENTRE

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**Background** A previous audit was performed in 2011 by the Paediatric Diabetes department in Sligo Regional Hospital which examined practices, results and key care processes at annual review and compared them to International Standards (1,2). This resulted in several recommendations aimed to improve metabolic control within the cohort.

**Objectives** The objectives of this audit were to compare HbA1c levels in 2013 to those in 2011 and to International Standards (3,4,5), to investigate if the previous recommendations had been implemented and to investigate the proportion of patients with secondary complications.

**Methods** All paediatric patients with diabetes who had an annual review scheduled during 2013 in our centre were

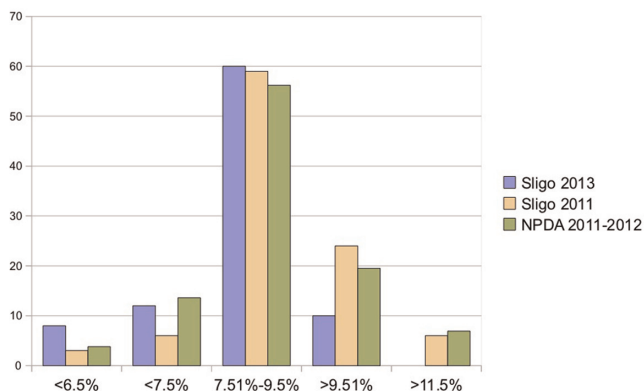
included. Exclusion criteria were those who had annual review scheduled at a tertiary centre. Data were collated from retrospective chart review.

**Results** In our cohort of 50 patients, HbA1c results reflected significant improvement from 2011 levels (see Graph 1). The complication rate was found to be comparable to International Standards (5,6) (see Table 1). There was no improvement in the key care processes performed (see Table 2).

**Conclusion** Our improved HbA1c results reflect the increased frequency of appointments and use of basal bolus regimes.

**REFERENCES**

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Abstract PO-0955 Graph 1

Abstract PO-0955 Table 1

Complication	Yes	No	Unknown	Incidence	Rate of >6yrs	LS <sup>7</sup>	LS <sup>6</sup>
Retinopathy	12%	34%	54%	26%	24%	12%	20%
Neuropathy	2%	38%	60%	5%	0%	14%	27%
Borderline AER/ Microalbuminuria	6%	40%	54%	13%	0%	30%	6%
Hypercholesterolaemia	22%	54%	24%	40%	28%	0%	0%
HTN	10%	66%	24%	13%	14%	0%	16%

Abstract PO-0955 Table 2

Key care processes	Sligo 2013	Sligo 2011	NPDA 2011-2012	NPDA 2009-2010
Hba1c	96%	100.00%	89.30%	90.10%
BMI	92%	0.00%	64.70%	70.20%
Foot exam	28%	0.00%	34.40%	24.50%
Eye screening	58%	65.50%	36.90%	25.80%
BP	78%	86.20%	67.70%	58.80%
Serum creatinine	88%	100.00%	n/a	n/a
Urinary albumin	50%	86.20%	40.70%	36.50%
Serum cholesterol	72%	75.90%	44.40%	29.90%
% with all care processes	8.00%	N/R	6.70%	4.10%

**PO-0956 PAEDIATRIC PRIMARY CARE: NEED FOR A CHANGE? A VIEW FROM THE NORTH EAST OF ITALY**

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**Background and aims** In Italy and throughout the world, increasing importance is being given to primary care with a noticeable shift of interest towards the "territory" and the need to re-think global paediatric assistance.

**Methods** On the basis of F.I.M.P.-FVG data, we examined the organisation and critical points of primary paediatric care, currently identified in Italy with Family paediatrics.

**Results** FVG is a region with 1,200,000 inhabitants, 124 family paediatricians (pdf) and an average number of 938 patients/pdf. These are organised as single pdf (74), in association (29), in group practices (21). Critical points: new sanitary duties (i.e. high percentage of immigrants with social integration difficulties, complex psychological problems, necessity to cover some second level services especially concerning the management of children affected by chronic pathologies, etc.), difficulty to maintain the traditional relationship of doctor/patient trust in large groups of pdf practices, progressive reduction in numbers of pdf whose average age is around 55.

**Conclusions** The broadening of paediatric primary care requires a re-definition of the "mission" of the doctors working in the area not only regarding duties of care, but also of training and scientific research, with special attention to identifying the new assistance needs. Furthermore, when faced with duties of ever-increasing responsibility, the current organisation could prove to be insufficient and the nurse will have to take on an increasingly important role with a larger number of duties taken over. The number of nurses should probably be at least 1 nurse for every 400 children.

**PO-0957 WITHDRAWN**

**PO-0958 10-YEAR INPATIENTS DISEASE AND TRENDS**

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**Background** To analyse the major health problems and trends among hospitalised children in a medical centre from 2003 to 2012

**Methods** We retrospectively reviewed all records of patients younger than 18 years who admitted to the Chang Gung Memorial's Hospital between January 1, 2003, and December 31, 2012. The study was composed of categories about the diagnosis, age and gender. We collected and utilised data to examine the leading diagnostic categories and trends by age in the 10 years period.

**Results** Children had age differences among hospitalised diagnoses categories. Prematurity or condition from the perinatal periods and congenital anomaly were the top two hospitalised disease categories in newborn. Acute respiratory tract infection was the major diagnoses category in infant. Acute intestinal infectious disease was the top diagnosis in children aged between 1 to 2 years old. Pneumonia was leading diagnoses of children