

**PO-0965 AN AUDIT IN PAEDIATRIC PRESCRIBING**

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**Background and aims** Prescribing errors are common in hospitals. Within Addenbrooke's, the paediatrics department was found to make more prescribing errors than any other. We aimed to undertake a closed-loop audit of prescribing errors in paediatrics at Addenbrooke's.

**Methods** Data was collected from all readily available drug charts on all paediatric wards, once weekly over 6 weeks (first cycle May 2013, second cycle Oct–Nov 2013). Each drug chart was inspected for 'pharmacist identified' errors, with minimum standards set in key areas.

Between cycles, interventions included: meeting of senior clinicians and pharmacist; prescriber received standardised email after errors, for discussion with consultant; follow-up of non-responders; audit data and protocol disseminated; paediatric teaching on prescribing.

**Results** A total of 3436 (first cycle) and 3516 (second cycle) prescriptions were reviewed with 12% and 16%, respectively, containing an error. The commonest error in both cycles was drug name.

Set standards were achieved for correct drug name and dose, but not for legible signature, allergy documentation or weight documentation.

The proportion of drug charts with 0 errors increased in the second cycle. Those with 1–5 errors decreased. However, the proportion of charts with 6+ errors increased (many 'high error' charts contained multiple errors by one prescriber).

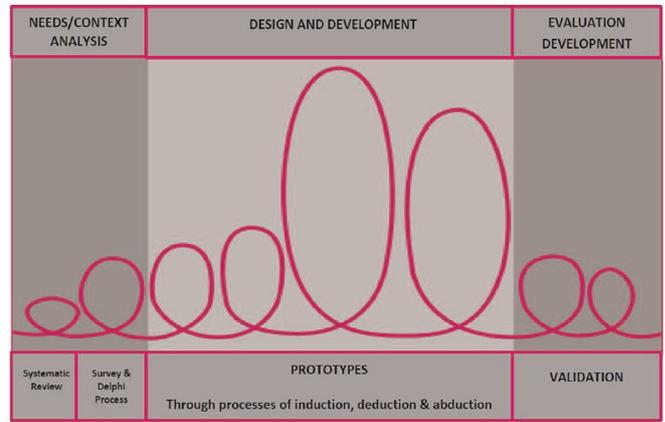
**Conclusions** The implemented changes had no significant effect on the rate or type of errors identified. Minimum standards are not being met in some areas. It is possible that a few 'rogue' prescribers may be responsible for many errors, in which case targeted strategies may be effective.

**PO-0966 CLINICAL ASSESSMENT OF HYPOTONIA: USING DESIGN RESEARCH TOWARDS CONSENSUS**

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**Background and aims** The clinical assessment of hypotonia remains contentious in the literature. The reality is that the assessment is often subjective in nature. Despite the underlying



**Abstract PO-0966 Figure 1** Cyclic process adopted in this study (adapted from Mckenney, 2001)

causative factors, the clinical presentation of hypotonia is however considered to be similar in most cases. Differentiating the likely causes of hypotonia is important in sparing some infants and children from invasive diagnostic tests and there also exist a number of causes of hypotonia for which there is no definitive laboratory or imaging tests, namely idiopathic hypotonia, so the role of the clinical and developmental assessments remain important. The author describes a process in moving clinicians towards consensus.

**Methods**

**Design** Research, using across stage mixed methods was used, within a pragmatic stance. Design research acknowledges the complex and dynamic relationship between theory and application and provides a relevant foundation to guide practice by methods that are both theoretically underpinned and empirically tested. The author combined evidenced-based methods that assisted in the design of a clinical algorithm for practice (Table 1). Three phases were implemented viz. preliminary phase, prototyping and assessment phase.

The visualisation of the research process is described in Figure 1 below.

**Results and conclusions** With use of design research, and following a systematic process, the authors were able to formulate a process in order to initiate movement towards consensus on the assessment of hypotonia. These processes followed a systematic and evidenced-based process and culminated in the development of a clinical algorithm.

**PO-0967 THE USES OF CLINICAL CASE AS A TOOL OF TEACHING LEARNING IN THE DISCIPLINE OF PAEDIATRICS AT THE FACULTY OF MEDICINE PETRÓPOLIS - RJ - BRAZIL**

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The Curriculum Brazilian Guidelines state that: "The structure of the degree course in medicine should use methodologies that emphasise active student participation in knowledge construction and integration between the content..." On the study site, the undergraduate medicine has six years duration, with workload 8032 hs. Of this total, 3472 hs correspond to the clinical period when the teaching / learning process occurs to practical

**Abstract PO-0966 Table 1** Phases of the study

	Identify current evidence and identify gaps in the literature	Systematic Review
<b>PRELIMINARY PHASE</b>	Identify and analyse the problem – researchers and practitioners in collaboration	Survey: Current Practices of occupational therapists, physiotherapists and paediatricians Reduction of items and Consensus via a Delphi Process
	Development of prototype solutions guided by theory, existing principles and technology	Inductive, abductive and deductive logic used to analyse data from previous phase – combined with a framework (ICF) and technical guidelines (ISO) towards the development of a clinical algorithm
<b>ASSESSMENT PHASE</b>	Methodological Rigor	AGREE II Tool for evaluation of process
	Epistemic Correlation and Content Analysis	Expert Feedback and Critique'

distributed in major medical areas. Paediatrics includes a mandatory requirement of this stage presentation Session Paediatric Clinics (SPC) based in the various practice settings in order to instigate the search for knowledge providing a meaningful construction.

**Methods** A descriptive study, retrospective documentary of SPC presented in 2013 by the undergraduate students of the Faculty of Medicine of Petrópolis, Rio de Janeiro, Brazil.

**Results** There were 70 SCP, 70% from the paediatric ward, 12.86% of the NICU and 17.14% of the other scenarios. Active participation in the choice of topic, review and submission process was on average 3 students and the number of listeners was 40/SCP. The chosen themes, 52,86% are not part of the curriculum previously offered. Infectious diseases have contributed to 37,14% of realisation of the SPC.

**Conclusion** This study shows for the promotion of proactive methodologies as supporters of the integration of the student as the protagonist of the teaching- learning process and therefore should be encouraged. As for the themes chosen believe that awakening to the search for new knowledge has been significantly.

**PO-0968 MAIN DEATH ETIOLOGIES OF CATALAN CHILDREN. EXPERIENCE OF THE ADMITTED PATIENTS IN A TERTIARY HOSPITAL**

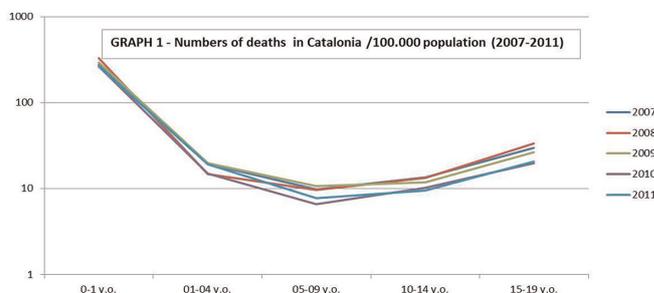
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**Background and aims** Paediatric palliative care is an essential aspect of medical practice for patients who need end-of-life attendance. The better understanding of the main death causes allows to anticipate the future complications in the final stage. The aim is to describe the epidemiology and characteristics of deaths at childhood in Catalonia and specifically in a tertiary paediatric hospital.

**Methods** Review data from the National Statistics Institute (<http://pestadistico.inteligenciadegestion.mssi.es>) on mortality of people aged 0–19 years old, during the period from 2007 to 2011. Analyse the main general causes of death by ICD (International Code of Disease) collected in death certificate and compare them with our experience.

**Results** During the period from 2007 to 2011, a total of 2.282 deaths were registered in Catalonia (59% males, 41% females). The mortality rate varies by age (Graph 1). In Catalonia the most frequent causes of death were conditions originated in the perinatal period (COPP) (27%), external causes (18%),



**Abstract PO-0968 Graph 1** Numbers of deaths in catalonia/100.000 population (2007–2011)

congenital malformations (15%) and neoplasms (11%)(Table 1). The epidemiological study in our centre shows that 487 patients died in this period. The mean age was 3.5 years. According to sex, 47% were female and 53% male. The average length of hospitalisation was 12 days (range: 1–167 days). In our hospital, the most frequent causes of death in inpatients were COPP (45%), diseases of the respiratory system (17%) and neoplasms (15%)(Graph 2).

**Conclusions** In accordance with the literature, during the first year there is a peak in the mortality rate. In this period the main causes of death are COPP and congenital malformations. In adolescence the main causes of death are external causes and malignancy. In our hospital, almost a half of the total deaths occur in the first month of life due to COPP. Every centre should know his epidemiology of the main causes of death.

**PO-0969 WITHDRAWN**

**PO-0970 A NEW GROWING PAINS DIAGNOSTIC TOOL: EVALUATION IN A MEDITERRANEAN CLINICAL SAMPLE**

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**Background** "Growing pains (GP)" is the most common musculoskeletal complaint in childhood.

**Aim** To investigate the sensitivity and specificity of a previously validated questionnaire, for the diagnosis of GP.

**Methods** From 01/2013–12/ 2013, a questionnaire (Tb. 1), was administered to parents of children aged 3–8 years, who visited an orthopaedic clinic of a general children's hospital, as outpatients, complaining of lower limb pain of no apparent traumatic

**Abstract PO-0968 Table 1** Causes of death in Catalonia 2007–2011

			0–1 y.o.	2–4 y.o.	5–9 y.o.	10–14 y.o.	15–19 y.o.	TOTAL
II	C00–D48	Neoplasms	15	50	59	53	68	245
IV	E00–E90	Endocrine, nutritional and metabolic diseases	40	24	6	7	12	89
VI	G00–G99	Diseases of the nervous system	59	32	10	23	35	159
X	J00–J99	Diseases of the respiratory system	20	20	10	9	15	74
XVI	P00–P96	Certain conditions originating in the perinatal period	624	1	0	1	0	626
XVII	Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	284	28	8	11	8	339
XVIII	R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	93	26	6	12	18	155
XX	V01–Y98	External causes of morbidity and mortality	23	59	43	46	237	408
		Others: Infectious, diseases of the blood, digestive and circulatory system...	46	46	22	31	42	187