**Poster abstracts**

**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 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
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.msssi.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 Classification of Diseases) collected in death certificate and com-

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. The aim is 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 outpa-

Conclusions The sensitivity ranged from 70.4 to 88.6% whereas the specificity ranged from 52.8 to 72.7%.

**Table 1**: Causes of death in Catalonia 2007–2011

<table>
<thead>
<tr>
<th></th>
<th>0–1 y.o.</th>
<th>2–4 y.o.</th>
<th>5–9 y.o.</th>
<th>10–14 y.o.</th>
<th>15–19 y.o.</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>C00–D48</td>
<td>Neoplasms</td>
<td>15</td>
<td>50</td>
<td>59</td>
<td>53</td>
<td>68</td>
</tr>
<tr>
<td>E00–E90</td>
<td>Endocrine, nutritional and metabolic diseases</td>
<td>40</td>
<td>24</td>
<td>6</td>
<td>7</td>
<td>12</td>
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<tr>
<td>G00–G99</td>
<td>Diseases of the nervous system</td>
<td>59</td>
<td>32</td>
<td>10</td>
<td>23</td>
<td>35</td>
</tr>
<tr>
<td>J00–J99</td>
<td>Diseases of the respiratory system</td>
<td>20</td>
<td>20</td>
<td>10</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>P00–P96</td>
<td>Certain conditions originating in the perinatal period</td>
<td>624</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Q00–Q99</td>
<td>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</td>
<td>284</td>
<td>28</td>
<td>8</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>R00–R99</td>
<td>External causes of morbidity and mortality</td>
<td>23</td>
<td>59</td>
<td>43</td>
<td>46</td>
<td>237</td>
</tr>
<tr>
<td>Others: Infectious, diseases of the blood, digestive and circulatory system...</td>
<td>46</td>
<td>46</td>
<td>22</td>
<td>31</td>
<td>42</td>
<td>187</td>
</tr>
</tbody>
</table>

**Abstract PO-0968 Graph 1**: Numbers of deaths in Catalonia/100,000 population (2007–2011)