Multidisciplinary handover post-shift work at the bedside has become standardised practice and improved patient safety with continuity of care with these tools. Regular ongoing audit have demonstrated that the tools are routinely used by both clinicians and nurses.

REFERENCE

CURRENT FLUID RESUSCITATION PRACTICE IN A TERTIARY PAEDIATRIC EMERGENCY DEPARTMENT IN INFANTS WITH A WORKING DIAGNOSIS OF SEPSIS: A RETROSPECTIVE STUDY

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50% of infants were under fluid resuscitated against the currently recommended guidelines (figure 1). Of the infants that were under fluid resuscitated, 60% required no further fluid resuscitation (figure 2). There was no correlation between fluid resuscitation practice and admission length, although the majority of patients (84%) had admissions of less than one week. 2% of infants had positive blood cultures.

This study adds value to clinicians working in paediatrics by demonstrating that fluid resuscitation of infants specifically needs careful consideration and further investigation. Discussion surrounding the aetiology and prevalence of sepsis in
Background 10% of all burns arise from physical abuse or neglect. It can be difficult to identify cases where non-accidental injury should be suspected and Emergency Department (ED) clinicians have a short time to assess a child. Children less than 5 years of age are most at risk of burn injuries, with scalds and contact burns being the most common burn type amongst this group. This study analyses cases of scalds and contact burns that present to ED to determine whether there are any significant differences between factors involved in accidental burns and those referred to social services.

Method and results A prospective multicentred study was conducted from August 2015 to September 2018. Data were collected from 20 hospital sites across England and Wales for all children who presented with a burn. Children who were less than 5 years old and had suffered a scald or contact burn were included in this study. Comparison of the proportions of cases affected by different agents, mechanisms and locations of injury were made between accidental cases (non-CP) and those cases for which a child protection referral was made (CP) to determine whether there were any significant differences. Chi-squared testing was used for this comparison and statistical significance was set at \( p < 0.05 \).

Conclusions After exclusion criteria were applied, 2056 cases were identified; 1045 non-CP scalds, 103 CP scalds, 816 non-CP contact burns and 92 CP contact burns. Scalds; Hot Water...