can be adapted by different departments and different hospitals keeping the patient at the centre of care.

**INTRODUCING A BRIEF INTERVENTION TO IDENTIFY AND PROVIDE GUIDANCE TO OVERWEIGHT AND OBESE CHILDREN ATTENDING THE EMERGENCY DEPARTMENT**

Megan Mackenzie, Amrutha Arpananthar, Helen Nightingale. Whips Cross

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Aims/Objectives/Background The aim of this project was to identify and provide guidance to overweight and obese children attending the paediatric emergency department.

Paediatric obesity is a rising problem in the United Kingdom where around two thirds of children entering secondary school are either overweight or obese. This leads to significant health impacts in both the short and long term as more children are diagnosed with hypertension and obesity.

The Emergency Department provides a unique opportunity to introduce a brief intervention to identify these children, have a brief conversation and offer guidance on healthy lifestyle with referral back to primary care services.

Methods/Design We performed a Quality Improvement Project to measure height, weight and BMI centile in all children attending the Emergency Department to identify those who are overweight or obese. We created a toolkit that consists of training sessions and written resources for staff to sensitively communicate to parents about their child’s weight and empower them towards their journey for a healthier lifestyle.

We collected data from 10 children a week who met the inclusion criteria and established whether they had weight, height and BMI centile measured. We analysed the notes of those who had BMI centile measured to see if they had been discharged with a diagnosis of obesity and whether they were provided with information regarding healthy diet and lifestyle.

Results/Conclusions In a sample taken over 15 weeks, we have seen improvement in auxology measurement, and evaluation of notes shows that 4 children were appropriately identified as overweight or obese. Additionally, we increased awareness throughout the department by teaching, posters and word of mouth.

We are encouraged by these initial numbers and anticipate further improvements as we have developed a toolkit to provide ongoing teaching to staff in the department.

**WHAT CAN YOU TEACH IN 15 MINUTES? A PILOT STUDY OF ‘JUST-IN-TIME’ TEACHING IN A PAEDIATRIC EMERGENCY DEPARTMENT**

Patrick Tomlinson. Alder Hey Children’s Hospital

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Aims/Objectives/Background The Emergency Department (ED) is a busy environment due to shift patterns and high acuity, which can make arranging formal teaching sessions difficult. We proposed daily ‘15-minute Hot Topic Teaching’ sessions with feedback questionnaires used to evaluate these. The aim of this study was to assess the effectiveness of daily ‘15-minute Hot Topic Teaching’ sessions in a Paediatric Emergency Department.

Methods/Design A daily teaching programme was designed and implemented in a busy tertiary Paediatric Emergency Department. The teaching sessions were performed for 15 minutes at 1 pm on Monday to Friday for all clinical ED staff members. Following each teaching session, participants completed a feedback questionnaire to evaluate the teaching session. This assessed the ‘overall rating of the teaching session’, ‘change in confidence in application of knowledge’, and ‘the rating of how appropriate the length of the teaching session was’.

Results/Conclusions Overall, 200 questionnaire feedbacks were completed. The average rating for the teaching sessions was 9.07/10 (0 being ‘very poor’ and 10 being ‘excellent’). The participants’ confidence in application of knowledge improved on average from 5.44/10 before the session to 8.04/10 following it (0 being ‘no confidence’ and 10 being ‘very confident’). The teaching session length was reported as ‘about right’ by 92%, with 8% stating they were either ‘too long’ or ‘too short’. ED clinical staff attending included doctors (47.5%), Advanced Nurse Practitioners (19.5%), nursing staff (12%), Physician Associates (9.5%), Health Care Assistants (3%), and ‘other’ members including medical students, nursing students and paramedic students (8.5%).

This study shows that daily 15-minute teaching sessions are an effective way of delivering teaching in a busy Paediatric Emergency Department to a wide variety of clinical staff. The sessions have improved confidence and knowledge in a variety of topics and are an appropriate length of time, making them ideal for use in Emergency Departments.

**A COMPARISON OF THE AEROGEN VIBRATING MESH NEBULISER VERSUS A STANDARD JET NEBULISER TO DELIVER BRONCHODILATORS IN MODERATE TO SEVERE ASThma IN THE EMERGENCY DEPARTMENT**

Mohamed Abdalla, Samer ElKhidr, Fabiola Sevilla Perez, Rebecca Wong, Helena Austin, Clouis Rau, Michael Patterson, Bobby Garcia, Tanita Leal, Ciara Murphy, Tuckey Ceris, Harriet Walton. University College London Hospital; 2Emergency Department, University College London Hospital UCLH, London, UK

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Aims/Objectives/Background Nebulised bronchodilators provide effective therapy for patients with Asthma. We sought to investigate the effectiveness of vibrating mesh nebuliser (VMN) when compared to a standard jet nebuliser (JN) in patients with moderate-to-severe asthma presenting to the Emergency Department (ED), we compared time to discharge from ED, drug delivery, and rate admission when using VMN technology compared to the JN.

Methods/Design A prospective, single-centre, non-blinded study comparing the efficacy of the VMN (Aerogen Solo) against the current standard jet nebuliser (JN) (Cirrus 2 Nebuliser) to deliver nebulised Salbutamol (2.5 mg) in moderate to severe adult asthma within the ED. Patients requiring bronchodilator therapy were allocated for each arm to receive medications via the VMN, or by standard JN. Patients were managed by emergency physicians according to the joint BTS guidance. The primary endpoint was time to discharge from ED (mins) after initial physician assessment, while among the secondary endpoints examined were Salbutamol dose (mg), and rate of