Methods Our team sent out questionnaires on general satisfaction of patients receiving care in our paediatric oncology shared care centre. Patients and/or parents were encouraged to remain anonymous as much as possible to encourage objective feedback.

Our questionnaire was made into various sections for example, demographics and diagnosis, medications received in our centre and frequency of medications.

Results 75% of the questionnaire sent were returned filled.

Out of those returned survey, 70% felt we communicate with them well while 30% felt we communicate poorly. We also found that most of our patient had a diagnosis of ALL with good prognostic indicators. In our centre, the importance and usefulness of our play specialist was highlighted by 100% of our patients.

All that filled the survey felt community nurses communicate excellently. 100% indicated most of the information are preferred in both written and verbal forms. Some points raised includes diagnosis being rushed or not properly explained.

Conclusions Important emphasis needs to be placed on how we discuss and communicate our treatment but most especially at the first diagnosis of our oncology patients. Communicating in both verbal and written forms has proven effective in delivering necessary information to patients. The need for regular and mandatory training on communication with oncology patient should be mandated for clinicians. In our case, we will continue to work on excellent delivery of diagnosis and discussions with our oncology patients.

330

THE IMPACT OF A RAPID ACCESS PHYSIOTHERAPY SERVICE IN A PAEDIATRIC EMERGENCY DEPARTMENT ON PATIENTS DIAGNOSED WITH ASTHMA OR VIRAL INDUCED WHEEZE

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Background Asthma and Viral Induced Wheeze (VIW) are common respiratory conditions in paediatrics. There are currently 1.1 million children in the UK suffering from asthma, which continues to cause a significant burden on the health care system. Viral induce wheeze is another common presentation to paediatric emergency departments with statistics showing around 1 in 3 children having at least one episode prior to the age of 3. Studies have shown that respiratory physiotherapy decreases severity of disease in patients with asthma and viral induce wheeze. This has been demonstrated by an improvement in Asthma Control Test and Nijmegen scores. However, the role of respiratory physiotherapy in the emergency department has never been investigated, despite asthma and viral induced wheeze being common presentations.

Objectives To investigate the impact of a physiotherapy service in an emergency department on patients diagnosed with viral induced wheeze or asthma

Methods Patients were referred to physiotherapy if they met the diagnostic criteria for asthma or viral induced wheeze. Referrals all received a screening telephone consultation to determine eligibility for a face-to-face review. Assessments included detailed history and examination followed by

spirometry and clinically relevant blood tests to determine any allergens or triggers for respiratory decompensation. Interventions included education on inhaler technique, breathing exercises and trigger avoidance, initiation and optimisation of existing medical therapy and development of individualised action plans. Interventions were dependent on each patients' clinical needs. Patients seen by the respiratory team in last 3 months were excluded.

During physiotherapy sessions the patients were asked to fill age appropriate questionnaires at the start and the end of the course. Severity of disease was assessed using asthma control test and Nijmegen score and quality of life through a paediatric quality of life questionnaire. Where patients were too young, quality of life questionnaires were completed by the parent. Only completed pairs of questionnaires were included in the final analysis and paired t-test was used to assess the statistical significance of any differences. Patients were also given a satisfaction surveys at the end of the session. Data was collected on consecutive referrals from June 2019 to January 2020.

Results There was a statistically significant improvement across the 3 questionnaires. In total 60 sets of Asthma control test (ACT) questionnaires were completed. The mean ACT score was 16.5 before physiotherapy and 22.5 after ($p < 0.001$). 13 sets of Nijmegen scores were calculated. The mean score was 26.0 before physiotherapy and 12.5 after ($P < 0.001$). 108 quality of life (QoL) questionnaires were completed. The mean QoL score when completed by patients improved from 64.6 to 78.7 ($P < 0.001$). The mean QoL score when completed by parents similarly improved from 65.5 to 82.1 ($P < 0.001$). Satisfaction surveys showed positive experiences of the service provided

Conclusions This retrospective analysis suggests that patients presenting to an emergency department with asthma or viral induced wheeze may benefit from a decrease in severity of disease and improvement in quality of life if they attend physiotherapy. Larger, prospective studies in different settings are needed to evaluate this finding.

331

APPROPRIATENESS OF PAEDIATRIC EMERGENCY DEPARTMENT ATTENDANCES: PATTERNS, PREDICTORS, AND HOW IT CHANGED DURING THE COVID-19 PANDEMIC

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Background Non-urgent emergency department attendances are a pervasive global problem, contributing to delayed treatment, patient dissatisfaction, and increased admissions. In paediatric emergency departments (PEDs), 41–79% of attendances are non-urgent. Nevertheless, parents and primary care practitioners continue to view PEDs as an appropriate place to seek treatment for minor ailments, with a common reason being its convenience in performing laboratory and radiological investigations in the same location. Resource utilisation is a commonly used measure of appropriateness of an attendance, and is a suitable measure in the unique paediatric population.

Objectives Our study aims to assess the appropriateness of PED attendances in a multi-ethnic Asian population, and identify predictors of inappropriate attendances (IAs). To our