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.

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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.

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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

knowledge, no similar study has been performed in a multi-ethnic Asian population. This will allow identification of gaps in our healthcare system that can be addressed to decrease the proportion of inappropriate PED attendances. In the COVID-19 era, we also aim to review how these trends have changed in a pandemic.

Methods A retrospective study was performed on all attendances to the largest PED in Singapore from 1 January to 31 July 2019 and 2020. A total of 153,631 visits were included for analysis.

Attendances were classified into appropriate or inappropriate depending on resources used and eventual disposition. An appropriate attendance (AA) was defined as fulfilling any of the following criteria: (1) investigated in emergency department (excluding urine studies in children aged 3 years and older); (2) treated in emergency department (excluding basic enteral anti-pyretic medications, prescription medications, or performing of simple procedures); or (3) admitted to the inpatient ward or discharged with specialist follow-up. All other attendances were hence classified as inappropriate attendances (IAs).

Univariate and multivariate analysis was performed to identify predictors of inappropriate attendances.

Results A total of 31,657 attendances (20.6%) were classified as inappropriate attendances. On multivariate analysis, the three most significant factors predicting inappropriate attendances were lower triage acuity (P3 vs P1, OR 37.37, 95%CI 27.73–50.36), mode of arrival (self vs ambulance or police escort, OR 1.76, 95%CI 1.60–1.94), and first visits (re-attendance within 72 hours vs first visit, OR 0.56, 95%CI 0.50–0.64). Attendances in 2020 decreased by 40.2% from 2019, with a smaller proportion of inappropriate attendances in 2020 (21.7% in 2019 vs 18.8% in 2020, $p < 0.001$). Similarly, abscondment rates (0.41% in 2019 vs 0.31% in 2020) and re-attendance rates (1.4% in 2019 and 1.2% in 2020) decreased in 2020.

Conclusions This study identified the frequency of inappropriate visits, and predictors of these visits. From our data, possible initiatives to decrease inappropriate PED use would be to equip PCPs with facilities for basic fingerpick blood tests for the paediatric population. This study paves the way for direction of future research and educational efforts towards these groups to decrease inappropriate use of the emergency department.

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INTERGENERATIONAL PERSPECTIVES OF PATERNAL PARENTING PRACTICES: A DESCRIPTIVE QUALITATIVE STUDY

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Background Parenting practices are behaviours that are known to be challenging and complex. Differences in these behaviours have been proven to have significant implications in child's health and development. Research shows how paternal parenting behaviours can mould the concept of fatherhood for the next generation. Female participation in the workforce, dual income families are on the rise. This promotes father's involvement in child care. Despite the increment in father's participation, the perspectives of fathers, especially grandfathers, remains under-explored. There is a need to further

Abstract 333 Table 1

Personal traits influencing father's perspectives	Moral value Personal Beliefs Personality
External influences that shape parenting	Societal views about fatherhood Cultural influences Observations in real life
Personal views on parenting	Individual parenting experiences Past childhood experiences Exposure and knowledge about parenting Situational Circumstances
Child's traits that influence parenting	Child's demographics Child's personality, interests and behaviour Future of the child

understand the relationship between a father and a son and how it shapes fatherhood. No such study has been conducted in a multicultural context like Singapore.

Objectives The study aims to explore the intergenerational perspectives of paternal parenting practices in Singapore.

Methods A descriptive qualitative approach was adopted. Purposive sampling was used to recruit 12 dyads (grandfathers and fathers) from the tertiary public pediatric hospital in Singapore. Face-to-face interview with a semi-structured guide was conducted. Thematic analysis was employed for data analysis.

Results Four themes and 13 sub themes related to the influences that affect grandfathers' and fathers' perspectives on parenting were generated. The four main themes are shown in table 1 below:

Conclusions The study explored grandfathers' and fathers' views, beliefs and experiences on paternal parenting. Findings provided us the information to compare between two generations, deepening the understanding of a father-son's relationship, while adding valuable insights to the topic of fatherhood. Findings also encourage improvements to policy and practice, that are important for fathers to assimilate into fatherhood and promote positive child outcomes.

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IRON AND VITAMIN D DEFICIENCY IN YOUNG CHILDREN WITH AUTISM SPECTRUM DISORDER IN SINGAPORE

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Background Iron and vitamin D have been implicated to play an important role in cognition and neurodevelopment respectively. Existing evidence suggests that correcting deficiencies in both these nutrients can improve Autism Spectrum Disorder (ASD) symptoms. Children with ASD are also at greater risk for these deficiencies due to behavioural difficulties and food selectivity. Extant literature shows highly variable rates of these deficiencies and variable practices in routine screening among different populations.