Abstracts

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.

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.
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 attend-
ces 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 inappropri-
ate depending on resources used and eventual disposition. An
appropriate attendance (AA) was defined as fulfilling any of
the following criteria: (1) investigated in emergency depart-
ment (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 inpa-
tient ward or discharged with specialist follow-up. All other
attendances were hence classified as inappropriate attendances
(IAs).

Univariate and multivariate analysis was performed to iden-
tify 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 attend-
ces 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-attend-
ance 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). Simi-
larly, 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 inappropri-
ate visits, and predictors of these visits. From our data, possi-
ble initiatives to decrease inappropriate PED use would be to
equip PCPs with facilities for basic fingerick blood tests for
the paediatric population. This study paves the way for direc-
tion of future research and educational efforts towards these
groups to decrease inappropriate use of the emergency
department.

INTERGENERATIONAL PERSPECTIVES OF PATERNAL
PARENTING PRACTICES: A DESCRIPTIVE QUALITATIVE
STUDY
Huıı Ee Chang, Shefaly Shorey, Qian Wen Sng. Singapore

Background Parenting practices are behaviours that are known
to be challenging and complex. Differences in these behav-
ious 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 grandfa-
thers, remains under-explored. There is a need to further
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. Pur-
posive sampling was used to recruit 12 dyads (grandfathers
and fathers) from the tertiary public pediatric hospital in Sin-
agapore. 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 influen-
ces 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 genera-
tions, deepening the understanding of a father-son’s relation-
ship, 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.

IRON AND VITAMIN D DEFICIENCY IN YOUNG
CHILDREN WITH AUTISM SPECTRUM DISORDER IN
SINGAPORE
Magdalena Yvonne Koh, Aishworiya Ramkumar. Singapore

Background Iron and vitamin D have been implicated to play
an important role in cognition and neurodevelopment respec-
tively. 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.