useful scoring system in conjunction with a thorough history and clinical examination.

References:

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MULTI-CENTER VALIDATION OF THE CLINICAL DEHYDRATION SCALE FOR CHILDREN

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Introduction: Dehydration is an important complication for sick children. The Clinical

Dehydration Scale for Children (CDSC) measures dehydration based on four clinical signs.

Objective: Evaluate the correlation between the CDSC categories and markers of dehydration in children aged 1 month to 5 years visiting an emergency department (ED) for vomiting and/or diarrhea.

Method : An international prospective cohort study performed in three pediatric ED in 2009. Participants were a convenience sample of children aged 1 to 60 months presenting to the ED for acute vomiting and/or diarrhea. Following triage, a research nurse obtained informed consent and evaluated dehydration using the CDSC. A few days after recovery, another research assistant weighted participants at home. The primary outcome was the percentage of dehydration calculated by the difference in weight at first evaluation and after recovery. Secondary outcomes included proportion of admission, intra-venous use and inter-rater agreement. Sample size was estimated to have at least 10 participants in each CDSC categories.

Results : During the study period, 251 children were recruited and information regarding weight and dehydration scores was complete for 206 (82%).

According to the CDSC, 59 had no dehydration, 132 some dehydration and 14 moderate/severe dehydration. On logistic regression, the CDSC categories were predictors of severe dehydration, intra-venous re-hydration and hospitalization ($p < 0.01$ for all). Good inter-rater correlation was measured among participants (linear weighted Kappa score of 0.65 (95%CI 0.43-0.87)).

Conclusion : CDSC categories correlate with markers of dehydration for young children complaining of vomiting and/or diarrhea in the ED.

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DIVERTING PATIENTS FROM A PAEDIATRIC EMERGENCY DEPARTMENT TO PRIMARY CARE - DOES IT WORK?

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Background: Alder Hey Children's NHS FT has a dedicated Paediatric Emergency Department (ED) with an annual attendance of 60,000 children.

Previous work has shown that 71% of attendances (injury and illness) are non urgent cases. This places a large patient burden on the department.

The ED and the Primary Care Trust (PCT) were aware that there were a large number of children who could be seen more appropriately in a local primary care setting.

Methods: Access to the PCT appointments system (EMIS) was established in the ED and staff were trained in its use.

Liverpool GP practices were contacted to sign up to the project.

Inclusion and exclusion criteria for patients were jointly agreed by the ED and the PCT.

Triage nurses at the ED were coached in approaching patients for diversion and arranging their appointment.

Results: Since January 2010, over 1000 patients have been offered an appointment at their GP practice from the ED.

The majority have refused. 16 patients (1.6%) have accepted the offer and avoided an ED visit.