Background Resuscitation planning is a very important aspect of care for children with life limiting conditions.

Aim This research aims to evaluate the practice of resuscitation planning at a major tertiary children's hospital.

Methods A list of patients who had died in 2011 was obtained from medical records. We collected information regarding parental demographics, patient diagnosis, the scope and timing of discussions and treatments/limitations to treatment, which were felt to be appropriate. The location of the documentation was also recorded.

Results Of the 45 patients identified, 35 charts were available. 28 individuals had a condition carrying a poor prognosis or life limiting condition. In seven cases, death was unexpected. In 24 of 28(85.6%) charts a discussion was documented regarding end of life cares. However, only two (8.3%) of these were readily identifiable. In two cases, discussions were held more than 12 months before the child's death. When adjusted to exclude these variables, documentation was dated on average 35.6 days before death.

Discussion Patients of the Royal Children's Hospital with a life limiting condition had a documented resuscitation plan 85.6% of the time. However, this was not easily identified in 91.7% of cases. The timing of discussion varied considerably in relation to the time from resuscitation planning to death and the scope of discussion.

Conclusions The sensitive and timely discussion of end of life cares should be undertaken and documented clearly and with a consistent manner in order to facilitate communication between all health care professionals providing care for the child. This study has identified considerable room for improvement at our institution.

103 AUDIT OF RESUSCITATION PLANNING AND DOCUMENTATION AT A TERTIARY CHILDREN'S HOSPITAL OVER A 12 MONTH PERIOD

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