who were coagulopathic on admission versus 3.2% (range 0%-6%) in those with normal coagulation studies. Data regarding risk factors and additional outcomes such as transfusion requirements and thrombosis were limited.

Conclusions Acute traumatic coagulopathy is present in around one third of severely injured paediatric patients and is associated with increased mortality, particularly in individuals with isolated brain injuries. The incidence of the condition in the wider paediatric trauma population who do not require admission to intensive care remains largely unknown but may be less common. There was limited data regarding the risk factors and additional outcomes associated with acute traumatic coagulopathy.

G333 RAISE STUDY; A MULTICENTRED STUDY OF INFANTS PRESENTING TO UK EMERGENCY DEPARTMENTS THAT ARE INVESTIGATED FOR SKULLS FRACTURES

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Background Head injury in a young child is a common presentation to emergency departments. Skull fractures in young children often generate concern regarding possible non-accidental injury (NAI). Guidelines produced by the Royal College of Radiology recommend a skeletal survey and CT head in children under 2 years of age, if abusive head injury is suspected. We hypothesise that there are significant variations in practice across the UK with regards to radiological investigations performed, safeguarding referrals, assessments, and follow up.

Methods All hospitals within the PERUKI network were invited to submit data. The study population were children under 2 years who presented to the emergency department and underwent radiological investigation for a suspected skull fracture. Retrospective data was collected for presentations between January 2012 to December 2014 inclusive. Data was collected on the purported mechanisms for the injury, clinical findings, the investigative processes undertaken and subsequent follow-up.

Preliminary results 20 UK emergency departments submitted data. Data was collected for 1583 infants who underwent radiological imaging for a suspected skull fracture. 478 of these (30%) had a confirmed skull fracture. 107 (7%) had a likely or definite cause of NAI. Data analysis is ongoing; by December 2014 inclusive.

Conclusion This study will create an extensive database of children less than 2 years old presenting to emergency departments that were investigated for skull fractures. The study aims to produce evidence to inform guidance, enhance clinical decision making in determining the likelihood of skull fractures being found, and NAI as the underlying cause for the skull fracture.
FEVER AFTER MENINGOCOCCAL B IMMUNISATION: A CASE SERIES

Objective To document the clinical features and management of infants presenting with fever after their first meningococcal B vaccination, and develop guidance for clinicians.

Design A prospective case series over a 12 month period.

Setting The Royal Hospital for Children, Glasgow, a tertiary paediatric hospital.

Patients Infants ≤3 months of age who had received their first set of immunisations (including Bexsero) within the preceding 72 hours and reported fever.

Results Ninety two infants met the inclusion criteria, accounting for 0.78% of the local vaccinated population. The most commonly described features were poor feeding, sleepiness and irritability. Sixty six patients (72%) were admitted to hospital. Median CRP was 12 mg/L and median WCC was 16 × 10^9/L. Fifteen patients (16%) had a lumbar puncture and were commenced on antibiotics. There was one confirmed bacterial infection in an infant who had presented with fever starting 54 hours after immunisation. All other microbiology samples were negative. There were no cases of missed serious bacterial infection (SBI) in those patients observed or discharged.

Conclusion Post-immunisation fever is a common presenting infection (SBI) in those patients observed or discharged. There were no cases of missed serious bacterial infection and post-immunisation response. We advocate extra use of investigations, especially inflammatory markers, that are unlikely to discriminate between serious bacterial infection and side effects are present and there is clinical concern, a period of 0.78% of the local vaccinated population. The most commonly described features were poor feeding, sleepiness and irritability. Sixty six patients (72%) were admitted to hospital. Median CRP was 12 mg/L and median WCC was 16 × 10^9/L. Fifteen patients (16%) had a lumbar puncture and were commenced on antibiotics. There was one confirmed bacterial infection in an infant who had presented with fever starting 54 hours after immunisation. All other microbiology samples were negative. There were no cases of missed serious bacterial infection (SBI) in those patients observed or discharged.

THE IMPACT OF A YOUTH VIOLENCE INTERVENTION PROGRAMME ON REATTENDANCE RATES AND YOUNG PEOPLE’S WELLBEING

Introduction Tackling gang violence is a significant challenge. With knife crime and serious youth violence on the rise, the Government has looked towards alternatives to punitive measures. Hospital-based youth violence intervention programmes (YVIP) are one alternative that aim to reduce risk and increase protective factors for gang-related youth violence. Users views of YVIPs have yet to be evaluated in the UK.

Aims We had 2 main aims:
- to compared reattendance rates to A&E of those who engaged with the YVIP and those that refused engagement
- to evaluate the YVIP by examining exit surveys of the young people who had completed the programme

Methods The reattendance rates were analysed for those attending for gang violence who either fully engaged, partially engaged or refused to engage with the programme. The exit survey responses of those patients who had fully engaged were evaluated. The exit survey contained statements that the completed service users responded to based on how strongly they agreed/disagreed with statements. This allowed self-assessment about whether the YVIP had any impact on their lifestyle.

Results Since its inception in October 2014, the YVIP had received 465 referrals. Only 18% (85 patients) engaged with the service. At the time of study only 15 services users fully engaged and completed the programme. Those patients who had fully engaged had lower reattendance rates (6.7%) than those patients who engaged and dropped out (19%) or those who had refused to engage (26.7%).

Every completed service user felt that the YVIP had provided helpful support. 33.3% (5/15) strongly agreed that they were much happier since joining the programme. 33.3% (5/15) agreed that they were happier and 33.3% (5/15) were neutral. 73.3% (5/15) felt they were less likely to reattend A and E due to youth violence, whilst 26.7% (4/15) were neutral. 100% (15/15) strongly agreed that it is a good idea to have a youth support service in the hospital.

Conclusions Although it is hard to engage young people who have been involved in gang violence, there is evidence of the usefulness of YVIPs on both reattendance rates and the well being of those who engage.

GENDER, ETHNICITY AND SOCIAL DISADVANTAGE PATTERNS IN ED ATTENDANCE – NOT SUCH A SIMPLE STORY

Background There are well established gender, ethnicity and socio-economic differences in the incidence and prevalence of epilepsy, autism and allergy sensitisation.1-4 Less is known about these differences within an ED setting. Simons et al. noted a gender disparity with more boys presenting to ED with sickness, head injury and falls than girls,5 but this was not statistically significant.

Aim To establish the role of gender, ethnicity, and social deprivation as factors associated with presentation to ED in children under 5.

Methods Study design: A retrospective study was conducted on a routine operational data set of basic demographic data collected from a large district general hospital.

Sample: Paediatric ED data 01/04/2015–31/03/2016 for children below 5 years. Levels of deprivation: 2015 Index of Multiple Deprivation.6 Office for National Statistics (ONS) mid-year data used for denominator.

Analysis: Descriptive analysis. Rate ratios were calculated for each age. Deciles were obtained for each postcode using 2015 Index of Multiple Deprivation data.

Results Of the 19267 under 16 year-olds paediatric attendances, 10925 (56.7%) were less than 5 years of age. Of these, 6227 (57%) were male; M:F ratio in ED 1.33 cf. 1.05 local population. The proportion of the population attending ED decreased with age. Presentation rate was consistently higher in males than in females, but the gender gap decreased with age.