Results There were 57 presentations of 34 young persons identified. The mean age was 13.4 years, with a female to male ratio of 8:2. A progressive increase in the proportion of presentations in the 0–12 years cohort was identified. 25% presentations were unknown to Child and Adolescent Mental Health Services (CAMHS) at the time of presentation. Anorexia Nervosa Restricting type accounted for the vast majority of presentations (68%), followed by ARFID (14%). 54 out of 57 presentations required admission, and the mean length of admission was 12 days (range 1–41). The average median% BMI on admission was 72% and 80% at discharge. Nearly half of those admitted were discharged to a CAMHS inpatient unit. Evidence of compliance of recording JMARSIPAN guidelines was approximately 60% on admission and 43% on discharge.

Conclusion This study provides important data regarding patterns of clinical presentation for this high risk population, and will be useful in service planning and development. It confirms an increase in presentations of young persons with restrictive eating disorders over the last 5 years, in particular in the age 0–12 cohort, in line with international trends. Young people are presenting with severe physical complications, and the majority required admission for medical stabilization. In line with services internationally, the study indicates historic deficits in the standards of risk assessment compared to JMARSIPAN guidelines. The Tallaght University Hospital has introduced new Paediatric Guidelines on Management of Anorexia Nervosa in 2019, and we will complete the audit of practice in one year.

Radiation is a commonly used diagnostic tool in paediatric medicine. We know that paediatric patients will have a longer lifetime risk of radiation sequelae. Therefore, the judicious use of radiation should be paramount for practitioners. In a cross section of paediatric staff in a secondary level paediatric centre, we examined aspects of their radiation knowledge by questionnaire.

The objectives of this study were:
1. To determine radiation dose awareness
2. To assess knowledge of the correct modality in defined clinical scenarios
3. To evaluate the perceived dosing equivalent of a number of commonly ordered modalities, examining the accuracy

This supervised questionnaire was completed by a range of paediatric staff, both medical and nursing. Immediate feedback was given at the end of the questionnaire.

Despite utilising radiation for children on a daily basis the knowledge of risk was suboptimal. In certain clinical scenarios where no modality was required, up to 33% would have performed an unjustified investigation. Underestimation of radiation dose was as high as 93% in one modality, whilst 40% of those surveyed thought that ultrasound was associated with radiation exposure.

Our results highlight the need for further radiation protection teaching. Participants were given immediate feedback on completing the questionnaire, however further efforts are needed to ensure that practitioners have the knowledge to weigh the risks and benefits of appropriate medical imaging for their patients.