Aims The purpose of this work is to study features of physical development in children with cerebral palsy (CP) brought up in the different conditions.

Methods Sixty children with CP participated in the research. Children were divided into 2 groups: the main group consisted of children brought up in children's community, and the comparison group consisted of children brought up in a family. Physical development of children was assessed using the WHO ANTHRO program, at the same time the body mass index (BMI) and indicators of Z-score BMI concerning age were calculated.

Results When studying physical development of children it is established that at children of the main group average size BMI was 15.47 ± 2.65 , and the comparison group – 16.21 ± 2.89 .

Easy insufficiency of nutrition (Z-score from -2σ to -1σ) was observed at 26.7% of the examined children of the main group, and at 23.3% at the comparison group. Moderate nutritional deficiency (Z-score from -3σ to -2σ) it was diagnosed for 23.3% of children of the main group and for 16.7% at the comparison group, while the largest number of children with moderate nutritional deficiency was determined at the age of 3 to 4 years in both groups. Heavy degree of nutritional deficiency (Z-score $<-3\sigma$) in the compared groups was noted equally (6.7%).

Overweight corresponding to a moderate increase in nutrition (Z-score from $+1\sigma$ to $+2\sigma$) was detected in 10% of children in the main group and in the 6.7% at the comparison group, increased moderate nutrition (Z-score from $+2\sigma$ to $+3\sigma$) was determined in 3.3% of children of the main group and the comparison group.

Studying of correlation dependence between indicators of BMI and weight at the birth did not reveal reliable communication between signs in the studied groups, at the same time the correlation coefficient in the main group was $r=0.205$, and in group comparison of $r=-0.146$ ($p>0.05$).

Conclusion Assessment of physical development of children with use of the international standards allowed to establish existence of disharmonious development in most of the examined children.

G40(P) A CLINICAL SERVICE EVALUATION OF PSYCHOLOGY PROVISION FOR CHILDREN AND YOUNG PEOPLE WITH EPILEPSY, AND THEIR FAMILIES

¹R Govindan, ²R Ransley, ¹J Scott-Blagrove, ²D Wood. ¹Paediatrics, Hillingdon Hospital, London, UK; ²Paediatric psychology, Hillingdon Hospital, London, UK

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This service evaluation aims to ascertain if there is a need for increased psychology provision for children and young people with a diagnosis of epilepsy.

Sixteen parents completed a survey based on the PedsQL Epilepsy module – Parent version (Young Children-Varni, 1988) and the Strength and Difficulties Questionnaire (Goodman, 1997) prior to their child's outpatient epilepsy appointment. The child or young person's level, impact and longevity of difficulties, in addition to the family burden were measured. Each question was scored and presented in a pie chart.

Two parents reported that their child and family had previous psychological support which was helpful. 81% of parents reported that their child had some level of difficulties

impacting their emotions, concentration, behaviour and relationships and 75% reported some level of concern about their child's quality of life in relation to their epilepsy. 37.5% of parents felt that these difficulties cause their child quite a lot of distress, and in 12.5%, a great deal of distress. 62.5% of parents report that these difficulties have been present for over a year. 68.8% of parents said that their child's difficulties caused some level of burden, with 12.5% report feeling a great deal of burden on their family. 62.5% of parents stated that it would be very likely that they would engage with psychological support.

The majority of parents who completed the survey felt that epilepsy impacts negatively on their child's emotions, concentration, behaviour, relationships and quality of life and they would consider engaging with psychological support around their child's epilepsy. The findings emphasise that this population has an increased level of need for support around their psychological wellbeing. Moreover, there is a desire for additional psychological support for children and young people with epilepsy, and their families. Recommendations for the service have been made in light of these findings.

G41(P) ABSTRACT WITHDRAWN

G42(P) EPIDEMIOLOGY AND OUTCOME OF STATUS EPILEPTICUS IN CHILDREN WITH NEW ILAE DEFINITION

¹C Mitchell, ²L Dickson, ²A Ramsay, ³P Leonard, ³C Brand, ³A McLellan, ^{2,3}J Shetty. ¹Newcastle Upon Tyne Hospitals NHS Foundation Trust, Newcastle Upon Tyne, UK; ²Faculty of Medicine, University of Edinburgh, Edinburgh, UK; ³Royal Hospital for Sick Children Edinburgh, NHS Lothian, Edinburgh, UK

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Background Status Epilepticus (SE) in children carries significant risk of morbidity and mortality. Previous work has predominantly focused on SE ≥ 30 min but a new ILAE definition has been produced following evidence that seizures ≥ 5 min are associated with negative outcomes. This study aims to evaluate the epidemiology and outcome of SE since the introduction of buccal midazolam, change in ILAE definition and increased involvement of specialist epilepsy nurses.

Methods Multiple datasets were combined to identify all children presenting to accident and emergency (A+E) between 2011–2017 in the region. Data was collated from electronic health records; including patient demographics, clinical characteristics, acute seizure management and outcomes. This data can be used to study long-term outcomes, including educational outcome, through national data linkage systems.

Results There were 665 children admitted with SE who had 1228 seizure episodes during the study period. SE accounted for 0.38% (95%CI 0.34–0.42%) of annual A+E admissions. Yearly prevalence, calculated using mid-year-population estimate, was 0.8 per 1000 children. 57.3% of patients were male (95% CI 53.5–61.1%) and median age was 3.65 years (IQR=6.33, Min=0.0, Max=20.97). There is a small deprivation effect ($p=0.0006$) which is most prominent at ages 2–3. The median number of PS for each child was 1, however, 34.1% of children had recurrent SE and 5.6% had ≥ 5 SE. Median seizure duration was 10 min. 30.3% of seizures lasted between 5–29 min. Recurrent seizures and longer duration

both increased odds of negative outcome. Buccal midazolam was used in the management of 28.9% of seizures and had no effect on the need for ventilatory support. The majority of seizures (69.8%) required admission to hospital and only 4.0% resulted in adverse outcome. Of 1228, there were 2 deaths (0.2%). Compared to symptomatic seizures, unprovoked seizures had a longer average duration, higher likelihood of negative outcomes and there was a higher proportion of those with other neurological diagnosis.

Conclusions Adverse outcomes have decreased and the use of buccal midazolam is promising. Identifying high-risk groups provides opportunity for early intervention. This data forms the basis for extensive evaluation of acute seizure management and monitoring long-term outcomes.

G43(P) IMPROVING ANTIMICROBIAL TREATMENT OF CHILDREN WITH SUSPECTED ENCEPHALITIS IN A TERTIARY PAEDIATRIC HOSPITAL

¹I Husain, ²D Lumsden. ¹GKT School of Medical Education, King's College London, London, UK; ²Paediatric Neurology, Evelina Children's Hospital, London, UK

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Background/Aims Encephalitis is defined as 'inflammation of the brain parenchyma, manifest by neurologic dysfunction'. It is estimated that there are 2.8 cases per 100,000 children in the UK. Encephalitis can have devastating consequences and children who survive the illness can continue to experience physical, cognitive, mental and social difficulties. However, early appropriate treatment can dramatically improve outcomes. Trust antimicrobial guidelines advise giving 80 mg/kg intravenous ceftriaxone once daily, intravenous aciclovir (advised doses differ by age) and 7.5 mg/kg oral clarithromycin twice daily as empirical treatment in children aged over 1 month with suspected encephalitis.

The aim of this audit was to ascertain current management of children with suspected encephalitis in a tertiary paediatric hospital compared to local guidelines.

Methods Our sample included children aged between 28 days and 18 years old with a suspected diagnosis of encephalitis, who had received treatment at our centre over a six-month period. Children were identified from review of Pharmacy records of inpatient prescriptions for acyclovir and/or ceftriaxone. A standardised pro-forma was used to collect data on patient characteristics, investigations and management.

Results Twenty-five children were admitted to either the Paediatric Intensive Care Unit (PICU) or paediatric wards with suspected encephalitis within the six-month period. Two patients had to be excluded from the sample. Eight of the remaining twenty-three children had encephalitis treatment started at other district general hospitals prior to transfer. Only 6/23 (26.1%) patients fully received the recommended treatment

for suspected encephalitis. There were errors in prescribing of ceftriaxone, in 5/23 (21.7%) patients, aciclovir in 6/23 (26.1%) patients and clarithromycin in 14/23 (60.9%) patients. Table 1 shows an overview of the types of prescribing errors.

Conclusion Audit results identified that errors in antimicrobial prescriptions for children with suspected encephalitis were common, most frequently for macrolide therapy. We have instigated a poster to be displayed in ward areas, and a crib sheet for PICU and ward healthcare professionals, and plan to reaudit in the near future.

G44(P) SYDENHAM'S CHOREA: A FORGOTTEN ENTITY IN A MODERN WORLD

S Kurmani, A Neduvamkunil, M Prasad. *General Paediatrics, Queen's Medical Centre, Nottingham University Hospitals, Nottingham, UK*

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Acute Rheumatic Fever (ARF) is a multi-system inflammatory disease which is a rare but serious complication of a Group A Streptococcus throat infection. Over the past 50 years, its incidence has fallen in developed countries due to improvements in medical care and standard of living, affecting less than 1 in 100,000 people in the UK. ARF is no longer a leading contributor to cardiovascular morbidity amongst children. Therefore, the clinical index of suspicion of ARF may be low amongst healthcare professionals, as its clinical features and symptoms may resemble those of more common conditions.

We present a case of a previously fit and well 13-year-old girl, with a history of behavioural changes, emotional lability and increasing restlessness. Initially, her symptoms were attributed to a behavioural or mental health disorder. Clinical examination demonstrated involuntary writhing movements, stereotypical of Sydenham's Chorea. Investigations included an MRI head, which showed no abnormalities, and an Antistreptolysin O titre of +400 units/ml. This revealed a diagnosis of ARF, as per the revised Jones Criteria. She was started on prophylactic penicillin V and carbamazepine. Our patient made an improvement during her admission and was discharged with Cardiology and Neurology input.

In this case, we show that diseases that are typically associated with the developing world can also present in the UK. We demonstrate the importance of recognising the neuropsychiatric symptomatology of ARF. This will aid early diagnosis and management, which can significantly reduce the risk of long-term sequelae.

G45(P) SEVERE NEUROLOGICAL IMPAIRMENT: TOWARDS AN INTERNATIONAL CONSENSUS-BASED DEFINITION

^{1,2,3}JA Allen, ^{1,2,3,4,5,6}EJ Molloy, ^{1,2,3}DM McDonald. ¹Department of Paediatrics, Children's Health Ireland at Tallaght, Dublin, Ireland; ²Discipline of Paediatrics, Trinity College Dublin, The University of Dublin, Dublin, Ireland; ³Trinity Research in Childhood Centre, Trinity College, The University of Dublin, Dublin, Ireland; ⁴Trinity Translational Medicine Institute, Trinity College, The University of Dublin, Dublin, Ireland; ⁵Neonatology, Coombe Women and Infants' University Hospital, Dublin, Ireland; ⁶Neonatology, Children's Health Ireland at Crumlin, Dublin, Ireland

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Aims Following a thorough review of the literature, we have found significant inconsistency in the use of the term Severe

Abstract G43(P) Table 1 Types of prescribing errors for each medication

	Total number of prescribing errors	Not prescribed	Wrong dose
Ceftriaxone	5	2	3
Aciclovir	6	2	4
Clarithromycin	14	8	6