an educational video in September 2020 highlighting the above mentioned JRCALC guideline changes and shared it on the Oxfordshire paramedics teaching website. We then conducted a repeat audit for November and December 2020.

Results In November 2019, 53 infants were brought in by ambulance to our ED fitting the inclusion criteria, of which 9 (17%) had been given nebulised salbutamol by the paramedics. In November and December 2020, 19 infants met inclusion criteria, of which 2 (15%) received salbutamol from the paramedics. The two patients who received salbutamol were less than 6 months old and were not diagnosed with viral induced wheeze or anaphylaxis.

Conclusions The JRCALC guidelines for salbutamol were adhered to in 83–85% of the pre-hospital cases that were audited. The change in salbutamol practice between audit cycles was small, however analysis is limited by the low number of patients. Unfortunately, only 4 paramedics watched our video; this may have been related to the pressures of the COVID-19 pandemic that were experienced during this time. We therefore need to assess the best way to disseminate guideline changes to our teams. There was a significant decline (75%) in the number of children brought into our hospital by ambulance with respiratory problems from 2019 to 2020, requiring us to expand data collection to two months, likely to be due to a reduction in circulating respiratory viruses due to the social response to the COVID-19 pandemic. The two infants who received salbutamol did not have a clinical indication for their use in this age group (i.e. anaphylaxis). We need to improve dissemination of guidelines pertaining to management of respiratory problems in infants to pre-hospital care providers by repeating the training when the pandemic is over.

British Association for Community Child Health

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EVALUATION OF CLINICIAN AND PARENT/CARER VIEWS OF REMOTE AUTISM ASSESSMENTS DURING COVID-19 PANDEMIC IN A LONDON AUTISM ASSESSMENT SERVICE

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10.1136/archdischild-2021-rcpch.215

Background Remote autism assessment has been shown to be valid and have a high level of parental satisfaction (Juarez et al., 2018).

Social distancing required during the Covid-19 pandemic meant that in order to continue providing a diagnostic autism service with minimal impact on waiting times, a redesign of our assessment pathway with some remote elements was required.

Objectives This study aimed to evaluate clinician and parent/carer views of remote autism assessments in order to inform design of our autism assessment pathway for future pandemic waves and beyond.

Methods An online survey about clinicians' experience of remote autism assessments was created with a separate online survey for parent/carers (including additional questions for a child or young person [CYP], if able to participate) about

their views. Some questions required a scaled response (for example, a five point scale ranging from 'very dissatisfied' to 'very satisfied'); other questions required a free-text response.

The online link to both surveys was sent by email to all clinicians in the assessment team. Clinicians were asked to complete a survey for every child for whom they were case coordinator, for any autism assessment started between 1.4.20 to 30.9.20. The clinician was asked to email the parent/carer survey online link to the parents/carers of each child.

Responses of both clinician and parent/carer surveys were analysed.

Results There were 37 clinician responses, ten parent/carer responses and two CYP responses.

The ethnic spread of parents/carers matched that of the local population. 76% of parents/carers had English as their first language.

Three out of 37 parents/carers (8%) did not agree to having a remote assessment. The part of the assessment most often carried out remotely was the parent interview (30 out of 37 cases) followed by the assessment feedback (28 out of 37 cases).

A diagnostic conclusion was reached in 94% assessments. There were technological issues in 16% assessments.

90% parents/carers were 'very satisfied' with assessment process. 90–100% parents/carers were comfortable with video technology and said it was easy to carry out assessments tasks remotely.

Parents/carers described being pleased that their child's assessment could proceed without delay due to social distancing. Parents/carers and CYP respondents described being more relaxed in their own home while being assessed. Others described avoiding the inconvenience of travelling to the clinic.

However, when asked, 'If you could choose again, would you choose remote or face-to-face?', families were split 50/50.

Conclusions This study provides evidence that remote autism assessments had a high level of diagnostic conclusiveness with little technological difficulty. There was a high level of parental satisfaction. However, parents are split as to whether they would choose remote assessments over face-to-face if given the choice again.

In future, parents/carers may be offered a choice over some remote aspects of autism assessments. Financial and time implications of remote autism assessments require further evaluation.

International Child Health Group

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RISK FACTORS FOR SHORT-TERM SIDE EFFECTS OF PHOTOTHERAPY IN NEONATAL JAUNDICE

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10.1136/archdischild-2021-rcpch.216

Background One of the most frequent conditions facing the neonatologists daily is the neonatal jaundice. About 60% of term and 80% of preterm infants develop jaundice early in the first seven days of their lives. Phototherapy is considered one of the cornerstones of the of hyperbilirubinemia management. It represents a significant role in the prevention and treatment of hyperbilirubinemia; however, it is not a harmless