day, and where a referral was delayed, it took an average of 5.4 days to complete.

The most common reason to refer to safeguarding was for intoxication, drug use and intentional overdose (35%), followed by physical abuse/assault (26%). 2 referrals were felt to have been missed, both were 16 years old, female, and secondary to an eating disorder and self-harm, respectively.

CAMHS 18% of patients (n=12) were referred to CAMHS, of which 66% were female, and 75% were 16 years old. Intentional overdose was the largest group of CAMHS referrals (33%). 2 referrals to CAMHS were missed – one had anxiety; one had an eating disorder.

Psychosocial history Only 4% of patients (n=3) had what was felt to be a full psychosocial history documented in their ED clerking. Those that did were all 16 years old and female. Two of these presented with an intentional overdose and one with assault. Two of these were performed by A&E doctors, and one was by a paediatrician working in adult ED. All patients had some form of psychosocial history documented, but often incomplete, usually only mentioning smoking or alcohol.

Conclusions A huge number of safeguarding referrals were required during this month of lockdown in the 2020 pandemic, adding to the ongoing evidence that the pandemic negatively impacted adolescents.

Thorough psychosocial histories should be routine to best identify safeguarding or mental health concerns.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

829 A SINGLE CENTRE STUDY INTO THE ADHERENCE IN DIAGNOSING COELIAC DISEASE IN CHILDREN

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Background Celiac disease (CD) is an immune-mediated systemic disorder elicited by the ingestion of gluten. The European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) guidelines published in 2012 suggested a no-biopsy pathway (NBP) for symptomatic children with IgA Tissue Transglutaminase (TGA-IgA) >10x Upper Limit of Normal (ULN). Biopsy confirmation remained mandatory for other cases.

Objectives This retrospective case note study was aimed at evaluating the adherence to the ESPGHAN 2012 guidelines for diagnosing CD in our unit.

Methods Forty-three cases with positive TGA-IgA were identified by a laboratory database search from January 2013 to December 2019. Six of 43 patients were not referred for a confirmation of CD diagnosis. Data was collected on the diagnostic pathways followed, and appropriateness of adherence was compared with the existing ESPGHAN guidelines.

Results 37 cases were included with 35 children diagnosed with CD. 29/35 (83%) were diagnosed via the NBP; 15/29 (52%) children did not meet all the criteria required for NBP, but were diagnosed and managed as having CD. 20/35 (57%)

children were diagnosed with CD in adherence to the 2012 guidelines.

Conclusions The recommended diagnostic guidelines were frequently not implemented; adherence to the guidelines may improve following regular educational sessions. The revised 2020 ESPGHAN guidelines which exclude HLA-DQ2/DQ8 testing would address the issue of diagnosis for the 10/15 NBP cases (with TGA-IgA >10xULN) in our study who did not have HLA testing and were therefore non-adherent to the 2012 diagnostic guidelines. NBP, with the reduced need for endoscopy may be beneficial in resource limited settings.

British Association of Perinatal Medicine and Neonatal Society

831 USE OF A NEONATAL SEPSIS RISK CALCULATOR REDUCES ANTIBIOTIC USE AND HOSPITAL ADMISSION LENGTH: IMPLEMENTATION OF A DGH PILOT PROGRAMME DURING THE COVID-19 ERA

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Background Early onset sepsis (EOS), defined as the presence of bacteraemia or bacterial meningitis in a neonate within 72 hours of birth, is still a significant cause of neonatal mortality and morbidity. The National Institute for Health and Care Excellence (NICE) guidance is the gold standard for evaluating the risk of EOS. However, there are concerns regarding the high volume of preemptive antibiotic use.

The Kaiser Permanente (KP) Sepsis Risk Calculator (SRC) is a tool that generates a risk score based on multiple variables including both maternal risk factors and clinical presentation of the baby at birth.

A pilot program introducing use of the SRC over NICE guidance to guide the use of antibiotics in infants of ≥ 34 weeks' gestation on the postnatal ward (PNW). It was implemented in our level 2 neonatal unit from 6th April to 5th June 2020, coinciding with the initial peak of the Covid-19 pandemic in the UK.

Objectives To evaluate the:

1. Impact of new protocol on clinical outcomes
2. Rate of 'missed cases' of sepsis in our cohort

Methods Retrospective cohort study comparing infants ≥ 34 weeks of gestation admitted to the PNW pre- and post-SRC implementation. Primary outcome was number of infants who received antibiotics for suspected EOS. Secondary outcomes were duration of initial hospital admission and safety. Safety was assessed by the number of 'missed cases' – defined as infants who required antibiotics >24 hours and ≤ 7 days of age for EOS (defined as positive culture OR negative culture treated with 5 days of intravenous antibiotics) and either death, admission to the neonatal unit during the initial hospital episode, continuing treatment on the PNW or re-admission following initial discharge. Incidence of 'missed' cases was monitored for an additional period (September-December 2020).