- A single auditor studied records of thirty children in this study

Results

1. Fourteen of the sixteen patients who qualified for investigations had a blood test.
2. First-line investigations were not performed as per guidelines.
3. Incidentally, we noted that three children had birthmarks or birth injuries mistaken for bruises.

Audit Parameter	2019	2020
Age		
<1 month	2	1
1–6 months	2	3
6–24 months	4	3
>24 months	7	8
Indication		
Any child with unusual bruising or bleeding out of proportion to the injury sustained, including infants with subdural/retinal haemorrhage	10	6
Any indications in the history or examination of a bleeding disorder.	0	0
First-line investigations		
Prothrombin time (PT)	9/10	5/6
Activated partial thromboplastin time (aPTT)	9/10	5/6
Thrombin Time	3/10	0/6
Fibrinogen (Clauss)	9/10	5/6
Full blood count	9/10	5/6
Blood Film	0/10	1/6
Mean platelet volume (if thrombocytopenic)	NA	NA
Factor VIIIc	3/10	4/6
Von Willebrand factor	3/10	4/6

Conclusions

1. There is a pressing need to increase awareness amongst paediatricians regarding current recommendations on haematological investigations
2. All NHS Trusts should have local guidelines in line with the recommendations

Train front line staff to identify birthmarks and document them properly to avoid confusion with bruises and avoid unnecessary distress for the parents and families.

British Society of Paediatric Endocrinology and Diabetes

898

SERVICE PROVISION FOR CYPD DURING COVID 19 PANDEMIC BY PAEDIATRIC DIABETES MULTIDISCIPLINARY TEAM

Neemisha Jain, Maria Padfield, Harriet Godwin, Louise Williams, Paula Mjeda, Nicola Streatfield, Olga Lipova, Vanessa Phillipson. *Surrey and Sussex Healthcare NHS Trust*

10.1136/archdischild-2021-rcpch.270

Background COVID 19 related restrictions in social interactions lead to sweeping and rapid changes in the way paediatric diabetes services were provided. Due to reports of higher mortality with COVID 19 in patients with diabetes, there was

a lot of anxiety in families, even though the evidence was for the adult population.

Objectives To evaluate the impact of COVID-19 pandemic on service provision to Children and Young Person with Diabetes (CYPD) and their families by the multidisciplinary team(MDT) within Paediatric Diabetes Unit.

Methods Review of paediatric diabetes consultant led MDT clinics, 1:1 dietetic and psychology clinic provision from 23rd March 2020 to 23rd Feb 2021 during the pandemic and compare it to previous 11 months before pandemic(23rd March'19 to 23rd Feb'20).

Compare Did Not Attend(DNA) rate during pandemic with the 11 months period prior.

Evaluate use of technology for review of data from insulin pumps/blood glucose meters/insulin dose calculating Apps.

Compare Diabetes-Keto-Acidosis(DKA) rates in newly diagnosed patients during pandemic with previous 11 months.

Service user feedback(SurveyMonkey) on clinics including views on future provision.

Review of innovations/new practices adopted by MDT and feedback from MDT.

Results All clinics for 236 CYPD were MDT(diabetes consultant, specialist nurse, dietitian, when possible psychologist) and changed to video(majority) or telephonic.

782 MDT appointments offered virtually during pandemic compared to 749 in the 11 months prior. 1:1 Dietetic appointments 163 vs 49 and 1:1 Psychology appointments 229 vs 211. Annual reviews completed 168 vs 169.

DNA rate 5.8% (46 MDT appointments out of 782) versus 7.47%(56/749) in the previous 11month. Dietetic 1:1 appointment DNA rate reduced from 13.5% to 3%.

Use of Diasend, Dexcom Clarity and LibreView to review glycaemic control, estimated HbA1c and time in range. Use of reports from Apps. Use of screen share facility during video consultation to review data with family.

Newly diagnosed CYPD (n=29) during the pandemic were the same as previous 11 month. DKA at diagnosis 44.8% vs 34.4% (13/29 vs 10/29).

91.4% CYPD and their families were satisfied with the remote clinics (54/59 responses). 69.6% reported saving travel time; 67.8% parking cost. 30% wanted as many as possible future appointments to be virtual, 31% preferred face to face appointments, 29% wanted a mixture.

Innovations Drive through HbA1c(n=176 CYPD), HbA1c home-testing-kits(n=28 CYPD). Virtual self-care education, insulin pump starts (n=5), carbohydrate counting training and psychology sessions. Families downloading at home. MDT empowered by technology and teamworking. Main limitation was in managing safeguarding cases.

Conclusions Continuity of service maintained/refined with use of technology/innovations and entire MDT participation. Lower DNA rates possibly due to greater engagement with technology by CYPD and flexibility it offered.

More appointments offered by MDT, Psychologist and dietitians during the pandemic possibly due to remote working patterns and outpatient space not being a limiting factor.

Higher DKA at presentation probably due to delay in seeking medical care.

Very high user satisfaction with 1/3rd CYPD and their families wanting future appointments to be virtual, 1/3rd Face to Face and rest mixture of two.

Learning and feedback can be used to shape future service and provide cost effective patient-centered care.