Methods Prospective data analysis of all babies born between 25th April and 31st July 2020 with confirmed or suspected EONS who were referred to the *Hospital at Home* service. Data collected included demographic information such as gestation and birth weight, C-reactive protein measurements, blood and cerebrospinal fluid culture results, timing of discharge and the total number of intravenous antibiotic doses given at home. A post-treatment questionnaire was undertaken to assess parental feedback.

Results In total, 41 neonatal patients were referred to the *Hospital at Home* service over the study period. On average, babies received four doses of intravenous cefotaxime at home, resulting in a reduction of two inpatient treatment days per patient, and 85 inpatient treatment days across the study period. One patient required a trip to hospital for repeat cannulation. No patients required re-admission to hospital during the study period. A post-treatment questionnaire was universally positive with parents evaluating the service as 'efficient, professional and so much easier being comfortable at home.' There were no negative comments.

Conclusions A neonatal *Hospital at Home* service is effective in reducing the length of inpatient stay for babies undergoing treatment of EONS. With an average reduction of two inpatient days per patient, the service not only provides an improved maternal and family experience, but also reduces the inpatient workload on postnatal wards and is a significant cost-saving initiative. More research is required to formalise the referral criteria and assess whether additional neonatal services such as phototherapy could also be provided in the home setting.

British Association of Perinatal Medicine and Neonatal Society

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OUTCOMES AND RISK FACTORS FOR PULMONARY HYPERTENSION IN INFANTS WITH BRONCHOPULMONARY DYSPLASIA

¹Fahad Muhamed Shareef Arattu Thodika, ²Mahesh Nanjundappa, ²Theodore Dassios, ³Anne Greenough. ¹Department of Women and Children's Health, Faculty of Life Sciences and Medicine, King's College London; ²Neonatal Intensive Care Unit, King's College Hospital NHS Foundation Trust; ³Department of Women and Children's Health, School of Life Course Sciences Faculty of Life Sciences and Medicine, King's College London

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Background Premature infants are at risk of developing bronchopulmonary dysplasia (BPD). Pulmonary hypertension (PH) is a recognised complication of BPD.

Objectives To identify the risk factors and outcomes of pulmonary hypertension in infants with BPD in a tertiary neonatal intensive care unit.

Methods An electronic data recording system (Badgernet) was used to identify all infants born at or prior to 32 weeks of gestation with a birth weight equal to or less than 1500 g between January 2017 to December 2020. Those who subsequently developed BPD (oxygen dependency at 28 days after birth) were noted. Echocardiograms were reviewed to identify infants who developed early PH $\leq$ 28 days, late PH $>$ 28 days or had PH at death or discharge from neonatal care.

Results Two hundred and eleven of the 428 premature infants in the study period (49.3%) developed BPD. One hundred and eighty-two infants were included in the study and 29

infants were excluded as they did not have echocardiography report, were admitted for surgical procedures or had major respiratory or cardiac congenital anomalies. The included infants had a median (IQR) gestational age of 25.9 (24.9–27.7) weeks and birthweight of 796 (667–930) grams. Nineteen (10.4%) infants had early PH and 22 (12.1%) had late PH. Amongst the 22 infants with late PH, the PH resolved in ten before discharge, five continued to have PH at discharge and seven died before discharge.

Compared to BPD infants without late PH, the infants with late PH had a greater median duration of mechanical ventilation (53.5 versus 27.5 days, $p=0.02$ after adjusting for gestational age and Apgar score at 10 minutes). The risk of mortality was higher in infants with late PH (odds ratio, OR: 13.5, $p=0.03$) as was the risk for prolonged mechanical ventilation (OR: 1.04, $p=0.001$). Similarly, infants with PH who died before discharge or had PH at discharge had a higher incidence of early PH (OR: 4.4; $p=0.04$) and a longer median duration of mechanical ventilation (60.5 versus 30.5 days, $p<0.001$ after adjusting for gestational age and Apgar score at 10 minutes).

There were no significant differences in the incidence of patent ductus arteriosus requiring treatment, retinopathy of prematurity requiring treatment, surgically treated necrotising enterocolitis, Grade 3 or 4 intraventricular haemorrhage, periventricular leukomalacia or total length of stay between infants with or without late PH. The incidences of oxygen dependency at 36 weeks and requirement for home oxygen were not significantly different between infants with late PH and infants without late PH.

Conclusions Late PH in infants with BPD was associated with increased mortality. Infants with late PH had a longer duration of invasive ventilation compared to infants without late PH. Early occurrence of PH in infants who subsequently developed BPD was associated with an increased risk of pulmonary hypertension at death or discharge home.

Association of Paediatric Emergency Medicine

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PAEDIATRIC EMERGENCY DEPARTMENT USAGE DURING THE APRIL 2020 COVID19 LOCKDOWN

Tim Sell, Jiske Steensma, Sahana Rao. Oxford University Hospitals NHS Foundation Trust

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Background On March 23, 2020, the UK prime minister declared a public lockdown to decrease the spread of the SARS CoV 2 virus. This led to a change in health care organization and utilization, with GP surgeries and outpatient clinics changing to predominantly telephone or online consultations, and altered presentations to emergency departments.

Objectives We aimed to understand the impact of the lockdown on the presentation of medical conditions in children presenting to our paediatric emergency department (PED).

Methods We retrospectively analysed the Electronic Patient Records (EPR) for all children (aged 0 to 16 years) presenting to our PED in the first month of lockdown (April 2020) and looked at the number of discharge diagnoses within clinical groups (surgical, medical, trauma, mental health, other) and specific subgroups. We then compared the attendance in each