No statistically significant difference had been observed when considering patient characteristics on subgroups analysis: those presenting acutely, severe/non-severe rhabdomyolysis and those that were admitted to PICU.

Of acute presenting CYP, 33% received hydration therapy. Three CYP received alkalinisation therapy. A total of 18 CYP required RRT, with a mean duration of 7.1 ± 4.3 days. Those that received RRT were more likely to have urinalysis abnormalities (p<0.0005).

The patients that developed AKI had longer hospital stay (p<0.0005), as did those who received RRT (p=0.005), and those that were admitted to PICU (p < 0.0005).

Conclusions Although limited by its retrospective single-centre design, this large retrospective analysis of paediatric rhabdomyolysis provides new and unique insights into the condition. Results highlight the common aetiologies and provide evidence of good renal recovery overall, even in the most severely affected cases. Abnormalities of urinalysis appear to be important in predicting the development of AKI. This emphasizes the importance of urinalysis and accurate documentation as they may be important in risk stratifying.

Quality Improvement and Patient Safety

**SORT OUT MY 1ST SEIZURE…QUICK!**

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Background NICE guidelines state that children with their first seizure should be seen by a specialist within two weeks. The Epilepsy 12 Audit Round 3, Cohort 1 2018–19 showed that only 15.5% of children with epilepsy were seen by a specialist within 2 weeks of referral.

Our average waiting time from first seizure to seeing a specialist (January -August 2020) was 2 months. This led to a delay in seizure management and emotional anxiety to families and staff.

Objectives To decrease the time taken from referral to first clinic review, so as to decrease patient anxiety and improve seizure management, by March 2021

Methods Using diagnostics (process map and fishbone diagram), I identified the process and areas of possible intervention.

Two approaches were used 1. Retrospective analysis of data obtained from our IT department on patients referred to first seizure/new epilepsy clinic, January - August 2020 to get a baseline measurement

2. Prospective follow up of patients referred to the first seizure/new epilepsy clinic from referral to first clinic appointment. Ongoing since November 2020. This helped contribute to the baseline measurement as well as monitor the effect of PDSAs

Inclusions
– Patients referred and 0–16 years old
– Referrals rejected due to wrong postcode

I held discussions with the team to identify areas that could be contributing to long waiting times and what we could improve. I re-consulted after every stage of data analysis to gain insights and perspectives from others regarding the nature and size of problems.

I shared the analysis with the team via email followed by face to face discussion and continued to share data as I developed a baseline measure and charted changes.

4 ideas were tested using series of PDSA cycles:

1. Introduction of a generic email address for all referrals (3 cycles)
2. Designing a standardised referral form to streamline referrals (6 cycles)
3. Discussion with the IT team possibility of integrating referral form onto hospital electronic system (4 cycles)
4. Uploading the referral form onto hospital intranet to make it accessible and creating awareness about new referral process (3 cycles)

Results The initial average waiting time was 83 days (median 63 days). Since the initiation of the PDSA series, the average waiting time has decreased to 47 days (median 54 days). It is however important to note that there have been fewer referrals due to the Covid pandemic since December (time of initiation of the first PDSA series) and thus the impact of changes made on waiting time has been difficult to accurately assess. The process of referral has however been streamlined.

As I continue collecting data in real time, I anticipate that I will be able to show a sustained decrease in waiting time.

Conclusions The system of triage and referral to the first seizure/new epilepsy clinic is influenced by several factors, each of which makes an impact on the waiting time. In order to make a sustainable difference to the waiting time, we will have to continue making small changes throughout the booking process and continuously monitor their effect.

Paediatric Mental Health Association

**IMPACT OF COVID-19 IN THE MANAGEMENT OF UNDER-16S PRESENTING TO THE ACUTE HOSPITAL WITH SELF-HARM**

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Background Suicide is the most common cause of death among children and young people over five years of age and the prevalence of all mental health conditions is increasing in the UK. Self-harm is an important indicator of distress and it requires appropriate intervention and management. Covid-19 has a high morbidity rate but a significant part of this morbidity is the impact on mental health.

Objectives The aim of this observational study was to look at the number of under 16s attending A&E with self-harm or suicidal ideation and compare the presentations before the first lockdown of Covid-19 with post lockdown in September 2020.

Methods Data was collected from East and North Hertfordshire A&E for September 2019 and September 2020. Self-harm was noted as a spectrum from occasional self-scratching to overdose with intent to die to completed suicide. Suicidal ideation was recorded separately from self-harm.

Results In response to the Covid-19 pandemic, the Children’s Crisis Assessment and Treatment Team (C-CATT), the crisis team who assess patients presenting to the acute District