'Covered in safeguarding', and 'A trauma-informed approach rather than the ACEs model, is better.'

Conclusions ACEs-awareness among healthcare staff working with children is suboptimal, but staff showed eagerness to learn about ACEs. This positive attitude should be further developed by incorporating effective, relatable training sessions either through in-house training, leaflets and posters to raise awareness of intervening and preventing ACEs, or via online Trust or external continuing professional development (CPD) providers' Learning Modules. As a result of our study, ACEs-training was introduced in Safeguarding induction and training. With more frontline awareness, it is hoped that protective, resilient factors that will help counteract the impact of ACEs can be implemented promptly, into the lives of affected children attending health services.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

1034 MIND THE GAP: OUT OF HOURS FEEDING TUBE PROBLEMS

Heather Hamilton, Moira Stewart. *Royal Belfast Hospital for Sick Children*

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Background Children within the Belfast trust with feeding tubes, are known to attend the Paediatric Emergency Department with tube related issues, such as dislodgement. But is ED the right place for them to attend?

Objectives To quantitatively assess the attendance at the Emergency Department with a tube related issue.

Methods Community paediatric nursing records were accessed for all patients currently on tube feeds within Belfast trust. Online records were accessed via Northern Ireland Electronic Care Record (NIECR) to ascertain if the patient demographic, and whether the patient had ever attended ED with a tube related issue, and the nature, timing, date and outcome of this event.

Results 79 children were identified within the Belfast trust as currently being tube fed. 7 had inaccessible records. Of the 72 remaining, the type of tube varied, with NG being most common at 34%. This was followed closely by Mini-Button at 30%, Freka (15%), Transjejunal (9%), NJ (5%), Corflo (3%), Monarch (3%) and Mickey (1%).

53% of patients with tubes are male, 47% female.

Over half the children in this population are aged 0–5 years.

On average, the number of attendances to ED with a feeding tube related issue, is 4.2 per child, with a range of 0–30.

The highest number of attendances in the current population group occurred in 2020.

Looking closer at 2019 as a sample year, 60% of the attendances occurred on Monday-Friday, between the hours of 9am–5pm.

Limitations of the study include that it is only current case-load, and not historical cases. Also that some children's records could not be accessed.

Conclusions There is a large range in number of ED attendances, but the data shows most children will attend ED for a tube related issue in their lifetime. Many of these children

have complex medical needs and, particularly during a pandemic, ED is somewhere they should only be if absolutely necessary. So, what are the solutions to this issue?

There is a gap in the service provision for these children. We need a more permanent scheduled service to deal with semi-emergency tube needs. Service planning is currently ongoing to see how the children's community nursing team could help facilitate an accessible service, during the week, potentially with extended hours to make travelling to ED unnecessary.

Furthermore, it would be useful to evaluate parental education and training prior to leaving hospital, and also community nursing support within the first few weeks, to ascertain if there is need for improve parental confidence and support in dealing with tube related issues.

To further investigate the issue, we could evaluate data on children who historically had tube feeds, but no longer require them, or who have moved trusts, or passed away.

Child Protection Special Interest Group

1035 WHAT FOLLOWS AFTER HAVING BEEN SHAKEN? – A RETROSPECTIVE REVIEW OF CHILDREN ADMITTED TO HOSPITAL WITH A NON-ACCIDENTAL HEAD INJURY 2018–2020

¹Rebecca Rhodes, ²Alison Fletcher, ¹Emily Bennett, ¹Rachel Kruger, ¹Jane Williams. ¹Nottingham University Hospitals; ²The Children's Trust

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Background Children and young people (CYP) who have suffered non-accidental head injury (NAHI) are at risk of short and long term neurodevelopmental consequences; some will have clear neurological problems from presentation whilst others who appear to be neuro-typical following the injury may go on to develop sequelae later in life (Chevingyard & Lind). There are national guidelines regarding acute management and the multiagency response but information regarding best practice relating to follow up is less clear.

Objectives Our aim was to review the current literature regarding neurodevelopmental consequences for children following a non-accidental head injury and to assess whether our tertiary service reflected this through the advice and support provided throughout a child's journey from initial admission to discharge (often to an alternative placement) and the follow up arranged.

Methods We undertook a retrospective review of the notes of children recorded in our Children's Hospital Brain Injury Team database as having sustained a NAHI between 1st April 2018 and 1st October 2020 (30 months).

Results Out of a total of 290 CYP on the database in this time period, 13 were recorded to have suffered NAHI; On further detailed note analysis 1 was felt, from NAI Peer review, to have had an accidental skull fracture.

Of the 12 cases, 11 were male and there was a median age of 4.5 months. 4/12 were local with the remaining transferred in for tertiary neurosurgical care (median length of stay 8 days ; mean 8.8 days). Injuries ranged from skull fracture with no intracerebral bleed to chronic subdural haematomas and extradural haemorrhage. There was one mortality. 9 of

the children had ophthalmological assessment during admission (3 children had already undergone assessment at their referring centre); in 3 cases the children had bilateral retinal haemorrhages.

The review highlighted minimal to no documentation of discussion with carers regarding the potential developmental impact of such injuries both in inpatient notes and discharge summaries. Follow up plans with Neurosurgery/Paediatric teams were variable. All but one patient were followed up long-term by the Brain Injury Specialist Nurse team. No clear pathway for referral for neuropsychological assessment was identified nor communicated to the GP on discharge. Most children had a change in address on discharge; further complicating follow up arrangements with at least one child having multiple missed clinic appointments.

Conclusions Feedback of the above findings to the teams involved in caring for children admitted to our hospital following NAHI has raised awareness and motivation for improvement; The potential sequelae from head injury may not be evident for a number of years after the event therefore good communication of the signs and symptoms is important, particularly for the cohort of children who are placed in care, for whom careful follow up including a neurocognitive assessment is vital but difficult to deliver.

Quality Improvement and Patient Safety

1036

PARENTAL PERCEPTION OF CHILDHOOD VACCINATIONS

Svetlana Lakunina. *University of Central Lancashire*

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Background In 2019 vaccine hesitancy became a top ten threat to global health. In the North West, the reduced uptake of routine immunisation is seen. The way people think composes the big part of the decision to vaccinate. There is an urge to act upon the problem of not vaccinating, which prompted the commencement of a Quality Improvement project in East Lancashire Hospital trust.

Objectives The project aims and objectives are to explore the parental perceptions of childhood vaccinations using the paper questionnaire and descriptive statistics and to improve parental understanding of vaccines via creation of an information resource.

Methods The anonymous questionnaire was designed to collect the baseline data about parental perceptions of childhood vaccines. The resource containing information about vaccines was then created and sent to the focus group for assessment. The improvement in parental understanding after reading this resource was set to be 10%, which was examined by the means of an online survey.

Results 98% of participant's children are up to date with the immunisation schedule. More than half of parents feel that they are well-informed about vaccines. The most common reason for parents to withhold vaccination is an association of vaccines with potential behaviour and neurological problems of a child. The common misconceptions, including this one, are addressed in the leaflet produced for parental use. The success of the intervention is yet to measure.

Conclusions Generally, parental knowledge about vaccines is sufficient. The lack of information about certain vaccination topics was addressed in the created resource.

British Paediatric Neurology Association

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OUTCOME OF CHILDREN BEING REFERRED TO PAEDIATRICS A&E AS PAPILLEDEMA IN A DGH. ARE ALL THESE CASES REFLECTING TRUE RAISED INTRACRANIAL PRESSURE?

Puja Deo, Sharmila Manivannan, Nickolaos Cholidis. *NHS*

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Background Papilledema is defined as swelling of optic disc caused by raised intracranial pressure and can represent a forerunner of life-threatening aetiologies such as intracranial mass lesions or meningitis. Left unchecked it can also lead to loss of peripheral vision.

Objectives We were experiencing increased number of referrals of children with Papilledema from our Ophthalmology department and local optometrists. We aimed to evaluate the true incidence of papilledema, confirmed by Paediatric ophthalmologist. An early and accurate diagnosis of pseudo-papilledema avoids unnecessary anxiety-provoking and resource-demanding investigations.

Methods We conducted a retrospective case notes review of all paediatric patients aged between 0 and 16 years referred as 'papilledema' to our Paediatric A&E from August to December 2020 and collected data on symptoms, outcome of investigations and follow up.

Results During the 4-month period, a total of 16 children were included in the study with 10 girls and 6 boys. Mean age was 9 years, ranging from 4–14 years-old.

15 (93.7%) children were referred by ophthalmology to Paediatrics A&E, out of which, 9 children were themselves referred to ophthalmology from local optometrists and the remaining (6) were identified during routine ophthalmology appointment. One child presented to A&E with headache.

Presenting complaints were asymptomatic (n=8), headache (n=4), blurred vision (n=2) and 2 children with headache and blurred vision. All 16 children had normal neurological examination on presentation to A&E and all had urgent MRI head. 15 MRI scans were normal (2 with the incidental finding of an arachnoid cyst) and 1 child had abnormal findings suggestive of demyelination and is being jointly managed with our regional Paediatric Neurology unit. They have advised for the child to be in the IIH pathway and undergo work-up for demyelinating disorders.

14 children from our cohort (n=16) were seen in Paediatric clinic and 11 were discharged to further care under ophthalmology and 3 are being jointly managed with tertiary hospital. The remaining 2 children from our cohort are awaiting the clinic appointment, however, there had been telephone review.

Until now, only 6 from the 16 children were seen by Paediatric Ophthalmologist. While 3 children were noted to have Grade 1 papilledema and currently under ophthalmology follow-up, remaining 3 children were found to have normal disc and been discharged.