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

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PARENTAL PERCEPTION OF CHILDHOOD VACCINATIONS

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10.1136/archdischild-2021-rcpch.350

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?

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10.1136/archdischild-2021-rcpch.351

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.