Background Bulky hand-written notes and frequent staff changeovers (due to on-call shift patterns) mean that details of plans for complex or long stay patients can be missed. Muddled verbal handovers are tiresome and things can be forgotten at the end of busy night shift. Wading through paper notes can be unnecessarily time consuming, making onward referral harder and slower, and mistakes more likely if the clinical problem is difficult to understand. Most paediatric patients are discharged before 7 days, so patients that stay longer than this are likely to have more complex medical needs. This project was conducted at a busy London DGH during the Covid-19 pandemic.

Objectives The overall objectives of the project are to

- Reduce the amount of time wasted reading through paper notes to understand the clinical history.
- For all staff to be able to easily understand the clinical problem and execute the next steps of the management plan
- Reduce the potential for patient harm through missed clinical plans
- Prompt teams to consider differentials and alternative management options in challenging clinical scenarios

Methods Retrospective data was analysed to see the numbers of patients admitted for ≥ 7 days to get an idea of the scope of the problem. Diagnostic data was gathered using a fishbone diagram to explore the issues surrounding the problem. The Model for Improvement method was used to plan and execute the project. Various change ideas were considered as part of this project and a questionnaire was sent to junior doctors within the department to gauge current feelings about difficulties around making referrals for complex patients.

Results Over an 8 week period, there were between 1–4 patients each week that fulfilled the criteria of admission ≥ 7 days, with the longest staying for 3 weeks. Each of these patients were discussed with at least one referral centre during their admission and several were diagnostically challenging.

Paediatric juniors were surveyed to gather objective and subjective data on current practise. 13 people responded; 69% had spent >10 minutes going through patient notes prior to making a referral. 75% felt they spent 'considerable time' going through patient notes to make a referral, 76% felt it took longer than necessary and 69% felt that despite this they had still missed important parts of the history.

A weekly proforma was developed to summarise patient notes for anyone admitted for ≥ 7 days; this has been developed and improved through a series of Plan-Do-Study-Act cycles and will be introduced alongside restarting the weekly complex patient MDT meeting.

Conclusions Initial data indicates that there are enough patients admitted to the Paediatric ward for ≥ 7 days on a regular basis to merit an intervention. Feedback from colleagues indicates that navigating complex patient notes is a source of frustration and that there is a need to summarise them more effectively. Progress has been delayed due to the Covid-19 pandemic as the Paediatric ward was closed for several months. However now the ward has re-opened there is opportunity to move this project forward, and implement a positive change.

Association of Paediatric Emergency Medicine

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UNSCHEDULED CARE PRESENTATIONS FOR CHILDREN IN GLOUCESTERSHIRE DURING THE SARS-COV-2 PANDEMIC

¹Louisa Jackson, ²Imelda Bennet, ³Clare Freebrey, ⁴Becky Teare. ¹Gloucestershire Hospitals NHS Foundation Trust; ²Gloucestershire CCG, Designated doctor for safeguarding; ³Gloucestershire NHS Foundation Trust; ⁴Paediatric Liaison Public Health Nurse, Gloucestershire

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Background The coronavirus pandemic has resulted in major changes to the way children and their families carry about their daily lives. Public health measures have instructed families to stay at home to avoid spreading the infection and as such parents have faced the added challenge of combining educating and caring for their children with working from home. Recent literature highlights a possible increase in child abuse during the coronavirus (SARS-CoV-2) pandemic.

Objectives In view of the concerns raised in the literature, Gloucestershire Paediatric Unscheduled Care Presentations were reviewed to determine local trends and to provide reassurance/concerns as to any local or developing issues.

Managing minor illnesses and reducing accidents is identified as one of the six key high impact areas of the DOH 2018 report which promotes timely interventions to support parents in keeping their children healthy and safe. Injury surveillance is an important component in detecting vulnerable children and their families' and is critical in informing local government policy and public health measures for its prevention.

Methods Data was collected on all unscheduled care attendances (in children <16 years) taking place at Gloucestershire NHS foundation Trust's Emergency Department (ED) and Paediatric Assessment Unit (PAU) across each financial year (April – March). These were categorised according to 11 different injury/illness presentations. Any relevant changes during the pandemic (2020 – 2021) were highlighted and investigated further.

Each dog bite presentation was explored according to patient demographic and location of bite. Each burn presentation was stratified according to patient demographics and type of burn and fracture numbers were compared across the months of the pandemic according to patient age.

Results We have observed a 3-fold proportional increase in dog bites with a significant spike during the first lockdown. There was a disproportional increase in younger children (<5 years) being bitten to the head/face.

Our data showed an overall reduction in fractures by 30% in 2020 in comparison to 2019. There was a considerable reduction in older child (>11 years). Younger children have presented in similar numbers thought to be due to an increase in trampoline use.

There was an overall increase in burns by 10% in 2020 compared to 2019. Thermal contact burns were the most common burn in all age groups apart from <1 year, where scalds from hot drinks predominated.

The highest incidence of burns during the summer of 2020 was in the 6–11 years olds which may reflect increased BBQ usage in the summer weather and potentially reduced supervision.

Conclusions Gloucestershire ED and PAU has seen upwards trends in burns and dog bites during the pandemic indicative of the burden and stressors placed on households. However, these injuries suggest a lack of supervision and safety in the home and are a safe-guarding concern. Injuries are a preventable cause of morbidity in the paediatric population.

This data collection highlights the needs not only in strengthening our public health measures but also in strengthening the services responsible for investigating judiciously safe-guarding concerns, detecting vulnerable families, protect children from maltreatment and promoting their overall welfare.

British Paediatric Neurology Association

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PRESENTING FEATURES OF PATIENTS WITH ATAXIA-TELANGELECTASIA (A-T): A SCOPING REVIEW

¹Alexander Yule, ²Emily Petley, ³Shaun Alexander, ³Shalini Ojha, ⁴William Whitehouse. ¹Sherwood Forest Hospitals NHS Foundation Trust; ²School of Medicine, University of Nottingham, Nottingham, UK; ³Graduate Entry Medicine, School of Medicine, University of Nottingham, Nottingham, UK and Royal Derby Hospital, University Hospitals of Derby and Burton NHS Foundation Trust; ⁴School of Medicine, University of Nottingham, Nottingham, UK and Nottingham Children's Hospital, Queen's Medical Centre, Nottingham University Hospitals NHS Trust, Nottingham, UK

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Background Ataxia-telangiectasia (A-T) is a rare autosomal recessive, progressive, multi-system disease caused by mutations in the ataxia-telangiectasia mutated (ATM) gene on chromosome 11q.26. There are 2 types of A-T; the more severe phenotype of classical A-T with a complete absence of ATM protein kinase, and the milder phenotype of variant A-T in which there is some residual protein kinase activity.

A-T has a wide spectrum of manifestations including cerebellar ataxia, movement disorders, ocular telangiectasia, recurrent infections, and an increased risk of malignancy. Although textbook narratives exist describing the clinical features of A-T, no attempt has been made to collate the available information to give a complete picture of the presenting features of this rare disease.

Objectives To describe the presenting features of A-T and determine any difference in presenting features between classical and variant A-T.

Methods 17 searches were carried out in each of 5 databases (Ovid SP (Medline), EMBASE, Web of Science, PubMed, Scopus). The Cochrane Library was also searched. The search protocol is available.

The inclusion criteria were all dates, all languages, all ages, human subjects, and clinical relevance. The exclusion criteria were: no reference to A-T within the article, not an original article, animal studies, article not clinically relevant.

Results Search returned 194,890 articles; 14,622 titles and abstracts were reviewed after removing 180,268 duplicates.

Full text review of 1,163 articles was performed and 1,039 studies were included (13,459 exclusions, 124 excluded after full text review).

The presenting symptoms (first symptom) were reported in 1209 cases with a total of 1702 signs or symptoms included. The most common presenting complaint reported was an abnormal gait (n=931), followed by recurrent infections (n=223), speech difficulties (n=113) and movement disorder and other co-ordination difficulties (n=69). Cerebellar ataxia was the most common pattern of abnormal gait. Although cerebellar ataxia was the most common first presenting feature, chronologically we found other symptoms that presented at an earlier age included recurrent infections and other neurological signs and symptoms. The age of onset of presenting symptoms will be presented in more detail.

The median age of diagnosis for classical A-T was 6 years (IQR 3 – 9 years) and for variant it was much later in life with a median age of 30 years 6 months (IQR 19.25–40.25 years).

Conclusions A-T has a wide variety of presenting features which is further complicated by a wide difference in the age of diagnosis of between classical and variant A-T. The most common presenting feature was an abnormal gait of which cerebellar ataxia was the most common pattern. However other symptoms appear to present earlier including telangiectasia and recurrent infections and dystonia in variant A-T. It is hoped that by developing a better understanding of the spectrum of presenting features of A-T may reduce the age of diagnosis of both forms of A-T.

British Association of Perinatal Medicine and Neonatal Society

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A MIXED METHODS STUDY OF THE FOLLOW UP OF EXTREMELY PRETERM BABIES IN THE NORTH EAST OF ENGLAND

Otilia Popescu, Judith Rankin, Nicholas Embleton. *PHSI, Newcastle University*

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Background Neonatal intensive care medicine has improved over time, leading to improved survival of preterm babies (babies born before 37 weeks gestation age, GA). The National Institute for Health and Care Excellence (NICE) recommends developmental follow-up of children and young people born preterm. The follow up of preterm babies influences their outcomes, determines their parents' needs, and informs planning of health and social care resources.

Objectives This study used mixed methods to assess the neonatal follow up of extremely preterm babies (born before 28 weeks GA), and parents' and health care professionals' (HCPs) perceptions of the neonatal follow up, to describe barriers and facilitators to neonatal follow up.

Methods

Phase one: an analysis of demographic, morbidity, mortality, and 2-year neurodevelopmental outcomes data of a cohort of babies born before 28 weeks gestation in the North East of England, between July 2015 - June 2016.

Phase two: a qualitative study of parents' and HCPs' views, perceptions, and experiences of the follow up of extremely preterm babies. We interviewed 23 parents and 20 HCPs; thematic analysis was used.