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

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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

1091

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

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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.

Results In phase one, 61% of the eligible babies were included in the study; 86.2% of the babies included were born after 24+0 weeks GA, with a mean GA of 25+3 weeks and a mean birth weight of 805 grams; 79.3% babies were discharged home on oxygen. 22.3% babies showed moderate to severe developmental delay.

The analysis of the parents' interviews identified two key themes: 'Emotions' (subthemes: 'The emotions related to the preterm birth – a rollercoaster', 'The post-traumatic stress syndrome', 'The overprotective parent') and 'Here and now' (subthemes: 'The storytelling', 'The coping mechanism', 'The impact of being born early', 'The value of the follow up').

The onset of preterm labour marked the beginning of a different experience. The quality of this experience impacted on the bonding and relationship between baby and parents, and the relationship between parents and HCPs. Follow up offered re-assurance.

The analysis of the health professional's interviews identified two key themes: 'Communication' (subthemes: 'The Journey', 'The multi-disciplinary team post discharge') and 'The Child Not Brought' (subthemes: 'The impact on the baby', 'The NHS point of view', 'Why do parents not attend?').

Health professionals described the birth and follow up of an extremely preterm baby as a journey. The continuity of care and the good communication contributed to improve this journey. Due to the complexity of the team involved in the follow up of the extremely preterm baby, communication may suffer at different levels.

Conclusions NICE recommends follow up of babies born preterm to school age, however there is no established referral pathway into the paediatric services. Parents value continuity of care, which may be lacking if there is no clear transition process between the neonatal and paediatric teams. Ensuring a smooth transition at every level by designing a clear pathway for the neonatal follow up of extremely preterm babies and the transition to the paediatric services may improve the follow up process, parents' engagement with the system and their babies' outcomes.

Paediatric Critical Care Society

1093 PIMS-TS REFERRALS TO PAEDIATRIC CRITICAL CARE TRANSPORT TEAM FOR WEST MIDLANDS REGION DURING JANUARY -FEBRUARY 2021

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Background Paediatric inflammatory, multisystem syndrome temporally associated with COVID-19 (PIMS-TS) is a novel condition that was first reported in April 2020. It has been shown to be associated with the community prevalence of COVID-19 infection. Kids Intensive care and Decision Support (KIDS) is a collaborative Paediatric Intensive Care Transport Service for the West Midlands region and received increased referrals for PIMS-TS patients from the beginning of January 2021.

Objectives Undertake a descriptive study of the clinical and demographic characteristics of PIMS-TS patients referred to KIDS transport team during January -February 2021.

Methods 21 patients diagnosed with PIMS-TS were referred to KIDS service during the period- 1st January to 28th February 2021. All the patients were discussed with the PIMS-TS MDT for confirmation of diagnosis. We performed a retrospective review of transfer records for these patients and collected various clinical and demographic characteristics. These included age, sex, comorbidities, symptoms, COVID-19 exposure history, electrocardiogram (ECG) and echocardiography findings, cardiovascular and respiratory support, and immunomodulatory treatment received.

Results The median age for referred patients was 10 years (minimum 39 months, maximum 14 years 10 months). The male to female ratio was 13:8. Two patients had associated comorbidities, rest of the 19 were fit and well. 14 (66%) patients had COVID-19 exposure, with either previous COVID-19 positive result (9/21) or a history of COVID contact (5/21). For the patients with COVID-19 exposure, the median duration for PIMS-TS symptoms from exposure was 4.5 weeks. Fever was the commonest symptom, followed by rash and abdominal pain. These are summarised in table 1. Echocardiography was performed at referring hospital in 13 patients, out of which 6 showed poor cardiac function. 16 patients had an ECG done, of which 6 were abnormal. 19 (90%) patients were hypotensive at referral, of which 14 (67%) needed inotropic support and transfer to Paediatric Intensive Care Unit (PICU). 5 patients required respiratory support, 1 needing ventilation, 1 needing non-invasive ventilation (BiPAP) and 3 needing face mask oxygen. 16 (76%) patients received immunomodulatory therapy, either immunoglobulins or methylprednisolone or both at referring hospital. 2 patients were re-referred with hypotension concerns after being discharged from PICU. None of them required PICU readmission.

Abstract 1093 Table 1

Symptoms	Number	Percentage
Fever	21	100
Rash	14	66
Abdominal pain	13	62
Mucocutaneous symptoms	9	43
Conjunctivitis	8	38
Headache	7	33
Sore throat	3	14
Lymphadenopathy	2	10
Loss of smell	1	5
Syncope	1	5
Confusion	1	5

Conclusions There was an increase in PIMS-TS referrals and transfers to PICU during January -February 2021. This increased activity follows the second peak of COVID-19 infection. The patients had a wide variety of symptoms, with fever, rash and abdominal pain being the commonest. There was male predominance, and most of the patients were in the 10–15 years age group. Most of the affected children were previously fit and well, with no comorbidities. Almost two-thirds of the patients had previous