Abstract 1205 Table 1

x	Preterm < 32 weeks	x	Congenital anomaly	
Total number of infants	174	X	54	
Median gestation (weeks)	29	X	38	
Median birth weight (grams)	1190	X	3013	
X	Preterm < 32 weeks, received DRC	Preterm < 32 weeks, no DRC	Congenital anomaly, received DRC	Congenital anomaly, no DRC
Number of infants	117/174 (67%)	57/174 (33%)	45/54 (83%)	9/54 (17%)
Infants at non-GA deliveries	116/146 (79%)	30/146 (21%)	44/53 (83%)	9/53 (17%)
Hypothermic on admission	13/116 (11%)	7/57 (12%)	5/44 (11%)	1/9 (11%)
Normothermic on admission	95/116 (82%)	39/57 (68%)	37/44 (84%)	6/9 (67%)
Median initial blood glucose	3.3	2.9	2.8	3.9
Cuddled on non-invasive respiratory support	89/117 (76%)	X	10/45 (22%)	
Cuddled and ventilated	18/117 (15%)	x	8/45 (18%)	

by clinical instability (16/63, 25% received extensive resuscitation or had a significant oxygen requirement).

Conclusions With appropriate monitoring and good thermal care, delivery room cuddles can be facilitated for infants requiring admission to NICU due to prematurity or congenital anomaly whilst maintaining normothermia and adequate glycaemic control.

REFERENCE

1. National Neonatal Audit Programme (NNAP) 2020 annual report on 2019 data. RCPCH: London, 2020.

Child Protection Special Interest Group

1206

RETROSPECTIVE REVIEW OF PATIENTS UNDERGOING SKELETAL SURVEY FOR SUSPECTED CHILD ABUSE

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Background Physical abuse can present as bruises, fractures or head injuries. Abusive fractures are sometimes occult and skeletal survey helps to detect clinically unsuspected fractures. Physical abuse is rarely a single event. Early recognition of child maltreatment by systematic evaluation and detailed investigations is important to prevent life threatening injuries and death. RCPCH guidelines help in thorough evaluation and reduce differences in practice.

Objectives To assess the use of skeletal survey in evaluating suspected child abuse and to describe the clinical presentation, demographics, results of other investigations and the outcome of these children.

Methods Patients who underwent skeletal survey in our trust from July 2015 to June 2020 for suspected abuse was identified from our Radiology database. Data on demographic profile, clinical presentation, results of other investigations recommended by RCPCH and outcome were collected from the electronically archived notes. The skeletal surveys were reviewed independently by a specialist radiologist again for the purpose of this study.

Results During the study period, 89 children had skeletal survey. More than half (57%) were younger than 6 months. Majority (75/89) did not have significant medical history. The family of 36 children were known to social services. Suspicious abusive head injury (42.6%) was the most common reason for skeletal survey followed by allegations of violence (17%) and suspicious fractures of long bones (17%).

Skeletal survey helped in identifying unsuspected fractures in 11 out of 89 of children (12.4%). Majority of them (8/11) had multiple fractures with tibial fracture being the most common. The presentation of these children were: Suspicious head injury: 7/11, Fracture humerus =1/11, Unexplained bruise - 2/11, Unexplained vomiting (rib fracture as incidental finding) - 1/11. About 64% had follow up imaging which helped in identifying new abnormalities in 3 patients.

CT brain showed abnormalities in 35 patients. All but one had clinical presentation suspicious of head injury. Parietal fracture was the most common fracture and the Subdural haemorrhage was the most common intracranial haemorrhage.

Abnormal ophthalmological examination was noted in 14 children. All of these children presented with head injury and had intracranial bleed in the CT head.

The blood investigations showed Vitamin D deficiency in 15 of the patients. All of them except one had fracture of the skull or long bones. Two had abnormal coagulation and were found to have factor 12 and factor 7 deficiency on further investigations. Both these children had intracranial bleed.

Safeguarding concerns were identified in 56% of the children.

Four children from the study cohort died of fatal abusive head injuries. All of them presented with Acute life threatening event or seizures. Skeletal survey identified occult fractures in three of them.

Conclusions Head injury was the most common reason for requesting skeletal survey. The yield of skeletal survey in identifying occult fractures is 12.4%. Occult fractures are high in children less than 6 months old and those presenting with head injuries. We noted an age-related trend in presentation with younger children presenting with head injuries and older children presenting with fractures and bruises.