- Long-acting insulin was given to one patient out of 7 at the start of IV insulin infusion in those children who were managed by 2020
- There was no significant difference regarding incidence of hypoglycemia in both groups
- No one had cerebral oedema in either group.
- There was no significant difference in the mean time of resolution of DKA between both groups
- There was a slightly increased incidence of hypokalemia in those children who were managed by 2020 protocol (57.14%) compared to 22.22% in those who were managed by 2015 protocol.

Conclusions

- The BSEPD guideline was adhered to with regard to iv fluid and iv insulin administration.
- Basal insulin was not commenced in majority of the cases at start of DKA ICP.
- The slightly higher incidence of hypokalemia in those treated with the 2020 BSPED guideline was noted.
- There was some delay in commencing subcutaneous insulin after resolution of DKA in some cases, exact reasons not known.

British Association for Community Child Health

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IMPLEMENTING A TELEHEALTH AUTISM DIAGNOSTIC SERVICE IN BARNET IN RESPONSE TO COVID-19 RESTRICTIONS

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Background The Barnet Community Paediatric Team is commissioned to deliver autism diagnostic services for children under 7 years of age. Historically, the wait for an autism diagnostic assessment including the Autism Diagnostic Observation Schedule (ADOS) was approximately one year. Following lockdown restrictions on face-to-face assessments, an evidence-informed telehealth assessment protocol was rapidly implemented.

Objectives Describe the telehealth implementation process, outcomes and impact on wait list.

Methods We conducted a literature review of existing autism diagnosis telehealth strategies. Existing members of the autism diagnostic pathway (three community paediatricians, one clinical psychologist and one speech and language therapist-all working part-time) attended formal and informal online telehealth diagnostic courses. New members of the team recruited later in the implementation process went through a similar induction process. Initial implementation was via a pilot phase of 5 children over 6 weeks followed by wider dissemination and staff training to assess 4 children per week. Weekly team meetings were conducted for peer review and service improvement.

Data collection/analysis: we collected baseline child data; diagnostic outcomes, and family and clinician satisfaction assessments via formal surveys and informal discussions.

Results The telehealth model selected was based on the Tele-ASD-Peds developed in the US targeting young primarily preverbal young children. Assessing clinicians attended freely available online training hosted by the Vanderbilt Treatment and Research Institute for Autism Spectrum Disorders. Following a pilot phase in May 2020, the programme was launched with 1–2 assessments per week and subsequently expanded to 4 assessments per week with the recruitment of two additional part-time clinicians. As the team gained experience assessing young preverbal children, the offer expanded to include older and more verbal child utilizing other emerging telehealth models (e.g. Brief Observations of Symptoms of Autism-BOSA). Over the first 10 months of the programme, 60 children (38 under 4, 22 over 4) were assessed with diagnostic certainty achieved in the majority of children. The wait list for autism assessment for new referrals into the diagnostic pathway declined from approximately 12 months to approximately 3 months.

Satisfaction surveys were collected from a subset of caregivers indicating a high level of satisfaction with the process. Clinicians rated the experience positively on a variety of factors including the ability to observe parents interacting with their children in the home environment. Teachers and school professionals attended some of the sessions facilitating a broader understanding of the child's profile across settings. Three families declined/not offered telehealth assessment due to factors related to home environment or child reluctance to use a screen. Complementing telehealth assessment with live school/nursery observations (when permitted) confirmed the diagnostic conclusions in 5 children.

Conclusions Early results suggest telehealth autism diagnostic assessments in a community setting are effective in selected children when directed by highly skilled clinicians. The reduction in wait list time is likely related to the combination of added resources and the availability of a telehealth alternative during the lockdown period. Challenges remain related to sustainability given limited funding resources, assuring equity and overall diagnostic certainty when compared with more traditional assessments.

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YOUNG VOICES MATTER- EVALUATION OF VIRTUAL OUTPATIENT CONSULTATION IN PAEDIATRICS DURING COVID19 PANDEMIC

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Background The implementation of virtual clinics (telephone or video consultations) has gained momentum during the COVID-19 pandemic. The NHS long term plan outlines reducing face to face consultations and implementing digitally-enabled outpatient care. Virtual clinics have been reported in literature and have established use in adult medicine. Within Paediatrics, specialty groups like Orthopaedics, Diabetes and