department due to concern regarding his education and behavioural difficulties. He received support at school. Despite this, he struggled with his education and observed to have social communication difficulty as well. He was assessed for autism spectrum disorder and as part of this assessment, genetic blood testing was offered.

Results His genetic/micro array result showed deletion at the gene locus of 7q11.23, distal to the well-known area causing Williams-Beuren syndrome. Awaiting clinic appointment, the parent took it upon themselves to search into the internet and come across a syndrome described as Williams Syndrome. Without a medical background to explain such syndrome and its strong association of cardiac disease, the parents were worried and he was referred back to epilepsy service for further assessment.

Conclusions Initial perception can have a big impact on parents. Despite the 'unnamed' genetic disease has no cardiac association, it was felt appropriate to offer the child a cardiac assessment and echocardiogram to alleviate parental concern.

British Paediatric Neurology Association

1234

AN EXPERIENCE IN MANAGING A CHILDHOOD STROKE CASE ACCORDING TO THE NEW 2017 STROKE GUIDELINE: A DGH PERSPECTIVE

Ihsanuddin Mohamed Muslim, Vivek Desai, Shoma Ganguly. *NHS Doncaster Royal Infirmary*

10.1136/archdischild-2021-rcpch.497

Background Introduction: Childhood stroke, although rare, occurs and can cause significant long-term morbidity. Compared to adult's stroke, paediatric stroke is a heterogeneous entity, both of aetiology and presentation. This makes accurate and timely diagnosis challenging. In 2017, new paediatric stroke guideline, endorsed by RCPCH/Stroke Association, was published to address these challenges.

Objectives We presented 2 similar cases of childhood stroke that happened before and after the publication of the guideline. The second case demonstrated how we adapted current guidelines into the management of the patient.

Methods Case 1 (2011): 3-year-old girl presented with inability to stand and left hand weakness while playing in the garden. Examination revealed weakness to both arm and leg, with facial droop. No history of trauma. CT head was reported to be normal. She was given aspirin and arranged for transfer to tertiary centre the day after for MR/MRA imaging which confirmed stroke.

Case 2 (2020): 3-year-old girl presented with left sided facial droop, weakness of left side of her body and slurred speech during family visit to the safari park. The new 2017 guideline was used to aid assessment and management. She scored 6 of PedNIHSS and both CT and CTA was normal. Her assessment and imaging was done within thrombolysis window (4.5 hours). She was transferred to tertiary centre afterwards. MRA confirmed right MCA territory acute infarct.

Conclusions

Conclusion Despite the new stroke guideline, we encountered several challenges in managing the child in the DGH settings. The assessment and imaging were significantly delayed due to difficulty in assessing children, unfamiliarity with the new guidelines, difficulty in reporting paediatric neuroradiology imaging and absence of clear guidance with regards to

thrombolysis administration in children. This experience has highlighted the need for regional paediatric stroke assessment centre and decision-making for thrombolysis.

British Association of Child and Adolescent Public Health

1236

EMOTIONAL AND PHYSICAL HEALTH NEEDS OF LOOKED CHILDREN IN A NORTH WEST LOCAL AUTHORITY: NEED FOR MORE INTEGRATED CARE APPROACH

Michael Ogundele, Nasreen Zaidi. *Bridgewater Community Healthcare NHS Foundation Trust*

10.1136/archdischild-2021-rcpch.498

Background Children and young people (CYP) under public care are more vulnerable to mental and physical health morbidity than their peers living within birth families, due to previous experience of neglect and abuse, deprivation and poverty, genetic predisposition and subsequent instability experienced while looked-after. Previous research has shown that two-thirds of looked-after Children (LAC) are reported to have one physical complaint compared to 19% of boys and 17% of girls have a longstanding illness or disability.

Objectives We aimed to identify the profile of physical and emotional health needs among a cohort of LAC within a Local Borough of North West England.

Methods We carried out a retrospective audit of the healthcare records for all the LAC referred for initial health assessment (IHA) between the period of April 2019 and March 2020.

Results 82 LAC aged between 6 months and 19 years (averaged 8 yrs 2 months) were assessed during the one-year period. There was a male preponderance of 64% (51 males and 31 females). Each of them had an average of 4 multi-disciplinary professionals (3.8 ± 2) and three physical/mental health diagnoses (3.5 ± 2.5). The preschool children (1 to 4 years old) were the largest group of children among the cohort. The number of diagnosed problems ranged between 0 and 13. 62 (76%) of the LAC had at least one physical diagnosis, 41 (50%) were diagnosed with emotional/behavioural difficulties (EBD), 39 (48%) had disabilities/neurodevelopmental problems while 19 (23%) had perinatal disorders (Prematurity at birth, previous neonatal abstinence (withdrawal) syndrome and intrauterine growth retardation).

The commonest emotional/behavioural problems were behaviour difficulties (33%), emotional problems including anxiety (33%), Smoking (13%), other substance misuse (11%), self-harm (7%) and Attachment difficulties (2%).

The commonest physical illnesses were Dental caries (27%), overweight/obesity (21%), congenital heart defects (8%), Eczema (8%), asthma/hay fever and chronic constipation (7% each).

Perinatal problems were identified in 19 (23%) of the LAC. These included prematurity at birth (21%), neonatal abstinence syndrome (2.4%) and intra-uterine growth retardation (1%).

The commonest disabilities/neurodevelopmental disorders were visual impairment (18%), speech and language delay (15% total and% below 5 years) and learning difficulties (10%). Sleep difficulties was identified in 12 LAC (15%) with