individuals affected with epilepsy. We feel that there is an unmet need for ongoing education in this field which should be catered to the recipient's needs.

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AUDIT OF FIRST PAEDIATRIC ASSESSMENT OF CHILDREN REFERRED WITH SUSPECTED SEIZURES BEFORE AND DURING THE SARS-COV-2 PANDEMIC

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Background Diagnosing epilepsy can be complex with misdiagnosis rates of 5–30%. NICE guideline recommends all children and young people presenting with a suspected epileptic seizure to be seen by a specialist in the diagnosis and management of the epilepsies within 2 weeks of presentation. Timely specialist assessment aims to

- improve the detailed history upon which accurate diagnosis depends.
- facilitate appropriate subsequent management.
- support anxious parents.

Has Covid-19 pandemic added an extra challenge for specialist healthcare providers trying to achieve best practice?

Objectives

- To audit our specialist service for children and young people with suspected seizure(s) against NICE recommendation.
- To compare numbers of referrals and timing of first assessment during the pandemic with the same time period the year before.
- To look at the diagnostic outcomes following specialist assessment for first suspected seizure.

Methods

- Identification of 2 cohorts of children presenting to specialist outpatient service for suspected seizure between March–May 2019 and March–May 2020.
- Retrospective case notes analysis following first Paediatric assessment.

Results

- Number of referrals declined by more than 20% during the pandemic, especially from general practitioners.
- In 2019 cohort (pre-pandemic), 55% of the cases were seen within 14 days of referral compared to 42% in 2020 cohort (during pandemic).
- More than half of the referrals were diagnosed as non-epileptic events after specialist review. However, there were less non-epileptic events diagnosed in 2020 compared to the previous year.

Conclusions

- The pandemic is likely to have reduced the number of referrals, possibly due to some families following the 'stay at home' message and not presenting at all, and GPs deciding against referral of vague or likely non-epileptic episodes.
- Delayed referral to first specialist assessment might have resulted from assumptions about service cancellations.
- Pandemic restrictions affect staffing and availability of spacious rooms for distanced consultations.

Discussion This audit examined the impact of first wave of the pandemic since when changes to our Paediatric service in

general and the first seizure pathway may be helping meet the best practice challenge:

- Incorporating virtual platform in morning handover increases wider participation and opportunities to raise awareness of first seizure clinic.
- Remote access to trust systems means that referrals could be triaged quickly.
- Appointments are now mainly by 'attend anywhere' video or telephone, since event diagnosis is largely dependent on detailed history.

Further improvements are being considered:

- Work with IT to further develop electronic discharge documentation e.g. Drop-down menu of common presentations including 'first suspected seizure' with subsequent prompts such as 'eye-witness history', 'ECG' and 'first suspected seizure clinic referral'.
- Create email for epilepsy team to act as 'single point of access' to share triage, support communication and cross-cover during leave.
- Continue to make investment in epilepsy service, including a Paediatric epilepsy nurse to support worried families, non-expert colleagues and the service.

This poster could provide useful information to colleagues in primary and secondary care about our service and the clinical feedback may support training to improve confident diagnosis and management of common non-epileptic events such as syncope.

We aim to repeat this audit over the same time period in 2021.

British Paediatric Allergy Immunity and Infection Group

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A SERVICE EVALUATION OF PAEDIATRIC OUTPATIENT PARENTERAL ANTIBIOTIC THERAPY FOR THE MANAGEMENT OF DEEP BRAIN STIMULATION DEVICE INFECTIONS

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Background Dystonia is a movement disorder. Deep Brain Stimulation (DBS) is a surgical treatment for childhood dystonia wherein a DBS device is implanted in the brain. DBS devices may become infected. Paediatric Outpatient Parenteral Antibiotic Therapy (pOPAT) has been used to manage complex infections at home. This study evaluates the pOPAT service for the management of DBS device infections in a single centre.

Objectives The goal of this project was to answer the following questions:

- Which pathogens infect the DBS devices in children who are subsequently managed by the pOPAT service?
- How are infections in children with DBS devices being managed under the pOPAT service?
- Does the pOPAT management prevent removal or revision of DBS devices following DBS device infection in children?