Association of Paediatric Emergency Medicine

MENTAL HEALTH PRESENTATIONS TO A PAEDIATRIC EMERGENCY DEPARTMENT DURING A GLOBAL PANDEMIC

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Background Recent anecdotal reports suggest that more and more children are experiencing poor mental health as a result of multiple factors relating to the ongoing pandemic and subsequent school closures. We aimed to describe this change within mental health presentations at our own Paediatric Emergency Department. The department is located at a large children's hospital where, in 2019, we saw nearly 60,000 patients. Since March 2020 and the onset of the coronavirus pandemic, we have seen less than half that number.

Objectives To understand the impact of the coronavirus pandemic and school closures on the mental health of the population attending a paediatric emergency department.

Methods All patients under 16 who attended the emergency department with a mental health problem between 01/02/2019 and 31/01/2021 were identified. The number of presentations and admissions were analysed, as well as the index of multiple deprivation based on the patient’s postcode.

Results Over the 24 month period we had 1431 mental health related attendances with a median age of 14 years. When looking at attendances by month, the mean number of presentations was 53.6 and the median, 61.5. Based on this data, we found that there has not been a significant increase or decrease in the number of attendances over the period studied, with the month with the most attendances being January 2020. It must be remembered that there has been a significant reduction in ED attendances overall and so the proportion of our patient population suffering from a mental health problem has increased.

The mean number of admissions over this time was 28.8 and the median 28.5. There has been an increase in admissions however this seems to have been a steady increase over the 24 months rather than a sudden upsurge during the pandemic. We found that the proportion of admissions that are related to a mental health problem. Specific conditions, such as eating disorders, did show a large increase in numbers during the pandemic.

Conclusions Although uncommon, upper CSI are still seen in children. There is insufficient evidence to completely exclude the odontoid peg view from cervical spine imaging in paediatric trauma. However, a pragmatic approach to imaging which avoids unhelpful additional views is acceptable.

In children <10 years, the lateral and AP views should be reviewed, and only if adequate, should an odontoid peg view be performed.

Additional views do not improve adequacy, hence inadequate initial views should prompt consideration of CT (after senior review and reassessment). Experience with injured children suggests some may have resolution of symptoms or be calmer, allowing more accurate senior assessment.

Quality Improvement and Patient Safety

CAN ONLINE VIRTUAL INSTRUCTION DELIVER SUCCESS FOR RCPCH COVID-ADAPTED CLINICAL EXAMINATION CANDIDATES?... WE THINK SO

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Background Most doctors find examinations very stressful. In order to gain membership to the Royal College of Paediatrics, paediatricians are required to sit a clinical exam. Since November 2020, candidates have had to undertake a new COVID-Adapted Clinical exam involving new examination techniques and an online platform. We noticed the change caused increased anxiety and stress amongst our fellow trainees during an already challenging time.

Objectives To improve exam preparedness and wellbeing for trainees in Wales sitting the COVID-Adapted Clinical exam.

Methods We collaborated with the RCPCH examination team to gain insights into the new exam structure and expected standard. Prior to exam diets in November 2020 and February 2021 we provided 4–6 weeks of virtual teaching delivered via Microsoft Teams by registrars (ST4 and above) and Consultants. In November 2020, we organised the first COVID-Adapted Clinical Mock Exam in the UK using the online platform ‘Zoom.’ We wrote a range of simulated stations and utilised break out room sessions to facilitate the migration of presentations.
MALIGNANCY IN ATAXIA-TELANGIECTASIA: A SCOPING REVIEW

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Background Ataxia-telangiectasia (A-T) is a rare autosomal recessive, multi-system, neurodegenerative disease due to mutations in the ataxia-telangiectasia mutated (ATM) gene. It causes neurological impairments, immunodeficiency leading to serious recurrent infections, and malignancy.

There are two types of A-T: the more severe classical A-T that presents in early childhood, and the less severe variant A-T that presents later in childhood, or adulthood.

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).

1826 malignancies were reported in 1643 cases. The most common malignancy in the classical group was non-Hodgkin’s lymphoma (421 cases) and presented at a median age (n=72) of 9 years 8 months (range 6 months to 35 years 6 months, IQR 6 years 0 months to 14 years 0 months). The second most common malignancy reported was leukaemia (n=284) presenting at a median age (n=89) of 11 years 0 months (range 1 month to 51 years 0 months, IQR 5 years 6 months to 19 years 0 months), followed by Hodgkin’s disease (n=171).

The most common malignancy in the variant group was breast cancer (n=13) presenting at a median age (n=8) of 34 years 0 months (range 28 years 0 months to 44 years 0 months, IQR 12 years 0 months to 39 years 0 months), followed by leukaemia (n=10) at a median age (n=6) of 9 years 6 months (range 6 years 0 months to 46 years 0 months, IQR 8 years 3 months to 16 years 0 months).

Other results will be presented including the presenting signs and symptoms of leukaemia, non-Hodgkin’s lymphoma and Hodgkin’s lymphoma.

Conclusions A large variety of malignancies are diagnosed in people with A-T at a wide range of ages. Solid tumours are more common in variant A-T and haematological malignancies in classical A-T.

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Children’s Cancer and Leukaemia Group

Quality Improvement and Patient Safety

AN EVALUATION OF WORKING FROM HOME PRACTICES AND EXPERIENCES ON A TERTIARY NICU DURING THE COVID-19 PANDEMIC

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Background During the Covid-19 pandemic, remote ‘working from home’ (WFH) practices were developed on a tertiary neonatal unit to ensure compliance with Covid-19 recommendations around shielding, self-isolating and social distancing, and mitigate anticipated junior doctor staff shortages.

Objectives

- Establish a remote working service for junior doctors unable to attend in person due to Covid-19 restrictions then develop a remote working rota and guideline.
- Enable remote staff to contribute to clinical and non-clinical tasks securely.