(1). Testicular salvage rates are known to be improved by surgical detorsion of testis within 4–8 hours of symptom onset (2). Follow-up after scrotal exploration allows assessment of fertility and hormone production secondary to testicular atrophy (1).

(1) DaJusta DG, Granberg CF, Villanueva C, Baker LA. Contemporary review of testicular torsion: new concepts, emerging technologies and potential therapeutics. *J Pediatr Urol.* 2013;9(6 Pt A):723–730. doi:10.1016/j.jpurol.2012.08.012

(2) Sharp VJ, Kieran K, Arlen AM. Testicular torsion: diagnosis, evaluation, and management. *Am Fam Physician.* 2013;88(12):835–840.

Objectives To investigate ATP, in particular TT, regarding presentation, investigations and management in paediatric patients.

Methods A retrospective review of paediatric patients who presented with ATP who underwent scrotal exploration between June 2015 and March 2020. Patients with a history of trauma were excluded.

Results 81 patients, aged 5–18 years (median age 12), underwent exploration; 29% had TT, 21% epididymo-orchitis (EO), 29% torsed hyatid (TH), 12% normal testes, 4% intermittent torsion and 4% other diagnosis.

In age groups up to 12 years, EO and TA were the most common diagnosis. EO also accounted for 57% of ATP in the 17–18 years old age group. TT caused ATP in 53% of cases in ages 13–14 years and 69% in ages 15–16 years.

Patients who presented with nausea and vomiting were 2.7- and 2.5-fold more likely to be diagnosed with TT, respectively. An abnormal lie of testis was 3-fold more common in patients with TT. 30% of TT patients presented with an intact cremasteric reflex.

Of those that presented within 4 hours, the most common diagnosis for ATP was TT (44%). Causes for ATP were more evenly distributed amongst different diagnoses after 4 hours.

Urine analysis and ultrasonography were used in 59% and 18% of cases, respectively. Urine analysis was not sensitive or specific for TT. Ultrasound never falsely diagnosed TT in 15% of patients.

The orchidectomy rate was 32% and all patients who required orchidectomy presented with symptoms lasting 12 hours or more, with one patient who presented after 12 hours of symptoms having viable testicular tissue.

32% of patients were offered follow-up following scrotal exploration and 14% underwent post-surgery ultrasound.

Conclusions Patients, aged 13–16 years old, who present with ATP within 4 hours after symptom onset, associated nausea, vomiting and abnormal lie of testes, are highly likely to have TT. Urine analysis and ultrasonography were not widely used in our studied centres. The orchidectomy rate in this study is in line with others in the literature. Orchidectomy was only required in patients presenting after 12 hours of symptoms. Viable testicular tissue revealed in histology provides a warning of caution to surgeons when considering orchidectomy. Follow-up post-exploration was not routinely performed.

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YOUNG WOMEN AND SERIOUS YOUTH VIOLENCE: WHAT CAN WE LEARN FROM A HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMME?

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Background Serious youth violence is a public health issue that has been increasing in number and severity in recent years, affecting young people in major cities especially. A youth violence intervention programme based in the emergency department of a district general hospital has been working towards addressing this concern. However, previous research has not primarily focused on female involvement, their associated risk factors, impacts of violence, or compared them to males'.

Objectives Investigate the trends in violence over a three-year period, draw comparisons between male and female referrals, and examine the effectiveness of the service in meeting the needs of young women.

Methods 1. Retrospective review: to establish trends in violence and compare the involvement of males and females, using referral data.

2. Interviews: conducted with youth workers, to determine the needs of affected young women and evaluate the ability of the service to provide appropriate support.

Results Referrals for violence have increased in recent years, which includes a rise in number of females referred. The proportion of referrals for males (72.3%) and females (27.7%) has remained relatively consistent, whilst total number of referrals have escalated. Young women were often victims of interpersonal violence, similarly to young men, but were disproportionately affected by domestic violence (24/29), sexual violence and exploitation (13/13) as shown in table 1. Many were also involved in drug-related incidents (12/26), further supported by youth workers who reported how substance abuse came to light, even if it was not the reason for their

Abstract 1347 Table 1 Type of Violence frequencies and percentages by gender of referral

Type of Violence	Males (frequency)	Males (%)	Females (frequency)	Females (%)
Violence without weapon	380	45.2	183	56.7
Violence with weapon	227	27.0	36	11.1
Self-inflicted/Anger/Aggression	94	11.2	29	9.0
Self-harm	5	0.5	11	3.4
CSE	0	0.0	8	2.5
Sexual Assault	0	0.0	5	1.5
Violence of unknown type	135	16.1	51	15.8

attendance. Females required support in five key areas, including family, finances, education, mental health, and susceptibility to risks. The service successfully supported young women by providing an individualised approach, teaching life skills, and signposting to appropriate services.

Conclusions Young women are significantly affected by violence and require support in several aspects of their lives, to lower their risk and prevent future involvement. There are similarities and differences in the types of violence that affect females compared to males, as well as support needs. As an area of limited research, this study provides considerable information about the involvement of females in serious youth violence. The intervention programme is a step, amongst others that need to be considered in the community, to ensure sustainable prevention of violence affecting young women.

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1348 TRIAGE CHALLENGES OF NEONATES IN THE PAEDIATRIC EMERGENCY DEPARTMENT

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Background With increasing wait times seen across Emergency Departments in recent years, it is vital to have a reliable triage system in place. Newborns represent a particularly high-risk group. They often have nonspecific presentations for serious underlying illness and a tendency toward rapid clinical deterioration. A range of benign clinical findings specific to this age group may also pose a diagnostic challenge. Despite these nuances, the triage tools used to assign clinical priority in older children and adults continue to be applied in the neonatal population.

Objectives To review all neonatal attendances to a Paediatric Emergency Department (PED) during the months of September 2019 (pre-COVID-19) and April 2020 (COVID-19 era) with the aim of determining if triage assignments and outcomes for newborn patients correlate with their disposition and if new trends are apparent due to the pandemic.

Methods The PED is based in a tertiary paediatric hospital in the UK which utilizes the Manchester Triage System (MTS) adapted for neonates to triage this particular group of patients. The electronic case notes for each patient were reviewed noting their age, presenting complaint, assigned MTS triage category and discharging diagnosis. Outcomes evaluated included the need for diagnostic testing, treatment and admission. The relationship between assigned triage categories and outcomes was then reviewed.

Results 179 neonates presented in September 2019 compared to 79 in April 2020, (3.4% of monthly PED attendances for Sept 2019 vs 3.8% for April 2020); 43% of these patients were < 7 days of age in both months. In both periods, the most common presentation was jaundice (22% in each month). Table 1 shows that the percentages of patients hospitalised and requiring investigations were higher for the very urgent category but similar for those triaged as urgent and standard.

Abstract 1348 Table 1 shows that the proportions of patients hospitalized and requiring investigations were higher for the very urgent category but similar for those triaged as urgent and standard

MTS triage category	Total Proportion of patients		Hospitalization		Investigations performed	
	September 2019	April 2020	September 2019	April 2020	September 2019	April 2020
Immediate	0%	0%	0%	0%	0%	0%
Very urgent	11%	16%	63%	62%	73%	46%
Urgent	43%	28%	29%	23%	32%	41%
Standard	43%	51%	25%	15%	29%	23%
Not recorded	0%	5%	0%	0%	0%	0%

Conclusions Trends across the triage categories demonstrate that the more urgent the triage category assigned, the more likely investigations and admission to hospital are. This is demonstrated in both months audited pre COVID-19 and during the pandemic. There is less of a hospitalization difference in those triaged urgent and standard. In these categories we see more variation in diagnosis and disposition, reflecting a more heterogeneous group of well babies mixed in with babies requiring further investigations, treatment and admission. It is this group that pose the diagnostic challenge and raise concerns about the suitability of the triage system in identifying clinical priority. Further work needs to focus on examining the suitability of this triage model in the neonatal group to understand if there are more robust diagnostic clinical indicators of illness that can be determined at triage.

International Child Health Group

1349 EVALUATION OF A GLOBAL HEALTH PARTNERSHIP

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Background Birmingham Women's and Children's Hospital (BWC) - Malawi Partnership is a global health partnership (GHP) established in 2004 as a sustainable link between the paediatric departments at BWC and Queen Elizabeth Central Hospital (QECH), Malawi. Key inputs from the partnership include bi-directional health professional exchanges, teaching visits and educational courses. GHPs require regular evaluation to generate evidence-based information about effectiveness, assess governance and accountability, and to guide future planning.

Objectives Undertake an evaluation of the BWC-Malawi Partnership to assess the impact of the current programme, evaluate stakeholder engagement and set future goals and priorities.