had suspected mitochondrial disease based on phenotype alone. 12 had a gastrostomy in situ, 3 had a nasogastric tube in situ, 10 were receiving oral supplementation. Reasons for supplementary feeding via gastrostomy or nasogastric tube included growth faltering (73.3%) and unsafe swallow (26.7%). Those children with complex neurodisability were more likely to require nasogastric tube or gastrostomy feeding. **Conclusion** Children affected by mitochondrial disease have increased metabolic requirements and consideration for supplementary feeding should be made early in order to support growth and development, and enhance quality of life.

British Association of General Paediatrics

1377 CHANGING PATTERNS IN PAEDIATRIC ATTENDANCES DURING THE COVID-19 PANDEMIC

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Background The WHO declared COVID-19 a pandemic on 11 March 2020. Irish schools closed on 12 March and a nationwide stay-at-home order was issued on 27 March. A 34–76% decrease in paediatric ED presentations has been reported during the pandemic.

Objectives This study aims to assess the impact of the pandemic on attendances and admissions to a regional paediatric unit.

Methods A single-centre retrospective review of presentations to the paediatric assessment unit (PAU) and admissions to the paediatric ward from April-July 2019 and 2020 was performed. Data was obtained from the PAU attendance diary and HIPE reporting database. Unscheduled PAU attendances included GP/self-referrals with medical or surgical complaints, excluding injuries. Data was analysed using descriptive statistics.

Results There was a 40% decrease in unscheduled PAU presentations in April-July 2020 (n=747) compared with 2019 (n=1244). The most common presenting complaints in 2020 were gastrointestinal symptoms (33.2%), rashes (12.2%), unwell child <1 year including pyrexia (7.4%) and respiratory symptoms (7%).

There was a 67.2% decrease in admissions in April-July 2020 (n=170) compared with 2019 (n=519). Discharge diagnoses were categorised for admitted patients in May-July 2019 and 2020. There was a reduction in most categories in 2020 including dermatological (–80.7%), respiratory (–80%), cardiovascular (–75%), neurological (–62.2%), gastrointestinal (–61.3%), surgical (–60%), musculoskeletal (–57.1%), injury & poisoning (–45.2%) and mental health/safeguarding (–33.3%) cases. There was an 11.1% increase in genitourinary cases in 2020.

Conclusions The COVID-19 pandemic has resulted in a drastic decrease in paediatric clinical activity. Not surprisingly, we have seen a reduction in presentations relating to viral transmission (wheeze, gastroenteritis, rashes) and school-related stress (headaches, abdominal pain). Despite the anticipated negative effects of the pandemic on mental health, psychiatric admissions did not increase. The number of surgical cases, comprised largely of acute appendicitis, was 60% lower during the pandemic, supporting the possibility of a viral trigger. Other factors which may have influenced presentations include

greater parental supervision at home, fear of contracting or spreading COVID-19, reduced outdoor/sporting activities and reduced vehicular pollution.

Whilst SARS-CoV-2 infections in children have been relatively mild, the pandemic has had a profound impact on paediatric services. Reflecting on these shifts may provide insight into the aetiology of paediatric diseases, the factors influencing a parent's decision to present to hospital, the factors influencing a clinician's decision to admit patients and the effect of the pandemic on the health of children in general.

Association of Paediatric Emergency Medicine

1378 A RETROSPECTIVE STUDY OF MRI BRAIN FOR HEADACHES IN THE ABSENCE OF 'RED FLAGS' SIGNS AND SYMPTOMS FOR SPACE OCCUPYING LESIONS

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Background Headaches are a common and concerning symptom that frequently presents to the paediatric emergency department.¹ While the vast majority of these headaches represent benign processes (viral headaches, migrainous headache and sinus headaches), there is considerable worry from both parents and emergency department practitioners that they may represent a sinister malignant process or space occupying lesion.²

Headsmart, the UK brain tumour charity, have published guidelines on which children should be imaged in the context of headaches that may represent a brain tumour³

Objectives To examine the yield of non-urgent MRI brain requested in Children's health Ireland at Temple Street emergency department (CHI@TS ED), a tertiary paediatric centre with national paediatric neurosurgery service on site. Specifically we wished to examine how many MRI brains without red flags as set out in the gold standard clinical guidance on the topic (Joint Headsmart-RCPCH guidelines) demonstrated a significant intracranial abnormality (such as Space Occupying lesion/Brain tumour).

Methods MRI Brain scans ordered from CHI @TS ED were examined from May 2017-May 2019. Included studies were performed for the primary presenting complaint of 'Headache'. Studies that were for a primary presenting complaint in the absence of headache were not included (i.e seizures, gait disturbance, eye movement problems, vomiting). Additionally cases which had demonstrated an abnormality prior on CT were also excluded. Case notes were reviewed retrospectively and symptoms compared to the joint RCPCH-Headsmart guidelines.

Results 93 studies were included, 30 studies had any radiological findings. 53% demonstrated sinusitis (n=16). 3 (3.03%) scans demonstrated an intracranial mass (2 posterior fossa, 1 middle fossa tumour). All 3 of these met joint RCPCH- Headsmart guidelines for scanning for suspicion of intracranial mass clinically. The remaining studies showed Chiari/Tonsillar herniation (n=1), and other incidental findings (such as T2 hyperintensity) (n=12) In total 38 studies met headsmart criteria for scanning (39.7% of total included studies, 29.4% of