received appropriately high doses. Only 4/21 (19%) of patients who had lower doses prescribed, subsequently had their dosage optimised. 3 out of 4 children who were prescribed higher doses than recommended for their age group had their prescription amended.

Senna was prescribed for 75 patients by day 1, 65% receiving a dose by day 1. Only 3 out of 20 patients who were initially prescribed a low, suboptimal dose of senna had their dose increased. 4 patients were not prescribed senna at all.

Glycerine suppositories were administered to 12 patients, none of whom opened their bowels following this.

Phosphate enemas were used in 59, 64% of patients, with receiving more than 1 enema. Of 15 enemas given before day 4 only 8 were effective. The peak day for opening bowels with or without enema was day 4. Patients were noted to open their bowels without the aid of an enema up to 8 days post-surgery.

Conclusions Our study showed that dosage and administration of laxatives was variable. Glycerine suppositories were ineffective, and we would recommend that they are not used in this patient group. Use of enemas prior to 4 days postoperatively should also be avoided. Our observations suggest that patients may be able to open bowels without enema if appropriate doses of oral laxatives are administered. We recommend repeating this study following introduction of a clear constipation guideline, incorporating these findings.

British Association for Community Child Health

1404

EDUCATION HEALTH CARE PLANS FOR CHILDREN WITH MITOCHONDRIAL DISEASES

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Background Mitochondrial diseases are a heterogeneous group of disorders in which the cells of the body have difficulties producing energy. They are the most commonly inherited neurometabolic illness of childhood affecting at least 1 in 5000 children. Mitochondrial diseases can cause a plethora of symptoms including developmental delay, hearing loss, visual impairment, seizures, strokes, neurodisability, fatigue and growth faltering amongst many other symptoms. The condition can significantly impact on a child's ability to develop, learn and function.

The Education Health and Care Plan is for children and young people aged up to 25 years who need more support than is available through special educational needs support. The plan sets out the educational, health and social needs of the child and how those needs will be met. It is not uncommon for those children with rare disorders not to have EHCPs in place which could impact on the long-term ability to achieve their full academic potential.

Objective To review the children attending the NHS Highly Specialised Services for Rare Mitochondrial Disorders in Oxford in order to determine how many had Education Health and Care Plans in place, and for those who did not have an EHCP why not.

Methods Both authors reviewed the medical records of all children and young people aged 3 to 21 years, currently

attending the NHS Highly Specialised Services for Rare Mitochondrial Disorders in Oxford to determine if an EHCP was in place.

Results 46 children aged 3–21 years were included (26 male: 20 female) of whom 35 had confirmatory genetic diagnoses of mitochondrial disease, 8 had biochemical diagnoses only and 3 had suspected mitochondrial disease based on phenotype alone. 34 children and young people had EHCPs in place and 3 were in progress (pre-school aged children). The needs of 1 child were felt to be met by special educational needs support alone and an EHCP had not been applied for. 6 children in mainstream school were felt not to need an EHCP by their school, 3 of whom had visual impairment and suffered from fatigue. There was insufficient data to comment on two children. Of the 34 children with EHCPs in place, 20 attended Special Educational Needs provisions.

Conclusion Although learning difficulties may not always be apparent in children with a mitochondrial disease, the cellular energy metabolism resulting in fatigue and possible multi-system disease needs to be considered when supporting a child in education. The impact on hearing, vision, growth and mental health must also be taken into account. Consideration to, and supporting, their health needs is of paramount importance and we would advocate for all children having appropriate support in place in order for them to meet their full academic potential.

Association of Paediatric Emergency Medicine

1405

NEONATES PRESENTING TO THE PAEDIATRIC EMERGENCY DEPARTMENT AND THE EFFECTS OF THE COVID-19 PANDEMIC

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Objectives We aimed to audit the number of infants <28 days old presenting to the Paediatric Emergency Department (PED) at Leeds General Infirmary between November 2019 and November 2020.

Methods Retrospective data was collected from both the ED clinical software, and the electronic patient records of all infants <28 days old booked into the Paediatric Emergency Department between November 2019 and November 2020. We reviewed data on presenting complaint, diagnosis and outcome of attendance. We also looked at the overall numbers of infants <28 days old seen in the Emergency Department between 2016–2020 to establish a trend over the past 5 years.

Results The first UK lockdown of the COVID-19 pandemic resulted in a notable drop in PED attendances of infants <28 days old. April 2020 saw a 31% reduction in attendances of neonates compared to April 2019. While May 2020 saw a 29% reduction compared with the previous year. This correlates with the significant drop in attendances seen across all Leeds Teaching Hospital Emergency Departments.

The same effect was not seen in November following the start of the second UK lockdown. Unlike the first lockdown, an overall reduction in ED patient numbers was not seen.