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.

The PED saw >80 neonates in November 2020, which matched the number seen the previous year.

A large majority of neonates seen in the PED are well babies, with between 15–40% of those seen in 2020 diagnosed as 'No Abnormality Detected'. The proportion of well neonates from November 2019 – February 2020 was 13–24%, but this increased to 20–40% from March 2020 onwards.

Diagnoses that remained consistent throughout the year were feeding problems making up 15–22% of the diagnoses, and jaundice making up between 5–13%. On average 5–10% of neonates were diagnosed with sepsis. A notable effect of the pandemic and the subsequent social distancing was the reduction in respiratory presentations. In a normal Autumn/Winter such as November 2019 – February 2020, 20–35% of neonatal attendances were diagnosed as Bronchiolitis or Upper Respiratory Tract Infections. Whereas September–November 2020 saw just 9–11%.

On average the PED discharges 30–50% of all neonates without any Paediatric Specialty input.

From 2016–2020 the average number of neonates presenting to the PED has increased from 1–2 infants per day, to 3 infants per day.

Conclusions The reduction in PED attendance seen during the 1st COVID-19 lockdown was not seen during the 2nd lockdown, and the number of neonates being booked into the Paediatric ED increased to near normal in November 2020 despite overall Paediatric ED attendances remaining low. The reduction in neonates presenting with respiratory illnesses is likely a direct result of social distancing. While the increase in the number of well neonates seen following the first UK lockdown coincides with the reduction in postnatal home visits, and a move towards virtual consultations in primary care. The Paediatric Emergency Department offers an unrestricted route of access to healthcare for new parents, with an average of 3 infants <28 days old attending the LGI Paediatric Emergency Department every day.

Association of Paediatric Palliative Medicine

1406

NAVIGATING PALLIATIVE CARE RESEARCH DURING A PANDEMIC: A PRACTITIONER INQUIRY APPROACH

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Background Research in paediatric palliative care is already challenging, with small sample sizes, limited funding, ethical approval processes, evolving and unpredictable illness, and perceived psychological burden of taking part in research for children and their families.¹ The COVID-19 pandemic has added to this, leading to redeployment of healthcare staff, changing clinical priorities or spaces, and a halt to all non-COVID related research... including this researchers project on challenges and facilitators to referrals to paediatric palliative care.

Despite converting methodology from face-to-face focus groups to virtual, it was felt that the added pressure of

involvement in research was too much for staff. Therefore, a second methodology was discovered: a practitioner inquiry.

Objectives This abstract aims to explore the benefits of a practitioner inquiry approach in paediatric palliative care.

Methods *What is a practitioner inquiry?* It enables the practitioner to reflect systematically and practically about the way they work. Methodology is often 'action research' based, focusing on own practice, collective self-enquiry, or designed to produce knowledge to share with others.²

A practitioner inquiry approach was taken, involving inductive thematic content analysis of reflective entries and supporting documents for a case-series identified through the researchers' reflective portfolio.

Results Fifteen cases were identified and explored. Data sources included the researchers' reflective portfolio, internal medical communication, symptom management plans and advance care plans, and eight master themes were identified.

A practitioner inquiry approach maps to Kolb's learning cycle (conceptualising, putting principles in practice, experience and reflection), allowing for knowing-in-action, and action-on-reflection.³ It was felt to be extremely valuable for the researchers' personal growth and development as a practitioner in paediatric palliative care. The findings can be used to inform further local research around referral challenges and facilitators.

Conclusions Pausing all non-COVID-19-related research during the height of the pandemic was of course the right thing to do, as healthcare professionals were overwhelmed both clinically and emotionally with the task at hand. Uptake to focus groups would undoubtedly have been limited, and therefore data skewed or incomplete.

A practitioner inquiry offers rich research potential and opportunity for intense personal reflection and growth as a developing paediatric palliative care clinician, and was one option for continuing research during a pandemic. The results of this study will direct further research (likely using a virtual focus group approach) and local service improvement measures.

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Paediatric Mental Health Association

1407

UNPRECEDENTED TIMES – UNSEEN EFFECTS ON CHILD MENTAL HEALTH

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Background The unprecedented times of the Covid-19 pandemic have presented a plethora of new challenges for both users and providers of healthcare. A now well-recognised effect of the pandemic is the devastating impact it is having