Results We identified 7373 potential participants, of which 4360 were eligible.

The maximum number of presentations was seen in 2020 (810) with a steady rise seen every year; 2011 (187), 2012 (178), 2013 (253), 2014 (321), 2015 (376), 2016 (351), 2017 (478), 2018 (666) and 2019 (740).

The median age at presentation was 14 years (range 7–17 years), 3248 (74.5%) were female, and 3593 (82.4%) were White British. Most (4178, 95.8%) were first time attendances, with 178 (4.1%) being unplanned reattendances; the median number of presentations per patient was one (range 1–57).

All patients included in the data set presented with a mental health condition but the coded diagnosis was the primary reason for the mental health attendance. The most common coded diagnoses were Paracetamol overdose (714), Depression (615), Anxiety (343) and Alcohol intoxication (310) and NSAID overdose (101).

The median ED length of stay (LOIS) was 216 minutes (range 1–1037 minutes), and median hospital LOS was 1 day (range 0–62 days).

Triage category was predominantly category 3 (1562, 35.8%).

Conclusions We have described that the number of mental health conditions presenting to our emergency department are rising and at a younger age group than expected. The presentations are predominantly higher in females and white British which was unexpected in a department which serves a multi-cultural city. It would be interesting to see if our trends are found throughout other sites in the UK. Assessing trends is essential in highlighting problems that could be met with altering mental health practice within the emergency department e.g. provision of in house mental health support in the emergency department.

Association of Paediatric Emergency Medicine

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HOSPITAL AT HOME: CHILD AND PARENTAL EXPERIENCES OF AMBULATORY ANTIBIOTICS FOLLOWING REVIEW AND DISCHARGE FROM ACCIDENT & EMERGENCY

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Background As paediatric emergency departments adapt to rising footfall; preventing admission whilst ensuring high standards of safety and care is of increasing importance. The Royal College of Paediatrics and Child Health (RCPCH) in their 'Facing the Future: Standards for children in emergency care settings', a guideline for the future of paediatric emergency departments, highlights the importance of robust ambulatory care. Ambulatory care and in particular ambulatory antibiotics has been a feature of acute paediatric care for well over a decade for patients who require intravenous (IV) antibiotics but are medically fit for discharge.

Objectives The aim of this study was to evaluate patient and parental experiences of ambulatory antibiotics directly from a

paediatric emergency department (PED) and to improve this service.

Methods This study was a qualitative analysis of patient and parental experience over a four-month period from May – August 2020. Data were collected from surveys distributed at the time of the second dose of antibiotics to all patients ambulating on IV antibiotics. Parameters were surveyed in a graded scale (poor, fair, good, excellent) for overall satisfaction and communication along with yes/no and free-text answers exploring other aspects of the ambulating process.

Results 38 patients were eligible for inclusion in this study, 28 of whom (74%) completed the survey. The number of patients was limited by changes in practice and health-seeking behaviours for children with infections during the COVID-19 pandemic.

Overall satisfaction was rated as 'excellent' by 75% of participants and 'good' by 25%. 96% of patients felt they fully understood the reason for ambulatory antibiotics and 100% of participants preferred ambulatory care to admission. The information given to patients and their families was rated as excellent by 71% of participants and good by 29%.

Free text thematic analysis of responses related to communication highlighted recurrent comments around improving communication including the information given regarding the decision to ambulate, the practicalities of the ambulating process and the diagnosis. Other strong emerging themes included improving advice around cannula care and safety net advice.

The survey feedback has resulted in us implementing various changes to improve the service, including an information leaflet on the ambulatory process including day to day practicalities of the process, how to care for the cannula and safety net advice regarding when to return. In addition, the PED team have been educated to provide clear communication explaining the decision to ambulate, the diagnosis and to be aware to cannulate the non dominant hand for comfort if possible.

Conclusions This study should encourage paediatric emergency departments nationwide to utilise the resource of ambulatory antibiotics directly, to avoid admission and better utilise our finite healthcare resources. Overall the experience of ambulatory antibiotics for certain conditions was very positive, a statement best demonstrated by 100% of participants preferring ambulatory care to hospital admission.

Future developments to the 'Hospital at Home' pathway is for children with certain conditions to receive their second dose of antibiotics at home to minimise hospital visits whilst results are awaited.

Quality Improvement and Patient Safety

1432

IMPROVING THE QUALITY OF CARE FOR CHILDREN WITH COMMUNITY ACQUIRED PNEUMONIA- A QUALITY IMPROVEMENT PROJECT

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Background The British Thoracic Society's (BTS) Quality Improvement (QI) programme for childhood community-