appendicitis. Development of the pathway focus on adolescent females, adapting the score to differentiate tubo-ovarian pathologies and interpreting PAS score with clinical relevance when assessing septic children.

Association of Paediatric Palliative Medicine

1441

THE PALLIATIVE PICU PATHWAY; INTRODUCING END-OF-LIFE DISCUSSIONS PRIOR TO THE INTENSIVE CARE SETTING

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Background Some children have conditions which mean their lifespan is limited, and they may die in childhood. Discussions around end-of-life care can come as a shock in an acute setting where the patient is dying. The introduction to the concept of end-of-life care and the options available to the family and the child should occur before the acute setting in intensive care.

Objectives Opening opportunities for discussion of advanced care planning and emergency care planning in the appropriate setting.

Methods We identified a list of patients within the Belfast trust who with potentially life limiting medical conditions. Data was collected using NIECR (Northern Ireland Electronic Care Record) with regards to the nature of their illness, the number of PICU admissions, and whether they had an advanced care plan, or emergency care plan visible on their electronic record.

Results There were 126 patients identified with life limiting conditions in the Belfast trust.

None of these patients appeared to have Advanced Care directives.

Only 9 patients had up to date Emergency Care plans recorded on their electronic record.

Conclusions Advanced care planning gives a framework to structure possible challenges and decisions parents may have to face during the darkest hours of their lives.

In the Belfast trust, in light of the lack of formal care plans, we are implementing numerous strategies to improve the introduction of discussions regarding end-of-life care, before the patient ends up in ICU, actively dying. Using similar evidence based models for reference, we aim to devise our own palliative care bundle, which can be used throughout the trust.

Ongoing education for medical teams is also vital, and to keep the conversation going; prompts at handover during the Safety Brief, and on discharge summaries.

Expectant mothers are encouraged to have a birth plan, to inform and educate them about their birthing options and decisions they may have to face when the time comes. How is death any different? Children with life limiting illnesses are going to experience death sooner than their peers, so it is good idea for families and children to plan for the inevitable, to help them feel more empowered, when the time comes.

Association of Paediatric Emergency Medicine

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ASSESSING THE IMPACT THE COVID-19 PANDEMIC HAS HAD ON CHILDREN'S MENTAL HEALTH PRESENTATIONS TO A TERTIARY CHILDREN'S EMERGENCY DEPARTMENT

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Background The Covid-19 pandemic has caused widespread disruption of children and young people's (CYP) lives. The lasting effects of the pandemic have not truly been assessed. We have seen a rise in severity of mental health presentations and a trend in a younger age group presenting to the emergency department (ED).

Objectives To describe the change in mental health presentations during each UK lockdown period.

Methods Single centre retrospective chart review, in a tertiary children's hospital. All mental health presentations were included during each of the UK lockdown periods; First lockdown (23.03.2020 - 04.07.2020), Second lockdown (05.11.2020 - 02.12.2020) and Third lockdown (05.01.2021 - 08.03.2021). Data was taken from a previous comparative search of coding and clinical key words which identified all CYP presenting with a mental health issue. Electronic patient notes were used to gain data on coded diagnosis, sex, age and ethnicity. The same lockdown dates were used to compare these presentations to presentations in 2017, 2018 and 2019.

Results There has been a rise in mental health presentations during the second and third lockdown periods compared to the last four years.

	Pre-Covid 2017	Pre-Covid 2018	Pre-Covid 2019	During Covid-19
First lockdown (1)	130	185	214	146
Second lockdown (2)	54	62	58	76
Third lockdown (3)	61	108	151	200

The most common coded diagnosis during Covid-19 was Depressive disorder (69, 16.3%), Anxiety (49, 11.6%), Paracetamol overdose (86, 20.3%) and Eating Disorder (33, 7.8%). There were also diagnoses seen that did not present in 2017 - 2019 e.g. Suicidal thoughts (20, 4.7%) and mixed overdose (30, 7.1%).

The common age group seen in all three Covid lockdown periods was 15 years (Lockdown 1-44%, Lockdown 2-34.2%, Lockdown 3-25%). There were more females affected (Lockdown 1-80.1%, Lockdown 2-81.5%, Lockdown 3-74.5%) and White British were affected more (Lockdown 1-80.1%, Lockdown 2-81.5%, Lockdown 3-74.5%).

Throughout the last four years during the same three periods the similarity in age, sex and ethnicity has also been seen. The most common diagnoses seen during the last four years