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

¹Heather Hamilton, ¹Chloe Lynas, ²Mairead McGinn, ¹Julie Richardson. ¹Royal Belfast Hospital for Sick Children; ²Belfast Health and Social Care Trust

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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

1445

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

¹Bianca Cuellar, ¹Sally Henderson, ²Emily Briggs. ¹UHBW; ²North West Anglia NHS Foundation Trust

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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

included paracetamol overdose and depressive disorder which have risen with each year:

2019 (Paracetamol OD 20.1%, Depressive disorder 21%, eating disorder 6.1%, anxiety 15.6%)

2018 (paracetamol OD 18.3%, depressive disorder 27%, eating disorder 2.8%, anxiety 10.7%)

2017 (paracetamol OD 9.7%, depressive disorder 10.2%, eating disorder 2.4%, anxiety 4%)

Conclusions The lower mental health presentations seen during the first lockdown compared to the last four years can be explained by the effect the start of the pandemic had in the UK population. The 'stay at home' message may have provided valuable parental support to those CYP who would have otherwise presented during that period with a mental health issue. However, with the ongoing changes during the last year surrounding financial and educational uncertainty, the numbers have risen. Recent epidemiological models have predicted a spike in Covid-19 in July, this will impact the mental health numbers that emergency departments will see. Adequate provision should be put in place to support the CYP now and in the future.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

1446 IMPACT OF PAEDIATRICIAN INVOLVEMENT IN NHS 111 CLINICAL ASSESSMENT SERVICES

¹Philippa Anna Charters Stilwell, ²Agnieszka Wojciechowska, ²Tiffany Watson Koszel, ²Gareth Stutterd, ³Robert Scott-Jupp, ²Simon Kenny, ²Richard Owen, ²Ian Maconochie. ¹Evelina London Children's Community Services; ²NHS England and NHS Improvement; ³Salisbury NHS Foundation Trust, London Ambulance Service

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Background More children and young people (CYP) attend Emergency departments (EDs) each year than over-65s and CYP account for up to 40% of all primary care consultations. Many CYP seen in ED or primary care are triaged through NHS 111, which is a free telephone service, wherein all calls are initially triaged by a call-handler. Where appropriate, calls are passed on to the Clinical Assessment Services (CAS) for a call-back from a clinician. During the Covid-19 pandemic, NHS 111 experienced an increase in volume of calls offered.

Objectives To support NHS 111 providers in responding to paediatric calls during the Covid-19 pandemic, and to assess the feasibility of including paediatric expertise within NHS 111 CAS and its impact on service delivery.

Methods In May 2020, 70 paediatric clinicians, identified via the RCPCH (or locally), were on-boarded and trained to work remotely within the CAS of six NHS 111 providers in England. Across all six NHS 111 provider sites, the volunteers worked alongside existing CAS clinicians, providing call-backs to carers of paediatric cases under 16 years old, irrespective of the presenting complaint. Data were gathered from existing NHS 111 provider systems to include immediate outcomes (dispositions) and patient/carer feedback. Contributing paediatric clinicians and NHS 111 staff were surveyed by questionnaire and/or phone call.

Results 2535 paediatric cases were taken by paediatric clinicians and 137,008 paediatric cases by non-paediatric clinicians working in the six NHS 111 providers from 25th May to 4th

Abstract 1446 Table 1

		Disposition					Total
Clinician type	Paediatrician	Self-care, no onward referral (%) [*]	Attend primary care (%) ^{**}	Attend ED (%) ^{**}	Ambulance call-out (%) ^{**}	Other (%) ^{**}	
		1,740 (69)	326 (13)	319 (13)	38 (1)	112 (4)	2,535
	Non-paediatrician	58,865 (43)	40,612 (29)	24,006 (18)	5293 (4)	8232 (6)	137,008

*Chi Squared (χ^2) (df 1, N 139 543) = 667.8, p<0.01

December 2020. Disposition rates varied between the calls taken by paediatric vs non-paediatric clinicians (table 1).

****All categories significant at p<0.01 e.g. self-care versus primary care referrals χ^2 (df = 1, N = 78938) = 37.95, p<0.01**

Survey data from 62/70 volunteers indicated that they enjoyed working for NHS 111. NHS 111 staff surveyed (n=14) and interviewed (n=5) reported that paediatricians contributed to improving the service delivery to young patients. Feedback from carers whose calls had been taken by paediatric clinicians at one NHS 111 provider (n=60) showed higher satisfaction rates when compared with national averages for all calls (including adults and children) (92% vs 67%), with more reporting that their problem was resolved (92% vs 26%).

Conclusions The data showed that enhanced paediatric support within NHS 111 CAS is likely to reduce the large volume of children advised to attend ED or primary care, while improving the families' experience. Further work will explore the longer term outcomes within the NHS, and more detailed carer feedback. In future, more integrated models of care for CYP needing urgent and emergency care services may be achieved by this means, and better access to alternative health-care support through hospital or community-based services, such as rapid access clinics.

Paediatricians with Expertise in Cardiology Special Interest Group

1447 UNRECOGNISED LONG QTC SYNDROME- CAN WE DO MORE?

Ahmed Abouelnaga, Pramod Nair. Bedford Hospital

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Background The congenital long QT syndrome is a disorder characterized by Q-T interval prolongation on electrocardiogram that predisposes the heart to ventricular tachycardia and fibrillation. Children with long QT are prone to life threatening ventricular arrhythmia. The condition may remain unrecognized for a long time in children who present with recurrent episodes of syncope and seizures. We report a case of congenital Long QT Syndrome being thought to have vasovagal syncope and discuss the importance of having conversations about how early recognition of this condition could be promoted.