This data forms a small snapshot of activity in our region. There is little to define a 'High Dependency' patient, but the PDDMDS provides a useful tool. Regular audit would provide more information on delivery of critical care outside of PICU and allow network planning to ensure skills are appropriately maintained.

British Association of Perinatal Medicine and Neonatal Society

1563 WHEN IS IT NOT COOL TO COOL?

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10.1136/archdischild-2021-rcpch.719

Background This audit retrospectively reviewed the babies who underwent neonatal therapeutic hypothermia following delivery between April 2016 and December 2018. Current evidence indicates that moderate, induced hypothermia improves survival and neurological outcomes to 18 months of age in infants with moderate or severe perinatal asphyxial encephalopathy.

Objectives Our aim was to identify whether the appropriate TOBY criteria was applied when the decision for cooling was made. Criteria A looks at apgar scores, cord gases and resuscitation requirement. Infants meeting criteria A should be assessed for criteria B which looks at possible seizures or encephalopathy. Infants who meet both criteria A and B should be considered for cooling.

The audit also assessed patient management once the decision to cool had been made; how quickly cooling was commenced, the use of CFM monitoring and whether a HONDA score/encephalopathy examination was performed or documented.

Methods The twenty-five babies cooled during this period were identified retrospectively using coding records and each case was assessed using a proforma sheet, reviewing the patient notes.

Results 16% of infants cooled during this period did not meet criteria A and criteria B. A further 24% of infants who were cooled, had no documentation identifying whether Criteria B was met. 16% of cooled infants did not have CFM monitoring applied and 47% of those with CFM applied had no documentation of its interpretation. Overall, documentation was poor.

Conclusions In order to aid and improve decision making and documentation, we designed a flowchart for use in the patient notes.

Children's Cancer and Leukaemia Group

1564 RISING NUMBERS OF REFERRALS FOR SKIN CANCER, IS THIS ANOTHER IMPACT OF COVID-19?

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10.1136/archdischild-2021-rcpch.720

Background The two-week wait (2WW) urgent referral pathway was originally devised as a way to improve cancer outcomes through earlier diagnosis. COVID-19 has had a significant impact on healthcare including delays in cancer diagnosis and treatment. This study explores the impact of COVID-19 on paediatric 2WW referrals in the past year.

Objectives Evaluation of the impact of COVID-19 on urgent referrals via the 2WW pathway to the paediatric oncology department.

Methods A retrospective review of all referrals via the 2WW pathway between April 2020-March 2021 was performed. Information was collected from a clinic database. Details recorded include presenting symptoms, suspected diagnosis, time from referral to being seen, final diagnosis, investigations and any onward referrals generated. Any missing information was obtained from case notes.

Information about the suspected diagnosis was grouped by adapting the system in the International Classification of Childhood Cancer, Third Edition.

Results From April 2020 to March 2021 there were 88 referrals via the 2WW pathway – 51 boys and 37 girls. The majority of referrals were for children 8 years and older (n=59). All children were seen within 14 days of receiving the referral, with an average wait time of 4.3 days.

The commonest referral was for suspected skin cancer (n=39; see table 1 below for full breakdown). The most common diagnosis was benign naevus (n=21).

Only 2 children were diagnosed with cancers (1 Hodgkin lymphoma, 1 testicular). 52 were discharged with no follow up. 22 patients were kept under review. 12 children were referred on to or discussed with other specialities for non-cancer diagnoses (8 to dermatology, 3 to ophthalmology and 1 to orthopaedics) and a further 6 were investigated locally by the oncology team.

During this year there were 19 new cases of cancer diagnosed via other routes.

The total number of children seen via the 2WW pathway has increased from 8 in 2010 to over 100 children/year being referred since 2018. In the last year the number of referrals has fallen by 17%. Only 9 malignancies (1.3%) have been picked up through the 2WW referrals in these 10 years.

There has been a noticeable increase in the proportion of suspected skin cancer referrals. A consultant paediatrician has trained in dermoscopy. Between April 2014 and April 2020, presumed skin cancers (predominantly melanomas) made up

Abstract 1564 Table 1 Referrals for suspected cancer in 2021

Type of cancer	Number of referrals
Leukaemia	1
Lymphoma	12
Brain tumour	6
Neuroblastoma	-
Retinoblastoma	1
Renal tumour	-
Bone tumour	10
Soft tissue tumour	9
Testicular	2
Skin cancer	39
Breast	3
Other	5

25–33% of all referrals. Over the last year 44% were for suspected skin cancer.

Conclusions COVID-19 seems to have resulted in a fall in the total number of referrals, however the proportion of suspected skin cancers increased. The shift from referrals for lymph node or other masses towards more dermatological problems is possibly due to the move from face-to face to video consultations caused by the pandemic. The increased presentation of skin pathologies to paediatrics necessitates a greater degree of expertise in this subspecialty.

Paediatric Critical Care Society

1565 WHAT'S THE POINT? (OF CARE?)

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10.1136/archdischild-2021-rcpch.721

Background Point of Care testing for virology is readily available in PICU and results are available within 45 minutes. Laboratory virology PCR results can take up to 48 hours. This can have an impact on bed status, cohorting of patients and staff allocation in busy periods when side rooms are at a premium. Recently, Sars-Cov-2 has been added to the list of viruses detected by our machine.

Objectives Recently, Sars-Cov-2 has been added to the list of viruses detected by our machine however the machine is not validated for this. We aim to validate it, making it easier to cohort patients and allow de-escalation of PPE and 'red zones' at the earliest opportunity.

Methods All medical staff performing bronchioalveolar lavage on patients in PICU were requested to split the sample obtained; one to run one through the POC machine and the rest to be sent off to the lab. A folder was placed by the machine to insert an ID label in when a POC sample was run using a BAL sample. 19 samples were analysed over a four month period between October 2020 and January 2021. The results obtained by the point of care machine was compared to the lab results for both Sats-Cov-2 and for other virology PCR.

Results In total 89.4% of the samples showed correlation in the results obtained by the POC machine for both covid 19 and other virology. With regards to Sars-Cov-2 testing 15 of the 19 samples were both negative on point of care testing and on lab testing. The remaining four samples had not been tested by the lab for covid 19 PCR – it is assumed that no request form was completed by medical staff to request covid 19 PCR to be run on the sample. 5.2% of the samples analysed for virology PCR showed that the lab was more sensitive in detecting viral loads at lower levels. 5.2% of the results obtained for virology couldn't be correlated as the POC machine didn't test for the organism detected. We are unable to assess whether the point of care machine correlates with the lab Covid 19 PCR in those patients who are covid positive, as we didn't have any covid positive patients in our cohort

Conclusions There is good correlation between the results obtained on the POC machine in patients who are Covid 19 negative. We are unable to assess whether the point of care machine correlates with the lab Covid 19 PCR in those patients who are covid positive. Ideally, we would have liked

a larger cohort of patient results to analyse with some of those patients being positive for Sats-Cov-2.

British Association for Paediatric Nephrology

1567 MANAGEMENT OF UNILATERAL MULTICYSTIC DYSPLASTIC KIDNEY (MCDK) IN THE UK: A NATIONAL SURVEY

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10.1136/archdischild-2021-rcpch.722

Background Follow-up for unilateral MCDK is recommended due to its risk of contralateral kidney abnormalities and long-term sequelae. However, there is currently no national or international consensus on management strategies for this group of children and young people. Varying practice between and within departments may have negative consequences including performance of unnecessary investigations, parental anxiety or late recognition of chronic kidney disease progression in those at risk.

Objectives To review the current evidence and explore variation in management strategies amongst paediatricians looking after children and young people with unilateral MCDK.

Methods A nationwide online survey was performed using a 10-item survey with multiple choice and free text between August 2020 to December 2020. The survey was open to tertiary paediatric nephrology and general paediatric consultants who care for these patients.

Results A total of 60 responses were obtained, two-thirds of whom were paediatric nephrologists. 62% routinely perform a DMSA scan to confirm the diagnosis (Paediatric Nephrologists (58%); SPIN paediatricians(67%); Non-SPIN paediatricians (80%)). 8% routinely perform an MCUG to investigate for contralateral vesico-ureteric reflux (VUR) (Paediatric Nephrologists(13%); SPIN paediatricians(0%); Non-SPIN paediatricians (0%)). Thematic analysis of free-text answers supported these findings.

A total of 62% of respondents stated the need for routine renal function assessment even in the absence of indication. The frequency of blood sampling ranged from once only (62%) to 'every two years' until transfer to adult services. Referral to assess for nephrectomy for lack of involution was stated by 7%. Thresholds quoted were: 'still present at 3/4 years'; 'still present at 5 years'; '3cm at 5 years'; and '6cm at 6 years'. 25% of respondents recalled nephrectomy of an MCDK in the previous five years. Quoted indications for nephrectomy of the MCDK were: hypertension(5), large size (4, 1 with symptoms), lack of involution(3), urinary tract infections (1), surgical decision (1), previous sibling died from malignancy (1).

The survey also revealed divergent opinions over creation and implementation of a national guidance for management of MCDK, mainly due to concerns around overcautious management. However an evidence-based national guidance that could (1) balance between consensus and safe variation and (2) offer families both choice and reassurance, was cited as potentially beneficial.