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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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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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.