corticosteroids. Mean age at blood transfusion was around 3 weeks in both the groups.

Urinary TBARs were higher in the SGA infants at baseline, they increased at 24–48 hours post transfusion and then declined at 49–72 hours but still were higher than the AGA group, the difference being statistically insignificant. The pattern of results were similar to TBAR's with the difference being statistically insignificant. When we analyzed the results for urinary 8OHdG between the two groups, there were significantly higher levels of urinary 8-OHdG in SGA infants compared to AGA infants at the two post-transfusion time points. Oxidative stress was further increased in SGA infants at 49–72 hours whereas levels were declining in AGA infants ($p = 0.001$). When the data was adjusted for gestational age, birthweight, post-natal age in days, sex, antenatal steroids and mode of delivery using a general linear model, the differences in 8-OHdG remained significant with $p = 0.009$ at 24–48 and $p = 0.04$ at 49–72 hours.

Conclusions SGA infants have increased oxidative stress after blood transfusions which may contribute to the higher incidence of BPD and ROP in this population. Our data suggests that transfusing blood to SGA infants should be done judiciously.

Quality Improvement and Patient Safety

1571

THE USE OF CENTOR AND/OR FEVERPAIN SCORING CRITERIA TO DETERMINE ANTIBIOTIC PRESCRIBING IN ACUTE SORE THROAT ACCORDING TO NICE NG84 GUIDELINE

¹Harpreet Kaur Dodd, ²Adam Atkinson. ¹James Cook University Hospital; ²Gateshead NHS Trust

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Background NICE guideline NG84 sets out an antimicrobial prescribing strategy for acute sore throat. The aim is to limit inappropriate prescribing, which can lead to antibiotic resistance as well as suppurative and non-suppurative complications such as Rheumatic fever. The highest incidence of acute sore throat is in children (Nice CKS, 2021) yet there are no studies or national audit data which look at use of NG84 in paediatric patients presenting to secondary care. Therefore, we studied the use of scoring systems within the Paediatric Acute admissions unit, and if antimicrobial use and choice was appropriate.

Objectives

1. In paediatric patients who presented with sore throat to secondary care, to identify if Fever Pain or Centor Criteria was formally used
2. Identify whether antibiotic prescribing was initiated as per defined scoring criteria and
3. Identify if antibiotic choice was appropriate in accordance with the NG84 recommendation.

Methods Two researchers retrospectively reviewed ED notes and discharge summaries from Medway of paediatric patients presenting with 'sore throat' between 15/03/20–30/05/20. FeverPain and Centor scores were calculated from notes and outcomes compared to NG4 guidance.

Results 54 cases were identified, ranging 0–13 years of age. 4 cases were excluded due to alternate diagnoses. In all cases

specific references to FeverPain or Centor criteria were not recorded. We could not calculate FeverPain in 10 cases (20%), and Centor scores in 16 cases (32%) due to lack of clinical detail. Most missed criteria included examination of throat and assessment for cervical lymphadenopathy. Using FeverPain criteria, antibiotic prescription was indicated in 31 cases. 29 cases received antibiotics. Using Centor criteria, antibiotic prescription was indicated in 32 cases, with 29 cases receiving antibiotics. Appropriate antibiotic selection occurred in 89.7% of cases.

Conclusions We do not reference clinical scoring systems in notes, yet appropriate antibiotic choices are made in 89.7% of cases. Throat and neck examination was most frequently missed, however this study was carried out after RCPCH advised against examination of sore throats unless necessary. To improve practice, we have created a sticker with FeverPain scoring criteria, as well as a clinical education tool. We will re-audit results in 2021. Further research is needed to validate a which scoring system is best in children presenting acutely to secondary care with an acute sore throat.

British Paediatric Allergy Immunity and Infection Group

1572

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RCPCH Trainees Committee

1573 PATTERNS AND OUTCOMES OF DELIBERATE SELF-HARM AMONG YOUNG PEOPLE PRESENTED TO A TERTIARY CARE SERVICE IN THE UNITED KINGDOM

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Background An estimated 220,000 cases of deliberate self-harm, present annually in England placing considerable pressure on child mental health services. Further, self-harm is one of the strongest predictors of future suicide indicating the importance of provision of support to those who present with self-harm.

Objectives To assess patterns and outcomes of deliberate self-harm, and co-morbidities of young people presented at John Radcliffe hospital, Oxford.

Methods All children and young people (age: 8–17 years) who presented with either deliberate self-harm or abuse at John Radcliffe hospital, Oxford over one year duration were retrospectively recruited to the study. Demographic factors, patterns and outcomes of deliberate self-harm, co-morbidities and outcomes were studied using a structured check list.

Results Sixty three young people presented with history either deliberate overdose or self-harm. Mean age was 14.47 years (range: 8–17 years). The majority was female (48, 76.2%). Nine (14.2%) were 'looked after' young people whilst three (4.8%) were adopted. The majority of young people had harmed themselves by superficial cutting (40, 63.4%) followed by deliberate overdose/poisoning (2, 3.2%), hanging (1, 1.6%), stabbing (1, 1.6%) and setting fire and having burns (1, 1.6%). Ingested medications included paracetamol (7), ibuprofen (5), and Fluoxetine (1) while none of the overdoses were lethal. Suicidal ideation was reported by nine young people (14.3%). 25 young people (39.6%) had a previous history of deliberate self-harm while 35 young people were being followed up with CAMHS. Co-morbidities were present in eleven young people and they included depression (10), autism (6), and eating disorders (5). Eight children had a history of substance abuse while four children

were worried that they would experience bullying. Management included ward admission (19), blood tests (13), and ECG (10). Four young people declined assessment while five needed one to one supervision.

Conclusions Most young people who harmed themselves were female and a notable proportion was 'looked after'. Most young people used superficial cutting for self-harming. Though the majority were followed up with CAMHS, recurrent self-harm was common. Common commodities were depression, eating disorders and autism.

1575 UNDISPLACED SPIRAL HUMERAL FRACTURE IN A NON-AMBULANT INFANT – IS IT ALWAYS NON-ACCIDENTAL INJURY? : A CASE REPORT

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Background Fractures in non-ambulant children are highly suspicious of non-accidental injuries. The credibility of the mechanism presented is essential as part of the process of differentiating between accidental and non-accidental injury. There have been radiology case reports of spiral fractures of the humerus fractures arising from rolling over, but to date, there remains limited evidence in support of this mechanism for fracture.

Objectives -

Methods -

Results Case presentation

A five-month-old infant presented with his parents because he was not moving his left arm after rolling from a supine to prone position. He presented to medical attention without delay. Radiographs of the left arm showed a small undisplaced spiral humeral fracture but otherwise healthy bones. Further imaging including a skeletal survey did not show evidence of additional injuries. There was no biochemical evidence of rickets. This fracture was managed conservatively with a sling. A safeguarding strategy meeting was completed and social care follow-up arranged, neither of which revealed any concerns. He recovered well with no sequelae. Long term clinical follow-up confirmed a very caring and engaged family.

Conclusions Rolling over as a cause of spiral humeral fracture has not been widely reported, especially in paediatric literature. This case highlights the importance of in-depth evaluation of non-mobile infants with fractures to rule out safeguarding concerns while maintaining an open mind in challenging areas.

Paediatric Educators' Special Interest Group

1576 REGIONAL ONLINE LEARNING PROGRAMME: EXPERIENCE ON ITS OPPORTUNITIES AND BARRIERS

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