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.

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 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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