13.9%) and toys/lego (32; 11.1%). Button batteries and magnets were ingested by 35 (12.2%). Liquids were ingested by 42 (13%), with the most common liquid ingested being liquid tabs (8; 20%). Insertions accounted for 122 (44.4%) attendances, most commonly in a single nostril (72; 25.3%) or ear (39; 13.7%). Eight (3.7%) families were provided with advice on preventing recurrence of ingestion/insertion at discharge.

The total number of aural/nasal insertions between 1st June–31st August 2020 was 59, compared to 65 in 2019. The insertion location and offending object were similar between years.

Conclusions We demonstrated no change in frequency of aural/nasal insertions between 2019 and 2020, though comparison between years for ingestions was not possible. We have highlighted areas for improvement in communicating safety messages to families as part of a wider programme of discharge advice, and public health messaging. A significant minority had ingested very hazardous materials, and almost one-quarter required hospital admission or follow-up. These offer particular focus for strengthened messaging to reduce serious injury through prevention.

RCPCH Trainees Committee

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PAEDIATRIC INFLAMMATORY MULTISYSTEM SYNDROME TEMPORALLY ASSOCIATED WITH SARS-COV-2 (PIMS-TS) – REATTENDANCE RATES AND LESSONS FOR URGENT CARE FACILITIES

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Background Paediatric Inflammatory Multisystem Syndrome Temporally associated with SARS-CoV-2 (PIMS-TS) emerged as a novel condition causing serious illness in affected children, in late April 2020. Multi-organ involvement with systemic, cutaneous, gastrointestinal and cardiac features and clinical overlap with conditions like sepsis, toxic shock syndrome and Kawasaki disease (KD) and have led to delays in recognition of PIMS-TS.

Objectives We evaluated the clinical characteristics and reattendance rates of children presenting to urgent care facilities [(primary care or Emergency Department (ED))] prior to definitive hospital admission.

Methods An observational study using retrospective data collection was undertaken on children with a diagnosis of PIMS-TS, who presented to a specialist children's hospital, between 1st April 2020 and 17th May 2020. Diagnosis of PIMS-TS was based on published RCPCH criteria¹ Reattendance rates, patient demographics, initial presenting features and subsequent progress was assessed

Results Eighteen children were included in the study (median 9.6 years; IQR 7–12.6 years). All children required high dependency or intensive care treatment. 89% (n=16) required fluid resuscitation and inotropes with 17% (n=3) requiring invasive ventilatory support.

In this cohort, 39% (n=7) were first assessed by a primary care physician and 61% (n=11) presented to ED. Overall, 89% (n=16) of the children were discharged after initial presentation and subsequently reattended with worsening symptoms. Only 11% were admitted at first presentation. Of the

study population, 22% (n=4) received advice from either 111 or 999 before attending GP or ED. The majority of reattenders (88%) were admitted during their third attendance and 12% were admitted at their sixth attendance. All children (100%) presented with fever above 38.5°C with a median duration of 3 (range 1–5) days. Gastrointestinal symptoms at presentation included abdominal pain in fifteen children (83%), vomiting in eleven children (61%) and diarrhoea in thirteen children (72%). Syncope was reported in six children (33%) and lethargy in fourteen children (77%). Mucocutaneous features of rash and conjunctivitis resembling KD, were seen in eleven children (61%). Other symptoms at presentation were oedema (38%), myalgia (61%), headache (38%), neck pain six (33%) and sore throat (33%).

Conclusions Children with PIMS-TS were older (above 9 years) and presented with persistent high-grade fever, hypotension, gastrointestinal and mucocutaneous features. High reattendance rates were seen in our cohort of children with PIMS-TS. While this could indicate the natural course of evolution of the condition, prolonged duration of fever in an older age group and requirement of fluid resuscitation at admission suggests a missed opportunity for earlier recognition and intervention. UK data of median of 5 days interval between presentation and referral for KD, suggests a similar delayed recognition of PIMS-TS, due to the multi-system features and overlap with childhood infections. A high index of suspicion of PIMS-TS and lower thresholds for admission in children presenting with these features to urgent care facilities in the current pandemic, will help institute early definitive treatment, thus reducing morbidity.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

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WHAT DOES THEIR GUT SAY?

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Background Chronic neurodisability is often associated with a range of Gastro-intestinal issues (GI) and can involve any part of the GI tract. Some issues are promptly diagnosed and managed appropriately. However, others are grossly misunderstood and under recognised. Leading to aggravation of underlying conditions, distress for patient and family and poor overall quality of life.

Objectives

1. Study the range of GI problems in cohort of patients with chronic neurodisability in a District General Hospital (DGH).
2. Study range of treatments offered and possible practice variation
3. Study most effective treatments used in cohort
4. Study impact of GI issues on patients and families' quality of life

Methods Twenty patient charts were retrospectively reviewed to compile a list of suitable patients with chronic neurodisability. We classified chronic neurodisability as a group of congenital or acquired long-term conditions that attribute to