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

1607

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

1608

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

impairment of the brain and/or neuromuscular system and create functional limitations. Impact may include difficulties with movement, cognition, hearing and vision, communication, emotion, and behaviour.

Using the list of patients we then contacted the parents via telephone or in person to gather the information. We developed a proforma for our parent discussions to provide a standardised approach as well as a parent information sheet to enable consent. Proforma included asking about

- GI issues experienced
- Treatments felt to be most effective
- Effect of GI issues on patient
- Effect of GI issues on family

An online survey was also created and completed by senior clinical staff to compare clinical view with parental responses. The survey for senior clinical staff included questions on

- Which GI problems do they encounter
- How significantly they believe the GI problems affect them
- Which treatments they find most effective
- How confident they feel managing GI problems

Results Age range for patients was from three months to thirteen years.

The most common GI issues experienced were:

- Constipation
- swallowing issues
- GORD

Treatments deemed most effective were:

- PEG insertion
- PPI use
- laxatives

Quality of life most affected by:

- poor weight gain
- device placement and maintenance
- Pain and discomfort

The survey data mirrored proforma information. From the completed surveys 46% respondents stated lack of confidence when managing GI problems in Neurodisability and 100% respondents felt that a formal guidance document would aid the management of these children.

Conclusions GI issues have a significant impact on both patients and family's quality of life. A larger cohort and data is needed in this field and production of a guideline to standardise care would be beneficial. Always remember the importance of treating the child holistically and by managing the simple things well can make a profound difference to the child.

Quality Improvement and Patient Safety

1610

PAEDIATRIC CEREBRAL VENOUS SINUS THROMBOSIS (CVST): A SINGLE-CENTRE AUDIT AND DISCUSSION OF BEST PRACTICE

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10.1136/archdischild-2021-rcpch.746

Background Cerebral venous sinus thrombosis (CVST) is a rare but serious condition that typically affects children and young adults. Its presentation is variable and non-specific, making diagnosis difficult. Systemic anticoagulation is the first-line treatment, but many patients deteriorate despite this and there is a lack of clear guidance on the management of these patients.

Objectives To characterise the patient population at our institution and evaluate their diagnosis, management and prognosis.

Methods We performed a retrospective, single-centre audit of 29 patients with CVST who were aged between 1 month and 16 years at diagnosis between 2014 and 2021. Patients' time of admission/discharge, presenting symptoms/signs, diagnostic imaging, treatment modalities and follow-up outcomes were recorded via review of electronic patient records. These were compared to a set of standards based on the American Heart Association/American Stroke Association and the British Journal of Haematology guidelines for paediatric CVST.

Results 29 patients (15 female, 14 male) were identified with a mean age at diagnosis of 7.5 years (range 30 days to 15.8 years). 12 presented acutely within 4 days, 10 subacutely and 6 chronically after 14 days of symptoms. The most common signs and symptoms were nausea/vomiting (18/29), decreased responsiveness (14/29) and headache (14/29). The most common risk factor was anaemia (15/29). 11/29 patients had thrombophilia testing with 1 testing positive. Most patients were diagnosed with CT venography and the sigmoid sinuses were most commonly involved. 24/29 patients underwent heparinisation, with 19 of these receiving a full-dose for 7 days. Some patients deteriorating despite anticoagulation were treated with decompressive craniotomy (3/29) and/or endovascular interventions (2/29). Average follow-up time was 19.6 months. 17 patients (59%) achieved full symptom resolution and 5 had complete radiological recanalisation. 1 patient had a recurrence and 4 patients died.

Conclusions Children with CVST at our institution were a heterogeneous population. Most patients received and fully recovered on systemic anticoagulation with heparin. Efforts should be made to switch patients to warfarin once stable and to de-escalate anticoagulation after resolution of thrombus or risk factors. Patients not responding to anticoagulation may be offered decompressive craniectomy or endovascular treatment, but the precise indications for these are undefined.

Paediatric Special Interest Group: British Society of Haematology

1614

PAEDIATRIC CEREBRAL VENOUS SINUS THROMBOSIS (CVST): A SINGLE-CENTRE AUDIT AND DISCUSSION OF BEST PRACTICE

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10.1136/archdischild-2021-rcpch.747

Background Cerebral venous sinus thrombosis (CVST) is a rare but serious condition that typically affects children and