patients (41/313) had a vitamin D level <25nmol/L (deemed deficient as per NICE guidelines).

We reviewed 184 patients in-person over the telephone in a 4 month period during the COVID pandemic and asked about their current supplementation. 49.45% (91/184) of patients reviewed reported taking 400 international units (IU) daily with 26% (48/184) taking >400IU daily. 12.5% (23/184) of these patients reviewed had a vitamin D level <25nmol/L. In those with a level <25nmol/L, 30.43% (7/23) were taking 400IU, 26% (6/23) were taking >400IU daily and 34.78% (8/23) were on no supplements at all. The average age was much higher at 16.86 years in this group compared to the overall average age of 12.34 years.

Conclusions In our audit we established that 56.52% (13/23) patients reviewed in-person or over the telephone who were Vitamin D deficient as per the NICE definition (<25nmol/L), were taking at least 400IU of Vitamin D daily (the recommended dose for children at increased risk of Vitamin D deficiency). This highlights the need for further studies and clearer international guidance re. prevention of and management of Vitamin D deficiency in these high risk SCD patients. The Sickle Cell Society and Public Health England (2019) guidelines recommend that Vitamin D deficiency be identified and treated according to local guidelines in all SCD patients. Those identified as Vitamin D deficient during the audit process were prescribed a higher dose of Vitamin D where possible with regular input from our hospital pharmacy team. We continued our policy of aiming to check Vitamin D levels twice per year with increased frequency of checks for those who required high dose Vitamin D treatment. Given the above findings, a plan was placed to make a more concerted effort to continuously ask patients re. vitamin D supplements during clinic and hospital visits.

Child Protection Special Interest Group

RADIOLOGICAL INVESTIGATIONS FOR SUSPECTED PHYSICAL ABUSE IN CHILDREN: AN AUDIT OF LOCAL PRACTICE

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Background In 2017, ‘The radiological investigation of suspected physical abuse in children’ guideline was released by the Royal College of Radiologists (RCR) and endorsed by the Royal College of Paediatrics and Child Health (RCPCH) to ensure consistency of practice across the UK. This in turn would allow children to be appropriately safeguarded by safeguarding partnerships.

Objectives To reflect the new guidance, our trust protocol was updated in March 2019. We completed an audit evaluating the impact this had on our clinical practice and whether it helped align us with the national guidance on investigating suspected physical abuse.

Methods Information on patients who had radiology imaging for suspected physical abuse between October 2018 and October 2019 was collected from trust radiology databases and electronic patient records and audited against the national guidance. Standards audited included timing and reporting of initial skeletal survey and neuroimaging, timing of follow-up surveys, sedation use and informed consent. Where possible, information on radiation dosage was collected.

Results In 12 months, 16 children had skeletal surveys, with ages ranging from 1 day to 15 months. Introduction of the local trust protocol in March 2019 in line with the RCR guideline led to improvements in nearly all aspects of radiological investigation (see table 1). For the 6 patients with suspected physical abuse occurring post protocol change, all skeletal surveys occurred within 72 hours with the majority reported within 24 hours and all having follow-up skeletal surveys. Infants who didn’t undergo sedation for their skeletal survey were under 3 months old, where ‘feed and wrap’ techniques were appropriate and successful. Despite new guidance