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.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

1665

ADHERENCE TO ESPGHAN GUIDELINES FOR DIAGNOSING PAEDIATRICS COELIAC DISEASE IN AN ENGLISH DISTRICT GENERAL HOSPITAL

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Background Coeliac disease (CD) is a systemic immune-mediated disorder caused by the ingestion of gluten and related prolamines in genetically predisposed individuals. The 2012 ESPGHAN guidelines suggested a no-biopsy pathway (NBP) for symptomatic children with IgA-based Tissue Transglutaminase (TGA-IgA) $\geq 10\times$ Upper Limit of Normal (ULN). Biopsy confirmation remained mandatory for all other cases.

Objectives This retrospective case note study was aimed at evaluating the extent of adherence to the ESPGHAN 2012 guidelines for diagnosing CD in our unit.

Methods 179 cases with positive TGA-IgA were identified from the laboratory database between January 2013 to December 2020. 17/179 (9%) patients were not referred to secondary care after the finding of positive TTG in primary care. Data was collected on the diagnostic pathways followed, and

adherence was compared with the existing ESPGHAN 2012 guidelines.

Results 129 cases assessed for CD were included and 124 children diagnosed with CD. 68/129 (53%) were diagnosed via the NBP. 57/68 were diagnosed via NBP until December 2019 and 24/57 (42%) children did not meet triple criteria as per 2012 ESPGHAN guidelines. HLA-DQ2/DQ8 testing wasn't done for 16/57 NBP cases and other 3/57 had a negative EMA result. In 2020, 13 patients were diagnosed via NBP, 11 in adherence to the 2020 ESPGHAN guidelines, other 2 [TGA-IgA <10xULN] were via regional interim COVID-19 pathway.

Conclusions Adherence to the recommended diagnostic guidelines need to be tightened up to ensure firm diagnosis of CD. Regular educational sessions at regional/local level are needed to improve the referral, understanding and implementation of the diagnostic pathways. The revised 2020 ESPGHAN guidelines which excluded HLA-DQ2/DQ8 and allows NBP for asymptomatic children with TGA-IgA $\geq 10\times$ ULN thus simplifying the diagnostic process.

Child Protection Special Interest Group

1666

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 guidance 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

Abstract 1666 Table 1 Compliance with RCR national guidance

	2018	2019 (post protocol)
Sedation of under 2 year olds	20%	50%
Follow-up skeletal survey	70%	100%
Follow-up within 10–14days	71%	50%
MRI requested if abnormal CT head	100%	67%
MRI spine done with MRI head	33%	50%
Written consent from parents	0%	67%
Information leaflet given	0%	33%

requiring more images, average total radiation dose per patient did not increase.

Areas for further improvement related to timings of follow-up imaging, neuroimaging, and parental information. For children with an abnormal CT head, one-third didn't have a follow-up MRI head within the recommended 2–5 days and only 50% of follow-up skeletal surveys occurred within 2 weeks. Written consent from parents was obtained in 67% of cases but most were not given an information leaflet.

Conclusions Updates in local and national guidance led to more consistency in the investigation of suspected physical abuse. Ongoing interventions include weekly multi-disciplinary meetings between paediatric and radiology teams where relevant radiological investigations are reviewed jointly. In March 2020, a specific consent form and parent information leaflet was introduced with further education sessions to ensure these are used as part of standard practice. A new 'Child Protection Checklist' is also being introduced later this year to further streamline the pathway. We need consistency to provide optimal care for this vulnerable group of children, to ensure they are appropriately safeguarded.

Paediatric Critical Care Society

1667 A COMPARISON OF PAEDIATRIC NURSING EXPERIENCE CARING FOR ADULT COVID-19 PATIENTS BETWEEN THE TWO SURGES

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Background COVID-19 arrived in the UK and quickly gained pace in March 2020, threatening to overwhelm adult intensive care and thus hospitals across the country developed strategies to cope. Locally the adult and paediatric intensive care teams developed the novel idea of managing critically ill adult COVID-19 patients in the Paediatric Intensive Care Unit (PICU), with PICU caring for adult patients in March 2020 and again in January 2021.

Objectives We sent an online survey to all the paediatric intensive care nursing team following both surges in order to understand their views on the protracted experience.

Methods An anonymous online survey was sent out via a survey monkey link to all the paediatric intensive care nurses in our unit following both surge episodes.

Results 32 nurses completed the first survey and 12 completed the second. Prior to caring for adults 26/32 (81%) felt not so confident or not at all confident looking after adult COVID-

19 patients. Following the first experience 29/32 (91%) nurses felt somewhat confident, very confident or extremely confident at looking after adult COVID-19 patients. 18/32 (56%) nurses found spending time on the adult COVID unit helpful. The majority (97%) preferred to work within their own unit rather than the adult ITU. 23/32 (72%) patients would be happy to care for adults again.

Prior to the second re-purposing of the PICU 6/12 (50%) felt positive/very positive looking after adult patients again, 100% of nurses felt the first experience had increased their confidence in looking after adult patients and following the second surge 12/12 (100%) felt somewhat confident, very confident or extremely confident at looking after adult COVID-19 patients. Following the experience 10/12 (83%) would be happy to care for adult patients again.

Conclusions Prior to caring for adult COVID-19 patients in intensive care our paediatric intensive care nurses were anxious and had limited confidence. The majority of nurses however found the experience useful and gained confidence. Working within the familiarity of their own unit and team improved the experience. This confidence and experience appeared to be retained into the second surge and was shown by the overall positive response and willingness to look after adult patients in future.

British Association of Child and Adolescent Public Health

1668 CHILD MORTALITY IN THE PANDEMIC

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10.1136/archdischild-2021-rcpch.784

Background This presentation draws on the findings of a national population-based study which collates real-time data on the deaths of children aged 0–17 years in England. More specifically, all child deaths are entered onto a national database within 48 hours of occurring. Additional detailed information on the circumstances of the children's lives and deaths is subsequently added to support learning that could reduce the number of deaths in future. As the first database of this kind and by linking with national virology results, it was uniquely placed to investigate the effects of SARS-CoV-2, and the national lockdown used to control the virus, on child mortality.

Objectives There is an urgent need to understand the nature and effect of SARS-CoV-2 and measures to control it on illness and mortality in children. This work aims to investigate and quantify the characteristics of children dying with COVID-19 and to investigate patterns of causes or rate of childhood mortality during the pandemic lockdown periods.

Methods We compared the characteristics of the children who died in 2020, split by SARS-CoV-2 status. A negative binomial regression model was used to compare mortality rates in lockdown (23 March–28 June), with children who died in the preceding period (6 January–22 March), as well with those who died during a comparable period in 2019.

Results There is no evidence of excess mortality among children during the period of lockdown; nor substantial changes in any other causes of death during the same period. Children who died and had a positive result for SARS-CoV-2 were