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

Kathryn Holliday, Rebecca Horner. *Royal Stoke University Hospital*

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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

Sylvia Stoianova, NCMD Programme Team NCMD Programme Team. *University of Bristol*

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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