identified from the electronic patient record/coding (EPR/C) system using triage data, free text and diagnostic codes. Data variables were extracted from the clinical notes and EPR/C system. The hospital wide patient administration system was also searched for any subsequent hospital attendances within 3 months to identify late presenting or missed diagnoses. Analysis was undertaken using R Studio.

**Results**

We identified 662 cases, 21 were excluded as already under investigation for limp/very complex cases, leaving 641 cases. 64% Male, median age 4.8 years. Ninety-seven percent (n=624) had a benign self-limiting pathology (474 were IH). 17 significant diagnoses (2 Septic Arthritis, 2 Osteomyelitis, 1 Discitis, 6 Perthes, 6 SUFE) were found.

12.9% (n=83) had FBC, ESR and CRP; 1 child had FBC/CRP only (table 1). Of these patients, 72 (85%) were done at acute presentation and 13 (15%) at PED follow-up clinic.

265 cases had a radiological investigation (17 ultrasounds in total).

229 cases were reviewed in clinic. 7 cases had the diagnosis changed in clinic/reattendance. No significant cases were missed.

The diagnostic accuracy of the algorithm was 97.19% with a negative predictive value of 99.7%.

**Conclusions**

The study showed that over 2 years the conservative limping child algorithm successfully identified 17 significant pathologies amongst the 641 cases of unexplained limp, whilst safely reducing the number of blood tests and radiological investigations. Clinicians still tended to over investigate (particularly x-rays in under 8yrs) and the analysis shows that these unnecessary tests did not add value. Inflammatory markers were not useful to either rule in or rule out significant pathology. The focus of an ED algorithm should be on thorough clinical history and examination to select the few cases that need further investigation and assessment.

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**British Paediatric Neurology Association**

**1735 EXPERIENCE OF CHILDHOOD STROKE MANAGEMENT IN A TERTIARY PAEDIATRIC NEUROLOGY UNIT**


1. North Middlesex Hospital; 2. Royal London Hospital

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