scanning (POCUS) and applied PICU clinical skills make this a subset of specialists with potential to further improve PIMS-TS outcomes.

Objectives This retrospective review compares two cohorts of PIMS-TS patients, the first and second covid waves, who required transport to paediatric intensive care units (PICU). The objective is to:

1. Describe any differences in presenting phenotypes of the two cohorts
2. Review timeliness of investigations and treatment interventions
3. Analyse changes in patient outcomes
4. Highlight where further improvement could be made, specifically around hypotension assessment and management in paediatric ED

Methods A retrospective review was performed for all patients with suspected PIMS-TS and COVID-19 infection transferred to PICUs by the regional transport team between 1st March 2020 and 28th February 2021. A cross-reference of local hospital, CATS and PICU notes were used to obtain necessary clinical data. This service evaluation project was registered with the trust and local GDPR guidelines were followed.

Results Data analysis is ongoing. The following areas will be reported on:

Signs, symptom & clinical assessment	-Patient demographics
Interventions	-Presentation phenotype
	-Management of hypotension
	-Medications
Patient outcomes (PICU)	-Length of PICU stay and total hospital LOS
	-Duration of vasoactive agent support
Incidental findings	-Arterial line placements at local hospital
	-Choice of vasoactive agents + familiarity at local hospitals

Conclusions Data analysis is ongoing. Early findings suggest local hospitals are more familiar with the presenting features of PIMS-TS and the spectrum of conditions it has phenotypical overlap with. In the first wave there were delays in diagnosis, in the second wave there is a suggestion of potential over diagnosis - attention and caution around this is vital.

Teams were vigilant around hypotension, with early use of vasoactive agents rather than large fluid resuscitation volumes. The number of ECHOs (particularly POCUS assessments) performed increased guiding decisions around transfer and vasoactive choice.

Frontline PEM clinicians have an important skillset in early detection and management of PIMS-TS patients, especially those needing cardiovascular support. Applying POCUS training for clinical assessment of cardiac function and inserting peripheral arterial lines under local anaesthetic to obtain accurate BP recordings can guide prompt and appropriate treatment for patients with PIMS-TS. This has wider-reaching implications on PEM training and their evolving role within the paediatric service.

Paediatric Mental Health Association

1789

CHANGES TO THE COMMUNITY CHILD HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS WITH ADHD IN THE UK DURING THE COVID-19 PANDEMIC

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Background ADHD is the most commonly diagnosed neuro-behavioural disorders among children and young people (CYP). Given that patients with ADHD are already experiencing significant functional impairment in several domains, they are particularly vulnerable to the distress caused by the COVID-19 pandemic and social distancing measures. It is therefore important to understand changes and helpful adaptations to the ADHD service provision during the pandemic in order to learn lesson that could be applied during preparations for any future pandemic or further lockdowns.

Objectives We aimed to ascertain how clinicians have adapted their practices in response to the pandemic and their awareness of Covid-19-related professional guidelines in the management of CYP with ADHD.

Methods An online custom-designed questionnaire was approved by the Executive committee members of the National ADHD Network, George-Still Forum (GSF) and emailed to all the delegates who have attended the latest GSF annual scientific meeting.

Results Sixty-two of the 100 eligible respondents completed the survey (53 online and 9 as email attachments). Two thirds of the respondents were seeing 76% to 100% of their follow-up (FU) patients remotely, of which 98% involved telephone calls. Almost half of the clinicians (47%) were not offering clinic appointments for new referrals.

About a quarter of the respondents (24%) were able to obtain patients' Blood Pressure and Pulse, and growth measurements in accordance with the NICE recommendations. Locations for obtaining the physical measurements for patients with ADHD included specialist health centres (25%), GP surgery or other primary care locations (10%) and homes (13%).

Forty-two percent of respondents worked from home, 43% used video calls and 75% were able to signpost patients with ADHD and their families to various online resources for self-help and non-pharmacological behaviour management strategies.

Thirty-eight percent of the respondents reported being redeployed to other high-demand clinical areas during the pandemic including the acute general paediatrics (19%), statutory safeguarding work (6%) and adult medical care (2%).

In relation to awareness of professional guidelines, 32% of the respondents were aware of the general Covid-19 recommendations from the RCPCH and 33% knew about the European ADHD Guidance Group (EAGG) Covid-19 recommendations for the management of CYP with ADHD. However, 8% of the clinicians indicated no awareness of any Covid-19 specific guidance.

Conclusions Clinicians made several modifications in order to maintain ADHD services during the pandemic. The

changes included massive increase in telephone and video consultation to limit direct clinician contacts. Only about a third of clinicians were aware of pandemic-specific guidelines.

Quality Improvement and Patient Safety

1790

SYSTEMIC ADVERSE EVENTS AND SIDE EFFECTS FOLLOWING INTRAMUSCULAR BOTULINUM TOXIN A (BONT-A) INJECTIONS IN CHILDREN WITH CEREBRAL PALSY AND MOVEMENT DISORDERS

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Background Botulinum toxin A injections are recommended for use by NICE¹ to treat spasticity in children with cerebral palsy and movement disorders.

Objectives To explore the frequency of adverse events and side effects within a Paediatric Botulinum Toxin Service.

Methods This was a retrospective review of children (aged 2 to 17 years) attending the Botulinum Toxin Service between 2016–2019. We investigated systemic adverse events (generalized weakness, lower respiratory tract infection, dysphagia and death) and side effects occurring at time of injection and at follow-up with physiotherapy, occupational therapy or medical teams.

Results 50 children underwent 93 toxin episodes. 45 children had a diagnosis of cerebral palsy (GMFCS I (9), II (12), III (6), IV (14), V (5)) and 5 had other movement disorders. 5 were excluded from analysis (1 child did not attend follow up and, 4 were excluded as follow up was not yet complete). In total, 88 toxin episodes were included.

No children were reported to have systemic adverse events.

Side effects were reported in 27% (24/88) of toxin episodes. Only 2 children (2/88, 2.2%) experienced side effects at time of the injection (pain 1/88 (1.1%), distress 1/88 (1.1%)).

The most common side effects experienced at follow-up was bruising (12/88, 13.6% GMFCS I(1), II(3), III(5), IV(3)). Other reported side effects included pain (11/88, 12.5% GMFCS I(2), II(2), III(4), IV(3)), flu-like symptoms (6/88, 6.8% GMFCS I(1), II(1), III(1), IV(2), V(1)), localised weakness (4/88, 4.5% (all GMFCS I-III), and skin problems (2/88, 2.27% (GMFCS I-II). There were no reported urinary or bowel problems and no increase in seizure frequency in children with epilepsy.

Conclusions No systemic adverse events were noted in our local Botulinum Toxin Service over a three-year period. Most of the side effects reported were minor and self-limiting. This data is in line with recent national and international studies. These results support that botulinum toxin injections are a safe intervention for tone management in children with cerebral palsy/movement disorders.

REFERENCE

1. NICE Clinical guideline CG145. Spasticity in under 19s: management. 25th July 2012.

British Association for Paediatric Nephrology

1791

AWARENESS AND UTILISATION OF THE DENTAL OUTPATIENT DEPARTMENT BY RENAL PATIENTS AT ALDER HEY CHILDREN'S HOSPITAL

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Background Children with kidney disease can experience systemic effects that are of relevance to the provision of dentistry. These children rely on tertiary specialist care for many aspects of their management and may develop oral symptoms that may not be prioritised over medical health care needs. In children with severe kidney disease, dependent on dialysis or a kidney transplant, managing oral disease becomes more complex and more important to treat as the mouth may represent a potential source of infection for the immunocompromised patient.

Despite this, in most paediatric centres, no formal relationship currently exists between renal and dental departments. This evaluation aimed to assess the clinical need for a specific pathway for these children.

Objectives

- Establish the demand for dental assessment from children attending renal outpatient clinics
- Establish the need for specialist dental care within this group of patients
- Assess the knowledge of families regarding the presence of the dental outpatient department
- Evaluate demand for the development of oral health resources for children with renal disease

Methods A questionnaire was piloted locally prior to distribution to patients attending renal outpatient clinics. Questions evaluated children's registration status with General Dentist (GDP), parental awareness of the dental outpatient clinic at Alder Hey and interest in attending this clinic, and demand for oral health information. Questionnaires were completed by parents and carers and returned to the renal outpatient department.

Results Approval for the project was granted in November 2019 (project no. 5935). Data collection was from December 2019 to November 2020. 12 questionnaires were returned (with some missing data). Seven patients were male. The mean age was 10 years old (range 3–18). Five patients had previously received a renal transplant. Three had chronic kidney disease (CKD) stage 4 or 5, and three had less severe CKD.

Abstract 1791 Table 1

	Q1 Registered with GDP	Q2 Knowledge of OPD	Q3 Requested check-up	Q4 Requested further oral health information	Seen in dental dept previously
Number of responses	9/12 (75%)	4/12 (33%)	8/12 (67%)	6/10 (60%)	3/12 (25%)