Abstract 597 Table 2 Extent of PDA closure and adverse effects following one and two standard courses of ibuprofen. Frequency of individual adverse effects are given as a cumulative% across both ibuprofen courses

	Commenced first course (n=82)	Commenced second course (n=13)
Completed course	70 (85.4%)	11 (84.6%)
Full closure	25 (30.5%)	3 (23.1%)
Partial closure	29 (35.4%)	1 (7.7%)
No response	24 (29.3%)	9 (69.2%)
Response not documented	4 (4.9%)	0
Adverse effects	11 (13.4%)	2 (15.4%)
Adverse effects	Cohort n = 82	
Bowel perforation	5 (6.1%)	
Necrotising enterocolitis	5 (6.1%)	
Intraventricular haemorrhage	2 (2.4%)	
Renal failure	1 (1.2%)	
Thrombocytopenia	1 (1.2%)	

were the consequence of a persistent haemodynamically significant large PDA or the adverse effects of ibuprofen, or a combination of the two, is hard to say from our small cohort. A future prospective study should be planned to address this.

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CHANGING PATTERNS OF EMERGENCY PAEDIATRIC PRESENTATIONS DURING THE FIRST WAVE OF COVID-19: LEARNING FOR THE SECOND WAVE FROM A UK TERTIARY EMERGENCY DEPARTMENT

¹Shaarna Shanmugavadivel, ¹Jo-Fen Liu, ²Colin Gilhooly, ³Loai Elsaadany, ³Damian Wood. ¹University of Nottingham; ²Children's Emergency Department; ³Nottingham Children's Hospital

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Background The SARS-CoV2 pandemic and initial public health response led to significant changes in health service delivery, access and utilisation. The SARS-CoV2 illness burden in children and young people (CYP) is significantly lower than in adults. To inform effective child public health interventions we aimed to compare patterns of paediatric emergency department presentations.

Objectives Describe the ED attendance pattern of CYP during COVID-19 compared to the same period in 2019.

Methods Retrospective review of all attendances (0–18yrs) over the initial pandemic (02/03/20–03/05/20) compared to 2019. Outcome measures included demographics, number of attendances, source of referral, presenting complaint, discharge diagnosis and disposal. Descriptive statistics, with subgroup analysis by age/sex/ethnicity and pandemic time-periods (pre-lockdown, lockdown weeks 1–3 and lockdown weeks 4–6) were performed.

Results 4417 attendances (57% illness; 43% injuries) occurred between 02/03/20–03/05/20, compared to 8813 (57% illness; 43% injuries), a reduction of 50%, maximal in lockdown week 2 (-73%).

Presenting complaints

2529 (57%) attendances were illnesses and 1868 (43%) injuries, compared to 5005 (57%) and 3764 (43%) respectively in 2019. The top five illness complaints were breathing difficulty, fever, abdominal pain, diarrhoea & vomiting and rash, unchanged from 2019. Ranking of top 3 illness presentations changed across the pandemic weeks. Breathing difficulty dropped from 1st (300;25%) to 2nd (117;21%) to 3rd (59;11%); ($p<0.001$). Abdominal pain rose from 3rd pre-lockdown (87;7%) and lockdown weeks 1–3 (37;7%) to 2nd in weeks 4–6 (62;12%; $p=0.004$). Fever ranked 2nd (235;19%) pre-lockdown, 1st (134;24%) in week 1–3 and week 4–6 (94;18%; $p=0.035$).

Triage category

88 (2%) attendances were triaged as a category 1 (CAT1) and 544 (12%) attendances as a category 2 (CAT2); this is compared to 146 (2%) and 1134 (13%) in 2019. There was no variation in CAT1 across pre-lockdown (2%), lockdown weeks 1–3 (2%) and lockdown weeks 4–6 (2%) and minimal variation in CAT2 (12%, 13% and 11% respectively across pandemic weeks), indicating no change in severity of presentations.

Source of referral (SOR)

3065/4417 attendances (69%) were by self-referral, proportionally the same as in 2019 (6149/8813; 70%). Emergency services/urgent care were the second most common SOR for 487 (11%) attendances, similar to 2019 (762/8813; 9%). NHS111 referral ranked third (416/4417; 8%) and GP ranked 4th (315/4417;7%). This was different to 2019, where GP referral ranked 3rd (755/8813; 9%) and NHS111 ranked 4th (734/8813;8%).

Disposal

708 (16%) attendances resulted in admission, 3647 (83%) were discharged, 61 (1%) did not wait (DNW) and 1 patient died during the pandemic period. This was compared to 1675 (19%) admissions, 6755 (77%) discharges, 383 (4%) who DNW and no deaths in 2019.

Conclusions Despite a 50% reduction in attendances there was no significant change in proportions of illness/injury, acuity of illness, source of referral or disposal. Rank of illness presentations changed, with abdominal pain ranking second, and fever first, an important change which should prompt further research into causes. Clear public health messaging for CYP and collaborative guidance for primary care is required in this second wave to ensure CYP have access to appropriate emergency, routine and mental health services.

British Association for Community Child Health

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ADHD MONITORING: AUDIT OF NICE GUIDELINES

¹Anna-louise Power, ²Elham Abbas. ¹NHS; ²Wigan Warrington and Leigh NHS Trust

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Background ADHD is a complex, diverse and common neuro-developmental disorder, associated with many comorbidities. NICE guidelines set out the monitoring requirements for children being treated for ADHD. Wigan has more than 1000 children on its database with ADHD on medication, mostly on stimulant medication. Monitoring of the effectiveness of