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.

Association of Paediatric Emergency Medicine

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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

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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

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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

medication and adverse effects is crucial. Adverse effects on growth, heart rate, blood pressure changes and worsening behaviour may significantly impact the child if left unmonitored.

Objectives To review children who are on ADHD medication and to ensure parameters are monitored as per the NICE & Regional GM guidelines in order to improve our patient care.

Methods 47 patients who attended clinic in November 2018 and completed a symptom rating scale at this clinic visit were reviewed. The notes for these patients were reviewed for every clinic visit for these patients in the period January 2018 – July 2019.

Results In total we reviewed 118 clinic visits in 47 patients. 28% were age under 10 and 72% over 10. Of these 30% of under 10 were seen the minimum of 3 times a year, whereas for the over tens 44% were seen the minimum of twice a year.

Core ADHD symptoms were recorded in 30%. The effectiveness of the medication was discussed in 56% and the side effects in 9%. The ongoing need for medication was only discussed once.

Height and weight were well documented in 97% of cases, yet only 11% recorded the growth centile.

21/118 (18%) clinic visits showed a loss in weight compared with previous visit, 33% of those had a plan to address the problem.

Cardiovascular side effects monitoring was poor, with heart rate measured in 65% and blood pressure in 78%. Heart rate was found to be greater than 120 in one case but no action was taken. Blood pressure was only plotted on the centile chart in 1 case.

Symptoms like tics were discussed in 7%, seizures 0% and Sleep 59%. Worsening behaviour was discussed in 70% cases.

Conclusions NICE guidelines recommend that children age under 10 should be reviewed at least 3 times per year and over 10 should be seen twice a year. In our audit only 30% of under 10s were seen three times. Monitoring of patients on medication for ADHD was not good. Height and weight should be checked in all children but this is poorly plotted on the correct growth chart. Blood pressure and heart rate are not always being checked.

The audit highlighted gaps in monitoring of our ADHD patients. Following this audit, a side effect questionnaire was introduced for use at all clinic visits. Rating scale questionnaires were also introduced to assess the effectiveness of the medication. Also we appointed a clinical pharmacist, who completed his prescribing course. Our ADHD specialist nurse also completed the prescribing course to help the paediatricians review medication as per NICE recommendation.

Child Protection Special Interest Group

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CHILD PROTECTION MEDICAL ASSESSMENTS (CPMA) DURING FIRST LOCKDOWN- COMPARISON WITH PREVIOUS YEAR

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Background COVID 19 pandemic has caused significant disruption in healthcare and social services nationwide and probably all over the planet. Various national and international agencies have raised concerns that perpetrators may take advantage of school closure and lockdown. Initial reports also have suggested that there was a nationwide increase in number of young infants admitted with abusive head trauma but generally a decrease in CPMA referrals during the first nationwide lockdown in summer 2020.

Objectives Objective of our study is to look at the impact of COVID-19 related first lockdown on CPMA referral numbers in Bedford. Paediatric team at Bedford hospital does CPMA for physical abuse in children who are under the age of 2 years and children presenting in out of hours. Rest of the CPMA for physical abuse and neglect medicals for all ages are seen at Bedford Community Paediatric services.

Methods We looked at total number of CPMA done at Bedford hospital and Bedford community paediatric services between 01/04/2020 to 30/09/2020(6 months). Total number of CPMA for physical abuse and neglect were collected and compared with numbers during same time period in 2019.

Results Number of CPMA due to neglect was up by 178% when compared to same time frame in 2019 but number of physical abuse was down by 25%. Overall, total number of children who had CPMA in Bedford was more (12.2%) increase in April to September in 2020 in comparison to 2019 (table 1). There was not much increase in number CPMA done in children under 2 years of age (4% increase only - 26 in 2020 April to September and 25 in same time frame in 2019).

Abstract 602 Table 1

Year	Physical abuse(Hospital +Community)	Neglect medicals	DNA/No consent
2019	25+ 15	9	1
2020	17+ 13	25	1 DNA, 4 No consent

Conclusions We have seen a decrease in referrals for physical abuse but more CPMA were done during this period for neglect. There was no significant increase in number of CPMA done in children less than 2 years of age.

This is an interesting observation and further research and data collection should be encouraged to see the national trend.

Child Protection Special Interest Group

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'ABUSE HIDDEN FROM THE VIEW'- COVID-19 LOCKDOWN CHILD ABUSE AUDIT

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Background Recently there have been high-profile publications about in surge in child abuse cases during the COVID-19