and subsequent further manipulation in theatre and reduces admission rates compared to previous audit data

- Ascertain if using entonox and intranasal diamorphine for the manipulation of forearm fractures was perceived by parents to be satisfactory pain relief for the procedure
- Ascertain if using entonox and intranasal diamorphine for the manipulation of forearm fractures provides a satisfactory patient experience

**Methods**

A specially designed parental/patient experience survey was developed and given out to patients requiring a forearm manipulation in CED between June - October 2020. Retrospective case notes review of all patients <16 years attending CED with a forearm fracture during the same period to identify management and outcome.

**Results**

During the survey period 47 children attended CED with a forearm fracture requiring manipulation. Of these 21 parents completed the survey.

Overall 85% of all patients attending CED with a forearm fracture requiring manipulation had it done in CED compared to 34% in 2018.

100% of survey respondents felt their child’s pain was well managed during the procedure.

Only 14% of patients with forearm fracture attending CED were admitted for manipulation in theatre during this period compared to 66% found in audit data previously.

**Conclusions**

Use of Entonox and IN diamorphine is provides effective pain relief for manipulation of forearm fractures that is acceptable to parents. A change in practice to using this first line can reduce admission rates and subsequent theatre time for this common fracture significantly.

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**Child Protection Special Interest Group**

630 THE NEED FOR A STANDARDISED APPROACH FOR PAEDIATRICIANS TO MANAGE CHILDREN NOT BROUGHT (WNB) TO OUTPATIENT CLINICS

1Hina Rizvi, 2Gaurav Popli, 3Afnan Morad. 1Birmingham Heartlands Hospital, Bordesley Green East, B9 SSS; 2Sandwell and West Birmingham Hospitals

**Background**

Children not brought to outpatient clinics pose significant safeguarding and logistical challenges. Learning from serious case reviews indicate that whilst it may indicate carers struggling to provide adequate care for their child, it is also particularly relevant for vulnerable children already on CP plans. Failure to attend medical appointments is recognised as a child protection issue within statutory definitions of neglect. Implied, therein, is the adverse consequence on health. The logistical difficulties include wasted clinic slots and extension of stretched waiting lists.

**Objectives**

Audit our management of non-attendance (DNA/ WNB) in general paediatric clinics, to highlight this important issue, and improve consistency across professionals. We expect this will reduce both the safeguarding risk and logistical burden from missed appointments.

**Methods**

**Sample Period:** 01/11/19 – 10/11/19

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**British Association of General Paediatrics**

633 PARENT PREFERENCE: COMPARING TELEPHONE WITH FACE TO FACE CONSULTATIONS DURING THE COVID-19 PANDEMIC

1Ridkin Popat, 2Anthony Cohn, 3Royal Free NHS trust; 4Watford General Hospital

**Criteria:** All paediatric outpatient appointments across both trust sites with outcome ‘did not attend’.

**Relevant Sample Size:** 70

**Data Collection:** Retrospectively from electronic patient records accessing clinic notes and letters, we assessed for presence of safeguarding alert in referral letters and information shared back to referrer following non-attendance - verifying contact details, interim management advice, assessment of safeguarding context and copy of letters to HV, school nurse or key worker.

Data was analysed for up to 3 non-attendances.

**Validation:** Use of Pro-forma

**Exclusion Criteria:** Patients who had appointments cancelled by the Trust, or were admitted as in-patients.

**Results**

- There was slight male gender predominance at 57%.
- Preschoolers (1–5yrs) were the most common age group at 41%, followed by teenagers (11–16yrs old) at 31%, and then primary school children (6–10yrs) at 18%.
- 84% of the new referrals were discharged after the first appointment. Yet:
  - Only 13% had safeguarding or social background documented in the referring letter.
  - 85% of non-attending children had letters sent to the GP and parents informing them of the missed appointment.
  - 11% of letters requested GP to confirm the patient’s address or contact details, 14% for the first one.
  - 24% of letters were copied to the key worker, health visitor or school nurse; 30% after the second non-attendance.
  - 50% of the letters had management advice for the GP or the parent.
  - 10% of letters had a safeguarding reminder to GP in view of Non-attendance, only about 12% for the 3rd non-attendance.

**Conclusions**

Significant variations in management of non-attendance are evident. Safeguarding, clinical management or logistic burden of missed appointments is NOT sufficiently mitigated.

We recommend:

- Request to complete safeguarding status for referral linked to local or national referral system.
- Bespoke guideline followed by paediatrics and specialty clinicians, with clear escalation pathways.
- A standardised template that highlights previous non-attendances, safeguarding context, contact details and is copied to relevant health professionals.
- Robust guidelines followed widely, and additional context of virtual clinics would be welcome.