**Abstract 684 Table 1** (Questionnaire)

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Man</th>
<th>Woman</th>
<th>Non-Binary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest educational level:</td>
<td>none or primary education</td>
<td>secondary education</td>
<td>post-secondary education</td>
</tr>
<tr>
<td>How do you check temperature for fever:</td>
<td>thermometer</td>
<td>hand-feeling</td>
<td></td>
</tr>
</tbody>
</table>

**Behaviour on 1st day of fever:**

1. **Do you suspect malaria on 1st day of fever:**
   - Yes
   - No

2. **Action taken on 1st day of fever:**
   - Paracetamol/ibuprofen only then watch and wait
   - Herbal medicine
   - Patent medicine dealer
   - Primary care centre/hospital visit

**Abstract 684 Table 2** Impact of parental education level on behaviour on 1st day of fever

<table>
<thead>
<tr>
<th>Suspected Malaria on 1st day of Fever</th>
<th>Paracetamol/ibuprofen only then watch and wait</th>
<th>Herbal medicine</th>
<th>Patent medicine dealer</th>
<th>Primary care centre/Hospital visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>None or Primary education</td>
<td>28.21%</td>
<td>0</td>
<td>69.23%</td>
<td>30.77%</td>
</tr>
<tr>
<td>Secondary education</td>
<td>51.51%</td>
<td>24.24%</td>
<td>45.45%</td>
<td>24.24%</td>
</tr>
<tr>
<td>Post-secondary school education</td>
<td>86%</td>
<td>22.73%</td>
<td>13.64%</td>
<td>9.09%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>54.55%</td>
</tr>
</tbody>
</table>

immune populations. To reduce spread of drug resistance and better identify other causes of febrile illness in children, antimalarial medicines should only be given to patients with confirmed malaria. Parasitological diagnosis of malaria is now accessible for different healthcare settings including primary care.

**Objectives** To assess the impact of parental education level on treatment seeking behaviour towards suspected childhood malaria in an endemic area.

**Methods** Over 2 days, we randomly distributed questionnaires (see table 1) to parents of children under 12 years old, in the nursery-primary school of a rural village in South-East Nigeria, and evaluated the results. The rural village and school were all chosen at random.

**Results** There were 94 respondents out of 138 parents. None or Primary education 39 (41.5%), Secondary education 33 (35.1%), and Post-secondary education 22 (23.4%).

Respondents with post-secondary education are more likely to suspect malaria and/or visit a primary care centre/hospital on the 1st day of fever. Respondents who did not attain a post-secondary education are more likely to give their children herbal medicine on the 1st day of fever (see table 2).

**Conclusions** This study suggests that parental education level has an impact on treatment-seeking behaviours for suspected childhood malaria, as parents with post-secondary education are more likely to facilitate early diagnosis and treatment by ‘suspecting malaria and/or healthcare facility visit on 1st day of fever’.

There could be confounding factors such as parental age/experience which weren’t explored in this study. Improving parental education could be one of the solutions to keep parents informed and empowered during their children’s illnesses.

Paediatricians with Expertise in Cardiology

Special Interest Group

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10.1136/archdischild-2021-rcpch.143

**Background** Chest pain is common among children presenting to the Emergency Department, and is infrequently caused by cardiac pathology.

**Objectives** This quality improvement project aims to investigate the aetiology of chest pain in children presenting to the Emergency Department and to examine the use of investigations in these patients.

**Methods** Retrospective data was collected on all children attending the Emergency Department at a District General Hospital in London (The Royal Free Hospital), between June 2019 – June 2020, with a triage complaint of chest pain. Patients were categorized according to the final diagnosis at discharge. Data was collected and analysed in August 2020. Patients with a traumatic cause of their chest pain were excluded. One hundred and sixteen patients were included in this study.

**Results** In pre-pubescent boys (age less than 12) the causes of chest pain include musculoskeletal (26%), gastrointestinal (26%), respiratory (21%), psychiatric (11%), idiopathic (11%) and one patient had cardiac pathology (prolonged QT interval). Twelve patients had an ECG (63%), one of which was abnormal (long QT interval). Four patients had a chest x-ray (21%), one of which was abnormal (pneumonia). No patients had cardiac enzymes measured.

In post-pubescent boys the causes of chest pain include musculoskeletal (49%), idiopathic (33%), respiratory (9%), psychiatric (5%), gastrointestinal (2%) and one patient had cardiac pathology (myocarditis). Forty patients had an ECG (93%), four of which were abnormal (ST elevation; two patients had right bundle branch block; first degree heart block). Eighteen patients had a chest-xray (42%), none of which were abnormal. Five patients had cardiac enzymes measures (12%), which were elevated in one patient (myocarditis).

In pre-pubescent girls (age less than 11) the causes of chest pain include musculoskeletal (41%), respiratory (23%), gastrointestinal (9%) and one patient had cardiac pathology (supraventricular tachycardia). Nineteen patients had an ECG (86%),
one of which was abnormal (Wolff Parkinson white). Four patients had a chest x-ray (18%), one of which was abnormal (pneumonia). No patients had cardiac enzymes measured.

In post-pubescent girls the causes of chest pain include musculoskeletal (49%), 2% of cases were due to cardiac pathology. The ECG was a common screening tool for children presenting with chest pain. The number of chest x-rays performed in post-pubescent boys was notably higher than in the remaining groups. Cardiac enzymes were rarely performed.

Abstracts

British Association for Paediatric Nephrology

689 CHILDREN UNDERGOING KIDNEY TRANSPLANTS DURING THE PANDEMIC AND THEIR FAMILIES FEEL SIGNIFICANT FEAR

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Results

Study participants included 50% parents or carers responding on behalf of a child under 12 years of age, and the remaining were children over the age of 12 years. All transplanted patients felt that all their questions were answered before the transplant and 75% felt well informed about SARS-CoV-2 and the effects it may have on transplantation. 62.5% reported feeling nervous, 37.5% were anxious, 25% scared and 12.5% felt relaxed about transplantation during the pandemic. The majority of participants reported surgical complications being their biggest fear; and two participants were worried about catching SARS-CoV-2. Other concerns that participants mentioned were regarding the recovery time and having to spend time away from loved ones. More than 87% felt that care was delivered safely in inpatient and outpatient settings, although one participant mentioned feeling vulnerable when leaving the hospital. 75% of participants found shielding easy and understood its importance before the transplant and this increased to 87.5% after the transplant.

Conclusions Receiving a kidney transplant can be a stressful experience, particularly during a pandemic. Our results show the SARS-CoV-2 pandemic has had a significant impact on children and families with end stage renal disease with patients reporting feeling significant fear. We found that detailed counselling of patients and families about risks and addressing their concerns related to SARS-CoV-2 contributed to a good patient and family experience on transplantation during the pandemic. Further studies are needed to look into the long-term effects of the pandemic on this vulnerable group of patients and strategies in addressing the same to improve patient experience.

Quality Improvement and Patient Safety

690 USING SERVO CONTROL AS A PART OF NORMOTHERMIA BUNDLE IN A TERTIARY NEONATAL UNIT

1Rhianna Netherton, 2Amitava Sur. 1NHS; 2Lancashire Women’s and Newborn Centre, Burnley

Results

Data collected over a 3 month period after implementation has shown 100% of delivery room temperatures in <32 weeks gestational age within range prior to transfer, and 81.2% with normothermic admission temperatures.