2003 and 2019, were considered. A telephonic questionnaire about medical assistance during the COVID-19 pandemic lockdown was filled with information provided by their legal guardian, after verbal consent. Collected data included: legal guardian sociodemographic factors, need for acute medical care, clinical settings and postponement of other medical services between 15th march and 30th June of 2020. During the period under analysis, the ED had a total of 2964 admissions.

Were gathered 440 validated questionnaires out of the 1816 HU, children's mean age 9 ± 4.9 years, informant's average age of 39 years, it was the mother in 84% and 35% had the 12th grade of schooling.

During the period under analysis, 134 (30.5%) of the sample had at least one episode of illness, whereas 21 (15.7%) didn't seek medical help (5 for fear and 16 for mild symptoms).

Out of the 113 (84.3%) who sought medical assistance, 69 (61.01%) went in person [62 (89.9%) to the Pediatric ED]. The others 44 (38.9%) through phone contact (27 called 'Saúde24', 9 the Health Center and 8 the Private Pediatrician), out of them, 24, 4 and 3 were respectively referred to the ED.

The search for care by phone was more frequent in younger age groups and when the informant's had a degree level.

Upper respiratory infections were the most frequent diagnosis (43.2%), next to gastrointestinal symptoms (14.2%) and injuries (11.9%).

Consultations were the most delayed health care, 44 cases (41 by order of the service and 3 due to patient's request). We recorded 2 cases of postponed vaccination.

Amongst our sample, 93 (21%) came to the ED, constituting 3.1% of the global admissions during this first pandemic period. It's reasonable to question whether the recurrence rate would be much higher (12.9%) if the entire population of HU was studied. It's noticeable that the HU had still a meaningful impact in the ED during the pandemic, where the demand decreased significantly, which confirms their role as an important stress factor and the absence of behavioural change.

348 CANNABIS BABY

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Introduction Cannabis is a class C drug, categorized as both a hallucinogen and a sedative. Cannabis be smoked, vaped, ingested orally, or applied as a topical or spray. There is no cause of fatal overdose in humans reported and despite being illegal in many countries, 3.8% of world consume cannabis.⁵

Case Presentation We present two cases of accidental ingestion of cannabis in babies. Case 1 An 11-month-old baby girl presented at the Pediatric Assessment Unit (PAU) by ambulance. She was unresponsive, cyanotic, floppy, cold and unresponsive to stimuli. On confronting the mother with positive THC in urine she acknowledged the possibility that the baby was playing in a corner where cannabis is kept the house. High pressure on lumbar puncture and ECG changes of ST elevation in lead 2 were also observed. Supportive care was provided, and she returned to baseline the following day. Her developmental milestones were appropriate for her age. Case 2 A 10-month-

old baby girl presented at the PAU with 1 hour history of drowsiness. Her parents noticed that she was playing in living room where there were crumbs of cannabis on the floor. She became unusually sleepy 20 min later. On arrival her vital signs were normal and her GCS was 12/15 however she looked pale. She had normal systemic examination. Blood (FBC, U/E, and LFT) were normal and a urine sample was taken. She was admitted for supportive care. She was well the following day with appropriate developmental milestone and was discharged home with a TULSA referral.

Discussion We presented two cases of cannabis ingestion in babies and in both cases we observed that acute cannabis ingestion produced high intracranial pressure. The accuracy of positive THC in urine can only means ingestion of cannabis and is not indicative of passive smoking. Both cases were not on any medication and omeprazole gave false positive result. The American Academy of Pediatrics (AAP) is urging doctors to protect children from harm of cannabis as their brains are still developing.⁶

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349 THE PARENT'S KISS IN THE REMOVAL OF NASAL FOREIGN BODIES: A CASE SERIES

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Nasal foreign bodies are common in pediatrics. Current removal methods can be traumatic for those involved. The Parent's Kiss is a positive-pressure technique that is minimally invasive and less distressing. We gathered data prospectively on 7 children presenting to the ENT department at Mater Dei Hospital, Malta, with a nasal foreign body.

85.7% of patients underwent successful removal with the Parent's Kiss technique alone, and none experienced adverse events. Our findings add to the evidence that this is a safe and effective maneuver and may be considered first line in the management of nasal foreign bodies in young children.

350 SARS-COV-2 INFECTION IN INFANTS AND NEWBORNS: A TUNISIAN SINGLE-CENTRE EXPERIENCE

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