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

Zachary Tan*, Victor Morris. *St. Luke's General Hospital Carlow/Kilkenny, Kilkenny, Ireland*

10.1136/archdischild-2021-europaediatrics.348

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

REFERENCES

1. Advisory Council on misuse of drugs. [home office uk] (2008) cannabis: classification and public health. London. http://www.drugsandalcohol.ie/13914/1/home_office_acmdcannabis-report-2008.pdf
2. After long delays, the Irish government has finally medicinal cannabis supplier. The journal.ie (31 march 2019). <http://www.thejournal.ie/medicinal-cannabis-ireland-2-4566916-mar2019/>
3. Urine testing for detection of marijuana: An Advisory. September 16, 1983/32(36); 469-71. <http://www.cdc.gov/mmwr/preview/mmwrhtml/00000138.htm>
4. Calabria B, Degenhardt L, Hall W, Lynskey M. Does cannabis use increase risk of death? Systematic review of epidemiological evidence on adverse effects of cannabis use. *Drug and Alcohol Review* May 2010;29(3):318-30. doi:10.1111/j.1465-3362.2009.00149. PMID 2056552.
5. WHO World Drug Report 2020 <https://wdr.unodc.org/wdr2020/index.html>
6. American Academy of Pediatrics: The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update.

349

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

Thomas Calleja*, Alexander Clayman, Ryan Falzon, Elton Caruana. *Mater Dei Hospital, Malta*

10.1136/archdischild-2021-europaediatrics.349

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

Rania Ben Rabeh*, Nada Missaoui, Salem Yahyaoui, Msaddek Assidi, Sonia Mazighi, Samir Boukthir. *Béchir Hamza Children Hospital*

10.1136/archdischild-2021-europaediatrics.350

Goal Available data suggest that SARS-Cov-2 infection is usually mild in children. The aim of this study was to describe clinical and biological features and outcome of Covid 19 in Tunisian infants and newborns.

Method We reviewed files of patients <12 months, diagnosed with Covid 19 and hospitalized in pediatric 'C' department of Béchir Hamza children's hospital between 15 March 2020 and 15 April 2021.

Results We enrolled thirteen infants and newborns: 11 boys and 2 girls.

Median age was 3 months [10 days; 15 months]. Five were aged between 10 and 28 days, seven were aged between 1 and 12 months. Three patients had serious underlying diseases: two cases of interventricular communication and one case of myelomeningocele and meningitis. Six patients had exposure with persons confirmed to Covid 19. Most frequent signs were: fever (11/13), diarrhea and vomiting (3/13), cough (3/13), nasal congestion and grunting (2/13).

On admission, physical examination found high fever in seven cases. Two infants had marbled skin and one newborn had jaundice. Two patients had tachypnea. Median heart rate was 135. Three patients had Oxygen saturation <94%.

Laboratory testing found median white blood cell count 9496/mm³ [3980-17200], median neutrophil count 4540/mm³ [480-10260], median lymphocyte count 3370/mm³ [990-8020], median monocyte count 1701/mm³ [990-3370] and median C-reactive-protein 4,45mg/l [0-16]. The patient who had jaundice had total bilirubin level at 182 µmol/L and unconjugated bilirubin level at 169 µmol/L. Five patients had lumbar puncture and were all negative.

All patients received symptomatic treatment. Two patients received oxygen through nasal canula and one patient was put on non invasive ventilation. As we received the result of RT PCR, all patients were admitted in isolation ward.

Median duration of symptoms was 3 days [3-7 days]. Median hospital stay was 3 days [2-7 days]. Death occurred one patient with interventricular communication. He had cardiogenic shock 3 days after his diagnosis with Covid 19.

Conclusion Prevalence of Covid 19 is less in children than in adults. In our case serie of 13 infants, five were newborns. Contamination was caused mostly by another family member. Fever, cough and gastrointestinal signs were the most common symptoms. One death occurred in an infant with interventricular communication. None of our patient had multisystem inflammatory syndrome after his infection.

351

MULTISYSTEM INFLAMMATORY SYNDROME DUE TO SARS-COV-2 (MIS-C) IN TUNISIAN CHILDREN: A SINGLE-CENTER EXPERIENCE

Rania Ben Rabeh*, Nada Missaoui, Salem Yahyaoui, Sofiene Attiattallah, Msaddek Assidi, Sonia Mazighi, Samir Boukthir. *Béchir Hamza Children's Hospital*

10.1136/archdischild-2021-europaediatrics.351

Goal Acute corona virus disease (COVID-19) appears mild in children in comparison to adults. But multisystem inflammatory syndrome in children caused concerns among pediatricians since its first description in May 2020.

In this paper we describe a Tunisian experience in management of MIS-C.

Method We reviewed medical files of all children diagnosed with MIS-C and admitted in the pediatric C department of

Béchir Hamza Children's Hospital of Tunis. We analysed demographic, medical and biological features.

Results We enrolled 11 patients. The first one was admitted in September 2020, weeks after the beginning of the second wave of Covid 19 in Tunisia.

Median age was 5 years, nine of them were boys. One patient had neonatal sclerosing cholangitis. The most common symptoms were: fever (11/11), gastrointestinal symptoms (8/11), rash, conjunctivitis and cheilitis (5/11).

Five patients had exposure with a confirmed family member. Physical examination at admission found high fever (n=10) and tachypnea (n=8) with a median respiratory rate at 30. Median heart rate was 110 and median oxygen saturation was 99%. Four patients had abdominal tenderness. During hospital stay, one patient presented generalized seizure due to multisystem failure.

Laboratory testing found medium white blood cell count 10820/mm³, neutrophil cell count 8463/mm³, lymphocyte 1507/mm³ (6 patients had lymphopenia <1500), median C-reactive-protein level was 177 mg/l [83-322mg/l] and median erythrocyte sedimentation rate was 65 mm [42-130 mm]. Five patients had elevated troponin level. Median D-dimer level was 1,8 mg/l and median fibrinogen level was 4,5 g/l. One patient had positive SARS-Cov-2 RT-PCR and the others had positive serology. Four patients presented heart dysfunction and received vasopressive support. Coronary dilatation was found in four patients. Three patients were admitted in ICU, all of them had cardiogenic shock. One patient was put under mechanical ventilation. One patient presented fulminant liver failure and macrophage activation syndrome. One patient presented coronavirus-associated nephropathy with nephrotic syndrome. All patients received immunoglobulin infusion, eight received systemic glucocorticoids. Median length of hospital stay was 12 days [5; 33 days]. No death occurred.

Conclusion MIS-C is a severe result of SARS-Cov-2 infection. Cardiovascular dysfunction is the most frequent complication. Treatment is based on immunoglobulin infusion, systemic glucocorticoids and management of cardiac dysfunction. Management of these children has high cost, especially in developing countries like Tunisia.

352

MAKING EDUCATIONAL VR VIDEO GAMES ACCESSIBLE TO ALL AGE DEMOGRAPHICS IN THE MEDICAL FIELD

¹Zachary Tan, ²Conor Tapley, ³William Hulshof*, ¹Alfonso Rodriguez Herrera. ¹St. Luke's General Hospital; ²Technological University Dublin

10.1136/archdischild-2021-europaediatrics.352

Our objectives were:

- To test how different age demographics of medical professionals interacted with our VR video game.
- Record what issues (if any) they faced or had while doing so.
- Analyse what possible solutions could be implemented to make VR video games more accessible to all age demographics in the medical field.

Due to the circumstances created by the COVID-19 pandemic, some of our data came from previous surveys and playtests we created for our game. As well as this, we put our game and a new survey for it up on Itch.io. Itch.io is a public website where people can download free/purchasable games. Our survey questioned individuals on various topics