standards was better than our initial results suggest, as the majority of inpatient records in our organisation remain paper-based. For future PDSA cycles, we will also need to study the paper records to ensure that the processes in the discharge checklist are being completed adequately, rather than simply being marked as complete at the point of discharge by the discharging clinician.

**Aims**

During the first half of 2020 Covid 19 pandemic had established itself as potential threat to mankind leaving its mark in history. It is well known that children present differently compared to adults and deteriorate rapidly with its complications especially with PIMS-TS.

In this audit during 2021 at Barking, Havering and Redbridge Teaching Hospital, we aimed to look at:

- Compare the symptoms/severity of the disease i.e PIMS-TS with first wave
- Any ongoing changes with Covid 19 strain mutations/variants
- Healthy children are affected or with underlying conditions
- Consequences of the first wave carried on
- Treatment Offered Inpatient/Transferred/Isolation at Home

**Methods**

Pre-tested open and close-ended (dichotomous) questionnaire was developed and used. Criteria for selection of the cases were the children who presented with fever, respiratory and other symptoms and admitted to ward. This also included suspected PIMS-TS patients.

Patient cohort was swabbed as per existing NHS guidelines for detection of COVID-19 infection. Data protection act and patient’s confidentiality were strictly followed. Audit was standardized as per protocol of the WHO guidelines, NHS website, and Public Health England including Royal College of Paediatrics and Child Health (RCPCH) guidelines. This was conducted amongst 731 children (demographic expressed as N), ages 0 and 15 years.

**Results**

Among 731 pts included, 91% (N=664) tested negative, 7% (N=50) positive and 2% (N=17) were PIMS-TS.

Of 50 Positives, 28 were 0-5 yrs, mostly Asian and white British ethnicity with 27 males. As compared to PIMS-TS Pts (N=17) where mostly Children (N=10) belonged to older age group between 10-15 years, with male (N=12) predominance and mostly white British followed by African ethic groups (figure 1).

Most Covid positive cases presented during Dec (N=25) and Jan’21(N=12) trend started to decline as opposite to PIMS-TS where number increased in Jan’21(N=7)and Feb’21 (N=6) which indicate a possibility of contact previously in case of negative swab. For covid positives main presenting complaints were Sepsis, respiratory and endocrine problems. However, few of them were admitted with Mental health complaints.

Amongst PIMS-TS, 11 deteriorated rapidly despite aggressive treatment as per guidelines and needed PICU care. Mainstay of treatment remained steroids, Immunoglobulins, anticoagulants, and Aspirin and transfer to the PICU for the further treatment in case of deterioration.

Among negative patients 12% were not swabbed and only 2% wrongly labeled which is almost half of what was observed previously.

**Conclusion**

Older age group are at risk of developing more complications and needed PICU similar to first wave.

Respiratory symptoms are not always the presenting complaints, they have varied presentations.

Main success was the development of the paediatric guidelines with early recognition of symptoms and potential rapid deterioration.

Racial predilection and weight management persisted as major factor even during the second wave. However, consensus on the Treatment protocol was a great achievement.

Always changing guidelines due to new treatment protocols and inability to chase the long-term complications had been the real challenges during this audit process.

Continuous learning from previous experience led to better outcome of the situation. However bigger population of the children were exposed and presented more unwell.