Patients with injury severity score (ISS) of 8 and above were included in the review.

**Results**

A total of 227 records were identified, of these, 26.45% presented with major trauma (ISS>15). 177/227 (78%) of the cohort were aged 16-24 and managed by the adult trauma team while 50 (22%) were aged 10-15 years and managed by the paediatric team. Secondary transfers from trauma units accounted for 24.2% of cases. Weekly and monthly attendance trends are described in figure 1 and 2; these show that most patients above 16 years of age present with traumatic injuries between 22:00 and 8:00 with peaks in presentation in March and October. Between the age of 10 and 15 a daily peak was instead observed between 13:00 and 22:00. Isolated orthopaedic trauma and isolated head injuries were the most common diagnosis among the 10 to 15 age group, while polytrauma was encountered in almost 40% of presentations above 16 years of age. In the cohort examined, a total of 13 patients presented with stabbing injuries and were mainly found in adolescents aged over 16 (84%). Mortality within 24 hours occurred in 3 patients aged respectively 11, 15 and 20. Among all patients, 19.38% where admitted in intensive care unit, with respectively 6.17% admission in paediatric intensive care and 13.21% admissions in general and neuro intensive care. Mean Inpatient stay for patients with ISS<9 was 5.5 days (±11.65) with similar figures for patients with moderate trauma (5.35 ±6.04 days), whereas, for patients with ISS>15 an average of 14.03 days (±18.23) was observed.

**Conclusion**

It is highlighted how pattern and timing of trauma presents differences among these age groups and therefore different prevention strategies should be aimed at the two groups. Outcomes are similar in patients managed by the paediatric and the adult trauma team which demonstrates the equal effectiveness of both teams in managing these scenarios with overall comparable outcomes with national standards [3]. Differences in LOS were noted in relation to a higher ISS as expected.

**REFERENCES**


**Aims**

Tailored admission documents for clerking of acutely unwell paediatric patients have been shown to improve the thoroughness of medical documentation in paediatric assessment units. However, this has not previously been demonstrated in a tertiary paediatric emergency department (PED) where the high patient turn-over, requirement for prompt clinical decision-making and variable paediatric experience of emergency medicine clinicians are some of the challenges the department faces on a regular basis. The aim of this quality improvement project was to generate, assess and implement a new paediatric clerking proforma to be used by emergency medicine clinicians in the PED at our institution.

**Methods**

To evaluate the quality of the paediatric clerking documentation at baseline, we assessed 35 randomly selected PED clinical records against 21 parameters set as standards of paediatric history. The findings were then used as a baseline to develop a new PED clinical record. The initial draft of the new PED clinical record was trialled on three separate occasions: 29, 19 and 15 PED clinical records were assessed as part of the 1st, 2nd and 3rd trials respectively. In addition, qualitative feedback from both the medical and nursing staff was collected at the end of each trial, which was then used to further improve the new PED clinical record. On completion of the final trial, the original clerking proforma was replaced with the final version of the newly generated PED clinical record. This remains subject to continuous evaluation.

**Results**

Prior to introducing the new PED clinical record, we identified multiple gaps in the paediatric history with regards to: past medical history, development, allergies, immunisations and medications. Inconsistencies in the paediatric clerking documentation were dependent on the grade and experience of

**Abstracts**

**1104 INTRODUCING A NEW PAEDIATRIC CLERKING PROFORMA IN A TERTIARY PAEDIATRIC EMERGENCY DEPARTMENT – A QUALITY IMPROVEMENT PROJECT**

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DEVELOPING A SAFE AND SUPPORTIVE CARE PATHWAY FOR CHILDREN IN A&E WITH MENTAL HEALTH DIFFICULTIES

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Aims When a child or young person (CYP) presents to ED with a mental health (MH) need it is important for them to be managed safely and compassionately by staff, who seek to understand the individual and intervene therapeutically to minimise their distress where possible.

Paediatric Emergency department (PED) staff however consistently report a lack of confidence, competency and training in caring for young people with mental health needs. Indeed, a recent local staff survey of PED nurses at Barnet Hospital found that 54% of nursing staff are frequently concerned about the safety of CYP with MH problems in the department. The survey suggested that particular areas of weakness were surrounding risk perception, risk assessment and risk management.

Methods a) A baseline 2 month retrospective notes audit was performed to look at baseline performance against the above standards b) A MDT working group was formed to develop a solution to improve performance against the above objectives using baseline data to drive change c) The team adapted a previously unpublished PED mental health assessment d) The MDT group agreed to trial a mental health behaviour and observation action chart e) A short training podcast for PED staff explaining the tool was disseminated using the local PED staff survey to drive the change f) The tool was trialled over a 2-week period with nursing staff being asked for feedback. A repeat audit was also performed to re-evaluate performance g) The trial patients case notes were then reviewed, and it was agreed that the tool could be validated for ongoing clinical use h) There was simultaneously promotion of all staff completing the co-produced We Can Talk mental health training

Results At baseline a 2-month audit showed 0% of under 16-year-olds presenting with MH problem had any form of risk assessment recorded at triage (n=48.) After our initial two-week trial of using the new tool a repeat audit showed 74% of children had behavioural risk assessments recorded at triage (n=15.) Further data collection is still ongoing to monitor departmental performance against the objective.

Conclusion 1) Staff motivation to embrace new processes can be enhanced by a ‘you said- we listened’ message and we felt our baseline survey united our team in the change process.

2) Defining key stakeholder engagement at the outset of the project was essential when the project crossed different departments, teams and trusts.

3) Closing the loop by sharing the trial data with the team was essential to embedding the tool and maintaining momentum.

CHANGING PATTERNS OF BRONCHIOLITIS ATTENDANCES TO THE EMERGENCY DEPARTMENT IN THE COVID-19 PANDEMIC

Caroline Ponmani. Barking Havering and Redbridge University Trust

Aims In the COVID-19 pandemic, non-pharmaceutical interventions were introduced to reduce the spread of the virus, including masks handwashing and social distancing. This resulted in significant changes in the patterns of presentations of other viruses like RSV, influenza and rhinovirus. In the summer of 2021, atypical out of season spike of bronchiolitis cases resulted in increased paediatric emergency department attendances and admissions to this hospital. This was preceded by a winter of 2020/2021 where there was a dramatic drop in bronchiolitis cases. There were concerns that the emergency department would be overwhelmed by bronchiolitis cases in the winter of 2021 as a result of an expanded pool of RSV naïve infants.

Methods Data was extracted electronically using discharge codes for paediatric emergency department attendances and admissions for 2021 and compared to the two preceding years, 2019 and 2020.

Results Bronchiolitis remained relatively low from May 2020 to May 2021. The winter of 2020-2021 showed a 90% decline in ED attendances and admission for bronchiolitis in this centre compared with previous years. This was followed by an out of season spike of bronchiolitis cases from July - September 2021 (461 ED attendances and 190 admissions) an uncharacteristic increase compared June to September 2019 (96 bronchiolitis attendances and 19 admissions) Although bronchiolitis cases in the summer of 2021 were high in this