Abstracts

94 of the 394 children (24%) had justifiable indications for undergoing this X-ray evaluation in ED.

a) 15 children who were transferred to PICU by CATS.
b) 21 children with foreign body c) 3 children each with pneumonia and trauma d) 21 septic children (19 of them 0-1y) and e) 34 children with other main diagnosis who received intravenous antibiotics

Conclusion Chest X-rays performed during the ED visits do not appear to influence the visit outcome decisions to a greater extent. X-rays are unavoidable for transfer to PICU by CATS, consideration of IV or higher antibiotics, foreign body tracking and trauma. Ward admissions are even otherwise decided by factors like requirement for oxygen therapy, Intravenous rehydration and correction of metabolic abnormalities. The percent of children getting X-ray chest examination during ED visits is currently at 8%. This can be brought down 4 fold to ~ 2%.

PARENTS’ VIEWS OF USING CHILDREN’S EMERGENCY SERVICES DURING THE COVID-19 PANDEMIC

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Aims In March 2020 the World Health Organisation declared COVID-19 as a global pandemic. At this time the UK’s healthcare services were becoming overwhelmed. To relieve the pressures the government initiated the first ever ‘lockdown’, the key message being ‘Stay home, Protect the NHS, Save Lives’.

Although seeking healthcare was still permitted, there was an alarming reduction in the number of attendances to paediatric accident and emergency units. The Royal College of Paediatrics and Child Health expressed concern in relation to delayed presentation, identifying nine deaths across the UK where delay was a potential factor.

We aimed to describe parents’ decision-making regarding use of children’s urgent healthcare services during the first wave of COVID-19 and the experience of those who had accessed services.

Methods The study was in two phases: 1) Parents were invited, via online platforms, to complete an online survey which collected demographic data and responses about use of, and attitudes towards, accessing urgent paediatric healthcare during the pandemic. 2) A purposive sample of survey respondents were invited to take part in a telephone interview, where a semi-structured topic guide was used to further explore experiences and views. Interviews were recorded, transcribed, and analysed according to principles of thematic analysis.

Results In total 121 parents responded to the online survey, in order to obtain maximum variation we purposely sampled, 21 were then interviewed. The largest represented age group was 35-39 years, with most families having 2 children.

When asked if COVID-19 impacted their decision around the use of emergency departments, 8 (38.1%) replied yes, 11 (52.5%) replied no and 2 (9.5%) responses were missing.

The interviews identified three main themes: i) Making sense of risks: Parents differentiated between the risk to the child of contracting COVID-19 in the emergency department (ED) and the potential risk of viral transmission from the child to the wider community; it was the latter that commonly took precedence. Most regarded the risk to their child from COVID-19 as small.

(ii) Understanding information regarding health service availability: Many parents understood that emergency services were accessible throughout, however some inferred ‘protect the NHS’ meant they should not be used. Parents cited that the overwhelming amount of information and resources available often lead to dissemination of misinformation and made identifying correct guidance difficult.

(iii) Attempting to make the right decision: Parents stated it was a perpetual struggle between managing risks and acting within the ‘rules’. They were acutely aware of not applying unnecessary pressure on an already stretched NHS but most stated that ultimately their primary concern would be their children’s health.

Conclusion The data provides a real time snapshot of parental views on seeking emergency healthcare for children during the early stages of the pandemic. Our insights into parental decision-making help to explain part of the reduction in ED attendance. This work could be used to formulate future messages and improve communication from governmental and local bodies to the public during public health emergencies. Post-pandemic this may contribute to initiatives encouraging the appropriate use of urgent healthcare.

PAEDIATRIC DEFLECTION PATHWAYS: AN ENHANCED TRIAGE PROCESS WITHIN THE EMERGENCY DEPARTMENT

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Aims As part of the Covid-19 recovery plan; nosocomial transmission of Covid-19 in hospital settings has been highlighted as a significant risk requiring mitigation. Reducing the number of patients attending departments and waiting in communal waiting and clinical areas has been highlighted as a way by which transmission of Covid-19 in hospital can be reduced.

Our key objectives
• Reduce unnecessary Emergency Department attendances and those requiring clinical assessment within the unit
• Improve the flow of patients through the department to reduce the time each patient spends in the clinical area
• Provide safe clinical alternatives including, caring for the child at home.

• Influence parents and families to choose the most appropriate service for their child in the future

In response in August 2020 we developed an enhanced triage deflection process with the aim to reduce the number of patients requiring clinical assessment on the PANDA Unit, subsequently reducing the patient footprint within the department and to improve adherence to social distancing national and trust guidance.

Methods On arrival to the emergency department; Children and Young People 0 – 15 years undergo an enhanced triage assessment by a Registered Children’s Nurse who refer to condition led pathways to identify patients who are at a low, medium or high risk of serious illness.