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**THE ED YOUNG PERSON'S WELLBEING GUIDE – A NOVEL APPROACH TO PSYCHOSOCIAL RISK ASSESSING CHILDREN AND YOUNG PEOPLE IN THE EMERGENCY DEPARTMENT**

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**Aims/Objectives/Background** The 2019/20 RCEM National QIP 'Care of Children in the ED' recommends use of a recognised tool (eg HEEADSSS) to psychosocial risk assess 12–17 year olds seen in the ED. Northwick Park's ED team collaborated with the Young Harrow Foundation (YHF), a local charitable organisation, to coproduce the ED Young Person's Wellbeing Guide with the aim of addressing this standard whilst also meeting the needs of ED staff and the children and young people (CYP) that we care for.

**Methods/Design** YHF's Change Champions, a dynamic group of local 15–25 year olds with lived experience of areas such as youth violence and mental health, worked with the ED team and fed back that they wouldn't necessarily expect (or welcome) ED staff enquiring about such personal topics (particularly if presenting with an unrelated issue) but valued access to reliable support and advice for themselves or their peers. ED staff, similarly, often felt awkward approaching such sensitive subjects with CYP if the presentation was with a seemingly unrelated complaint or when departmental pressures prohibited development of a meaningful doctor-patient rapport. The Wellbeing Guide was therefore coproduced to provide CYP with links to trusted sources of support (based on the HEEADSSS categories) as well as allowing the ED clinician to broach such conversations by asking whether any issues raised in the Guide resonated with the young person and whether further support or advice was required.

**Results/Conclusions** The Wellbeing Guide will be piloted, and offered to all 12–17yo's attending the ED, in the next few weeks. Using an iterative approach the document will be further developed through feedback from CYP. We are also developing a complementary document containing links to resources for parents concerned about their child. We aspire to an online version of both documents, accessible via the Trust's website, in the next few months.

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**TIMING OF PAEDIATRIC PRESENTATION TO THE EMERGENCY DEPARTMENT DURING THE COVID-19 LOCKDOWN**

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**Aims/Objectives/Background** Paediatric presentations to the emergency department (ED) reduced significantly during the COVID-19 lockdown. Concerns were raised that children were coming to harm as a result of delayed presentations to ED and rapid guidance was produced for parents to highlight red and amber symptoms which should prompt ED review. NHS 111 responses were also adapted for children to facilitate rapid recognition of the sick child.

The aim of this rapid surveillance project was to objectively describe the proportion of children who had a delayed presentation to ED during the COVID-19 lockdown and their need for admission.

**Methods/Design** Prospective anonymous data collection on children presenting to ED during periods between 20th April and 8th July 2020 in 7 trusts in England and Northern Ireland. Clinicians (doctors and advance care practitioners) were asked to feedback at the time of patient disposition about whether

- i. the parents had reported a delay in presenting to hospital
- ii. the parents had experienced a delay secondary to another service provider (primary care/111)
- iii. there was no delay in presentation
- iv. they were uncertain as to whether there was a delay.

Data was collected via an approved website with appropriate data governance.

**Results/Conclusions** 1637 patients patient entries were recorded, the majority in May 2020 (86%). Patient characteristics and outcomes are shown in table 1.

Diagnosis of 11 patients with delayed presentation requiring admission: sepsis, abdominal pain of unclear cause, abscess, bronchiolitis, headache, GORD, DKA, testicular torsion and viral induced wheeze.

**Abstract 382 Table 1** Patient characteristics and outcomes

Age	N	Red Sx	Amber Sx	111/GP input	Parental delay	GP/111 delay	Admission to PICU if delayed	Admission to ward if delayed
0–6 weeks	67	7 (10.4%)	19 (28.4%)	23 (34.3%)	3 (4.5%)	0 (0.0%)	1 (33.3%)	1 (33.3%)
7 weeks - 3 months	51	4 (7.8%)	17 (33.3%)	50 (98.0%)	0 (0.0%)	1 (2.0%)	0 (0.0%)	0 (0.0%)
4–6 months	47	7 (14.9%)	11 (23.4%)	22 (46.8%)	4 (8.5%)	4 (8.5%)	0 (0.0%)	0 (0.0%)
7–11 months	116	10 (8.6%)	22 (19.0%)	50 (43.1%)	2 (1.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
1 year	198	15 (7.6%)	43 (21.7%)	58 (29.3%)	4 (2.0%)	3 (1.5%)	0 (0.0%)	1 (14.3%)
2–5 years	471	14 (3.0%)	98 (20.8%)	107 (22.7%)	11 (2.3%)	1 (0.2%)	1 (8.3%)	1 (8.3%)
6–10 years	388	22 (5.7%)	112 (28.9%)	105 (27.1%)	17 (4.4%)	4 (1.0%)	0 (0.0%)	3 (14.3%)
11–15 years	299	22 (7.4%)	64 (21.4%)	64 (21.4%)	12 (4.0%)	2 (0.7%)	0 (0.0%)	3 (21.4%)
Total	1637	101 (6.2%)	386 (23.6%)	449 (27.4%)	53 (3.2%)	15 (0.9%)	2 (2.9%)	9 (13.2%)

Sx: Signs (as per RCPC guidance)  
PICU: Paediatric Intensive Care Unit