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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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10.1136/emj-2020-rcemabstracts.50

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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10.1136/emj-2020-rcemabstracts.51

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

- the parents had reported a delay in presenting to hospital
- the parents had experienced a delay secondary to another service provider (primary care/111)
- there was no delay in presentation
- 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 RCPCH guidance)
PICU: Paediatric Intensive Care Unit

1 in 24 children were reported to have delayed presentation during lockdown and a small number of these children required PICU admission.

Overall the data are reassuring that the majority of children are brought to ED appropriately. Ongoing messaging for parents regarding red and amber symptoms continues to be important, particularly in the event of any further lockdowns.

389 SIGNIFICANT IMPACT OF SARS-COV-2 ON ATTENDANCES, BUT NOT ACUITY, IN A CHILDREN'S EMERGENCY DEPARTMENT

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10.1136/emj-2020-rcemabstracts.52

Aims/Objectives/Background There have been anecdotal reports that delay in presenting to Children's Emergency Departments (CED) during COVID19, combined with a reduction in more minor cases, has increased the relative acuity of children in CED.

Methods/Design In order to determine the impact of SARS-CoV-2 on our tertiary CED we compared attendances, diagnosis at discharge, initial paediatric observation priority score (POPS) and Healthcare Resource Group (HRG) code for the months of March, April and May 2018, 2019 and 2020. POPS is a bespoke early warning-like score and is calculated between 0–16 (0 low acuity; 16 high acuity) based on 8 components including vital signs and subjective observations. A large proportion of children presenting have an unrecorded or POPS 0 as they are an injury so a POPS of greater than 0 was used in analysis. A lower HRG scores indicates increased resource utilisation.

Results/Conclusions Presentations in March, April and May 2020 fell compared with previous years with overall HRG weighting slightly increasing to 8.71 from 8.48 (2019) and 8.98 (2018) which is a clinically negligible change. There was a trend for a greater proportion of children with a POPS 0 in 2020 compared to previous years. Mean and median POPS was unchanged (table 1). Children diagnosed with an infectious disease fell by 30.5 attendances per 1000 presentations and soft tissue injuries fell by 10.0 attendances per 1000 presentations comparing 2020 and 2019. There were increases in codes relevant to specific paediatric

diagnoses (croup, febrile convulsion etc.) by 11.4 attendances per 1000 presentations in the same time period and fracture/dislocations increased by 9.1 attendances per 1000 presentations.

While having a huge impact on children's presentations to Emergency Departments there is no evidence, in our institution, of significantly elevated acuity, or a large change in case-mix, as a result of the COVID19 pandemic compared to previous years.

402 'TAP IT': TRAINEE LED INITIATIVE TO REDUCE UNNECESSARY BLOOD TESTING IN A PAEDIATRIC EMERGENCY DEPARTMENT

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10.1136/emj-2020-rcemabstracts.53

Aims/Objectives/Background Unnecessary blood testing in the paediatric emergency department (PED) is a potential starting point for diagnostic dilemma, anxiety to families and increased healthcare costs. We hypothesized that a significant number of blood tests are performed instinctively rather than clinically indicated. This stimulated a quality improvement initiative to enlighten trainees on the utility of blood tests while aiming to enhance clinical decision making.

Methods/Design Children presenting to the acute care team in a tertiary PED who had blood tests over a 2-week period in April 2019 were enrolled. Blood tests requested were interpreted in line with presenting features and clinical impression. Following implementation of changes (posters, QI champions, educational sessions), a repeat analysis was done over a 2-week period in October 2019.

Results/Conclusions One hundred and one children in the first cycle were enrolled. Blood testing analysis revealed that 70%, 47%, and 32% had liver bloods, bone profile, and clotting testing done, respectively. Over half of these blood tests had no clear clinical indication. The yield of the tests performed without clinical indication was 0%. Case vignettes were attempted by trainees and ANPs to evaluate their attitudes to blood test requests. Number of requested blood tests not clinically indicated was lower than anticipated; probably explained by self-thought processes. Blood tests performed on 100 children in the second cycle demonstrated a significant reduction in tests done without clear clinical

Abstract 389 Table 1 Attendances and POPS per month and year

Month	Year of Arrival Date	Attendance Count	Number of Children with a POPS >0 (%)	Attendance Count	Mean EWS	Median EWS	25th Percentile	75th Percentile
March	2018	4,123	1,682 (40.8)	4,123	5	2.00	1	3
March	2019	5,738	2,443 (42.3)	5,738	6	2.00	1	3
March	2020	3,831	1,638 (42.8)	3,831	6	2.00	1	3
April	2018	4,134	1,436 (34.7)	4,134	5	2.00	1	3
April	2019	5,159	2,066 (40.1)	5,159	5.5	2.00	1	3
April	2020	1,625	778 (47.9)	1,625	4.75	1.00	1	2
May	2018	4,594	1,515 (33.0)	4,594	6.09	2.00	1	3
May	2019	4,957	1,887 (38.1)	4,957	6.09	2.00	1	3
May	2020	2,312	937 (40.5)	2,312	5.8	1.00	1	2