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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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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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