

- HFNC treatment success rate was 79%

Conclusions Our study showed that HFNC has been largely successful in managing patients on the general paediatric ward reducing admissions to Paediatric Intensive Care in 79% cases

Most common indication for its use remains Bronchiolitis recommendations and future implications

- To continue the collaborated approach when initiating HFNC therapy in a DGH particularly when indications are outside the current guidance.
- This observational study was undertaken in the 'Pre-COVID' period. This year the Royal College of Paediatrics have endorsed a guidance including indications and contraindications, assessment 1 hour post therapy to detect responders and treatment failures and rapid weaning pathway. We plan to undertake a prospective analysis of high flow nasal cannula oxygen use this winter and compare results.

34 UNDERSTANDING DISRUPTIVE BEHAVIOURS IN ADOLESCENTS LIVING WITH HIV – A CROSS-SECTIONAL STUDY FROM COASTAL SOUTH INDIA

Zahabiya Nalwalla, Kamalakshi Bhat, Nitin Joseph. *India*

10.1136/bmjpo-2021-RCPCH.23

Background Perinatally infected neonates are surviving into adulthood with an impact on mental and emotional health. Attention deficit hyperactive disorder (ADHD) and Oppositional Defiant Disorder (ODD) are a few of the common disruptive behavioral disorders in childhood, which have been found to have a higher prevalence amongst HIV infected children.

Objectives The objectives of this study were to assess the proportion of ADHD and ODD in adolescents aged 10–19 years living with HIV/AIDS by using SNAP IV 26 Item Teacher and Parent Scale and to find the association between duration of treatment, CD4 count, stage of the disease and socio-demographic details with ADHD and ODD.

Methods 88 adolescents aged 10–19 years living with HIV/AIDS were included in the study. The Swanson, Nolan Pelham (SNAP-IV) scale was administered to the caretakers, and children were assessed for the proportion of ADHD/ODD. Association between those who scored positive on the questionnaire with a duration of treatment, CD4 count, stage of the disease, and socio-demographic variables was done using the chi-square test and unpaired t-test.

Results Our study population included 88 participants, out of whom 9 scored positive in the inattention subset resulting in a proportion of 10.2%. 5 participants had symptoms of hyperactivity/impulsivity resulting in a proportion of 5.6%, and 1 had combined symptoms with a proportion of 1.1%. 13 scored positive in the opposition/defiant subset resulting in a proportion of 14.7%. All the participants who scored positive for ADHD and ODD were observed to live in care-homes. No statistical significance was found between treatment duration, CD4 count, stage of the disease, socio-demographic variables, and ADHD/ODD.

Conclusions The proportion of ADHD and ODD in this study was found to be comparable to the general population. A holistic approach to improve the long-term health of these youth is needed to ensure that our success in achieving the

survival of HIV-infected children from infancy is maintained into adulthood.

36 OVERVIEW OF HEALTH NEEDS OF LOOKED AFTER CHILDREN: OBSERVATIONS FROM INITIAL HEALTH ASSESSMENT

Tapomay Banerjee, Amjad Khan, Samira Ajmal, Rishi Arora. *UK*

10.1136/bmjpo-2021-RCPCH.24

Background Looked after children and young people present with similar physical and mental health problems like their peers, but often to a greater degree. They often enter care with a worse level of health than their peers in part due to the impact of physical and emotional abuse and neglect.

The term looked after child means children and young people who are cared for by Government/local authority. In 2016/17 there were approximately 96,000 looked after children in the UK but the total number of looked after children in the UK has increased every year since 2010.¹ In England the majority of children (62%) were looked after due to abuse or neglect, whilst family dysfunction (15%) and acute family stress (9%) combined accounted for less than a quarter (March 2013).²

Aims of our study was to review healthcare needs as identified during initial health assessments of looked after children due to neglectful parenting and physical/emotional abuse.

Objectives Aims of our study was to review healthcare needs as identified during initial health assessments of looked after children due to neglectful parenting and physical/emotional abuse.

Methods Initial health assessment records of looked after children were collected from System one software in community Paediatric looked after children's clinics between 1st October 2018 to 31st March 2019. Unaccompanied asylum seeker children and children under 1 year were excluded.

Necessary permission was obtained from Lead Paediatrician for looked after children and ethical clearance was obtained from Trust ethical committee.

Microsoft Excel was used to collect and analyse data.

Results Total 40 children were included in the study and their initial health assessment report were analysed out of which 22 were male and 18 were females. There was history of parental neglect, and physical/emotional abuse in all of them.

40% (16/40) children had learning difficulty/developmental delay.

25% (10/40) were referred for assessment of autism spectrum disorder/attention deficit hyperactivity disorder and 20% had confirmed diagnosis.

35% children had associated mental/emotional problems including anxiety, attachment difficulties and emotional dysregulation.

Sleep problems (27.5%), Continence issues (10%) and Tooth decay (40%) were among other prominent health issues identified.

Conclusions Incidence of neurodevelopmental disorders (autism spectrum disorder/attention deficit hyperactivity disorder), mental health problems, learning difficulty and developmental delay are higher in children and young people who are in care because of neglectful parenting, emotional and physical abuse.

The authors conclude that early intervention and support should be provided to these vulnerable children to prevent/reduce the incidence neurodevelopmental disorder, developmental delay and mental health problems.

REFERENCES

1. Bentley, H. et al (2018) How safe are our children? The most comprehensive overview of child protection in the UK. London: NSPCC.
2. Department for Education, 2014. *Outcomes for children looked after by local authorities in England, as at 31 March 2013* [pdf]. Department for Education.

37 MULTIDISCIPLINARY TEAM CLINICS IN SECONDARY CARE – IS THIS THE FUTURE?

Tapomay Banerjee, Alison Shipp, Jo Rayner, Amanda Armstrong. *UK*

10.1136/bmjpo-2021-RCPC.25

Background Children with complex medical needs attend the Child Development Center for various reasons and to see different health professionals. This needs lot of commitment from parents and carers and also children have to travel multiple times. They often have to miss school which is vital for their education along with social, cognitive and emotional well-being.

Objectives Multidisciplinary teams (MDTs) have been shown to be an effective tool to facilitate collaboration between professionals and hence improve care outcomes.

Community Paediatric services in Bedford started a pilot project of MDT clinics where a child will see a community paediatrician, physiotherapist, speech and language therapist and dietitian in a single visit. We requested feedback from parents about usefulness of these clinics

Methods Children with significant complex needs who require service from all 4 disciplines (paediatrician, speech and language therapist, physiotherapist and dietitian) were offered appointments in MDT clinics.

We organised our MDT clinics once every 3 months. We held 4 clinics in between May 2019 to March 2019 (we had to stop because of the COVID-19 Pandemic but we are planning to resume from December 2020). Each child had a 45 minute appointment with Speech and language therapist followed by a 60 minute combined appointment with community paediatrician, dietitian and physiotherapist together. Parents were requested to complete a paper feedback form after the clinic.

Results We received 9 feedbacks in total and all of them (100%) found these clinics very useful.

Conclusions MDT clinics are held on a regular basis in tertiary centers but they are not so easy to coordinate in secondary care/community settings due to cross organisational working. Our model of multidisciplinary clinics at Bedford Child Development Center was highly appreciated by parents and is more convenient to children who have complex needs. It reduces the need for multiple clinic visits and journey to different clinic/hospitals. For healthcare professionals it brings all relevant people into one clinic which enables faster decision making and encourages discussion amongst professionals. It also reduced the need for internal referrals.

Following parent feedback, we will consider taking this MDT clinic to special needs school sites in future to make it more convenient for children with complex needs and enable the specialist nursing service to join the MDT too.

38 WORLD CUPS: PROMOTING PAEDIATRIC RESEARCH WITHIN SOUTH WALES

Alexandra Richards, Jordan Evans. *UK*

10.1136/bmjpo-2021-RCPC.26

Background WORLD CUPS (Working paediatricians Overseeing Research Led and Delivered by Cardiff University Paediatric Society) was founded in November 2019 in aim to encourage research within paediatrics and child health in Wales. This initiative brings both undergraduates and paediatric healthcare professionals (HCPs) together to undertake quality improvement, research or audit projects.

Objectives It is a mutually beneficial scheme aiming to increase undergraduate's exposure to academic paediatrics whilst supporting HCPs to complete projects, promoting health and wellbeing for children and young people. The objective of this study is to determine whether we have achieved our overall goal of increasing undergraduate confidence and awareness of paediatric research whilst also supporting the production of valuable academic work.

Methods The initial recruitment of projects was performed via promotion on social media platforms, at conferences and study days. Each month, a selection of academic projects were advertised to healthcare students in Wales on a first come, first served basis. All projects were allocated within one hour, with the majority in less than ten minutes. A retrospective

Abstract 37 Table 1

Question	Parents feedback
How did you find the layout of the new multidisciplinary review clinic?	<ul style="list-style-type: none"> • Really useful to see all professionals at the same time. • It was good that different healthcare professionals could collaborate with each other at the same time, preventing duplicate assessments • Helpful and saves time. You don't have to have the same conversation with different people, you can just say it once • It was really helpful especially as so many of his needs or my questions cross over the different disciplines. It saves a lot of time
Are there any recommendations for changes/improvements for the future clinics	<ul style="list-style-type: none"> • Please make sure patients do not have another appointment before or after the joint clinic. It was a long exhausting day otherwise. • For review to be held at school