Abstract 184 Table 1 Comparison of number of PED presentation and hospital admissions of children with acute wheezing between January-March and April-June 2018 to 2020

	2018	2019	2020	Difference in percentage*
Total number of PED presentations with acute wheezing, n				
- January-March	507	671	557	-5%
- April-June	427	697	84	-85%
Total number of hospital admissions, n (%)				
- January-March	303 (60%)	430 (64%)	347 (62%)	-5%
- April-June	247 (58%)	436 (63%)	19 (23%)	-95%
PED presentations of children under 5, n				
- January-March	360	507	378	-13%
- April-June	279	514	40	-90%
Hospital admissions of children under 5, n (%)				
- January-March	241 (67%)	345 (68%)	256 (68%)	-13%
- April-June	173 (62%)	336 (65%)	10 (25%)	-96%
PED presentations of children over 5, n				
- January-March	147	164	179	+15%
- April-June	148	183	44	-75%
Hospital admissions of children over 5, n (%)				
- January-March	62 (42%)	85 (52%)	91 (51%)	+24%
- April-June	74 (50%)	100 (55%)	9 (20%)	-90%

*Difference in percentage is calculated by the difference between mean of 2018 and 2019 compared to 2020.

indefinitely sustainable, they demonstrate the potential health benefits of improved adherence to hand hygiene, pharmaceutical therapy, and sensible social distancing.

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IMPROVING THE ACUTE MANAGEMENT OF CHILDREN & YOUNG PEOPLE (CYP) WITH EATING DISORDERS (ED) WITHIN A PAEDIATRIC TEAM

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Background Eating disorders are the third most chronic conditions in adolescents after asthma and obesity. Anorexia nervosa has the highest mortality of all psychiatric disorders, with cause of death being from the consequences of starvation or suicide. The condition has significant repercussions for the whole family unit. Since the start of the pandemic, there has been a dramatic increase in the number of CYP presenting with an ED requiring admission.

The Eating Disorders service for North Central London involves young people being admitted to the Paediatric ward at Royal Free Hospital (RFH) for management of re-feeding syndrome, medical instability and co-morbid mental health conditions.

CYP with Eating Disorders are at risk of fragmented care, particularly due to limited understanding of the disorder and unclear ownership over clinical management when admitted onto a paediatric ward. This requires change, and we have taken significant steps to harmonise the care of CYP within RFH.

Objectives

1. To raise awareness and understanding amongst staff managing CYP presenting with Eating Disorders to the RFH Paediatric ward.
2. To work as a multidisciplinary team of doctors, nurses and psychiatrists to improve the management of CYP with ED and consequently improve their quality of care.

Methods A new pathway has been implemented for management of CYP with Eating Disorders presenting to A&E, including guidelines for admission for re-feeding. A new proforma has been introduced, along with a nurse's care plan, daily ward round sheet and re-feeding plan. Additionally, there are now two Consultant Paediatrician-led clinics per week for CYP who need an urgent or non-urgent medical assessment. Moreover, there is a teaching programme for doctors and nurses, including nurses having a four-week attachment with the ED team; providing comprehensive training on managing CYP admitted with Eating Disorders.

A questionnaire was sent to doctors and nurses prior to, and 1 year post- implementing the changes, to assess how their understanding has changed.

Results Following implementation of the pathway, proforma and teaching sessions, there was a dramatic improvement in confidence levels of all staff in managing children with ED. Initially, 38% of people felt 'not confident' managing children with ED which dropped to 0% after the measures. There was an increase from 57% to 67% feeling 'fairly confident' and increase from 5% to 33% of staff feeling 'very confident'. Additionally, all staff knew where to find the guidelines for refeeding syndrome after the teaching sessions and all staff knew some of the Junior MARSIPAN criteria, compared to only 29% prior to these measures. There was a 20% increase in staff who were now aware that overall responsibility of care of a CYP admitted to the ward lies with the paediatric team with input from CAMHS.

Conclusions The strategies we have implemented show a definite improvement in the understanding of CYP with Eating Disorders and an awareness of the management and support they require from the multi-disciplinary team. Collaborative working between Paediatricians, CAMHS and Nursing staff is fundamental in the long-term management of these children and young people, achieving quality of care and positive outcomes.

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ASSOCIATION OF AUTOIMMUNE DISEASE AND INTUSSUSCEPTION WITH KBG SYNDROME – A RARE CASE REPORT

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Background KBG syndrome is a rare autosomal dominant genetic condition (Morel Swols *et al.*, 2017) characterized mainly by skeletal abnormalities, distinctive facial features, and intellectual disability (Anon, n.d.) with a total of 150 reported