Conclusions Understanding the common pediatric diagnoses presenting at EDs can facilitate clinical guidelines implementation, resource allocation and staff training. By focusing efforts on emergent (P1) diagnoses, general EDs can enhance their preparedness and quality of pediatric emergency care to critically ill patients.

321 ANTENATALLY DIAGNOSED RENAL ANOMALIES AND THE SIX-MONTH POST-NATAL OUTCOME OF RENAL PELVIC DILATATION AT A DISTRICT GENERAL HOSPITAL IN SOUTH EAST ENGLAND

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Background Congenital anomalies of kidney and renal tract (CAKUT) constitute 20–30% of all anomalies identified perinatally. CAKUT play causative role in 30–50% chronic kidney disease requiring renal replacement treatment in children. Majority of these anomalies are not life threatening. It is important to diagnose and initiate treatment early to prevent progression to end stage renal disease

Objectives

- To collect data on antenatally diagnosed renal anomalies and their demographics at our centre.
- To study the six-month outcome of fetuses identified with renal pelvic dilatation (RPD).
- To identify areas of improvement and implement changes.

Methods We identified cases from records of prenatal multi-disciplinary team (MDT) meetings from January to December 2019. Data was retrospectively collected from our hospital database, maternal and neonatal records, laboratory and radiology results and clinic letters.

Results 46 fetuses with renal anomalies were discussed in the MDT, 11 discharged antenatally, 1 moved home. 34 were included in the study (n=34).

Fetuses with bilateral(B/L) RPD:

9 fetuses were diagnosed with B/L RPD, 8 were male and 1 female.

5 needed urgent renal ultrasound – 100% done within 24–48 hrs, 4 needed routine scans, all done between 1–4 weeks.

8 were started on antibiotic prophylaxis.

First postnatal scan showed B/L RPD in 2, U/L RPD in 4 and normal in 3.

Further investigations done included MCUG in 5, MAG3 scans in 3 and DMSA in 1.

Abstract 321 Table 1 Antenatally diagnosed anomalies

Antenatally diagnosed anomalies	Number
Bilateral RPD	9
Unilateral RPD only	6
Unilateral RPD with calyceal/ureteric involvement	6
Unilateral Multi cystic dysplastic kidney (MCKD)	4
Duplex kidney	4
Unilateral renal agenesis	2
Unilateral MCKD + other side duplex	1
Echogenic kidneys	1
Supra renal cyst	1

At 6 months, antibiotic prophylaxis was stopped in 5 and discharged from care, 1 had planned follow up with paediatrician at 1 year and 3 had ongoing care under urology.

Fetuses with unilateral(U/L) RPD

12 fetuses with U/L RPD± Calyceal/ureteral involvement.

10 were male, 2 females.

11 had routine renal US. First ultrasound findings were normal in 5, unilateral RPD in 3, duplex kidney in 1, hydro-nephrosis in 2.

1 had urgent scan on day 1, which revealed mild calyceal fullness in absence of RPD.

10 were started on trimethoprim prophylaxis. At six months, prophylaxis was stopped in 7, continued in 1 and not specified in 2.

Conclusions In B/L RPD, targets for prophylaxis were met in 96.4%, and in 100% patients for urgent scans. No cases on posterior urethral valves were diagnosed in the study period.

In U/L RPD, targets for scan were met in 100% and 91.6% for antibiotic prophylaxis.

To improve compliance with prophylactic antibiotics, our Trust patient information leaflet on RPD is modified to add information on antibiotic prophylaxis and more stringent measures are taken to update the neonatal team about antenatal diagnoses.

325 ASSESSING THE IMPACT OF BLENDED OUTREACH AND TELEMEDICINE PAEDIATRIC NEUROLOGY SPECIALIST SERVICES IN MYANMAR

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Background Myanmar has an improving health picture with significant reductions in neonatal and paediatric mortality. However, there remain significant regional variations in specialist expertise and care. Regarding the paediatric neurology services, there are only 11 paediatric neurologists for a paediatric population of about 14 million children (26% of the total population). Children in Myanmar's rural communities, 70% of the total population, live in conditions which both drive the neurological burden and limit access to effective treatment.

Recognising the burden and barriers to specialist services, we present evidence from an expanding programme of blended outreach and telemedicine with the overall aim of increasing the number of children in remote areas who gain access to specialist neurological assessment and treatment.

Objectives This study aimed to assess the scope and impact of those outreach and telemedicine paediatric neurology specialist services.

Methods The outreach clinics were of a two-stream model with face-to-face consultations by up to three paediatric neurologists from Yangon. This service was supplemented using telemedicine clinics and mobile instant messaging applications for follow up and any emergency problems between individual outreach clinics.

Whilst most children were seen on an outpatient basis, the visiting specialist also saw admitted children with neurological problems during outreach clinic visits providing an expert opinion. Continued medical education activities were also conducted for local doctors and nurses. Data including patient