

changes included massive increase in telephone and video consultation to limit direct clinician contacts. Only about a third of clinicians were aware of pandemic-specific guidelines.

Quality Improvement and Patient Safety

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SYSTEMIC ADVERSE EVENTS AND SIDE EFFECTS FOLLOWING INTRAMUSCULAR BOTULINUM TOXIN A (BONT-A) INJECTIONS IN CHILDREN WITH CEREBRAL PALSY AND MOVEMENT DISORDERS

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10.1136/archdischild-2021-rcpch.851

Background Botulinum toxin A injections are recommended for use by NICE¹ to treat spasticity in children with cerebral palsy and movement disorders.

Objectives To explore the frequency of adverse events and side effects within a Paediatric Botulinum Toxin Service.

Methods This was a retrospective review of children (aged 2 to 17 years) attending the Botulinum Toxin Service between 2016–2019. We investigated systemic adverse events (generalized weakness, lower respiratory tract infection, dysphagia and death) and side effects occurring at time of injection and at follow-up with physiotherapy, occupational therapy or medical teams.

Results 50 children underwent 93 toxin episodes. 45 children had a diagnosis of cerebral palsy (GMFCS I (9), II (12), III (6), IV (14), V (5)) and 5 had other movement disorders. 5 were excluded from analysis (1 child did not attend follow up and, 4 were excluded as follow up was not yet complete). In total, 88 toxin episodes were included.

No children were reported to have systemic adverse events.

Side effects were reported in 27% (24/88) of toxin episodes. Only 2 children (2/88, 2.2%) experienced side effects at time of the injection (pain 1/88 (1.1%), distress 1/88 (1.1%)).

The most common side effects experienced at follow-up was bruising (12/88, 13.6% GMFCS I(1), II(3), III(5), IV(3)). Other reported side effects included pain (11/88, 12.5% GMFCS I(2), II(2), III(4), IV(3)), flu-like symptoms (6/88, 6.8% GMFCS I(1), II(1), III(1), IV(2), V(1)), localised weakness (4/88, 4.5% (all GMFCS I-III), and skin problems (2/88, 2.27% (GMFCS I-II). There were no reported urinary or bowel problems and no increase in seizure frequency in children with epilepsy.

Conclusions No systemic adverse events were noted in our local Botulinum Toxin Service over a three-year period. Most of the side effects reported were minor and self-limiting. This data is in line with recent national and international studies. These results support that botulinum toxin injections are a safe intervention for tone management in children with cerebral palsy/movement disorders.

REFERENCE

1. NICE Clinical guideline CG145. Spasticity in under 19s: management. 25th July 2012.

British Association for Paediatric Nephrology

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AWARENESS AND UTILISATION OF THE DENTAL OUTPATIENT DEPARTMENT BY RENAL PATIENTS AT ALDER HEY CHILDREN'S HOSPITAL

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10.1136/archdischild-2021-rcpch.852

Background Children with kidney disease can experience systemic effects that are of relevance to the provision of dentistry. These children rely on tertiary specialist care for many aspects of their management and may develop oral symptoms that may not be prioritised over medical health care needs. In children with severe kidney disease, dependent on dialysis or a kidney transplant, managing oral disease becomes more complex and more important to treat as the mouth may represent a potential source of infection for the immunocompromised patient.

Despite this, in most paediatric centres, no formal relationship currently exists between renal and dental departments. This evaluation aimed to assess the clinical need for a specific pathway for these children.

Objectives

- Establish the demand for dental assessment from children attending renal outpatient clinics
- Establish the need for specialist dental care within this group of patients
- Assess the knowledge of families regarding the presence of the dental outpatient department
- Evaluate demand for the development of oral health resources for children with renal disease

Methods A questionnaire was piloted locally prior to distribution to patients attending renal outpatient clinics. Questions evaluated children's registration status with General Dentist (GDP), parental awareness of the dental outpatient clinic at Alder Hey and interest in attending this clinic, and demand for oral health information. Questionnaires were completed by parents and carers and returned to the renal outpatient department.

Results Approval for the project was granted in November 2019 (project no. 5935). Data collection was from December 2019 to November 2020. 12 questionnaires were returned (with some missing data). Seven patients were male. The mean age was 10 years old (range 3–18). Five patients had previously received a renal transplant. Three had chronic kidney disease (CKD) stage 4 or 5, and three had less severe CKD.

Abstract 1791 Table 1

	Q1 Registered with GDP	Q2 Knowledge of OPD	Q3 Requested check-up	Q4 Requested further oral health information	Seen in dental dept previously
Number of responses	9/12 (75%)	4/12 (33%)	8/12 (67%)	6/10 (60%)	3/12 (25%)