Discussion:
Re-presentation data were similar to the 2016 UK Epistaxis audit, however, there was a notable shift towards alternative packing techniques and reduced admission. This highlights that many patients are able to show a difference in the number of cases completed as a day cases (55.6%). The re-audited data (on Trakcare) recorded 47 operations, which were able to capture 26 (55.32%) manually, and 11 were completed as day cases (37.91%). Of these discharges we were able to show a difference in the number of cases completed as a day cases (42.31%). A comparison was then made of Trakcare against reported discharge times. This data was then re-audited prospectively both from Trakcare and Cholecystectomy discharge times on Trakcare, over a 1 month period.

Initial data was collected for all elective Laparoscopic Cholecystectomy discharge times on Trakcare. The aim of this audit was to accurately measure the discharge times of patients with femoral shaft, distal femur and periprosthetic femur fractures other than neck of femur. We will introduce new standards for trauma during the coronavirus pandemic to determine whether it is possible to run a safe and effective paediatric orthopaedic service.

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Introduction: The COVID-19 pandemic raised concerns regarding the spread of infection by asymptomatic children. Guidance from the British Orthopaedic Association Standards for Trauma (BOAST) for the ‘management of patients with urgent orthopaedic conditions and trauma during the coronavirus pandemic’, helped structure our service in response to the pandemic. We assessed our compliance with ‘BOAST COVID-19 standards’ pertaining to children to determine whether it is possible to run a safe and effective paediatric orthopaedic service.

Methods: Between the 16th March and 30th April 2020, we performed a prospective audit of clinic and theatre data from the paediatric orthopaedic department at the Bristol Royal Children’s Hospital against the
‘BOAST COVID-19 standards’. We also performed a retrospective audit between 16th March and 30th April 2019 for comparison.

**Results:** Patients booked into acute fracture clinic (AFC) and fracture clinic follow-up (FFO) reduced by 40% and 48% respectively from 2019 to 2020. A virtual fracture clinic (VFC) was implemented with increasing trend in VFC consultations. From 2019 to 2020, the number of patient initiated follow-up appointments increased in AFC and FFO from 16% to 75% and 12% to 35% respectively. Radiography was reduced; only 17% and 39% of AFC and FFO patients respectively required radiographs. On-call referrals and trauma cases reduced by almost 50% with a similar case mix year-on-year. All elective operating was cancelled in 2020.

**Conclusion:** By reducing clinic admissions and theatre throughput, it was possible to run an effective paediatric orthopaedic service in a busy tertiary referral centre. Our aim now is to determine the long-term efficacy.