rates. Thus, we designed and implemented a local pathway for risk stratification and management of children with RIF pain.

Method: The first phase was a retrospective analysis of all appendicectomies performed between April 2018 and March 2019, in children aged five to seventeen years old. Pre-operative inflammatory markers, clinical signs, and histology findings were analysed. Second phase involved designing a pathway utilizing Paediatric Appendicitis Score (PAS), a ten-point scoring system when assessing children with RIF pain. The final phase was a prospective analysis of appendicectomy results performed between August and November 2019, after implementing PAS pathway.

Results: 92 cases were recruited in the first phase (mean age 12.3). 22 cases were analysed in the final phase after implementing PAS pathway (mean age 10.9). Our negative appendicectomy rates had reduced from 25% to 15.4%. In addition, we found that 96% of positive appendicectomies had either raised inflammatory markers (WCC or CRP), raised PAS (Score of ≥ 4), or both.

Conclusions: There is noticeable difference in our negative appendicectomy rates since the introduction of PAS pathway. A diagnosis of appendicitis in a child with normal inflammatory markers and PAS score seemed unlikely. Our goal is to continue utilizing the PAS pathway in our department in order to reduce unnecessary surgeries in children.

774 Paediatric Appendicitis Score (PAS): A Local Trial of a Risk Prediction Pathway

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Aim: Right iliac fossa (RIF) pain remains the commonest acute general surgical presentation in children. Our centre had been an outlier compared with the national average in terms of negative appendicectomy