symptomatic carotid disease. Presented here are a subset of results related to the decision to revascularize patients with SyNC. Results: Thematic analysis revealed equipoise in the decision to revascularize patients with SyNC. Participants discussed a desire to use imaging features (e.g plaque rupture and plaque morphology) to inform the decision to revascularize, though significant uncertainty remains in appraising the risk conferred by certain features. Experts support further study to better understand the use of these features in risk appraisal for patients with SyNC. Conclusions: The decision to revascularize patients with SyNC is an area with significant equipoise. Experts identify the use of imaging features as an important tool in informing the decision to pursue revascularization in patients with SyNC though more study is required in this area to better inform practice.

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Quality improvement in Infantile Spasms through standardization: a tertiary-care centre retrospective chart review implementation study

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Background: Infantile Spasms (IS) is a rare epilepsy syndrome with characteristic features, and a strong consensus regarding treatment strategies. Clinical care pathways provide standardized and evidence-based patient care, support care quality and improve patient outcomes. Standardized electronic notes may support data collection and quality. After the concurrent implementation of an IS pathway and standardized electronic note at the Alberta Children's Hospital in 2015, improvements in patient outcomes and quality of care were anticipated. Methods: A single-centre, retrospective chart review of patients diagnosed with Infantile spasms in Alberta, Canada from 2011-2019 was completed. Patient characteristics and outcomes were analyzed by pre-pathway and post-pathway implementation status. Results: Rates of 3-month spasm remission, and of remission without relapse did not significantly differ between pre- and post-pathway cohorts. Rates of 2-week spasm remission were not obtainable from a significant proportion of pre-pathway patient records when compared to the post-pathway group, indicating patient record quality improved following the electronic note implementation. A significant proportion of patients received Prednisolone as their first treatment for IS post-pathway implementation compared to pre-pathway ($p<0.001$). Conclusions: A single-centre experience with concurrent implementation of an IS pathway and standardized electronic note demonstrated no significant changes in patient outcomes. Potential improvements for patient care are identified.

P.069

Is 4 days enough? an investigation into short admissions to the Epilepsy monitoring unit

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Background: The Epilepsy Monitoring Unit (EMU) plays a crucial role in a patient's diagnosis and management for seizures and epilepsy. The duration of stay required to obtain adequate information is not clear, especially in the pediatric population. In this study, we examine whether a one to four day length of stay in the EMU is sufficient to obtain the necessary information. Methods: Retrospective review of 522 admissions (2014-2021). Included any patient admitted to CHEO's EMU for any length of time. Results: The average admission was 1.75 days with 35.7% of patients requiring repeat EMU visits. Through a binary logistic regression, we show that a previous diagnosis of refractory seizures increases the chance of readmission to the EMU. However, a diagnosis of refractory seizures is also associated with a higher chance of achieving admission goals. While other factors including seizure type, weaning of meds, goals of admission, age, and gender have no influence on likelihood of readmission or achieving admission goals. Conclusions: This study indicates that having a short admission for EMU monitoring is sufficient to capture enough data to achieve admission goals in the pediatric population.

Neurocritical Care

P.070

Serial Neurological Assessment in Pediatrics (SNAP) compared to the Glasgow Coma Scale (GCS) in PICU

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Background: Glasgow Coma Scale (GCS) is the gold standard for neurological assessment in traumatic head injury. Limitations to GCS include variations in rater reliability, test setting and sedation/intubation. Serial Neurological Assessments in Pediatrics (SNAP) was designed to standardize neurological assessment. We examined the efficacy of SNAP for earlier detection of acute neurological decompensation. Methods: Retrospective analysis identified patients with acute neurological decline (drop in GCS of >2 in 1 hour). We reviewed GCS and SNAP (calculated using neurological consultant notes) scores 48 hours prior to decline. Slopes were calculated for each score over time. Results: Four patients were eligible, with > 2 GCS and SNAP scores available for calculation. Average slopes for GCS were 1.3, -0.8, 1.6 and 2.1 for eyes, voice, motor, and total GCS, respectively, and -2.6, 0, -2.3, -2.4, -2.4, -2.0, -2.8 and -11.9 for mental status, cranial nerve, communication, left and right upper extremities, left and right lower extremities, and total SNAP