

**Online supplementary Table 1.** Summary of illness/injury conditions reaching  $\geq 80\%$  positive consensus for warranting acute admission to hospital in all 3 rounds. All statements had full responses. Total Round One responses n=223; Round Two responses n=177; Round Three responses n = 148. Total number responding in positive agreement and percentage consensus displayed. The median Likert scale responses are displayed (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree) with the interquartile range (IQR). For Rounds Two and Three, total number of respondents who do not look after children with that condition are displayed. Abbreviations: WCC - white cell count; CRT - capillary refill time; SVC - Superior Vena Cava; VF - ventricular fibrillation; VT - ventricular tachycardia; SVT - supraventricular tachycardia; VP - ventricular-peritoneal; GCS - Glasgow coma scale; ICP - intracranial pressure; ED - emergency department

Delphi Round <sup>i</sup>	Illness Category	N (percentage)	N not looking after children with this condition <sup>ii</sup>	Median	IQR
<b>INFECTION</b>					
1	Fever in a child under 1month old	207 (92.9)		5	4 to 5
1	Fever in a 1-3-month-old appearing unwell OR with a WCC <5 or >15 x10 <sup>9</sup> /L	217 (97.3)		5	4 to 5
1	Suspected meningitis	221 (91.0)		5	5 to 5
1	Suspected sepsis (all causes including neutropenic)	219 (98.2)		5	5 to 5
1	Fever in an immunocompromised patient	215 (96.5)		5	4 to 5
1	Herpes, Chickenpox or shingles infection in immunocompromised patient	216 (96.8)		5	4 to 5
1	Ophthalmic eczema herpeticum	198 (88.8)		4	4 to 5
1	Suspected encephalitis	221 (99.1)		5	5 to 5
1	Orbital (post-septal) cellulitis	217 (97.3)		5	4 to 5
1	Suspected mastoiditis	207 (92.8)		4	4 to 5
1	Toxic shock syndrome	223 (100.0)		5	5 to 5
1	Strongly suspected or confirmed tropical infection involving: malaria, typhoid, viral haemorrhagic fever (all types)	201 (90.1)		5	4 to 5
1	Suspected osteomyelitis	203 (91.0)		5	4 to 5
1	Suspected septic arthritis	218 (97.8)		5	4 to 5
1	Suspected epiglottitis	223 (100.0)		5	5 to 5
1	Suspected bacterial tracheitis	218 (97.7)		5	5 to 5
1	Severe pneumonia (oxygen saturations below 92% in air or dullness to percussion or reduced air entry or significant work of breathing or signs of sepsis)	221 (99.1)		5	5 to 5
1	Suspected infective endocarditis	222 (99.6)		5	4 to 5
1	Scalded skin syndrome	208 (93.3)		5	4 to 5
2 (1)	An upper respiratory tract infection compromising feeding/oral intake, whereby the child (over 3 months) appears dehydrated and has failed an oral fluid challenge in the department	171 (96.6)	0	5	4 to 5
2 (1)	Suspected pyelonephritis in a child who appears unwell with physiological derangement	174 (98.3)	0	5	4 to 5
2 (1)	Newly presenting periorbital (pre-septal) cellulitis that has any one of:	145 (81.9)	0	4	4 to 5

	spread rapidly according to the history, appears extensive/florid				
2 (1)	2nd presentation of periorbital cellulitis which has not improved after 24 hours or worsened at any time with oral treatment	160 (90.4)	0	5	4 to 5
2 (1)	2nd presentation of soft tissue infection that has not improved after 24 hours or worsened at any time since commencing oral antibiotics	147 (83.0)	0	4	4 to 5
2 (1)	Suspected pelvic inflammatory disease (with no safeguarding concerns) with signs of systemic illness, signs of tubo-ovarian abscess on ultrasound or clinical signs of pelvic peritonism	169 (99.4)	7	5	4 to 5
2 (1)	Acute viral hepatitis with evidence of acute liver failure (encephalopathy or coagulopathy)	175 (99.4)	1	5	5 to 5
3 (2)	Non-blanching rash with fever plus any one of the following: signs of appearing unwell; meningism; prolonged CRT; abnormal vital signs; presence of purpura; rash outside SVC distribution; abnormal WCC, clotting or raised CRP	146 (98.6)	0	5	5 to 5
3 (2)	Suspected bacterial infection in a systemically unwell child with chickenpox	143 (96.6)	0	5	4 to 5
<b>RESPIRATORY</b>					
1	Wheeze (viral-induced or asthma) not responding to inhaler or nebuliser therapy or not resolving quick enough in the time allowed within the 4-hour ED wait time to allow safe discharge home	186 (83.4)		4	4 to 5
1	Bronchiolitis where respiratory support is needed for either work of breathing or hypoxia, or feeding support is needed, or if there is a RED-FLAG co-morbidity i.e. congenital heart disease, history of prematurity, chronic lung disease, cystic fibrosis, neuromuscular disease, age less than 1 month old	100 (100.0)		5	5 to 5
1	Croup where the child still has stridor at rest or respiratory difficulty after administration of oral dexamethasone or inhaled budesonide	199 (89.2)		4	4 to 5
1	Any respiratory condition with signs of, or high risk of developing airway compromise	220 (98.6)		5	5 to 5
1	Pneumothorax (tension and non-tension)	183 (82.0)		4	4 to 5
1	Any respiratory condition requiring supplemental oxygen support (if the child is already on home oxygen, then this definition applies to those requiring escalation of their support)	218 (97.8)		5	4 to 5
1	Any respiratory condition requiring non-invasive or invasive ventilatory support (if the child is already on home ventilation, then this definition applies to those requiring escalation of their support)	221 (99.1)		5	5 to 5
2 (1)	Tension pneumothorax	174 (99.4)	2	5	5 to 5
2 (1)	Non-tension pneumothorax (not related to trauma) which is any one of: >2cm on chest x-ray; patient is breathless; patient has an oxygen requirement; post needle aspiration the patient is clinically no better, or the pneumothorax is still >2cm on chest x-ray	170 (96.6)	1	5	4 to 5
2 (1)	Pneumothorax (non-tension) secondary to Trauma	156 (89.7)	3	5	4 to 5
<b>CARDIAC</b>					
1	Congestive heart failure (any cause)	201 (90.1)		4	4 to 5
1	Suspected or confirmed new diagnosis of cyanotic congenital heart disease	212 (95.1)		5	4 to 5
1	Suspected or confirmed duct-dependant lesion	216 (96.9)		5	4 to 5
1	Suspected or confirmed total anomalous pulmonary venous drainage	211 (94.7)		5	4 to 5
1	Evidence of myocardial ischaemia or infarction	223 (100)		5	5 to 5
1	New diagnosis of cardiomyopathy	206 (92.4)		5	4 to 5
1	Suspected myocarditis	220 (98.6)		5	4 to 5
1	Suspected pericarditis	183 (82.1)		4	4 to 5
1	Cardiac tamponade (all causes)	222 (99.6)		5	5 to 5
1	Suspected Kawasaki disease	210 (94.2)		5	4 to 5
1	Acute rheumatic fever	209 (93.7)		5	4 to 5
1	Ventricular tachycardia	217 (97.4)		5	4 to 5

1	New diagnosis of 2 <sup>nd</sup> or 3 <sup>rd</sup> degree heart block, or known heart block which has become symptomatic	215 (96.4)		5	4 to 5
2 (1)	Collapse with any new findings of: cardiac symptoms in the history (such as exertional dyspnoea), possible obstructive cardiac lesion on examination (such as murmur of aortic stenosis), or abnormal ECG findings suggestive of a cardiomyopathy such as HOCM, or a channelopathy such as Long QT	158 (89.8)	1	5	4 to 5
2	Asystolic (any cause), VF or pulseless VT cardiac arrest, with return of spontaneous circulation after resuscitation	177 (100.0)	0	5	5 to 5
2 (1)	SVT (new presentation or known history) that requires escalation of treatment beyond vagal manoeuvres or adenosine to achieve cardioversion (such as DC-shock or loading with anti-arrhythmic agents). No haemodynamic compromise.	153 (86.4)	0	5	4 to 5
2 (1)	SVT (any age, new presentation or previous history) presenting with haemodynamic compromise	161 (91.0)	0	5	4 to 5
<b>GASTROENTEROLOGY</b>					
1	Gastroenteritis with abnormal vital signs/systemically unwell	209 (93.7)		4	4 to 5
1	Gastroesophageal reflux: with apnoea or frequent choking	194 (87.0)		4	4 to 5
1	Inflammatory bowel disease – new (or suspected new) diagnosis with significant rectal bleeding, suspected acute surgical concerns, or signs of physiological derangement	219 (98.2)		5	4 to 5
1	Haematemesis (large volume of blood or sustained bloody vomiting)	221 (99.1)		5	4 to 5
2 (1)	Gastroenteritis whereby the child (any age) appears dehydrated and has failed an oral rehydration challenge including with an antiemetic	170 (96.0)	0	4	4 to 5
2 (1)	Vomiting and/or diarrhoea with any of the following: physiological derangement, large volume of blood or frequent occurrence of blood in stool	165 (93.2)	0	5	4 to 5
2 (1)	Abdominal pain with signs indicating a surgical condition or signs of systemic illness including physiological derangement	174 (98.3)	0	5	4 to 5
2 (1)	Failure to thrive in an infant who appears unwell	162 (92.6)	2	4	4 to 5
<b>NEUROLOGY</b>					
1	Encephalopathy (all causes)	219 (98.2)		5	4 to 5
1	Signs/symptoms of raised intracranial pressure (including idiopathic) not in the context of a head injury	215 (96.4)		5	4 to 5
1	Atypical febrile convulsion	184 (82.5)		4	4 to 5
1	1 <sup>st</sup> generalised seizure with any of the following: lasting >5 mins, looking unwell, abnormal development, co-morbidities, head injury, age under 1 year old	199 (89.2)		4	4 to 5
1	Status Epilepticus	216 (96.9)		5	4 to 5
1	New diagnosis of hydrocephalus	179 (80.3)		4	4 to 5
1	New seizures or change in neurology in a child with a VP shunt	213 (95.5)		5	4 to 5
1	Suspected blocked, infected or malfunctioning VP shunt	219 (98.2)		5	4 to 5
1	Psychosis (organic cause not excluded at this time)	208 (93.3)		4	4 to 5
1	Signs/symptoms of focal neurological problem	179 (80.3)		4	4 to 5
1	Ongoing reduced or fluctuating level of consciousness	223 (100.0)		5	4 to 5
1	Suspected Guillain-Barré or other progressing paralysis syndrome	223 (100.0)		5	5 to 5
1	Suspected transverse myelitis	220 (98.7)		5	4 to 5
1	Suspected or confirmed cerebrovascular accident	223 (100.0)		5	5 to 5
1	Non-traumatic cavernous sinus thrombosis, subarachnoid or intracerebral haemorrhage (suspected or confirmed)	223 (100.0)		5	5 to 5
2 (1)	Newly presenting Infantile Spasms	140 (80.0)	2	4	4 to 5
2	Status dystonicus	139 (82.7)	9	4	4 to 5
<b>TRAUMA</b>					
1	Signs of traumatic airway injury	223 (100.0)		5	5 to 5

PERUKI/GAPRUKI September 2018.

1	Head injury with signs of traumatic brain/skull injury on CT scan requiring either acute neurosurgical intervention or a period of neuro-observation	223 (100.0)		5	5 to 5
1	Head injury with normal head CT scan but persisting signs of brain injury: reduced/fluctuating GCS, signs of raised ICP, vomiting, abnormal neurology	222 (99.6)		5	4 to 5
1	Any traumatic injury/injuries requiring urgent surgical or interventional radiology intervention or period of observation for greater than the 4-hour ED wait limit allows	220 (98.6)		5	4 to 5
1	Trauma associated with signs of cardiovascular compromise/instability	223 (100.0)		5	5 to 5
1	Signs of smoke inhalation	208 (93.2)		5	4 to 5
1	All circumferential burns	204 (91.5)		4	4 to 5
1	Any burn with suspicion of non-accidental injury	195 (87.4)		5	4 to 5
2 (1)	Any burn that requires immediate in-patient specialist burns team input (as advised by burns team or local burns unit policy)	165 (95.4)	4	5	4 to 5
2	Compartment syndrome	170 (100.0)	7	5	5 to 5
2	Blunt abdominal trauma with on-going pain but normal imaging	148 (87.6)	8	4	4 to 5
2	Head injury, well child, vomited throughout 4 hours in the ED, parents do not want a CT	160 (91.4)	2	4	4 to 5
2	Fractures requiring reduction and period of traction	152 (92.1)	11	5	4 to 5
2	Significant mechanism of injury with no obvious injury identified, but the distress of the child makes completion of the examination difficult	154 (91.6)	5	4	4 to 5
<b>SURGERY</b>					
1	Suspected appendicitis	196 (87.9)		4	4 to 5
1	Suspected (if unable to rule out whilst in ED) or confirmed pyloric stenosis	206 (92.4)		4	4 to 5
1	Suspected (if unable to rule out whilst in ED) or confirmed intussusception	219 (98.2)		5	4 to 5
1	Bowel obstruction (whatever cause)	221 (99.1)		5	4 to 5
1	Acute abdomen (any cause)	214 (96.0)		5	4 to 5
1	Acute pancreatitis	222 (99.6)		5	4 to 5
1	Incarcerated/strangulated hernia (all types)	222 (99.5)		5	4 to 5
1	Swallowed foreign body requiring surgical/endoscopic intervention (e.g. button battery)	210 (94.2)		5	4 to 5
1	Post-tonsillectomy bleed	213 (95.5)		5	4 to 5
1	Suspected testicular torsion	219 (98.2)		5	4 to 5
1	Suspected urological tract obstruction	217 (97.3)		5	4 to 5
1	Ectopic pregnancy	212 (95.1)		5	4 to 5
1	New presentation of conjugated hyperbilirubinemia/obstructive jaundice	196 (87.9)		4	4 to 5
1	Suspected necrotising fasciitis	223 (100.0)		5	5 to 5
2 (1)	Abscess (any) with signs of systemic involvement (such as fever, physiological derangement)	148 (83.6)	0	4	4 to 5
<b>ALLERGY</b>					
1	Anaphylactic reaction (involving airway, respiratory or cardiovascular compromise)	208 (93.3)		5	4 to 5
<b>DERMATOLOGY</b>					
1	Steven- Johnson's/erythema multiforme major	216 (96.9)		5	4 to 5
2 (1)	Erythroderma with systemic derangement	168 (97.7)	5	4	4 to 5
3 (2)	Bleeding haemangioma where you cannot achieve adequate haemostasis within the ED	135 (93.8)	0	4	4 to 5
<b>ENDOCRINE &amp; METABOLIC</b>					
1	Diabetic ketoacidosis	221 (99.1)		5	5 to 5
1	Thyrotoxicosis or thyroid storm	216 (96.8)		5	4 to 5
1	Adrenal crisis	223 (100.0)		5	4 to 5

1	Unexplained hypoglycaemia	205 (91.9)		4	4 to 5
1	Symptomatic hypoglycaemia	182 (81.6)		4	4 to 5
1	Metabolic acidosis or alkalosis (with no underlying diagnosis assigned at time seen)	185 (83.0)		4	4 to 5
1	Decompensation of known metabolic disorder	215 (96.4)		5	4 to 5
1	Known metabolic disorder where the child has a concurrent illness and is not tolerating their oral emergency regimen	221 (99.1)		5	4 to 5
1	Suspected new metabolic condition	186 (83.4)		4	4 to 5
1	Significant electrolyte derangement (for example $\text{Na}^{2+} < 130$ , $\text{K}^+ > 6$ )	210 (94.2)		5	4 to 5
<b>TOXICOLOGY</b>					
1	Any poisoning requiring hospital admission for treatment or a period of observation beyond that allowed in the ED, as defined by TOXBASE	200 (89.7)		5	4 to 5
2	Medication or recreational drug reaction that results in systemic derangement or physical symptoms e.g. oculogyric crisis	152 (86.4)	1	4	4 to 5
<b>MUSCULOSKELETAL/RHEUMATOLOGY</b>					
2 (1)	Inflammatory arthritis (new or known history) with systemic disturbance or unable to control symptoms with simple analgesia/anti-inflammatory drugs	145 (82.4)	1	4	4 to 4
2	New presentation of uncomplicated Henoch Schonlein Purpura	16 (141 negative responses; 80.1% negative consensus)	1	2	1 to 2
<b>HAEMATOLOGY</b>					
1	Sickle cell crisis (all forms)	200 (89.7)		4	4 to 5
1	Symptomatic thrombocytopenia	195 (87.4)		4	4 to 5
1	Evidence of disseminated intravascular coagulation	223 (100.0)		5	5 to 5
1	Uncontrolled bleeding (any cause)	223 (100.0)		5	5 to 5
2 (1)	Anaemia (any cause) that requires a blood transfusion	145 (82.4)	1	4	4 to 5
2 (1)	Thrombocytopenia with signs of active bleeding	172 (97.8)	1	5	4 to 5
2 (1)	Idiopathic thrombocytopenia purpura (ITP) with signs of active bleeding	169 (96.0)	1	4	4 to 5
2 (1)	Altered consciousness or signs of intracranial haemorrhage in a child with ITP	177 (100.0)	0	5	5 to 5
<b>RENAL</b>					
1	Haemolytic uraemic syndrome	219 (98.2)		5	4 to 5
1	Acute renal impairment (all causes)	201 (90.1)		4	4 to 5
1	Acute on chronic renal impairment	188 (84.3)		4	4 to 5
2 (1)	Any acute nephropathy with any one of: hypertension, haemodynamic derangement, renal impairment	169 (97.1)	3	5	4 to 5
2 (1)	Known history of nephropathy with decompensation of renal function, haemodynamic status	171 (97.7)	2	5	4 to 5
2 (1)	Symptomatic hypertension	158 (90.3)	2	5	4 to 5
<b>SAFEGUARDING</b>					
1	Bruising, fracture or other injury in a non-mobile child with no medical explanation	191 (85.6)		4	4 to 5
2 (1)	Any safeguarding scenario where a place of safety for the child cannot be arranged immediately from the ED	159 (89.8)	0	5	4 to 5
<b>MENTAL HEALTH</b>					

1	Deliberate self-poisoning	184 (82.5)		4	4 to 5
1	Attempted suicide	207 (92.9)		5	4 to 5
1	Severe mood disorder with psychotic features	204 (91.5)		4	4 to 5
1	Eating disorders with systemic derangement: electrolyte derangement, significant weight loss, cardiovascular compromise (extreme bradycardia, hypotension), hypothermia, dehydration	212 (95.0)		5	4 to 5
2 (1)	Self-harm (1 <sup>st</sup> or known previous episodes) where you assess the child/young person is high risk of re-harming themselves if sent home from the ED	169 (95.5)	0	5	4 to 5
2 (1)	Suicidal ideation where you assess the child/young person is high risk of carrying out suicide attempt if sent home from the ED	176 (99.4)	0	5	4 to 5
<b>MISCELLANEOUS</b>					
1	New diagnosis (confirmed or suspected) of ANY malignancy or progression/decompensation of a known malignancy	186 (83.4)		4	4 to 5
2 (1)	Acute life threatening event in an infant (ALTE; newly renamed as Brief Resolved Unexplained Event (BRUE )) with any one of: age < 60 days; born < 32 weeks and corrected gestational age < 45 weeks; more than one presentation with ALTE; duration of event was > 1 minute; CPR required by trained medical provider; concerning historical features; concerning physical examination findings (criteria taken from American Academy of Pediatrics guidance)	174 (98.3)	0	5	4 to 5
2	Pain control - irrespective of cause, need for opiate analgesia (new/escalating/IV)	148 (83.6)	0	4	4 to 5
2	Failure of home care package for child with complex medical needs, when parents/carers usually providing high level of medical care at home are unable to do so due to child's worsening illness or parental factors	151 (85.3)	2	4	4 to 5
2	Palliative care not supported in the community	146 (82.5)	2	4	4 to 4
3 (2)	Systemically well new-born struggling to establish feeds with >10% weight loss AND has an electrolyte abnormality	138 (93.9)	1	4	4 to 5

- i. Delphi round where consensus was achieved and in brackets, if applicable, the round in which the statement originated
- ii. Not applicable to Round One as this option was introduced from Round Two

**Online supplementary Table 2.** Statements which did not reach consensus by the end of the Delphi three round process. The rounds from which the statement originated are displayed in column one. Each of these statements have undergone two rounds of testing, and the percentage consensus, median Likert scale responses (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree) and the interquartile range (IQR) are displayed. Abbreviations: DKA: diabetic ketoacidosis; SVT - supraventricular tachycardia; ED - emergency department

Round One (R1) or new statement		N (percentage)	I do not look after these children (N)	Median	IQR
<b>INFECTIOUS</b>					
R1	Significant Varicella Zoster (VZV) exposure in immunocompromised patient with known absence of immunity to VZV	121 (69.0)	2	4	3 to 5
R1	Newly presenting soft tissue infection that has any one of: spread rapidly according to the history or appears extensive	122 (68.9)	0	4	3 to 5
R1	Any soft tissue infection accompanied by signs of systemic illness	139 (78.5)	0	4	4 to 5
<b>RESPIRATORY</b>					
All reached consensus in this category					
<b>CARDIAC</b>					
R1	Collapse in a child who appears well now, but the collapse was associated with any one of: exercise/exertion, sudden onset palpitations, exertional chest pain, auditory stimulus, being in water/swimming, known structural heart disease e.g. aortic stenosis, cardiomyopathy, strong family history of unexplained sudden death in the young or channelopathy such as long QT; where child is now well, clinical examination and ECG appear normal	117 (66.5)	1	4	3 to 5
R1	New diagnosis of SVT in a child (non-infant) which cardioverts to sinus rhythm with vagal manoeuvres or adenosine. Child never in haemodynamic compromise	76 (42.9)	0	3	2 to 4
R1	SVT in an infant (new presentation or previous history), not haemodynamically compromised	123 (69.5)	0	4	3 to 4
<b>GASTROENTEROLOGY</b>					
R1	Failure to thrive in an infant who continues to fail to thrive despite an adequate feeding/dietetic plan in place	135 (77.1)	2	4	4 to 5
R2 (new)	Severe constipation with encopresis and failed home management despite compliance with full escalation of the NICE constipation oral medication pathway	107 (73.8)	3	4	3 to 4
<b>NEUROLOGY</b>					
R1	Any generalised seizure lasting > 5mins	63 (35.6)	0	3	2 to 4
R1	Generalised seizures occurring at least once weekly in a child not known previously to have epilepsy	84 (47.8)	1	3	2 to 4
R1	Increasing seizure frequency in a child with known seizures	50 (28.4)	1	3	2 to 4
R1	Atypical seizure pattern in a child with known seizures	65 (36.9)	1	3	3 to 4
R1	Uncertainty over seizure duration. Child has made a full recovery	19 (10.7)	0	2	2 to 3
R2 (new)	Suspected hemiplegic migraine, does not improve with trial of anti-migraine medication	111 (75.0)	0	4	3 to 4
R2 (new)	Suspected hemiplegic migraine, no specialist neurology input available at time of seeing the patient in the ED	111 (75.0)	0	4	3 to 4
<b>TRAUMA</b>					
R1	Simple linear skull fracture with no safeguarding concerns	72 (41.2)	4	3	2 to 4
R1	Non-linear or depressed skull fracture. Child is well. CT brain not showing evidence of a neurosurgical emergency. No safeguarding concerns	134 (77.5)	4	4	4 to 5

<b>SURGICAL</b>					
All reached consensus in this category					
<b>ALLERGY</b>					
R1	Widespread urticarial rash in a child who appears systemically unwell	128 (72.3)	0	4	3 to 5
<b>DERMATOLOGY</b>					
R1	Severe widespread eczema not adequately responding to outpatient therapy where compliance with treatment regime is good	86 (49.7)	4	4	3 to 4
R2 (new)	Unexplained petechial rash, in a well child with normal CRP, WCC and clotting results and no safeguarding concerns	9 (6.2)	0	2	2 to 3
<b>ENDOCRINE &amp; METABOLIC</b>					
R1	New diagnosis of Type 1 Diabetes (not in DKA)	105 (59.7)	1	4	3 to 4
<b>TOXICOLOGY</b>					
All reached consensus in this category					
<b>MUSCULOSKELETAL/ RHEUMATOLOGY</b>					
R1	Limp with suspected sinister underlying pathology	138 (78.0)	0	4	4 to 5
R1	Slipped upper femoral epiphyses	129 (78.2)	12	4	4 to 5
<b>HAEMATOLOGY</b>					
R1	Any newly presenting coagulopathy	107 (60.8)	1	4	3 to 5
<b>RENAL</b>					
R1	New diagnosis of nephrotic syndrome	119 (67.6)	1	4	3 to 4
R1	New diagnosis of glomerulonephritis	98 (57.0)	5	4	3 to 4
R1	New diagnosis of nephritic syndrome	117 (68.4)	6	4	3 to 4
R1	Blood pressure >95 <sup>th</sup> centile, child otherwise well	30 (17.1)	1	3	2 to 3
<b>SAFEGUARDING</b>					
R2 (new)	Suspected fabricated illness, not judged to be at immediate risk of harm, without any current pre-planned admission date and time	32 (22.0)	1	3	2 to 3
<b>MENTAL HEALTH</b>					
All reached consensus in this category					
<b>MISCELLANEOUS</b>					
R1	Parental factors: parents say they are not coping with the child's acute illness at home and there is not adequate home support in available from friends and family	137 (77.4)	0	4	4 to 4
R1	Parental factors: despite clinician reassurance with adequate explanation about their child not needing hospital admission, parents strongly wish that their child is admitted for observation and assessment	84 (47.4)	0	4	3 to 4
R1	New finding of pregnancy in a child under 16 years. No safeguarding concerns	15 (8.5)	1	2	2 to 3
R2 (new)	Problem with a tracheostomy which cannot be solved in the ED or by the parents. No immediate airway threat	99 (66.9)	0	4	3 to 4
R2 (new)	Problem with an implanted device (for example gastrostomy or suprapubic catheter) needing specialist input, for example replacement which cannot be achieved in the ED	93 (62.9)	0	4	3 to 4
R2 (new)	Frequent attendance for medically unexplained symptoms, such as blackouts, pseudo-seizures, pain, off legs, dizziness	54 (36.5)	0	3	2 to 4
R2 (new)	Crying baby that will not settle, but you cannot find anything medically wrong with them in the urgent care setting	88 (59.5)	0	4	3 to 4
R2 (new)	Systemically well new-born struggling to establish feeds with >12% weight loss (electrolytes normal)	92 (62.6)	1	4	3 to 4