time required for mapping the planned CBD curriculum to 4 hours. **Conclusions:** The creation of a curriculum map prior to transition to CBD improved understanding of the existing curriculum and will facilitate transition to CBD. Ongoing evaluation of the fit of our predicted CBD map will support effective implementation.

P.119

Emergency Department Use in Children with Cerebral Palsy: A Data Linkage Study

O Fortin (Montreal)* P Ng (Montreal) M Dorais (Notre-Damede-l'Ile-Perrot) L Koclas (Montreal) N Pigeon (Sherbrooke) M Shevell (Montreal), M Oskoui (Montreal)

doi: 10.1017/cjn.2021.395

Background: Improved understanding of factors predictive of emergency department (ED) visits in children with cerebral palsy (CP) can help optimize healthcare use. We sought to identify the pattern of ED consultations in these children. Methods: Data from the Registre de paralysie cérébrale du Québec and provincial administrative databases were linked. The CP cohort was comprised of children born between 1999 and 2002. Data pertaining to ED presentations between 1999 and 2012 were obtained. Relative risks were calculated to identify factors associated with increased ED visits. Peers without CP were selected from administrative databases and matched in a 20:1 ratio. Chi-square tests and Student's T-tests were used to compare the two cohorts. Results: 301 children with CP and 6040 peer controls were selected. Ninetytwo percent (92%) of the CP cohort had at least one ED visit, compared to 74% amongst controls. Children with CP had an increased risk of high ED use compared to peers (RR 1.40 95% CI 1.30-1.52). Factors predictive of high ED use were comorbid epilepsy, severe motor impairment and low socioeconomic status. Conclusions: Children with CP have a higher need for urgent health assessments than their peers, resulting in increased use of ED services. System factors and barriers should be investigated.

P.120

Case series: Clinical and genetic spectrum of SCN8A-related disorders in British Columbia

M Hebbar (Vancouver)* N Al-Taweel (Vancouver)
I Gill (Vancouver) C Boelman (Vancouver) RA Dean (Burnaby)
SJ Goodchild (Burnaby) J Mezeyova (Burnaby)
NG Shuart (Burnaby) JP Johnson Jr. (Burnaby) J Lee
(Vancouver) A Michoulas (Vancouver) LL Huh (Vancouver)
L Armstrong (Vancouver) MB Connolly (Vancouver), M Demos
(Vancouver)

doi: 10.1017/cjn.2021.396

Background: Children with pathogenic variations in SCN8A can present with early infantile epileptic encephalopathy-13, benign familial infantile seizures-5 or intellectual disability alone without epilepsy. In this case series, we discuss six children with variants in SCN8A managed at BC Children's Hospital. Methods: We describe clinical and genetic results on six individuals with SCN8A variants identified via clinical or research next-generation sequencing. Functional consequences of two SCN8A variants were assessed using electrophysiological analyses in transfected cells. Results: Clinical findings ranged from normal development with well-controlled epilepsy to significant developmental delay with treatment-resistant epilepsy. Phenotypes and genotypes in our cohort are described in the table below. Functional analysis supported gain-of-function in P2 and loss-of-function in P4. Conclusions: Our cohort expands the clinical and genotypic spectrum of SCN8A-related disorders. We establish functional evidence for two missense variants in SCN8A, including LoF variant in a patient with intellectual disability, and autism spectrum disorder without seizures.

Table for P.120

Patients	Age/Sex	Development	Age of seizure onset	Epilepsy type	Current antiseizure medication	Seizure frequency	Gene variant/ Function	Inheritance
P1	14y/F	Profound GDD	5m	Infantile spasms, LGS, hyperkinetic movements	Clobazam	Daily	c.1238C>A (p.Ala413Asp)	De novo
P2	6y/F	Normal	3-7m	Focal epilepsy	Carbamazepine	Seizure free	c.5630A>G (p.Asn1877Ser)/ GoF	Paternal
Р3	4y/F	Normal	12m	Focal epilepsy	Clobazam, topiramate	Seizure free	c.4447G>A (p.Glu1483Lys)	De novo
P4	6y/F	GDD, autism	3y - EEG abnormality only	-	Sodium valproate (discontinued)	No clinical seizure	c.971G>A (p.Cys324Tyr)/LoF, VUS in KCNQ3	De novo
P5	7y/M	GDD	5m	Generalized seizures	Ethosuximide, acetazolamide	Daily	c.773C>T (p.Thr258Ile)	De novo
P6	19y/F	Normal	10y	Focal epilepsy	Carbamazepine	Seizure free	c.986A>G (p.Asp329Gly)	De novo

Abbreviations: *Father with similar history, y Years, m Months, GDD Global developmental delay, LGS Lennox-Gastaut syndrome, VUS Variant of unknown significance, LoF Loss-of-function, GoF Gain-of-function, EEG Electroencephalogram, F - Female, M - Male, CBD - Cannabidiol