and through the distinct groups. Differences were significantly higher among Family Medicine specialists and non-specialists. Level of agreement of practitioners with guidelines and standards of care were low and dependant of age, years of experience in primary care, specialization and complexity of case. Use of evidence-based, services-oriented guidelines for caring of children with asthma is not disseminated. *Conclusions:* Continuing professional development in childhood asthma in Brazil is an issue to be concerned with, especially with the increment of access and coverage of public primary care services.

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None.

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ABS81: Delayed presentation of gastrothorax masquerading as pneumothorax- a diagnostic challenge

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Traumatic diaphragmatic rupture (TDR) following blunt trauma such as a road traffic accident is well reported. We present a case of delayed presentation of TDR that occurred after a party game of ''musical chairs''. Clinical presentation, signs and the initial chest radiograph were suggestive of a large pneumothorax. Timely consideration of gastrothorax as a possible differential diagnosis; we inserted a nasogastric tube which clinched our diagnosis and decompressed the gastric contents. We discuss briefly the diagnostic tools usually recruited in such clinical scenarios and possible complications arising from clinical management.

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ABS82: Symptom pattern and antibiotic prescription in patients with acute cough

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Introduction: Acute cough is a common presentation in general practice. The indications for antibiotic prescription are debated. *Methods:* Prospective observational study of adults consulting General Practitioners with acute cough. *Subjects:* Over 26 months, 377 visits were made by the research nurse to 12 family practices in the UK using a randomised schedule. All consenting patients (17 yrs or older) seen with acute cough were recruited. A symptom questionnaire was obtained. *Results:* 162 patients were recruited (64 male, median age 49.5 range 17—88 yrs). Co-morbidity with asthma was reported by 25%. Only 10% had a temperature of >37.0 °C. Sputum production was reported by 90%. The median (range) duration of cough was 7 (1—14) days. The following symptoms were reported by patients: breathlessness (81%), wheeze (79%) sweating (51%), chest pain (48%) haemoptysis (8%). Antibiotics were prescribed to 63%. The age of those prescribed antibiotic was greater than that of those not (52.2 vs. 45.7 yrs, $p = 0.04$). Antibiotics were prescribed to a higher proportion of patients with breathlessness than without (69% vs. 38%, $p = 0.002$), other symptoms were not predictive of antibiotics. There was a non-significant tendency for a higher prescribing rate in those with reporting productive cough (65% vs. 47%) $p = 0.17$, and to those reporting purulent sputum (67% vs. 50%) $p = 0.15$. Antibiotics were prescribed to a higher percentage of those with a fever (87%) than those without (59%), $p = 0.04$ The duration of cough, sex, smoking status and co-morbidity were not associated with an antibiotic prescription. *Conclusions:* Many patients presenting with acute cough are prescribed antibiotics; factors predicting the issue of a prescription include age, breathlessness and fever.

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ABS83: Knowledge of nosocomial pneumonia prevention among critical care nurses in New Zealand

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Introduction: Nosocomial pneumonia is the most common nosocomial infection comprises 15 to 23 percent of all hospital-acquired infections [1]. The incidence of nosocomial pneumonia is 6 to 21 times higher in patients on ventilators [2]. Having adequate knowledge on nosocomial pneumonia prevention will improve Critical Care Nurses sensitivity to any changes in the patient's condition and also to their environment. *Objectives:* The purpose of this study was to identify knowledge deficits concerning nosocomial pneumonia prevention among critical care nurses. The study also determined whether nosocomial pneumonia knowledge was associated with nurse characteristics. *Subject and method:* This is a cross sectional study design. A self-administered questionnaire was used to determine whether nurses working in Critical Care Units in New Zealand are knowledgeable about the prevention of nosocomial pneumonia as indicated in the literature and the Center for Disease Control and Prevention guidelines. A total of 117 completed questionnaires were returned with 17 responses from the pilot study were also included in the final sample, giving a sample size of 134 participants. *Results:* The NP knowledge score ranged from 21% to 92%. The mean (and median) was 48%. Items related to knowledge about nosocomial pneumonia risks had the highest mean score (67%), compared to items addressing nosocomial pneumonia prevention (43%) or the role of devices in NP (45%). No nurse demographic or workplace characteristic was associated with nosocomial pneumonia knowledge. *Conclusion:* Several important deficits in nosocomial pneumonia knowledge were identified, with few critical care nurses having been exposed to nosocomial pneumonia prevention education, guidelines, and research.

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