3 had cranial ultrasound abnormalities. At 2 years, 7/9 babies were normal and 2 had developmental delay. 53/56 (95%) surviving babies >30 weeks had normal neurodevelopment at 1 year except one with sensori-neural deafness.

Conclusion: IUT is safe and does not appear to increase postnatal morbidity. In our experience, it has reduced the need for postnatal exchange transfusions. However, top-up transfusions are more likely.

1203

CHARACTERISTICS AND OUTCOME OF CHILDREN REFERRED TO SPECIALIST PAEDIATRIC INTENSIVE CARE RERIEVAL TEAM WITH POISONING FROM DISTRICT GENERAL HOSPITAL

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Background: Childhood poisonings are common, but infrequently necessitate transfer to intensive care unit (ICU) for further management. This project was done to evaluate all the cases of poisoning referred to Children's Acute Transport Service (CATS), in terms of clinical chacteristics and outcome.

Method: All the children with acute poisoning for which advice or retrieval request was received at CATS, were included in this study. Various parameters noted were age, sex of child, type of poisoning/overdose agent, clinical manifestations, and management of child including any antidote used, reasons for refused referral, length of stay in PICU, final outcome of the episode and comparison of outcome of retrieved vs. not retrieved children.

Results: There were 42 cases of substance poisoning. Deliberate self harm was most common reason. Pharmaceuticals were most common agents involved.

Single agent was involved in most cases.

Table 1: Characteristics of children referred with poisoning from District General Hospitals (DGH).

SOURCE STATE	Admitted to PIC U(n=26)	Managedlocally at DGH (n=16)
Median age (IQR)	11.4	11.13
Male gender (%)	11(47.8)	8(50)
Number of agents	Selected to Advan	1000000
Single	18 (69.2)	7 (50)
2-4	5 (192)	7 (43.7)
>/= 5	2 (7.69)	1 (6.25)
Unknown	1	1
Nature of paisoning (%)		
Suicidal intent	17(65.3)	12(75)
Accidental	8 (307)	4 (25)
Unknown	1	0
Poisoning a gends used (% of total)	N=43	N=28
Tricyclic artifepressurts	4(10.75)	4(14.2)
SSRIs	1(232)	1(3.57)
Art.psydotics	3(697)	0
Paracetam ol	4(10.75)	2(7.14)
Alcohol overdose	5(11.6)	3(10.7)
Cocane	0	2(7.14)
Ecstasy	ŏ	1(3.57)
NSAIDs	3(697)	2(7.14)
Benzodiazep ne s	3(697)	1(3.57)
Opistes	2(465)	1(3.57)
Arthictis	2(465)	105/)
Constic	2(465)	1(3.57)
Paralderorde	2(465)	1(337)
Orallwyoght en it	1(232)	1(3.57)
Artisplieti agert	1(232)	1(3.57)
Art hypertensive	1(232)	2(7.14)
Ouining, Chminhene, Theophylline,		2(7.14)
Prednisolane, Fan, Chlaride gas, Anti- antoyten ics	1 each(16.27)	0
Cyclizine, Sun atriptan, Ammonia gas, Antifreeze	0	1 each(14.2)
Urbmovan substance s	1(232)	1(3.57)
Hypnotic agents	1(232)	0
Lithium	0	1(3.57)
Presenting feature (%)		
Decreased conscious level	19 (73)	6 (37.5)
Agitatim&eizures	2 (7.69)	4 (25)
Tachycardia.hypotension	12(46.1)	4 (25)
Respiratory distress	3 (115)	3 (18.7)
Liver inpairment	1 (3.94)	0
Vom king	0	1(6.25)
Hypoglycaen in	2 (7.69)	0
Fixed dilatedpupils	1 (3.84)	0
Specific andidate used (%)	3 (115)	2(12.5)
Intubate dat referral (%)	25(96.1)	5(31.5)
Instrupt c requirement (%)	3 (115)	0
Renal replacement therapy (%)	3 (115)	l ő
Survival (%)	26 (100)	16 (100)

[Table 1. Characteristics of children.]

Nervous and cardiovascular symptoms were most common. Intensive supportive treatment was given in most of cases. In only 5 cases specific antidote was used. More than half didn't need retrieval because of improvement at referral hospital itself. No mortality was recorded.

Conclusions: Significant proportion of children referred for PICU can be managed at the local hospital, either with close observations and monitoring or temporary use of available adult critical care services for brief periods of ventilation. The vast majority of cases survive their acute episode following a relatively short spell of PICU, small minority may need advanced organ support, especially renal and cardiovascular.

1204

WHICH FLUID TO USE IN PEDIATRIC RESUSCITATION... STILL AN UNANSWERED QUESTION?

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Background and aims: The type of fluid used for resuscitation of patients with shock is subject to ongoing debate. This study was done to determine types of fluids used during resuscitation prior to admission to St Mary's PICU and to compare