

**Conclusion:** More than half of infants with murmur have a cardiac defect and one-fourth of these defects are significant ones. Asymptomatic infants with persistent murmurs and/or abnormal ECGs should be referred for definitive diagnosis to cardiac clinics. District general hospital clinics with echocardiographic facility provide a good screening place and in reducing the work load of tertiary cardiac centres.

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### BP MEASUREMENT IN CHILDREN - IS IT A ROUTINE PRACTICE?

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**Background and aims:** Blood pressure measurements are not done routinely. Guidelines recommend BP measurements in all children over 3 years and in high risk patients irrespective of their age when attending the hospital. This simple bedside tool may reveal a significant underlying clinical problem even in an asymptomatic child.

**Methods:** Case notes of 100 children with 52 from speciality wards, 23 from general paediatric ward and 25 from Child assessment unit were carefully checked for documented BP and other vital parameters. As per the guidelines, children aged over 3 years from general paediatric ward and assessment unit, as well as all patients in cardiac, renal and oncology wards (speciality wards) irrespective of age were included.

**Results:** There were 75 inpatients, 53 males and 19 under 3 years. Heart rate, temperature and oxygen saturation were documented in all 100 children. Respiratory rate was noted in 97 and BP in 72 children.

BP was documented in all the children from speciality wards but only in 52 % from general paediatric ward and 32 % from assessment unit.

**Conclusions:** Documentation of BP in our audit was higher than a recent similar study from Nottingham, but it falls below the recommended standards. BP measurement was routine in speciality wards unlike in general paediatric ward or child assessment unit. BP recording may be slightly more difficult compared to other parameters but it can go a long way in early diagnosis of hypertension which helps to implement therapeutic and preventive measures.

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### HYPERGLYCEMIA AND POSTOPERATIVE COMPLICATIONS IN PEDIATRIC CARDIAC PATIENTS

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**Background:** Pediatric critical illness hyperglycemia is associated with poor outcome. Tight glycaemic control is still in discussion.

**Aim:** To study the association between hyperglycemia and complications for postoperative pediatric cardiac patients.

**Patients and methods:** Concurrent cohort study. We included patients admitted to the intensive care unit after congenital heart defects surgery from december 2008 to december 2009. Patients with preoperative diagnosis of diabetes or infection were excluded. Blood glucose levels were measured in all children during 72 hours. Hyperglycemia was defined as blood glucose  $\geq 126$  mg/dl. We defined 2 groups according to first glucose measurement: normo and hyperglycemic group. We calculated relative risk of postoperative complications in relation to hyperglycemia adjusting for age and complex congenital heart disease.

**Results:** A total of 88 patients entered the study; 55% were in the hyperglycemic group. Glucose levels were normalized at 72 hours for all patients without insulin. The postoperative complications rate was 50%; there were no significant differences between groups. Relative risk of postoperative complications associated with PICU admission hyperglycemia was 1,32 (95% CI: 0, 85-2,05). Relative risk adjusted for age and complex congenital heart disease was 1,01 (95% CI: 0,65-1,58).

**Conclusion:** Hyperglycemia is transient in postoperative pediatric cardiac patients, and is not associated with higher complications.