Results: 23 neonates were assessed with total of 241 daily records. Median birth weight was 1400 (IQR 900-2400)g. Median gestational age at birth was 30 (IQR 27-36) weeks. Incidence of bleeding (represented as bleeding days/study days) was: major 14/227 (6%); moderate 130/227 (57%); minor 26/227 (11%). The median lowest platelet count was 164 (IQR 80-264). 53/63 (84%) daily duplicate assessments performed correlated. The most frequent form of minor bleeding was microscopic haematuria (6%).

Conclusions: The BAT may provide a useful method for the systematic recording of bleeding in neonates, and be of value in clinical trials. Rates of major bleeding are low but 74% of infants show evidence of bleeding, although the clinical significance of many types of bleeds remains unclear.

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HOME TREATMENT FOR HAEMOPHILIA PATIENTS: CHALLENGES WITH ADHERENCE

P. O'Hare

Paediatrics, Royal Belfast Hospital for Sick Children, Belfast, UK

Aim: To determine adherence to home treatment prophylaxis, documentation of bleeding history and return of recording sheets to the regional centre for haemophilia patients.

Method: All severe haemophiliacs who are currently on a home treatment prophylaxis programme during a one year period were identified. A retrospective chart review was undertaken and information regarding factor usage and bleeding episodes was collected.

Results: 28 haemophilia A patients and 3 haemophilia B patients were identified. The mean age at commencement of home treatment was 3.68 years, and the mean length of time each of the patients had been receiving home treatment was 6.1 years. 46.7% of patients were prescribed factor 3 times per week, with 26.7% of patients prescribed factor more frequently and 26.7% prescribed factor less frequently. A third of the patients returned at least some of the home recording sheets, however only 40% of the return sheets included both factor usage and bleeding episodes. 30% didn't record any bleeding episodes on return sheets to correlate with documentation of episodes in hospital notes. The mean number of recorded bleeding episodes from patient notes was 5.6. Of the 5 patients who

recorded bleeding episodes on the return sheets, the mean number of episodes was 4.6. The percentage factor used compared to predicted annual usage ranged from 55%-147% with a mean of 81.3 %. Only 2 patients collected more factor than predicted.

Conclusion: Only a third of patients are using the recording sheets. The mean factor usage is comparable to reported levels in Europe.

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DETERMINANTS OF RED BLOOD CELL TRANSFUSIONS IN A PEDIATRIC CRITICAL CARE UNIT: A PROSPECTIVE, DESCRIPTIVE EPIDEMIOLOGICAL STUDY

M. Mansour, M.M. Farid, M.S. EL-Shemy

Pediatrics, Ain Shams University, Cairo, Egypt

Objective: To determine the incidence and to characterize the determinants of red blood cell transfusions in critically ill children.

Design: Prospective, descriptive epidemiologic study.

Patients: Critically ill children.

Setting: A single-center, multidisciplinary, tertiary care level, university-affiliated, pediatric intensive care unit (PICU).

Interventions:

None.

Measurements and main results: Of 425 consecutive admissions over a 9 months period, 286 were retained for study. At least one transfusion was given in 52.3 % of cases. Incidence rate of transfusion was 688 transfusions/1.000 cases. Possible determinants of red blood cell transfusions were identified and prospectively monitored during PICU stay until a first transfusion event (transfused cases) or until the time of death or discharge from PICU (non-transfused cases). Three significant determinants of a first red blood cell transfusion event were retained in the multivariate analysis: a pre-transfusion hemoglobin level < 9.5 g/dL (OR: 35.97, CI: 10.83-119.51, $p < 0.0001$), an admission diagnosis of cardiac disease (OR: 3.58, CI: 1.21-10.55, $p < 0.02$), an admission Pediatric Logistic Organ Dysfunction (PELOD) score >20 (OR: 8.62, CI: 2.09-35.74, $p < 0.0001$).