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 characteristics 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).

	Admitted to PICU (n=26)	Managed locally at DGH (n=16)
Median age (0-10)	11.4	11.15
Male gender (%)	11(42.3)	8(50)
Number of agents		
Single	18(69.2)	7(43.8)
2	5(19.2)	7(43.8)
>2	2(7.7)	1(6.25)
Unknown	1	1
Nature of poisoning (%)		
Suicidal intent	17(65.4)	12(75)
Accidental	8(30.8)	4(25)
Unknown	1	0
Forced agent used (%) of total	N=42	N=28
Tricyclic antidepressants	4(10.7)	4(14.3)
SSRI	1(2.3)	1(3.6)
Antipsychotics	3(6.9)	0
Paracetamol	4(10.7)	2(7.1)
Alcohol overdose	5(11.6)	3(10.7)
Cocaine	0	2(7.1)
Ecstasy	0	1(3.6)
NSAIDs	3(6.9)	2(7.1)
Benzodiazepines	3(6.9)	1(3.6)
Opiates	2(4.5)	1(3.6)
Anticholinergics	2(4.5)	0
Causic	2(4.5)	1(3.6)
Paraldehyde	2(4.5)	0
Oral hypoglycaemic	1(2.3)	1(3.6)
Antiepileptic agent	1(2.3)	1(3.6)
Antihypertensive	1(2.3)	2(7.1)
Quinine, Clonidine, Theophylline, Reducelone, Iron Chloride gas, Anti-sedatives	1 each(12.7)	0
Cyclophosphamide, Ammonia gas, Antifreeze	0	1 each(14.3)
Unknown substances	1(2.3)	1(3.6)
Hydrocortisone	0	0
Lithium	0	1(3.6)
Forced agent used (%)		
Decreased conscious level	19(73)	6(37.5)
Agitation/seizures	2(7.7)	4(25)
Tachycardia/hypotension	12(46.2)	4(25)
Respiratory distress	3(11.5)	3(18.8)
Liver impairment	1(3.8)	0
Vomiting	0	1(6.25)
Hypoglycaemia	2(7.7)	0
Fixed dilated pupils	1(3.8)	0
Specific antidotes used (%)	3(11.5)	2(12.5)
Intubated at referral (%)	25(96.2)	5(31.2)
Intensive management (%)	3(11.5)	0
Need for organ support (%)	3(11.5)	0
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

laboratory parameters before and after receiving these fluids.

Material and methods: Patients were divided into three main groups.

Group I received only Normal Saline as their resuscitation fluid.

Group IIa received NS as their main resuscitation fluid whereas any other fluids (e.g. packed cells, Fresh Frozen Plasma, platelets, 5% Human Albumin Solution, Gelofusin etc), comprised < 50% of total volume received.

Group IIb received any other fluids $\geq$ 50% of total volume.

Results: 73 patients with shock were included in the study with mean age of 6.5 yrs. Sepsis was the main diagnosis. 43 children in Group I had significant fall in post resuscitation hemoglobin (p 0.0003), packed cell volume (PCV, p 0.0077), Potassium (p 0.0023) and albumin (p 0.0009) with increase in chloride (p 0.0048) and pH (p 0.0026). 15 children in Group IIa showed significant fall in chloride (p 0.0063) with only borderline fall in PCV (p 0.054). 15 children in group IIb had significant fall in potassium (p 0.0018).

Conclusions: Our study showed that children who received primarily normal saline had significant changes in important clinical and laboratory markers, this may have clinical significance. Current understanding of the advantages and limitations associated with different resuscitation fluids remains far from complete. Further studies are needed to address unresolved issues in fluid management in children with shock.

[Various fluids used before admission in PICU.]

Table 2: Group I- only NS Gp. 43 patients				
	Mean			
	Before	After	Difference	P value
Na	138.05	138.95	-0.91	0.236
K	4.43	3.93	0.50	0.0023
Ur	4.302	3.97	0.323	0.5828
Cr	52.56	42.6	9.95	0.328
Cl	103.16	106.53	-3.37	0.0048
pH	7.21	7.31	-0.957	0.0026
HCO ₃	23.29	23.66	0.374	0.764
BE	-3.57	-2.81	0.762	0.50
Lac	1.70	1.56	0.1398	0.6218
Alb	37.79	32.86	4.923	0.0009
Hb	11.67	10.22	1.448	0.0003
PCV	0.328	0.301	0.275	0.0077

[Table 2: Group I- only NS Gp. 43 patients]

Table 3: Group IIa- Mainly NS gp. (i.e other fluid made < 50% of total) – 15 patients

	Mean			P value	Remarks
	Before	After	Difference		
Na	138.71	142.73	-4.02	0.1348	
K	3.99	3.64	0.347	0.213	
Ur	7.17	6.86	0.313	0.911	
Cr	58	59.13	-1.13	0.906	
Cl	103.31	108.92	-5.62	0.0063	
pH	7.19	7.30	-0.1173	0.193	
HCO ₃	NA	NA	NA	NA	Not enough no:
BE	-7.43	-5.91	-1.52	0.3899	
Lac	2.86	2.68	0.180	0.827	
Alb	35.67	32.40	3.27	0.2298	
Hb	12.31	10.79	1.52	0.0878	
PCV	0.345	0.306	0.3915	0.054	

[Table 3: Group IIa- Mainly NS gp. (i.e other fluid)]

1205

RISK FACTORS OF CHILD ABUSE IN UKRAINE

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Background and aims: In this abstract, data are presented on the key Child Abuse risk factors associated with social and economic position of the family and with peculiarities of the personality of parents and children. Also indicated was the level of Child Abuse awareness in the community, i.e. whether any campaigns or messages to “reduce the risks of Child Abuse” were available at the time of the survey.

Methods: Using a standardised protocol, families and children were interviewed according to the corresponding questionnaire. Data entry and descriptive analysis were undertaken with Epi Info. To evaluate the relative risk, the univariate and multivariate logistic regression analysis were used and its interpretation was expressed in odds ratio's (OR) with confidence interval (CI) of 95%.

Results: Risk factors associated with social and economic position of the family include unemployment of parents (OR=11,8), economic losses (OR=9,1), poor housing conditions (OR=7,2), incomplete family (OR=5,2), low maternal income (OR=3,9), absence of a constant place of residence

(OR=3,5) and social isolation (OR=2,0). Among the risk factors of Child Abuse associated with peculiarities of the personality of parents there are intergeneration transfer of violence (OR=39,8), alcoholism and addiction (OR=31,4), conflicting and violent relations between the family members (OR=17,5). The risk factors associated with the personality of a child include the peculiarities of the child's behaviour, - hyperactivity, impulsiveness,

aggressiveness, -(OR=5,2), the disturbance of “attachments” formation in the child to the mother (OR=3,8), children-invalids (OR=3,3) and premature children (OR=2,1).

Conclusions: The practical recommendations directed on elimination of the risk factors for the Child Abuse prevention.

1206

ARE ELBW INFANTS AT RISK FOR DEVELOPING ATYPICAL METABOLIC SYNDROME?

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Background: Childhood metabolic syndrome increases the risk of cardiovascular complications in adulthood. Being born small for gestational age is an important risk factor of adulthood metabolic syndrome, however it is unclear whether ELBW children are also at increased risk for metabolic syndrome.

Aim: Assessment of lipid metabolism in preschool ELBW infants in correlation with obesity and hypertension.

Material and methods: 40 ELBW children (mean birthweight 869g (SD:121), mean gestational age 27.6 weeks (SD: 1.9)) were evaluated at 6.7 years (range 6.3-7.4 years). Anthropometry, serum triglyceride (TG), LDL and HDL cholesterol levels, IGF-1 serum levels and 24-hour ambulatory blood pressure measurements were performed.

Results: TG ≥ 1.1 mmol/l was found in 16 infants (40%) and HDL cholesterol levels < 1.3 mmol/l in 10 (25%). Combined lipid abnormalities were detected in 6 (15%) children. Systolic blood pressure above the 90th percentile was found in 10 children, and