c) Multiple Regression Analysis showed Positive and significant correlation of age, weight, height with each SBP and DBP (P value < 0.001)

d) Mean SBP and DBP in obesity & overweight group were significantly higher than those in normal weight group (P < 0.0001).

e) Children with positive Family history of Hypertension has significantly higher mean SBP & DBP than in children with normotensive parents (P value < 0.001)

f) Higher the grades of Socio economic status, higher are the mean SBP & DBP. (P < 0.001).

Conclusions: Regular Blood pressure measurement of children is mandatory for early detection of Pre hypertension & Hypertension. High Body mass index & Positive Family history of Hypertension forms an important indicator of childhood hypertension and appropriate therapeutic life style changes should be initiated to prevent Hypertension & its complications.

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INOTROPE CHANGEOVER IN PAEDIATRIC INTENSIVE CARE

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Background and aims: Variations in inotrope changeover technique can contribute to deviations in blood pressure, heart rate, internal bleeding and in extremis, death (Sheppard, 2001; Crisp, 2002; Morrice et al, 2004; Trim and Roe, 2004). Clinical audit was performed to establish inotrope changeover practices in paediatric intensive care (PIC) and highlight inconsistencies amongst the local nursing population.

Methods: Nursing staff (n=80) completed a one sided, questionairre comprising of 5 criteria.

Results: Frequency of inotrope changeover: Nursing staff (n=45) reported implementing inotrope changeover at least once a week. Others perform inotrope changeover every shift (n=25) or even once a fortnight (n=9). Few staff never implement inotrope changeover (n=1).

Side affects observed by staff: Nurses reported witnessing hypertension (n=55) and hypotension (n=49) during inotrope changeover. Tachycardia (n=23) and bradycardia (n=8) were also reported. One respondent reported observing cardiac arrest.

Inotrope changeover practices of staff: Inotrope changeover technique is dependent upon patient stability. The double pumping technique (n=47) was performed frequently. Definitions of double pumping were not examined. Quick change (n=23) and purging (n=32) technique are also used.

Content of nursing documentation: Common themes for nursing documation include current inotrope dose (n=60), adverse events encountered during changeover (n=56), indications for inotrope infusion (n=23), changeover method used (n=16 and reasons for inotrope changeover technique used (n=4).

Conclusions: Inotrope changeover comprises variables not examined here such as job role, experience and patient dependency. Clinical audit has raised awareness of this important issue and the need for more in depth examination of practice.

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THE STUDY OF LATE ARTERIAL LESION IN CHILDREN WITH CORONARY ANEURYSM DUE TO KAWASAKI DISEASE

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Objectives: Concerns have been raised regarding the existence of endothelial damage and the possibility of a predisposition to premature atherosclerosis in young adulthood with a history of Kawasaki disease (KD). This study was designed to evaluate the endothelial function and carotid intima-media thickness in children with coronary aneurysms.

Methods: Thirty-one children with coronary aneurysms (9 with medium and 22 with giant aneurysms) due to KD and 21 healthy controls were enrolled. The duration from the onset of disease was 1-12.5 years (median 2.53 years) in KD group. Brachial artery flow-mediated dilation, non- flow-mediated dilation, carotid artery stiffness index and intima-media thickness were determined by highfrequency ultrasound.

Results: One KD patient had angina pectris, another had heart failure and abnormal Q waves. Endothelial dependent flow-mediated dilation (FMD) and Non