ventilation [OR (CI < 95%): 0.084 (0.026–0.267)], and use of vasoactive drugs [OR (CI < 95%): 0.286 (0.125–0.654)] strongly associated with mortality. Conclusions: A significant higher mortality rate was found, with PRISM score >10, Multiorgan dysfunction syndrome, mechanical ventilation and use of vasoactive drugs strongly associated with mortality.

848 AN INTERESTING OBSERVATION OF PDA CLOSURE WITH ORAL PARACETAMOL IN PRETERM NEONATES
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Background and aims: To study the effect of oral paracetamol in PDA closure in preterm neonate. Parent ductus arteriosus (PDA), in which there is a persistent communication between the descending thoracic aorta and the pulmonary artery that results from failure of normal physiologic closure of the fetal ductus. Aims: To study the effect of oral paracetamol in PDA closure in preterm neonates. Methods: An observational study to see the effect of oral paracetamol in PDA closure in preterm neonates. Results: We report 10 preterm neonates born at gestational age 27–33 weeks with birth weight range 800 grams to 1400 grams admitted to our NICU. All these preterm neonates were diagnosed to have haemodynamically significant (features of congestive cardiac failure) PDA at 4–7 days of age. Each of these neonate were given oral paracetamol in the dosage of 15mg/kg 8 hourly for 48hrs. The ductal closure was achieved in all neonate by 48 hrs of administration. The ductal closure was confirmed with repeat echocardiography after 72hrs of administration of oral paracetamol. These neonates did not suffer any complication related to paracetamol. Conclusions: The exact mechanism of use of oral paracetamol in ductal closure has not been studied on large scale, however with this study it is evident that oral paracetamol is equally effective in ductal closure with no side effects which was there with Brufen/Indomethacin. However a large randomized study is needed to validate this interesting observation.

849 ORAL CARE PRACTICES IN INTENSIVE CARE UNITS
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Background and aims: Oral hygiene is essential to minimize the risk of infection and significantly affects the child’s well-being. Although nurses recognize the oral hygiene as an integral part of the care in the ICU, the relationship between oral hygiene and reduction of VAP is less recognized. Aims: The study has aimed to evaluate nurse’s opinions on oral hygiene in mechanically ventilated ICU patients. Methods: A prospective, cross sectional study was conducted on 50 ICU nursing staff in A. J. Institute of Medical Sciences, Mangalore after consent from the A.J. Ethical Committee. A five-part questionnaire filled in by the same was assessed. Results: We report 10 preterm neonates born at gestational age 27–33 weeks with birth weight range 800 grams to 1400 grams admitted to our NICU. All these preterm neonates were diagnosed to have haemodynamically significant (features of congestive cardiac failure) PDA at 4–7 days of age. Each of these neonate were given oral paracetamol in the dosage of 15mg/kg 8 hourly for 48hrs. The ductal closure was achieved in all neonate by 48 hrs of administration. The ductal closure was confirmed with repeat echocardiography after 72hrs of administration of oral paracetamol. These neonates did not suffer any complication related to paracetamol. Conclusions: The exact mechanism of use of oral paracetamol in ductal closure has not been studied on large scale, however with this study it is evident that oral paracetamol is equally effective in ductal closure with no side effects which was there with Brufen/Indomethacin. However a large randomized study is needed to validate this interesting observation.

850 CLINICAL PATHWAY (CP) FOR DENGUE FEVER IN DEVELOPING COUNTRIES
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Background and aims: Back ground: Clinical pathway or road map for Dengue fever have been discussed due to coagulation abnormalities, cytokine profile, the role of complement, macrophage ant body, laboratory finding, mediated antivirus enhance etc to predict the severer of outcome. Experience dealing with Dengue Hemorrhagic fever (DHF) and or Dengue Shock Syndrome (DSS), shows that clinical picture for DSS and DHF is the most useful to prevent morbidity and or death. Aims: The aim of this report is to show patient safety of the Dengue case that begun at the first day of fever so prevent shock and death by using Clinical Pathway or Road Map properly. Methods: At the first day of fever NST and or IgG/IgM of Dengue has been examined, and then monitored the sign and symptoms of the Dengue fever day by day, prepare a list of activities in frame according to hospital facilities to prevent shock or bleeding per day. Result: Using CP during 30 years dealing with Dengue fever, number of death is drops nearly zero. Conclusions: Proper CP for Dengue fever is the most to prevent morbidities and mortalities in Developing counties.

851 DRUG AVAILABILITY FOR STABILISATION OF CRITICALLY SICK CHILDREN IN NON-TERTIARY CENTRES: ARE WE READY?
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Background and aims: UK regional paediatric retrieval teams (RRT) provide management advice, stabilisation and retrieval of critically sick child to tertiary centres. Aims: To identify availability of certain drugs at referring centres. Methods: A web-based survey of pharmacists in 19 referring centres in North Wales and North West England to identify whether all areas children present held 63 pre-defined ‘essential’ medications (e.g. induction agents, inotropes etc). This was service evaluation so IRB approval was not required. Results: Response rate 74% (14/19). 69% medications were easily available in each site. Significant minority medications are ‘hard to come by.’ Concerns were identified regarding the following medications: Sodium phenylbuturate, Sodium benzoate, L-Arginine, Miltinome, Iopersaline, Pyridoxine, Levetiracetam. 6 centres (31%) only kept prostaglandin on NICU which may create life-threatening delay if a duct-dependent infant presents elsewhere in hospital. Conclusions: 1) Most referring centres are prepared to deal with majority critically ill children 2) Results: highlighted widespread gaps in medication availability especially for management of complex cardiac or metabolic patients. 3) Regional guidelines have been developed in conjunction with regional specialists and the paediatric critical care network (e.g. hyperammonaemia) which include advice on essential drugs that referring non-specialist centres must hold and which drugs will be carried by RRT. 4) RRTs must work with regional referral centres to determine what drugs are feasible to hold in a referral centre and what RRT should carry to ensure treatment is started within a reasonable time.

852 THE EVALUATION OF CLINICAL SCORES AND ACUTE PHASE REACTANTS IN BETWEEN 3–36 MONTHS AGE THAT HAVE ACUTE FEVER WITHOUT FOCUS.
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Background and aims: Acute fever without focus can point bacteremia or a serious bacterial infection in children. Aims: The purpose of this study is to determine the relationship between biochemical indicators and clinical scales which are related with bacteremia and serious bacterial infections, in 3-36 months children with acute fever without focus. Methods: This study was performed in Pediatric Emergency Department. Children between 3-36 months age, having fever ≥ 38°C at the admission, which focus of fever could not be detected with histories and clinical examinations, were included in the study. A total of 77 cases were recruited, prospectively. We performed YALE Observation Scale at children between 3-36 months. Complete blood count values, erythrocyte sedimentation rate, C-reactive protein, interleukin-6, procalcitonin were obtained at all children. Results: Patients were divided into two groups according to the median YALE Observation Scale as up to 6 points, or higher than 6 points. White blood count, absolute neutrophil number, erythrocyte sedimentation rate, C-reactive protein, and procalcitonin values were not significantly different between two groups (p=0.05). Interleukin-6 values were significantly higher in patients with YALE Observation Scale score > 6 (AUC=0.668; %95, Confidence Interval: 0,527-0,809 and p<0,029). According to YALE Observation Scale, the best cut off point of interleukin-6 to distinguish the cases with normal and high risk was determined as 38.25 mg/dl. Conclusion: As a result, a significant relationship was established between YALE Observation Scale score and interleukin-6 measurements.

853 IMPORTANCE OF PEDIATRIC APPENDICITIS SCORING FOR DIAGNOSIS OF ACUTE APPENDICITIS IN CHILDREN
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Background and aims: Acute appendicitis is the most important cause of abdominal pain in children and the commonest that requires emergency surgery. Aims:
We aim to evaluate and compare the ultrasonographic findings and pediatric appendicitis scoring (PAS) in diagnosis of acute appendicitis. **Methods:** Twenty-five patients between 2-18 years who were admitted to emergency department with acute abdominal pain and thought to have acute appendicitis by history and physical examination were included in the study prospectively. Abdominal ultrasonography was performed on all patients. Pediatric appendicitis scoring was evaluated by one physician. Fifty two percent of patients (n=12) underwent surgery. Definitive diagnosis of acute appendicitis was made according to histopathological findings. Permission was received from the local ethics committee. **Results:** Fifty two percent of twenty-five patients underwent surgery with preliminary diagnosis of acute appendicitis. Intussusception was found in one patient surgically and 12 patients (48%) had acute appendicitis according to histopathological findings. Pediatric appendicitis scoring mean score was 5.5 (range 2-10) for all 25 patients and it was 8.0 (range 6-10) for the 12 patients who were diagnosed by histopathological study. In non-surgical group of patients the PAS mean score was 3.2 (range 2-5) and this result were statistically significant (p<0.05). **Conclusions:** Pediatric appendicitis scoring is a safe and complementary method for evaluation of patients who have preliminary diagnosis of acute appendicitis in childhood but we need comprehensive studies that contain large number of patients.

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**THE SIGNIFICANCE OF LABORATORY EXAMINATIONS TO DETERMINE SERIOUS BACTERIAL INFECTIONS IN CHILDREN THAT HAVE ACUTE FEVER WITHOUT FOCUS**

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**Background and aims:** Clinical scales and laboratory tests have been used to detect the risk of a serious bacterial infection; in children with acute fever without focus. The purpose of this study is to determine the significance of laboratory tests which are related with serious bacterial infections, in 3-36 months children with acute fever without focus. **Methods:** This study was performed in Pediatric Emergency Department. Children between 3-36 months age, having fever ≥38°C at the admission, which focus of fever could not be detected with histories and clinical examinations, were included in the study. A total of 102 cases were recruited, prospectively. Complete blood count values, erythrocyte sedimentation rate, C-reactive protein, interleukin 6, procollactin, urine test, chest x-ray, cerebrospinal fluid, blood, urine and cerebrospinal fluid cultures were obtained in all children. **Results:** We revealed serious bacterial infections in 37.3% (n: 38) of the cases. Children with serious bacterial infections, had significantly higher white blood cell count, erythrocyte sedimentation rate, C-reactive protein and procollactin levels. Erythrocyte sedimentation rate (ESR) was determined as the test with the highest specificity in discriminating children with serious bacterial infection when compared with patients without serious bacterial infection. At this cut off point ESR had 42.1% sensitivity, 87.5% specificity, 66.7% positive predictive and 71.8% negative predictive values. **Conclusions:** Pediatric appendicitis scoring is a safe and complementary method for evaluation of patients who have preliminary diagnosis of acute appendicitis in childhood but we need comprehensive studies that contain large number of patients.

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**CHILD ABUSE AND NEGLECT IN PEDIATRIC EMERGENCY: REPORT OF FOUR CASES**

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**Background and aims:** Child abuse and neglect is the extent to which society is not providing the means of the times at which they are hidden, many more victims do not mention in a public health problem. World Health Organization, children’s health, adversely affect the physical or psychosocial development, an adult, knowingly or unknowingly, in the community or by the government accepts all the same behavior as child abuse. Abused and neglected child reaches very few therapeutic institutions. Generally, the cases remain hidden in the family. If the situation was brought to the emergency department is often heavy, life-threatening complications. **Aims:** To prevent further abuse and establish support services to the families. **Methods:** In this study, the pediatric emergency department of a public hospital in Istanbul, we present four cases in this paper, two of which had a fatal outcome. **Results:** These cases presenting with previous chronic abuse indicate that there is great need for education to increase public and multidisciplinary professional awareness of child abuse. **Conclusions:** Another observation is that legislation on interdisciplinary cooperation is significant and professional interdisciplinary training is very important in the recognition, proper management, and prevention of child abuse and neglect.

We hope the presentation of these cases will help the medical community revisit their responsibility in recognizing and preventing child abuse. **Keywords:** Child, doctor, nurse, abuse, neglect, pediatric emergency

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**HEAT-SHOCK-PROTEINS 72- 90A-EXPRESSION AND AMINO ACIDS IN CRITICALLY ILL CHILDREN AND ADULTS WITH SEVERE SEPSIS OR TRAUMA – A PILOT STUDY**

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**Aims:** To determine in the extracellular HSP72, HSP90a monocyte expression (iHSP) and extracellular (eHSP72, HSP90a) and amino acid concentrations in children with Severe Sepsis (SS) or SIRS compared to adults and healthy controls (H). **Methods:** Twelve consecutively admitted patients with SS (5 children), 28 with trauma (15 children) and 31 healthy-control subjects H (8 children) were enrolled in the study (IRB approved). Flow cytometry was used to determine iHSPs expressed as Mean Fluorescence Intensity (MFI); ELISA to evaluate plasma eHSPs and HPLC for amino acid concentrations. **Results:** HSPs, glutamine, arginine did not differ between children and adult SS/SIRS. Monocyte iHSP72 differed among groups in both children (SS 10 ± 2MFI; SIRS 32 ± 18; H 21 ± 9, p<0.01) and adults (SS 26 ± 12MFI, SIRS 29 ± 8; H 16 ± 12, p<0.003). Extracellular HSP72 increased and amino acids decreased in adult SS/SIRS compared to H (p<0.05). Children’s iHSP72 independently related to NO (Beta=-0.97, p<0.05) and iHSP90 to NO (Beta=0.83, p<0.05). In adults iHSP72 (Beta=-0.65, p<0.05) and iHSP90a (Beta=0.85, p<0.05) independently associated with ATD. Adult HSP72 (p<0.003) was higher but glutamine, glutamate, citruline (p<0.05) lower in non-survivors. **Conclusions:** Monocyte iHSP72 is increased in SIRS, but depressed in SS, negatively associated with NO, in children and with ATP in adults. Increased iHSP72 and decreased amino acids may relate to poor outcome. This research has been co-financed by the European Union (European Social Fund (ESF)) and Greek national funds through the Operational Program “Education and Lifelong Learning” of the National Strategic Reference Framework (NSRF)-Research Funding Program: THALES.

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**POSTTRAUMATIC CEREBELLAR HEMORRHAGE AND DUE- DONAL DIEULOFYO’S LESION: A CASE REPORT. CAN IT BE AN EARLY VASCULAR SIGN OF OSLER-WEBER-RENDU SYNDROME?**

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**Aims:** To report a case of posttraumatic cerebellar hemorrage and recurrent massive upper GI bleeding from a pediatric intensive care unit, Sisli Hamidiye Etfal Hospital, Istanbul, Turkey ²pediatric gastro-enterology department, Sisli Hamidiye Etfal Hospital, Istanbul, Turkey ³pediatric surgery department, Sisli Hamidiye Etfal Hospital, Istanbul, Turkey

**Methods:** We report a case of posttraumatic cerebellar hemorrhage and recurrent massive upper GI bleeding from a pediatric intensive care unit, Sisli Hamidiye Etfal Hospital, Istanbul, Turkey

**Results:** We report a case of posttraumatic cerebellar hemorrhage and recurrent massive upper GI bleeding from a pediatric intensive care unit, Sisli Hamidiye Etfal Hospital, Istanbul, Turkey

**Conclusions:** Monocyte iHSP72 is increased in SIRS, but depressed in SS, negatively associated with NO, in children and with ATP in adults. Increased iHSP72 and decreased amino acids may relate to poor outcome. This research has been co-financed by the European Union (European Social Fund (ESF)) and Greek national funds through the Operational Program “Education and Lifelong Learning” of the National Strategic Reference Framework (NSRF)-Research Funding Program: THALES.