confusion were encountered more frequently in the COHb greater than 10% group compared with the group with 1,5% to 10% COHb levels.

Conclusions In this study, we managed to demonstrate the presence of more frequent symptoms in patients with a COHb level of 10% or greater. Further analysis revealed that severe symptoms were more pronounced in adolescents and that the severity of symptoms increased with age.

PO-0308 DURAL SINUS AND INTERNAL JUGULAR VEIN THROMBOSIS AFTER BLUNT HEAD INJURY IN A PAEDIATRIC PATIENT: GOOD OUTCOME AFTER PROMPT ANTICOAGULATION THERAPY

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Introduction Paediatric cerebral venous sinus thrombosis (CVST) is a rare condition (3 cases/million population), usually idiopathic. Traumatic head injury is a rare cause of this severe disease and no consensus exists regarding diagnosis and management of post-traumatic CVST. We describe the case of a patient with blunt head injury who developed sigmoid sinus and Internal Jugular Vein Thrombosis (IJVT), successfully treated with anticoagulation therapy (ACT).

Case-Report A 14 years old boy, previously healthy, was brought to our ED because of an head trauma and transient loss of consciousness after a road traffic accident. On arrival he was conscious and irritated and needed sedation and oro-tracheal intubation. Immediate CT showed right temporo-parietal fracture with left fronto-parietal subarachoid hematoma. A 48 h CT revealed a worsening of right temporal hematoma and an hyperdensity area at the right sigmoid sinus suggestive of CVST, confirmed by CT venography as venous thrombosis of sigmoid sinus and IJV. His coagulation profile was normal. The patient started immediately Low Molecular Weight Heparin therapy, continued for three months. The MRI after two weeks of ACT was normal. He was discharged after 27 days without any neurological deficit.

Conclusion Our report demonstrates importance of suspicion for CVST in head trauma, especially in those with high energy trauma or focal lesion, in which the neurological status cannot be monitored. The early diagnosis may permit to start an appropriated ACT, that is probably effective in reducing the risk of death and sequelae, if started early, during the acute phase.

PO-0309 A BIRD'S EYE VIEW OF RETRIEVALS

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Background The increased use of simulation for teaching clinical and non technical skills has revolutionised our multidisciplinary retrieval training. The opportunity to experience real time situations and respond within a safe environment is widely documented as an invaluable teaching tool allowing teams to explore not only the treatments of different conditions but also to focus on the human factors and identify strategies for good leadership and follower ship, (Cheng *et al* 2007).

Method The extra benefit of the simulation days has come from an unexpected quarter. The teams themselves are asked to play differing roles fulfilling the position of local hospital staff or a parent. These experiences have resulted in unanticipated insights into what it is like to be involved in a retrieval from *'the other side'*.

Results Retrieval team members have responded saying, *'the child was really ill and it was such a relief when the team arrived'*, showing real insight into the experiences of the local staff. *'It gave me a bird's eye view of retrievals'*. Members playing the role of parents often became emerged in their roles feeling close to tears at times when things were not going well. Other comments included, *'there were so many of them I felt left out and out of control'*.

Conclusions These comments will be further explored and discussed with relation to how these experiences can be translated into our practice and improve the service we deliver to our critically ill children and their families.

PO-0310 MODIFIED BERDEN SCORE FOR PAEDIATRIC BASIC LIFE SUPPORT EXAMINATION

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Background and aims Although appropriate guidelines for paediatric basic life support (pBLS) are available (European Resuscitation Council (ERC) Guidelines, 2010) and many health care professionals follow pBLS courses, a reliable and valid scoring tool for pBLS examination is still lacking. We endeavoured to develop such a scoring instrument.

Methods Based on the ERC algorithm for pBLS and the scoring system for BLS in adults developed by Berden *et al*. (Resuscitation, 1992), we composed a scoring tool with content validity. Consensus on this scoring tool was reached within an expert panel to endow it with face validity. We used our tool for the pBLS examinations of 187 medical interns that just completed a pBLS course. All examinees were scored on-site and on video. Eighty video-recorded examinations were scored a second time by the same researcher after several months. An independent researcher also scored these 80 videos. Finally, 20 skilled pBLS course instructors were scored with our tool.

Results Thirty examinations were excluded, because videos were of insufficient quality or interns declined consent. Correlation between on-site and video-based scores was low. Less interns passed their pBLS examination based on on-site scores. Scoring was most divergent regarding the items chin lift, signs of life, leaning and tidal volume. When looking at the videos, intra-observer and inter-observer reliability were good. The percentage of pass scores was considerably higher in pBLS course instructors than in interns.

Conclusions We developed a reliable and valid scoring tool for pBLS examination. Video-based rather than on-site scoring is recommended.

PO-0311 CEREBRAL SINOVENOUS THROMBOSIS IN CHILDREN

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