months) and (6.31±1.75 kg) respectively. The age and weight in group B was (7.6±3.9 months) and (4.84±1.12) kg respectively. There were no significant differences between the 2 groups in term of post operative mortality or morbidity.

Conclusion Failure to thrive can complicate congenital heart diseases (CHD) associated with significant left to right shunt and heart failure. FTT was not associated with increase in ICU morbidity or mortality. Attempt to optimize the body weight for age in children with CHD may not add any beneficial advantages in term of surgical risk or postoperative ICU outcome.

804 OUTCOMES OF PEDIATRIC TETANUS IN WESTERN INDIA

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Background Despite being easily preventable with a highly effective vaccine, tetanus remains a significant source of morbidity and mortality. We determined the clinical profile and outcome of management of paediatric tetanus admitted to our tertiary care hospital over 7 years.

Methods Retrospective chart evaluation of all patients admitted from 2005 to 2012 between age groups of 1 month and 18 years. Demographic and Clinical Profile, Management in the hospital and variables affecting outcomes were studied.

Results 65 patients (43 males, 22 girls) were admitted. Average age was 8.4 years. 12 children died, 32 discharged while 21 were transferred to another facility. 24/65 were unvaccinated, 21/65 partially vaccinated and 10 received proper immunization. Average incubation period (IP) was 7 days with patients with otogenic tetanus having IP of 15 days. 19 patients were ventilated for average duration of 5.74 days while 18 required tracheotomy. 25 patients had laryngeal spasms and 7 had autonomic instability. 14 patients did not receive Tetanus Immunoglobulin (TIG) while 51 received TIG in various forms (intrathecal, intramuscular or both). 5 patients who received only intrathecal survived while 13 of 19 that received both survived. 3/27 who received intramuscular tetanus died and 3/14 who received no TIG died. Odd Ratio for Death in No TIG use vs TIG use was 1.16 (CI 0.26.6, 5.3).

Conclusions Tetanus is prevalent in India and causes significant morbidity and mortality. 27.3% mortality shows that treating tetanus is still difficult. Use of intrathecal TIG was not associated with a beneficial effect.

805 PROSPECTIVE OBSERVATIONAL STUDY OF COMPLICATIONS OF CENTRAL VENOUS CATHETERISATION IN A REGIONAL PAEDIATRIC INTENSIVE CARE UNIT

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Background and Aims Central Venous Cather (CVC) has become an indispensable route for venous access in Paediatric Intensive Care Units(PICU). Used worldwide to monitor haemodynamic status, administer fluids, medication, parenteral nutrition and for blood sampling.

To evaluate various complication rates of triple lumen CVC in PICU.

To investigate the relationship between the duration of percutaneous central venous catheterisation and the occurrence of catheter-related complications.

Methods A prospective study (August 2010 to July 2011) of 227 central venous catheterisations in children of different ages in a regional PICU. Data on demography, site of insertion, complications during insertion and complications during line in-situ were collected.

Results Total number of CVC days (for 227 CVC) was 960 days.

Complications during insertion were multiple attempts(4.84%), bleeding(0.88%) and haemothorax(0.44%).

Abstract 805 Table 1 Central venous catheter complication rates

Type of complication	Infection	Thrombosis	Leakage
Complication rates	22.91 per 1000 catheter days	4.16 per 1000 catheter days	18.75 per 1000 catheter days

Abstract 805 Table 2 Complication in relation to duration of CVC

Type of complication	Number of catheters	Total catheter days	Average duration of one CVC in-situ in days
Infection	22	188	8.54
Leakage	17	129	7.5
Thrombosis	4	14	3.5
No complications	177	629	3.55

Abstract 805 Table 3 Internal jugular vein vs femoral vein

	Internal jugular vein	Femoral vein	Relative risk
CVC infection	11/127 (8.66%)	11/90 (12.22%)	1.4

Conclusion Overall complication rates of CVC is 45 per 1000 catheter days.

Infectious complications were independent of the venous access site, but increases with the duration of catheterisation. Thrombotic complications happened within short period of catheterisation.

806 ARTERIAL OXYGEN TENSION AND OUTCOME AFTER OUT-OF-HOSPITAL CARDIAC ARREST IN CHILDREN

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Background There is good evidence that hyperoxia after resuscitation in the newborn period can be detrimental to neurological outcome and survival. The association between hyperoxia and survival after out-of-hospital cardiac arrest (OHCA) in children has not been evaluated.

Methods A retrospective, observational study of children admitted to 3 PICUs after OHCA (2004–2010). Primary outcome was survival to hospital discharge. Patients were divided into three groups (hypoxia < 8kPa, normoxia 8–40kPa, hyperoxia >40kPa) based on arterial oxygen tension in the first 24 hours. The PaO_2 thresholds used are based on recently published literature.

Results 140 patients were identified (51 hypoxia, 60 normoxia, 29 hyperoxia), with the hyperoxia group significantly older than other groups (Table). The predicted probability of death (PIM2) at PICU admission was similar across the three groups, as was the use of interventions, such as transfer between hospitals and requirement for inotropes. Survival to hospital discharge was only 14% (95% CI: 4–31) in the hyperoxia group against 27% (95% CI: 16–40) in the normoxia group and 37% (95% CI: 24–52) in the hypoxia group (p=0.08). The Odds Ratio for survival in the hyperoxia group was 0.44 (95% CI: 0.13–1.46, p=0.18) compared to the normoxia group.