children below 5 years. Would FIMNCI training impart the confidence and skills required for implementation of this training were our research questions.

Methods Cross-sectional Questionnaire based survey from 53 participants of three FIMNCI trainings. MOs and SNs belonged the Primary Health Centres (PHCs), Community health Centres (CHCs) and Civil hospitals. Questions related to availability of facilities at their working place; confidence in ability to perform skill based procedures and acceptability and implementation of FIMNCI.

Results The PHCs and CHCs have adequate facilities to treat non critical problems but most lack facilities for intensive care. Most MOs (84.2%) and SNs (79.4%) are confident of triage in emergency room as well as providing positive pressure ventilation. All MOs and most SNs (61.9%) were confident in treating sick children at CHCs while most MOs (66.6%) and SNs (83.3%) were not confident at PHCs. Most participants preferred that FIMNCI training should be of longer duration. SNs preferred training in local language. Most MOs were not confident in monitoring of sick children.

Conclusion More focused training should be provided for the staff of PHCs and CHCs like Triage and Resuscitation. Advanced care for various serious illnesses in children cannot be imparted by short training courses.

1734 IMPROVING QUALITY OF CARE FOR HEALTHY TERM JAUNDICED BABIES: COMMUNITY BASED INTEGRATED CARE PATHWAY REDUCE READMISSIONS AND LENGTH OF STAY

doi:10.1136/archdischild-2012-302724.1734

[1]D Thakkar, [1]S Davies, [1]N Callender, [2]S Chalkley, [2]K Phekoo, [1]JO Menakaya. *[1]Neonatal Paediatrics, Hillingdon Hospital NHS Foundation Trust; [2]Imperial College, London, UK*

Background Readmission rates for healthy term neonates with severe hyperbilirubinaemia has increased in recent years. In 2011, we implemented a comprehensive risk assessment based integrated care pathway situated in the community to monitor all jaundiced babies. The pathway comprises intensive feeding support; monitoring bilirubin levels at home with transcutaneous bilirubinometers (TcB) and total serum bilirubin (TsB); prompt referral to hospital when thresholds for treatment set at 340μmol/l was reached and a standardised weaning strategy for phototherapy dosage.

Aims To evaluate the impact of this pathway on variations in decision to treat, readmission rates for jaundiced babies and length of stay (LoS) before and after implementation.

Methods We analysed the case records and compared the outcomes for all healthy term babies who were readmitted to receive phototherapy between 1 June and 30 September 2010 with those of babies admitted during the same period in 2011. We used SPSS software for statistical analysis.

Results 2921 term babies were delivered during the two time epochs. 28/1468 (0.02 %) received phototherapy in 2010 compared with 19/1453 (0.013%) in 2011. The mean maximum bilirubin levels in 2010 was significantly lower at 292±64 μmol/l (range: 193–457) compared with 362+26.3 μmol/l (range: 323–433) in 2011. The LoS was significantly reduced at 45.5±26.7hr in 2011 compared with 87.2±53.8 hr in 2010.

Conclusions This study showed reduced readmission rate and a statistically significant reduction in the length of stay during readmission in the post intervention group despite a significantly increased maximum bilirubin level. In addition, there was improved consistency amongst professionals on when to refer babies for phototherapy.

1735 RESULTS OF CHILDREN AND ADULTS ALLERGY TESTING USING THE FAST ALLERGY TEST (FAST CHEK POC)

doi:10.1136/archdischild-2012-302724.1735

[1]E Karabeg, [1]E Karabeg, [2]A Karabeg. *[1]Joint Praxis 'Dr Karabeg', Sanski Most, Bosnia-Herzegovina; [2]School of Medicine, Medical University, Maribor, Slovenia*

Purpose Analyse the results of allergy testing based on age and gender of patients, frequency of the testing:the inhalation- and nutritional allergy in vitro tests.

Methods 230 persons: 141 (60.87 %) - children, adults 89 (38.69%); from 1 to 70 years old, 108 - males (46.95%) and 122 females (53.04%).

Results All patients had some of allergy clinical symptoms: allergic rhinitis, asthma, allergic dermatitis ...

Testing the adults: females 69.66%, males 30.33%; the children: girls 42.55%, boys 57.44%.

The inhalation allergy: in children - 82.26%, in adults 72.22% while the nutritive allergy was in children 17.73% and 27.77% in adults.

Inhalation allergy: male children 48.22%, adults 23.59%, female children 34.04%, adults 50.56%.

Nutritional allergy: male children 9.21%, adults 7.86%, female children 8.51%, adults 20.22%.

Frequency of the inhalation allergy: male 48.90% and female 51.09%; and the nutritional allergy: male 40%, female 60%.

The children: Ambrosija 40.42%, Alternaria 36.17%, house dust 31.91%, Cladosporium 21.98%, Hasel pollen 19.14%;

In adults: house dust 39.32%, Ambrozija 34.83%, Alternaria 31.46%, Cladosporium 22.47%, Hasel pollen 21.34%.

Nutritive reagents in children: fish 4.25 %, carrot 3.54%, celery 3.54%, wheat flour 2.83 and in adults wheat flour 8.98%, meat 7.86%, fish 4.49%, soybean 4.49%.

Conclusion It was significantly greater need for conducting of allergy tests in children then in adults (61.3% versus 38.69%). The inhalation alergenes 78.69 % - nutritive alergenes 21.31% .

The nutritive allergies e often in female population.

1736 EFFECT OF EARLY INTERVENTION IN DOWN SYNDROME: A PILOT STUDY IN YOUNG INFANTS

doi:10.1136/archdischild-2012-302724.1736

[1]S Bargagna, [2]M Bozza, [2]G Purpura, [1]T Luongo. *[1]Child Neurology and Psychiatry; [2]Stella Maris Institute, Pisa, Italy*

Background and Aims Down Syndrome (DS) is the most important genetic cause of intellectual disability. No consensus exists on the specific type and timing of early intervention in this population. Studies on animal models support the beneficial effects of environmental enrichment (EE). Infant Massage (IM) is a good human paradigm of EE. We aim to determine the effects of early EE in young infants with DS.

Methods 12 subjects were randomized in two intervention groups: GroupA received a bi-monthly counseling intervention and includes 5 infants- GroupB in addition to the counseling intervention, the infants received IM performed by a parents; includes 7 infants. A structured family counseling consisting of observation of parent-child interaction in emotional aspects and developmental skills. The study -group B receive an additional intervention based on IM.

Main Outcome Measures Dubowitz Infant Neurological assessment, Prechtl's method; Teller acuity cards, Frisby Stereotest; Parent to Infant Attachment Scale, Parental Stress Index; Griffiths Developmental Mental Scales.

Preliminary Results Motor milestones: upright posture at GroupB 11.3 months, GroupA 12.5 months, crawling GroupB 11.7 months, GroupA 13.5 months; coastal shipping GroupB 14.5 months, GroupA 15 months.

Cognitive level GroupB (QS Total 75.3 GroupA (QS Total 71.5); stereopsis in GroupB (5 months) GroupA (6 months) visual acuity in GroupB (12.5 cy/cm at 12 months) GroupA (10.3 cy/cm at 12 months).

Conclusion In the group of massaged infant seems to obtain better results in motor milestones and in cognitive development, faster maturation of stereopsis, a increase of visual acuity have been also reached.

1737 EPIDEMIOLOGICAL ASPECTS OF STREPTOCOCCAL PHARYNGEAL INFECTIONS IN PEDIATRIC POPULATION

doi:10.1136/archdischild-2012-302724.1737

[1]S Iurian, [2]L Bera, [3]SI Iurian, [1]M Mihut, [3]ML Neamtu, [4]A Muntean. *[1]Clinical Laboratory, Pediatric Hospital; [2]Statistics Department, Faculty of Medicine, 'Lucian Blaga' University; [3]Research Department, Pediatric Clinic, 'Lucian Blaga' University; [4]Pediatric Clinic, Sibiu, Romania*

Background During last 5 years, we noticed an increasing incidence of scarlet fever and streptococcal pharyngitis in our county.

Aims

1. To appreciate the positive results rate for beta-hemolytic pyogenic streptococci in throat specimens (group A streptococci- gAs, group C- gCs, group G- gGs);
2. To evaluate ratio of each streptococcal group pharyngeal infection;
3. To establish correlation between streptococcal infections and diseases that justified throat cultures.

Methods Authors designed a retrospective epidemiological study, analyzing microbiology department data during 14 months period. Inclusion criteria: hospitalized and ambulatory care children aged between 2–18 years (scarlet fever diagnosis, pharyngitis diagnosis, healthy children requesting throat exam). Exclusion criteria: children up to 2 years of age. In order to identify streptococci, authors used Columbia agar with 5% sheep blood, Bacitracin inhibition tests, latex agglutination. Data was statistically analyzed using likelihood ratio.

Results Among 6653 throat cultures, 497 isolates (7.47%) were positive. Ratio for each streptococci group was: group A –88.0%, group C –6.2%, group G –5.8%. Seasonal incidence: higher incidence was reported in February and lower incidence in August. Regarding correlation between patient diagnosis and identified streptococci group in throat specimens (p value =0.000): 112 scarlet fever patients (111 gAs, 1 gGs), 264 pharyngitis patients (234 gAs, 13 gCs, 17 gGs), 121 healthy children (93 gAs, 18 gCs, 10 gGs). Last mentioned patients mean pyogenic streptococci carriers (24.34%).

Conclusions Carriers represents the "infection pool" for community children, maintaining persistence of source infection and explaining diminished efficacy of epidemiological measures and infection outbreaks in pediatric population.

1738 EFFECTS OF *FORSYTHIA KOREANA*-INCLUDED HERBAL MEDICINE TREATMENT ON UPPER RESPIRATORY TRACT INFECTION IN KOREAN CHILDREN

doi:10.1136/archdischild-2012-302724.1738

[1]DY Yoo, [1]SB Yang, [1]JH Park, [1]NG Kim, [1]MA Kim, [2]SY Lee, [2]HY Choi, [1]H Choi. *[1]Department of Research and Development, Hamsoa Oriental Clinic Network; [2]Department of Pharmacology and Development, Hamsoa Pharmaceutical, Seoul, Republic of Korea*

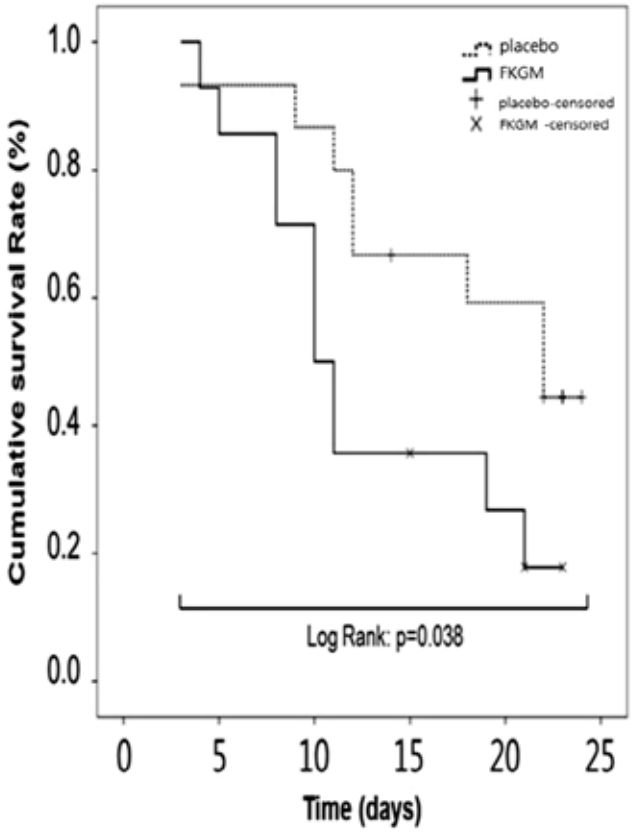
Background and Aims Korea has known high antibiotics prescription in children upper respiratory tract infections (URIs). Recently, herbal therapy is be magnified instead of unnecessary antibiotics prescription. *Forsythia Koreana* has been extensively used for the treatment of viral and bacterial respiratory tract infections. However, it remains unclear whether the herbal medicine has beneficial effects through clinical control study in URIs. Therefore, to investigate the anti-viral effects of *Forsythia Koreana* included herbal medicine (FKGM) on URIs in children, we conducted a randomized, double-blind, placebo-controlled study.

Methods Participants included 29 children who received either placebo (n=15) or FKGM (n=14) at the onset of URIs symptoms. The therapeutic effects assessed URI symptoms scoring system given by the James A Taylor for clinical studies to identify children with a documented viral URIs. Results were evaluated using student's t-test; the Kaplan-Meier method was used to analyse data regarding symptom duration.

Results

Abstract 1738 Table 1 URI symptom score

Symptom	Placebo (n=15)	FKGM (n=14)	p-value
throat pain	3.27±4.17	1.21±2.42	0.120
expectoration of sputum	4.93±4.04	3.00±2.75	0.146
sneezing	4.13± 4.21	2.21±2.52	0.147
runny nose	9.60±6.67	6.36±4.53	0.140
nasal congestion	8.40±5.10	3.79±2.72	0.006*



Abstract 1738 Figure 1 URI symptom duration between placebo and FKGM

Conclusions FKGM was more effective than the placebo in terms of reducing the duration of URI symptoms and reducing nasal discharge. These findings suggest that FKGM can be used for the replacement of antibiotics.

1739 SOCIOECONOMIC CHARACTERISTICS OF THE CHILDREN WHO NEEDED HOSPITALIZATION IN A PEDIATRIC INTENSIVE CARE UNIT (PICU)-RETROSPECTIVE ANALYSIS

doi:10.1136/archdischild-2012-302724.1739

[1]AM Spanaki, [2]M Linardakis, [1]D Fitrolaki, [1]T Tavladaki, [1]E Blevrakis, [1]S Ilia, [1]E Vasilaki, [1]E Geromarkaki, [2]C Lionis, [2]T Philalithis, [1]G Briassoulis. *[1]Pediatric Intensive Care Unit, University Hospital of Heraklion; [2]Public Health and Health Care Management, Faculty of Medicine, University of Crete, Heraklion, Greece*