aggressive neoplasm with poor prognosis which might be of interest for the clinicians.

Case presentation We herein report a case of a 14-year-old girl suffering from cough and back pain for one week. Computerised tomography showed bilateral pleural effusions and mediastinal axillary lymph nodes. The specimen from pleural effusion showed a transudate character with no tuberculosis or no sign of malignancy. Because of increasing dyspnea, a chest tube was inserted and pleural and lung parenchyma biopsy was performed and no definite diagnosis was done. After two weeks, chest tube was drawn. 4 days later, the patient admitted to our emergency room with dyspnea and back pain. Because of increased pleural effusion, the patient was intubated immediately and was referred to paediatric intensive care unit. Detailed diagnostics tests showed anaemia, thrombocytopenia, hypoechoic lesions on spleen and liver, intraabdominal multiple lymph nodes, sclerotic lesions on vertebrae. A tru-cut biopsy was performed by interventional radiology and malignant infiltration was reported. Chemotherapy was initiated to the patient however, the patient's status was altered and died.

Conclusion We present a case of primary pulmonary NK cell lymphoma. The course of the disease was fulminant although the patient received aggressive chemotherapy and other symptomatic treatments. Our case who had difficulty in diagnosis may help to clinicians to identify other cases with NK cell lymphoma, their treatment and outcomes.

PO-0272 EVALUATION OF PROPOFOL FOR SEDATION IN NEONATAL ENDOTRACHEAL INTUBATION

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10.1136/archdischild-2014-307384.926

Background Propofol is increasingly used as a rapid and short acting induction agent. Concerns about cardiovascular side effects have limited its use in neonates. In our level III NICU and prehospital paediatric medical team, propofol is the first drug of choice for all intubations in hemodynamically stable newborns.

Aim To evaluate efficacy and tolerance of propofol in neonates.

Methods Monocentric prospective observational study, conducted between June 2012 and March 2014 including neonates needing elective endotracheal intubation. Patients received a starting dose of 1 mg/kg of propofol. Additional doses of 0.5 mg/kg were repeated until sufficient sedation was obtained. Haemodynamic parameters were recorded before, during and after propofol injection. The level of sedation, intubation conditions, and side effects were recorded.

Results Propofol was used in 89 intubations in 83 patients with a median gestational age of 31 wk + 5 d (25 wk +6 d to 41 wk +3 d), postnatal age was 4 h (17 min to 67 days), and weight was 1530 g (610–4820 g). A propofol starting dose was sufficient in 34% of patients. A total dose of 2 mg/kg was efficient in the 73% of patients. Physicians were satisfied about the intubation conditions in 75%. Short and moderate hypotension occurred in 32% of patients independently of doses and gestational ages (91% before 12 h of age). No patients required neither fluids nor vasopressor. The following side effects were also noted: apnea (35%), bradycardia (<10%).

Conclusion Propofol offered good intubation conditions without significant side effects. Doses needed to obtain sufficient sedation varied widely.

PO-0273 COMMUNITY-ACQUIRED URINARY TRACT INFECTIONS (UTI) WITH EXTENDED-SPECTRUM BETA-LACTAMASE (ESBL) BACTERIA IN A FRENCH PAEDIATRIC EMERGENCY DEPARTMENT (PED)

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10.1136/archdischild-2014-307384.927

Background The prevalence of ESBL bacteria in community-acquired UTIs is increasing. This is of concern, since antibiotic therapy would be restricted to a few antibiotics, including carbapenems (in turn, the frequent use of penems leads to carbapenem-resistance), aminoglycosides, colimycin and fosfomycin.

Aims To describe the prevalence of ESBL among Gram-negative bacteria causing community-acquired UTIs managed in a tertiary care PED serving an active Department of paediatric urology.

Methods Retrospective study of all UTI episodes diagnosed between 1st January and 31th December, 2012. UTIs were retrieved by using the PED and Bacteriology databases.

Results 457 (0.6%) community-acquired UTIs have been identified among 78,152 visits in the PED in 2012. 358 (78%) were diagnosed as acute pyelonephritis based on clinical signs and elevated CRP and/or PCT, and 99 (21%) as acute cystitis. Whereas no ESBL bacteria was identified among episodes of cystitis, 16 acute pyelonephritis cases were due to ESBL *E.coli* (i.e., 4.5% of all *E.coli* and 3.4% of all UTIs). 13/16 (81%) UTIs occurred in children suffering urinary tract abnormalities. Moreover, one child with vesico-ureteral bilateral reflux had 3 distinct episodes of UTIs due to ESBL *K.pneumoniae* in 2012.

Conclusions The incidence of ESBL *E. coli* causing community-acquired UTIs remains low (~5%) in a tertiary hospital PED. This reassuring finding comforts the French UTI current recommendations of using as a first-line therapy iv ceftriaxone for 4 days followed by oral cefixime for 6 additional days. However, ESBL bacteria causing UTIs are favoured by urinary malformations, previous hospitalisations and prophylactic antibiotics.

PO-0274 THE FIRST POLISH STUDY ON PARENT SATISFACTION IN PAEDIATRIC INTENSIVE CARE UNIT - THE EMPATHIC-30 POLAND STUDY

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10.1136/archdischild-2014-307384.928

Aim The aim of the EMPATHIC-30 Poland study was to implement a validated parent satisfaction questionnaire.

Material and method The EMPATHIC-30 questionnaire was used with a written permission of author. The study has been performed at the 10 beds PICU. Inclusion criteria were all parents whose child was admitted to the PICU for at least 24 h and not died in this unit.

Results During 4 months 62 children (including 10 deaths) have been discharged from the PICU. There were 2 parents who refused to take part in the study, another 3 parents were not

present during hospitalisation. Twenty five questionnaires have been collected (response rate 53%). Among patients there were 18 infants and toddlers, 3 children and 4 adolescents. Mean length of stay in the PICU was 11 days, 60% of admissions were unplanned. Questionnaires were completed mainly by mothers (84%). Not satisfactory opinions have been given manly for understandable information on examinations and tests (12%) and on possibility to stay close to the child during intensive procedures (16%). All of parents declared that the team worked efficiently and the team showed respect for the patients but only 72% of parents responded that during stay in the PICU the staff regularly asked for parent's experiences.

Conclusions The EMPATHIC-30 empowers parents to provide feedback on their experiences in paediatric intensive care and may facilitate health care professionals to improve quality of care. Following a single centre experience the EMPATHIC 30 Poland study should be continued as a national project.

PO-0275 ASSESSMENT AND COMPARISON OF A LAB-SCORE AND A CLINICAL PREDICTION MODEL FOR DETECTING SERIOUS BACTERIAL INFECTIONS IN FEBRILE YOUNG CHILDREN

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10.1136/archdischild-2014-307384.929

Background and aims C-reactive protein and Procalcitonin have been lately the most researched biomarkers in identifying serious bacterial infections (SBI) in febrile children. The Lab-score (2008) includes CRP, PCT and urinalysis for detecting SBI and the Clinical Prediction Model (CPM) (2013) combines clinical variables with CRP value for detecting pneumonia and other SBI separately. We aimed to assess and compare the value of the Lab-score and the CPM in identifying febrile children at risk for SBI in the Emergency Department (ED).

Method This survey is part of a prospective observational study aimed to identify children with fever without source at risk for SBI. Patients were recruited from Tirgu Mures Emergency Clinical County Hospital, Romania. SBI diagnosis was based on urine, blood and CSF cultures and chest radiographs. For children included, aged 1 to 36 months, the Lab-score and the CPM were calculated. Positive and negative likelihood ratios and post test probabilities were calculated for each test.

Results From 134 children, SBI was diagnosed in 31 (23.13%): 11 pneumonia and 20 other SBI, mostly urinary tract infections. Positive and negative likelihood ratios for Lab-score (≥3), CPM-Pneumonia (≥10%) and CPM-Other SBI (≥10%) were 7,25/0,25, 22/0,65 and 5,23/0,50 and the post test probabilities were 69%, 66% and 48% for the same cut-off values.

Conclusions Both the Lab-score and CPM-Pneumonia are valuable tools in detecting SBI in febrile young children. CPM-Other SBI showed less performance than Lab-score and CPM--Pneumonia, possibly due to the lack of urinalysis value in CPM--Other SBI, which are mostly UTI.

PO-0276 FEVERISH CHILDREN IN A DGH IN NORTHERN IRELAND –WHAT ARE WE DOING?

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10.1136/archdischild-2014-307384.930

Aims We undertook this audit to review the management of feverish children in our emergency departments (ED) compared to The College of Emergency Medicine (CEM) standards.

Methods The data was collected using a tool designed by CEM. Entry criteria: under 5 years old and temp >38°C on arrival.

Results Total number of patients was 50. The assessed risk profile for this population (using NICE guidelines) were 24 low risk, 14 intermediate risk, 11 high risk and 1 we were unable to risk stratify from the clinical notes. Nine children were prescribed antibiotics (5 low risk, 2 intermediate and 2 high risk).

Of the 11 patients who were high risk, 7 had a clear source of infection. Of the 4 who had no source identified, one had bloods and urine performed in ED but these were not recorded in the notes. 2 had bloods performed on the paediatric ward.

For the 14 patients in the intermediate risk, 8 had a source of infection, 5 had no obvious source identified and one was not clearly documented. No patients without a source were presecribed antibiotics. No documentation was recorded about discharge advice.

18 patients (36%) did not have a blood pressure (BP) or a capillary refill time (CRT) documented in the notes and 10 patients (20%) did not have their GCS or APVU recorded.

Conclusions There are areas that require review. Improvements must be made to ensure a full set of observations are recorded, emphasising the importance of BP/CRT as well as GCS/AVPU.

PO-0277 REVIEW OF THE MANAGEMENT AND OUTCOME FOR PATIENTS TREATED FOR WHEEZE IN A TERTIARY PAEDIATRIC EMERGENCY DEPARTMENT (PED)

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10.1136/archdischild-2014-307384.931

Background and aims To review the management of patients who were treated for wheeze in the PED and compare them to those in the British Thoracic Society (BTS) Guidelines.

Methods Reviewed PED flimsy of those patients over 2 who were treated for wheeze in PED in March.

Results Number of patients 46.

93% received bronchodilators while 7% were given Prednisolone only. 65% were given maximum nebulised bronchodilator therapy (x3 sets). 89% received steroids and 2% received IV medication. 41% received antibiotics in ED and 50% had a chest x-ray performed.

Of those discharged (n = 32), 75% were discharged within 4 h. 31% patients were discharged within 1 h of last bronchodilator and a further 41% within 2 h.

Of those treated with maximum nebulised bronchodilators (n = 30), 43% were admitted, 23% discharged within 1 h post last bronchodilator and a further 27% within 2 h.

8% re-attended within 48 h -4% due to elevated temperature, 2% were uncertain with inhaler technique and 2% due to increase in symptoms.

No patient had documented evidence of written asthma management plan given or to attend primary care for review within next 48 hrs.

Conclusions The low re-attendance rate is supportive that those attending received good clinical care and in a timely manner, with 75% of patients being discharged within the 4 h target. However, education is required to ensure patients stay 3–4 h post last bronchodilator and the need for documented discharge