Abstract PO-0387 Table 1

Criteria measured	Audit results	TOBY Trial	TOBY Register
A criteria met	95.6%	100% *	
B criteria met	86.7%	100% *	
C criteria met	75%	100% *	
Consultant documented as being involved in cooling decision	77.8% **		
Cooled by 6 h	97.8%	100% *	81%
% of cooled time in target range (33–35*)	86.03%		
	Total – in 15.6%;		
	- Seizures during rewarming – 8.9%		
	- Bradycardia – 4.4%	Total not available:	Total not available:
Adverse events	- Subcutaneous fat necrosis – 2.2%	- Bradycardia – 5%	- Subcutaneous fat necrosis – 1%
Survival to discharge	84.4%	74.2%	67% ***

* TOBY Trial inclusion criteria
** NICE guidance
*** Additional 13% were transferred elsewhere

(I should declare that I have presented this poster in an educational meeting in India. As it has come out nicely, I wish to present the poster again to European audience. I should also declare that information in this case has been used for a case report which has been accepted for publication in a journal. Thank you).

PO-0387 IS IT COOL TO COOL IN A LOCAL (LEVEL 2) NEONATAL UNIT?

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Background and aims Hypoxic Ischaemic Encephalopathy (HIE) is associated with high levels of mortality and disability. A multicenter randomised control trial (TOBY Study), showed therapeutic hypothermia (TH) increased survival without adverse neurological outcome, with only minor adverse events. The study was conducted in Level 2 (local) and Level 3 (intensive care) Neonatal units (NNUs), the majority of TH is now carried out in Level 3 NNUs, which is reflected in national guidance. Exeter and Truro local NNUs cooled 45 infants over a 34-month period. Results are presented.
Methods Retrospective audit of 45 infants who underwent TH for HIE in two local NNUs (Exeter n = 28, Truro n = 17). Cooling practices were audited against TOBY Trial criteria and NICE guidance for the first time.
Results
Conclusions We suggest TH can be carried out effectively and safely in Local NNUs with appropriate training and expertise.

Abstract PO-0388 Table 1 Visual prognosis

		Rate (%)	p-value	Relative Risk	CI95%
	ROP-Laser	25	NS*	1.46	0.43–4.95
	ROP-NT	16.7		0.97	0.10–9.84
Refractive errors	MROP	17.1		1	
	ROP-Laser	0	NS*	NA	
	ROP-NT	28.6		2.34	0.56–9.80
Visual acuity (<0.8)	MROP	12.2		1	
	ROP-Laser	30	NS†	1.02	0.35–3.01
	ROP-NT	28.6		0.97	0.27–3.50
Visual outcome	MROP	29.4		1	

*Chi-square, †Mantel-Haenszel Test for Trend.

PO-0388 LONG TERM FOLLOW UP OF A COHORT OF PRETERM INFANTS DIAGNOSED OF RETINOPATHY OF PREMATURITY

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Background and aims Retinopathy of prematurity (ROP) is still a worldwide leading cause of childhood blindness. We aimed to describe the visual outcome at 5 years in a cohort of preterms diagnosed of ROP.
Method We analysed the data based of preterm infants ≤32 weeks and/or ≤1500g born between January2002 and December2008 with the diagnosis of ROP who were followed up. Visual outcome was evaluated at 5 years using visual acuity (impaired <0.8), strabismus and refractive errors (myopia <-3D or hypermetropia >3D).
Results 71 patients were followed-up (mean age 27weeks and mean weight 951g). 64.8% had moderate ROP (MROP), 15,5% not treated severe ROP (ROP-NT) and 19,7% severe ROP treated with laser (ROP-Laser). At the age of 5 years, 21.1% weared glasses, 14,1% had the diagnosis of refractive errors (1 myopia and 9 hypermetropia). Only one patient, with moderate ROP had strabismus. We did not find differences in the visual prognosis according to the severity of ROP. (Table1)
Conclusions In our cohort, patients with severe ROP (treated or not) do not have a worse visual prognosis at five years than those with moderate ROP. These findings are probably related to the gestational age of the study population.

PO-0389 OUTCOME OF VERY PRETERM CHILDREN AT SCHOOL AGE: RESULTS FROM THE AREA-BASED ITALIAN ACTION FOLLOW-UP STUDY

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