

and establish a correlation to the severity of risk factors or clinical condition of the neonate.

**Method** We prospectively collected data of neonates at risk over a 2 month period. Perinatal risk factors were derived from the National Institute of Clinical Excellence (NICE) guideline. Identified neonates had blood cultures, FBC and CRP collected prior starting antibiotics. CRP was repeated 24 hrs later. Lumbar puncture was performed in neonates with CRP  $\geq 30$ .

**Results** A total of 73 babies were identified, out of which 9 (12.3%) were late preterm. 19 out of 73 (23%) neonates had elevated CRP and were treated for 5 to 7 days. 10 out of these 23 (43.4%) neonates had maternal pyrexia as a risk factor. All babies have been clinically well and managed on postnatal ward. Blood cultures in all identified neonates have been negative. 30 out of 54 (55%) neonates with normal CRP stayed in hospital for more than 48 hrs awaiting blood culture results and clinical reviews.

**Conclusion** The identification of neonates at risk is a combination of perinatal risk factors, which are neither specific nor sensitive and infant laboratory values. This approach leads to clinicians treating well appearing infants for an extended period of time.

# PO-0532 ACTIVE MANUKA HONEY DRESSINGS IN BABIES REQUIRING ADMISSION TO NICU; ASSESSING THE FEASIBILITY OF A RANDOMISED TRIAL

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10.1136/archdischild-2014-307384.1176

Honey dressings have important anti-infective and wound healing properties in adults but have not been adequately studied in newborns. Osmotic and antiinflammatory effects are believed to be important mechanisms of action. We carried out a pre-trial feasibility study and assessed safety and acceptability to staff and parents.

**Methods** Following informed parental consent, babies were recruited to an observational study of Active Manuka Honey Dressings (Advancis Activon Tulle). Parents completed a questionnaire examining the acceptability and performance of the dressings and staff members who used the dressings filled out a similar questionnaire. The study was fully approved by the Nottingham 2 Research Ethics Committee and funded by Bliss.

**Results** 28 wounds (8 different types) were dressed using the Active Manuka Honey dressings. Median gestational age at birth was 25 weeks (range 166–284 days), median age at entry into the study was 6 days (2–64 days). Median birth weight, 770 g, (500– 5305 g). Other parents declined to take part due to not wishing to disturb the dressing applied whilst considering taking part. Surgeons expressed strong preferences for other dressings. Analysis of predictive variables for time to wound healing did not identify any associations

**Conclusions** Honey Dressings were easy to apply, well tolerated, with little pain on application or removal but there were fewer wounds than expected.

No infant required escalation of pain relief or developed hyperglycaemia felt to be due to the dressings. These results suggest that Honey dressings are safe but that a trial may be challenging.

# PO-0533 NEONATAL BLOOD CULTURE: SURVEY OF BLOOD CULTURE BOTTLE USE IN UK NEONATAL UNITS

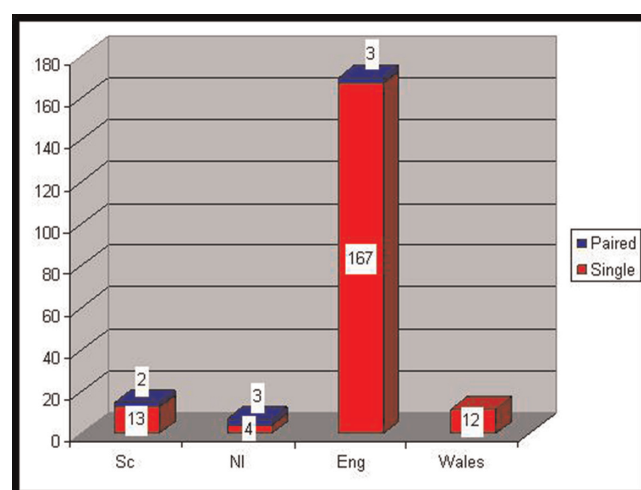
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10.1136/archdischild-2014-307384.1177

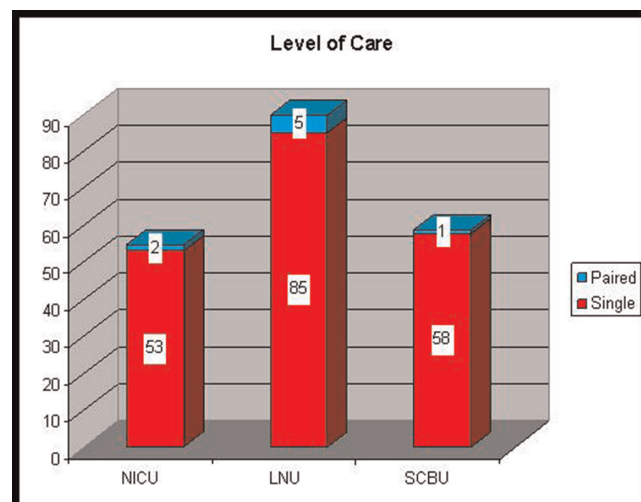
**Introduction** Neonatal sepsis carries a high morbidity and mortality. Blood culture is the current ‘gold standard’ investigation. The results obtained is of vital diagnostic, therapeutic, surveillance and prognostic importance. Traditionally in the past, paired samples were used, however with the decrease in anaerobic infections, from the 1980s and current Health Protection Agency (UK) figures on bacteria causing neonatal sepsis, this practice is changing with calls to abandon anaerobic blood cultures.

**Objectives** Survey of all Neonatal units in UK to determine-

- Whether single (aerobic) or paired (aerobic and anaerobic) bottles are used.
- If single, whether there are special occasions when anaerobic cultures are included.



Abstract PO-0533 Figure 1



Abstract PO-0533 Figure 2