Introduction Acute renal failure is a severe complication in neonatal intensive care medicine. The only therapeutic option for renal replacement therapy in small infants or premature babies with acute renal failure is peritoneal dialysis. In this paper two case reports of sealing an untight peritoneal catheter with cyanoacrylate glue will be presented.

Patient 1: Premature infant of 34 + 2 weeks gestational age. Dorsal cloaca malformation with megacystis and megaureter, peritoneal dialysis for 13 days.

Patient 2: Term neonate of 40 + 4 weeks gestational age with meconium plug syndrome and volvulus, double ileostomy, necrotising enterocolitis and Morbus Hirschsprung. Alagille syndrome with renal malformation, peritoneal dialysis for 46 days.

All catheters were extremely untight from the very beginning; effective dialysis was not possible. Sealing with fibrine glue was not efficient. Only sealing of the skin with cyanoacrylate glue allowed for effective peritoneal dialysis. Apart from gradually increasing irritation of the skin no serious side effects occurred. No dialysate entered the surrounding soft tissue although the subcutaneous part of the skin channel was always filled with dialysate.

Conclusion It is possible to seal a catheter for peritoneal dialysis quickly and effectively with cyanoacrylate glue without serious complications. The existence of an ileostomy did not interfere with the dialysis.

Background and aims Normal hearing in early infancy is essential for speech, language, and social and emotional development of human beings. Congenital hearing loss has an impact on normal speech and language. Newborn hearing screenings have been proposed for the early diagnosis and treatment of infants with hearing loss, and thereby improve language outcomes in these babies. Our aim was to evaluate the relationships between risk factors for hearing impairment and auto acoustic emission (OAE) and auditory brainstem responses (ABR) results in patient’s follow-up at Neonatal Clinic.

Material and methods OAE and ABR measurements were performed to identify infants with hearing loss. Those newborns who did not pass OAE test or passed the OAE test but had risk factors for hearing impairment were screened by an ABR. The risk factors for hearingloss have been evaluated according to the Joint Committee on Infant Hearing (JCIH), 2007.

Results 17 of 100 neonates in the group with risk factors failed OAE tests, of which 5 were also failed ABR test. 3 of 100 neonates in the group without risk factors failed OAE tests, of which 1 was also failed ABR test. When the test fails compared with the number of risk factors: 1% in neonates with no risk factors, 3.2% in neonates with 1 risk factor, 25% in the group with two risk factors, 100% of neonates with 3 risk factors were failed the screening.

Conclusions The increase in the number of risk factors significantly increases the failure rate of the ABR test.
yellow colours as being that of bile. Our results are not significantly different from reports of similar studies done in tertiary neonatal units.

Conclusion Using bile colour posters and charts might be of value in recognizing the bile colour accurately. We suggest checking the colour by 2 professionals to reduce the possibility of incorrect recognition of bile.

Introduction Neonatal bilious vomiting is a surgical emergency until proved otherwise, and requires prompt investigation. Health workers who are unfamiliar with the colour of bile may over or under-diagnose the presence of bile in vomit or gastric aspirates.

Aim The aim of this study was to assess whether the nursing staff, midwives and doctors at a district general hospital were able to identify the colour of bile accurately.

Method A total of 163 participants of both parents and health workers were asked to identify bile colour from a colour-chart of 8 green/yellow colour options.

Results The results showed that the colour of bile was correctly identified by 95.5% of medical staff, 91% of nurses, midwives 72% and only 16.5% of parents. Whereas 16% of doctors, 30.5% of nurses, midwives 28% and 34% of parents wrongly identified the yellow colours as being that of bile.

Conclusion Using bile colour posters and charts might be of value in recognizing the bile colour accurately. Further education and training is needed with the involvement of nurses and midwives. Checking the colour by 2 professionals reduces the possibility of incorrect recognition of bile due to colour blindness.

Background Use of early warning system scores and track and trigger charts is widespread in adult and paediatric hospitalised patients. Its use in neonatal group is not well recognised. Lack of well established normal ranges for biophysical variables in preterm/term neonates illustrates difficulties in establishing a scoring system that can potentially be used on the neonatal units (NNU) and postnatal wards (PNW). We have recently developed NOTT chart for use in newborn babies on PNW.

Aim To validate NOTT chart in order to enable early identification of neonates in need of urgent medical assessment and intervention.

Methods A service evaluation was carried out to evaluate the efficacy of NOTT chart. All admissions from PNW to NNU (Feb–Aug 2013) were evaluated. Notes of all babies on PNW (2 weeks duration in Nov 2013) were also reviewed.

Results There were 24 NNU admissions from PNW between Feb–Aug 2013. Sensitivity of NOTT chart’s ‘medium’ and ‘high’ score was 96% (22/23). Charts of 42 babies on PNW were examined in Nov 2013. 7/42 babies scored ‘medium’ or ‘high’ out of which, 3 were admitted to NNU. Specificity of NOTT chart was 90%. Positive and negative predictive value was 43% and 100% respectively.

Conclusions NOTT is an effective screening tool to identify any deterioration in the condition of a new born so prompt and timely assessment and medical intervention could be carried out. It is a useful tool for information sharing and provides a one stop solution for unifying all neonatal observations on PNW.
PO-0667 Recognition Of Bile Colour In Neonatal Vomit

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