Result 97 questionnaires were sent. Response rate was 50%. 54% were from general Paediatric consultants, 30% from Neonatologist, 4% from Neurologist and 12% were unmentioned.

56% will do lumbar puncture (LP) in well looking child with CRP >20. 35% will make decision of LP with clinical assessment of the neonates alone. In case of Clinical condition and elevated CRP, 33% will always do LP as compared to 50% who sometimes do LP and look for other blood markers. In case of positive blood culture and $\pm$ positive blood PCR 56% will do the LP in stable neonates. According to survey 75% of the LP decisions were made by clinicians without considering any international guidelines.

Conclusion The decision to perform a lumbar puncture in neonate with suspected EONM remains unclear. In the high risk & healthy appearing babies, the data suggest that likelihood of meningitis is extremely low. Most clinicians employ CRP as a complementary indicator to clinical decision rather than sole determinant of lumbar puncture in otherwise well babies. However many clinicians do use it sometimes to gear the decision. Absolute solution can only be yielded after outcome of lumbar puncture justifies the role of CRP. Guidelines through national consensus & neonatal clinical advisory group are recommended.

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GP261 NEONATAL BLOOD CULTURES: IS 36 THE 'MAGIC' NUMBER?

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Aims Early-onset neonatal bacterial infection is a significant cause of mortality and morbidity in neonates (1). Many septic work-ups are done on babies where there is a suspicion for sepsis or known risk factors for sepsis. These babies receive empirical antibiotic therapy for 48 hours in some centres.

Our aim was to determine if it is safe to stop antibiotics at 36 hours if blood cultures are negative.

Methods This was a 10 year retrospective review of positive neonatal blood culture in Our Lady of Lourdes Hospital Drogheda (OLOL) from 01/01/2007–31/08/2017. We identified the time blood cultures became positive and determined how many blood cultures that were negative at 36 hours that later became positive.

Results During the time period between 01/01/2007–31/08/2017, 206 blood cultures were positive. Twenty-eight out of 206 (14%) became positive after 36 hours.

The number of positive blood cultures in the Neonatal Intensive Care Unit has changed dramatically over time. There were 37 positive blood cultures in 2007 as compared to 11 positive blood cultures in 2015 and 2016. This is a 70% reduction in positive cultures in the unit. It is likely due to improved aseptic technique in the unit.

Conclusion Over a ten year period, we showed that 86% of blood cultures were positive within 36 hours. This has improved further to 95% positive at 36 hours over the past 4

years. These results show that discontinuing antibiotics at 36 hours is safe if the blood culture is negative and the baby is well.

There is a potentially huge financial saving if we can stop antibiotics at 36 hours and discharge the mother and baby. For OLOL this saving was estimated at approximately € 343,400/year based on an extra night's stay. This is equivalent to approximately 12 additional nursing/midwifery staff per year in OLOL.

GP262 SUBCUTANEOUS FAT NECROSIS OF THE NEWBORN: A CASE REPORT AND LITERATURE REVIEW

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Introduction Subcutaneous fat necrosis of the newborn (SFNN) is an uncommon but important complication of perinatal care. While most cases resolve spontaneously, complications can include hypercalcaemia (up to 70%), thrombocytopaenia and hypertriglyceridaemia.

We report a case of SFNN and a literature review of published cases.

Case A term infant was treated with therapeutic hypothermia for grade 2–3 hypoxic ischaemic encephalopathy.

On day 20 she was noted to have large plaques consistent with SFNN. At 4 weeks she developed hypercalcaemia requiring admission for intravenous fluids and furosemide. Her calcium normalised after 48 hours, and she commenced a low calcium diet. Parathyroid hormone and vitamin D were suppressed. She remains on low calcium formula at 7 months of age.

Literature review

Methods Pubmed was searched for English language articles using the keywords 'fat necrosis' AND 'neonate or newborn'. 214 articles were screened, of these, 102 articles were included for review.

Results Of 102 articles reviewed, 93% were case reports/case series, 4% were cohort studies and 3% were review articles.

Comprehensive information was available for 119 individual case reports of SFNN. There was no gender predilection. Perinatal asphyxia or stress was reported in 78% (93/119). Delivery information was provided in 116/119 cases. Of these, 44% (51/116) were delivered by emergency caesarean section, and 11% (13/116) had an instrumental delivery. 21% (25/119) had hypoglycaemia. 20% (24/119) underwent therapeutic hypothermia. Median onset of skin lesions was day of life 6 (range: 1–70). Median duration of skin lesions was 62 days (range: 14–390).

Hypercalcaemia developed in 53% (60/113). Median day of onset of hypercalcaemia was day 28 (range: 1–210). Median duration of hypercalcaemia was 26 days (range: 4–240). 52% (31/60) of hypercalcaemia was asymptomatic. Of those with hypercalcaemia, nephrocalcinosis was reported in 27% (16/60), subcutaneous calcification in 7% (4/60), and visceral calcinosis in 5% (3/60). Hypertriglyceridaemia was reported in 7% (8/119). Thrombocytopaenia was reported in 18% (21/119).

Information regarding treatment was provided in 109/119 cases. 47% (51/109) were managed conservatively. Hyperhydration was required in 30% (33/109), dietary restriction of