vitamin D/calcium in 27% (29/109), furosemide in 26% (28/109), glucocorticoids in 22% (24/109), bisphosphonates in 7.6% (9/119), and calcitonin in 3.7% (4/109).

Outcome information was provided in 106/119 cases. 87% (92/106) reported a full resolution. Persistent calcinosis was present in 5.7% (6/106).

Conclusion Babies treated with therapeutic hypothermia should be closely monitored for SFNN, and development of hypercalcaemia.

GP263 OCCURRENCE OF CLINICAL FEATURES AND RISK FACTORS IN CULTURE POSITIVE EARLY ONSET SEPSIS COMPARED TO NO SEPSIS IN NEONATES ≥ 35 WEEKS GESTATION

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Background Despite advances in prevention strategies the diagnosis of neonatal sepsis and clinical decision making remains challenging. Empirical antibiotic treatment is given to neonates when sepsis is suspected. However, clinical and laboratory signs are generally unspecific and most neonates who receive antibiotics are not ultimately diagnosed with sepsis. Many physicians view empirical antibiotics as the safest course of action in cases of equivocal clinical presentation. The long term effects of early gut flora modification are poorly understood but some scientists suggested this may alter activation of genes involved in modulating immune responses. This study aims to provide some insight into the level of risk associated with typical indications for neonatal septic workup at our institution.

Methods We conducted a retrospective case-control study. Infants born at ≥ 35 weeks gestation who received empirical antibiotics over a three months period were included along with all infants who were recorded to have culture positive sepsis in a ten year period. Three outcome groups were defined: (1) Culture positive sepsis (N=43) (2) Suspected culture negative sepsis (N=5) and (3) No sepsis (N=97). Rates of clinical symptoms and exposure to maternal and neonatal risk factors were compared. P-values were calculated using a test for equality of proportions implemented in the R programming language.

Results There was a statistically significant increase in red flag clinical features (mechanical ventilation, seizures, respiratory distress starting more than 4 hours after delivery and signs of shock) in the culture positive sepsis group compared to the no sepsis group ($p < 0.01$). There was no statistically significant difference in the occurrence of exposure to suspected chorioamnionitis, PROM or late prematurity.

Conclusion Respiratory distress and suspected chorioamnionitis were the most common indications for a sepsis workup but neither was significantly more common in the culture positive sepsis group. Observation and repeated evaluation may be suitable for infants with equivocal presentation. Critically ill infants with red flag clinical features and infants with a greater number of clinical symptoms should have a blood culture taken and IV antibiotics commenced without delay.

GP264 PROTEIN DOTATION NECESSITY IN LATE PRETERM INFANTS WITH IUGR: NEED TO REVISE GUIDELINES

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Due to frequent perinatal pathologies, including ones that are connected with enteral nutrition intolerance, premature infants often have growth retardation that may lead to negative effects of accelerated growth and therefore to metabolic disorders in adult life.

Aim to assess dynamics of anthropometric measurements and body composition in late preterm infants (gestational age (GA) ≥ 34 weeks) with and without intrauterine growth restriction (IUGR) at the first year of life.

Materials and methods food ration, length and body weight figures, and body composition of preterm infants with GA ≥ 34 weeks born with and without IUGR were studied from the moment of birth till the terms corrected age, at 3rd, 6th, and 12th months corrected age. 60 preterm infants without IUGR and 42 preterm infants with IUGR were included in the study. Perinatal period characteristics in both groups of premature infants had no significant differences. Statistically significant differences based on GA were not found. Birth weight was lower in the premature infants with IUGR. Infants who was born with weight ≥ 1800 g received unenriched human milk or nutrient-enriched formula. Body composition was estimated by the air plethysmography method with the use of apparatus by PEA POD, Cosmed, Italy.

Results The premature infants with IUGR and GA ≥ 34 weeks at the term corrected age had delay of growth development rates compared to the premature infants without IUGR, we associate that with the fact 87% of the infants received unenriched human milk. At the 3rd month corrected age these infants had a 'catch-up growth' accompanied by the increase of fat mass in the body composition. At the 12th month corrected age late preterm infants with IUGR caught up with the growth rate of preterm infants without IUGR that led to disappear of studied parameters significant differences between both groups.

Conclusion Therefore, nutrition approaches for preterm infants without IUGR are not appropriate for late preterm infants with IUGR and body weight at birth ≥ 1800 g. These infants need increased protein dotation during the neonatal period in order to provide adequate postnatal growth and minimise postponed metabolic disorders risks.

GP265 WHERE IS THE TIP? AN AUDIT ON PICC LINE INSERTION IN A TERTIARY LEVEL NEONATAL UNIT

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Objectives To determine whether the Peripherally Inserted Central Catheter (PICC) line tips are at appropriate positions when inserted and used in neonates

To determine the common complications associated with PICC lines.