P281 DOCUMENTATION OF TEMPERATURE, BLOOD SUGAR AND WEIGHT ON INFANTS PRESENTING TO THE EMERGENCY DEPARTMENT AND THEIR IMPACT

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Introduction The Irish Children's Triage System (ICTS) is a child-specific triage tool that should be followed for the prioritization and assessment of pediatric patients presenting to an Emergency Department in Ireland. It categorizes patient into 5 different groups depending on Presenting problem, General appearance, Physiological findings, Age and Significant past medical history that may impact on the current attendance, Red being the most urgent one and patients need to be seen immediately, orange is category 2 and should be seen in less than 10 minutes. Vital signs play a major role on deciding how the patient will be categorized. Sligo University Hospital guidelines advise to check temperature, BM and weight on all infants presenting to ED. Temperature and BM can change the Triage category if one or both were abnormal while weight should be taken for doses to be given and developmental assessment.

Aims The aim of this study is to review current practice in SUH and assess if this follows current guidelines, also check what improvement can be made if these guidelines are not being met.

Methods Over a period of 2 weeks, 58 Infants presented to the Emergency Department of Sligo University Hospital, Data was collected from triage and ED notes. All infants were included in the study regardless of the presentation. The study checked whether temperature, BM and weight were checked and recorded or not by both Doctors and Nurses.

Results 58 patients were identified, regarding nursing triage notes, temperature was documented in 86.2%, BM was documented in 82.7%, and weight was the least to be documented with 60%.

Doctor's Documentation had lower percentages than triage notes with temperature and BM being documented in 51% and 43.1% respectively, weight documentation was very low by doctors with only 22.4%. Reasons for not documenting any of the parameters were not clearly identified on the notes.

conclusion From the results above it's evident that documentation of these specific parameters has been significantly higher when done by triage nurses.

Documentations should be improved by responsible physicians.

It's important to always document temperature and BM as patient triage category can be changed depending on them, weight is important when infant development and follow up is being considered.

Presentation and teaching should be done regarding the importance of documentation of these parameters.

A repeat audit should be carried out in order to see if changes are being implemented.

P282 THE CURIOUS CASE OF THE BOY WHO COULDN'T WALK

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Benign Acute Childhood Myositis (BACM) is a rare but self-limiting illness of mid childhood. It tends to present following a viral infection (most often influenza). Predominant clinical features include difficulty walking, and muscle pain. Unfamiliarity with the condition can lead to admission to hospital for costly and invasive investigations.

We present the case of a 5 year old boy who attended a mixed emergency department with apparent inability to walk following a coryzal illness. The initial consultation with his general practitioner led to an urgent transfer to hospital via emergency ambulance due to concern regarding an acute neurological event. However, history and clinical exam coupled with a significantly elevated creatinine kinase serum level allowed an accurate diagnosis of BACM to be made. Appropriate analgesia and advice regarding the natural history of the illness was provided to the parents and he was safely discharged back to the care of his GP.

This case report aims to highlight the clinical features of BACM, and more importantly those features which are not consistent with the illness, such as absent reflexes and sub acute onset. This case highlights this common presentation of an uncommon illness; the investigations required for diagnosis, and the appropriate disposition of the patient.

Awareness of this diagnosis can prevent unnecessary admission and diagnostics.

P283 PEDIATRICS OF DISASTERS. PREPARATION OF DOCTORS OF THE CITY POLYCLINIC TO WORK IN CONDITIONS OF EMERGENCIES AND TERRORIST ACTS

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Pediatrics ES is built on the principles of integrity, structure, causality, dynamism and hierarchy.

The subject of the study of pediatrics emergencies are: Factors of catastrophic events on health of children; Mental and psychosomatic disorders; Methods of diagnosis, treatment, prevention and rehabilitation; Forecasting and assessment of consequences of an emergency.

Medical forces of children's clinic may be involved in emergency situations of man-made, natural, economic, criminogenic nature, in case of fire, the threat of an explosion in a medical institution, if it is impossible to provide assistance to the population, during a strike or protest action of medical workers, lack of medicines.

The clinic regularly practiced the actions of doctor in the event of fire or phone call about the laying of explosives and the threat of explosion.

The tasks of a qualified medical nursing team created may vary depending on the conditions of the situation, the number of injured admitted, the time of their delivery, the distance to the nearest medical institutions, and the availability of transportation for evacuation of the affected.

Predictive medical sorting During disasters, children make up about 25% of the victims and are a priority group in providing assistance. In the conditions of lack of time at the prehospital stage, the method of dynamic observation generally

accepted in clinical practice is practically excluded. At the same time, it is necessary to take into account the anatomical and physiological characteristics of the child's body and the psycho-emotional state of the children.

To assess the severity of the child's condition prior to the development of classic clinical signs, damage qualimetry is recommended, which is essentially a quantitative characteristic of the injury shoginess. The scoring of polytrauma is defined as the sum of points of private injury. The real threat of traumatic shock arises when the severity of damage exceeds 6 points.

The standard for providing therapeutic measures in children with traumatic shock includes: Pain relief; Venous access; Infusion therapy; Transport immobilization; Medical correction; Oxygen therapy.

The system of rendering psychological and psychiatric assistance to children and adolescents allows rendering differentiated psychiatric and psychological assistance, as well as carrying out rehabilitation activities in a more remote period. The training of pediatricians in the field of disaster psychiatry should be considered the most important condition for the further improvement of the entire system of assistance to victims and those affected by emergencies.

P284 A CASE OF FAMILIAL CRANIAL DIABETES INSIPIDUS – IT'S ALL IN THE HISTORY

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Aims Cranial diabetes insipidus is characterised by polyuria and polydipsia secondary to partial or complete deficiency of antidiuretic hormone. Although in most patients non-hereditary causes underlie the disorder, rarer genetic defects in arginine vasopressin (AVP) synthesis have been identified. We describe the case of a 5 year old girl who posed a significant diagnostic challenge, with a suggestive history and strong family history of cranial diabetes insipidus, but non diagnostic biochemistry.

Methods Our patient was reassessed and AVP gene testing was performed.

Results A 5 year old girl, presented with a four year history of polyuria, polydipsia and associated enuresis. Family history was remarkable for suspected familial cranial diabetes insipidus responsive to desmopressin, in the patient's mother, maternal uncle and maternal grandfather. Genetic testing had not previously been undertaken. Our patient had previously been investigated with water deprivation test at age 3 years and was found to have normal biochemistry, without polyuria during the test. She represented at the age of 5 years to our service with ongoing symptoms and underwent repeat water deprivation testing. Serum sodium and osmolality remained normal (max 140 mmol/l and 285 mmol/kg respectively) with water deprivation but she did not concentrate her urine (urine osmolality 222 mmol/kg at the end of water deprivation test). AVP gene testing was requested and identified a heterozygous pathogenic missense mutation c.61T>C, confirming a diagnosis of familial cranial diabetes insipidus. The same mutation was identified in the patient's mother, suggesting autosomal dominant inheritance. She was commenced on desmopressin with excellent response.

Conclusions Genetic testing may be a useful aid in the diagnosis of inherited cranial diabetes insipidus. Since these patients have progressive loss of AVP, they may initially respond normally to water deprivation testing. If the index of suspicion remains high, genetic testing is recommended to guide treatment.

P285 THE ASSOCIATION OF CONGENITAL ANOMALIES IN PATIENTS WITH CONGENITAL HYPOTHYROIDISM IN GOVERNMENT TERTIARY CARE CENTERS UNDER DUBAI HEALTH AUTHORITY, UAE: 2000–2015, A RETROSPECTIVE CROSS – SECTIONAL STUDY

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Background Congenital hypothyroidism (CH) is the most common endocrine abnormality of the new-born with associated extra-thyroidal anomalies (ETAs) been documented in the literature at varying rates. Majority of the patients are diagnosed with CH at an earlier age due to the implementation of the neonatal screening program in many countries of the world. Congenital heart diseases (CHD) are the most frequently reported extra thyroidal anomaly. No data on such associations have been reported from the Middle Eastern region.

Aim To demonstrate the number and describe the variety of congenital extra-thyroidal anomalies associated with congenital hypothyroidism in babies born in UAE.

Methodology The study was designed as a retrospective, cross-sectional study in patients with confirmed diagnosis of congenital hypothyroidism. 204 patients with confirmed congenital hypothyroidism from two tertiary government centres in Dubai under Dubai Health Authority with specialized paediatric endocrinology units were included in the study. Patients with Down syndrome, preterms < 35 weeks gestation and babies with TORCH infections were subsequently excluded from the study.

Results 39% of the included subjects with congenital hypothyroidism had associated extra-thyroidal anomalies. Out of these 25% had single ETA, 12% had multiple ETAs and 2% had associated syndromes. The total sample had a male to female ratio of 1.1:1 and a significant proportion of males from the Arab population of UAE and Middle-east were affected with CH as compared to other ethnic groups ($p = 0.03$). The most common aetiological cause of CH was determined to be dysmorphogenesis (55%) followed by dysgenesis (45%). Amongst the cohort of dysgenesis, males with ectopic lingual thyroid gland were affected more with ETAs as compared to females of the same cohort ($p = 0.02$). The most common ETAs were congenital heart disease (16%) followed by urogenital tract anomalies (14%). A wide spectrum of multiple ETAs was observed as well as a number of syndromes including Sanjad Sakati syndrome, Turner syndrome, William syndrome, VATER association and Congenital Disorder of Glycosylation.

Conclusion The study detected a higher rate of ETAs associated with congenital hypothyroidism in the included population subset with noted differences in the gender, ethnic distribution and etiological types of CH as compared to what