chest x-ray was compatible with respiratory syndrome. A venous umbilical catheter was placed, parenteral nutrition was initiated. Minimal enteral nutrition (MEN) was started on 3rd day of life with mother's own milk (1 ml every 6 hour). She was tolerating MEN and no increment was done in the amount of milk. Until the postnatal 6th day no abdominal distension or any intolerance of MEN was detected. On postnatal 7th day there was a bluish discoloration of the abdominal wall and abdominal distension was detected. In abdominal x-ray, free air under the diaphragm was detected suggestive of perforation. She was an ELBW infant in the first week of life with bluish discoloration and distention of the abdomen without any radiographic evidence of NEC as pneumatosis intestinalis or portal venous gas on the abdominal x-ray. Therefore, diagnosis of SIP rather than NEC was made. The primary peritoneal drainage (PPD) was performed at the bedside due to the unstable condition of the patient. She was started inotropic support due to development of hypotension and IV antibiotic therapy was changed. Despite all the supportive therapy, the patient died on the 8th postnatal day.

Severe placental chorioamnionitis appears to be an antenatal risk factor for SIP. A black-bluish discoloration of the abdominal wall is often seen in SIP, and is not typical of NEC. The clinical diagnosis for SIP is based upon the clinical presentation and physical findings. Abdominal radiographs that demonstrate pneumoperitoneum without pneumatosis are supportive of the diagnosis. SIP is a separate clinical entity from necrotizing enterocolitis and it is the most severe gastrointestinal complication of preterm infants. Therefore, prompt diagnosis is important because of management considerations.

P471 HIRSCHSPRUNG'S DISEASE IN NEW BORN (ABOUT 17 CASES)

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Introduction Hirschsprung's disease is a congenital intestinal paralysis due to absence of ganglion cells in enteric plexuses. We aim to describe the specificities of the neonatal form.

Patients and methods It is a retrospective study of 17 cases of Hirschsprung's disease hospitalized in our unit between 2006 and 2018. Diagnosis was based on radiological and/or pathological signs.

Results A male predominance was noted. Two newborns were premature. Two newborns had a congenital heart disease. One of them had Trisomy 21. Another newborn had hypothyroidism. An emission delay of meconium (average of 46 hours) was noted in all cases. The disease was revealed by a lower digestive occlusion in 7 cases, an acute enterocolitis in 2 cases and a bowel perforation in one case. The contrast enema practiced in 15 cases, was pathognomic in 13 cases. Rectal biopsy performed in 6 cases, confirmed histological diagnosis in all cases. Surgical treatment was performed in 9 cases with a median time between symptoms and surgery of 19 days. It was a colo-anal lowering in 7 cases, a resection of the right colon with double colostomy in one case and a right transverse colostomy in four cases. Outcome was favorable in 12 cases. Four newborns died consecutively to severe congenital heart disease in one case and severe sepsis in other cases.

Conclusion Hirschsprung's disease is the most common cause of digestive occlusion in the newborn. The main complications in the neonatal form are acute enterocolitis and intestinal perforation.

P472 MAKING THE DELIVERY ROOM SAFER FOR NEW BABIES

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Aim The 7th edition of the Neonatal Resuscitation Programme (NRP) from the American Academy of Paediatrics (AAP) is used as the safe standard of neonatal resuscitation in the Republic of Ireland. The NRP details minimum resuscitation equipment requirements. Anecdotal reports in our tertiary maternity hospital suggested a lack of adherence to this minimum equipment list, and suggested that the delivery room environment may be an unsafe place for neonates. Delayed neonatal resuscitation could have significant clinical and medicolegal consequences. Audit demonstrated poor compliance with these standards with no delivery room completely stocked. We aimed to improve this and demonstrate lasting change by improving the proportion of fully safely stocked resuscitaires in the delivery rooms.

Methods The initial audit and all subsequent re-audits were prospective and unannounced. Intervention – a laminated wall-mounted list of required equipment – was implemented by delivery unit staff. Run charts were used to monitor weekly progress.

Results Initial audit results were concerning with no resuscitaire safely stocked with all required equipment. The best stocked resuscitaire contained 88% of required equipment, with all resuscitaires missing vital equipment – including laryngoscopes, pulse oximeters and stethoscopes. The proportion of vital equipment available increased from a baseline of 66% to 98.4% the first week and 100% in subsequent weeks. The proportion of fully safely stocked resuscitaires increased from 0% at baseline to 80% the first week and 100% in subsequent weeks.

Conclusion A laminated wall-mounted checklist significantly improves the proportion of delivery rooms that are appropriately stocked with neonatal resuscitation equipment.

P473 IMPETIGO IN PEDIATRIC POPULATION: A RETROSPECTIVE 6-YEAR REVIEW

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Background Impetigo is the most common skin infection in pediatric age and has the highest incidence increase relative to other skin infections observed in children. The reported incidences in the literature are between 1.65–2.8%, being evident a seasonal variation with peak of incidence during summer and autumn. The aim of this study is to characterize hospitalizations for this pathology in a pediatric population covered by a level II hospital.

Methods Observational cohort study on impetigo hospitalizations over a period of 6 years between 2012 and 2017.