report the use of intravenous magnesium sulphate in two cases of severe tetanus at our centre.

Case report Case 1. A 1-year-old unimmunised Indonesian boy presented with one week history of lethargy and reduced oral intake with multiple episodes arching of back and limbs stiffness. We achieved good spasm control with intravenous Magnesium Sulphate, Diazepam, Phenytoin and oral Baclofen. He was asymptomatic upon discharge, with no neurological deficit. Both patients received intramuscular Tetanus Toxoid and Tetanus Immunoglobulin.

Case 2. A 2-year-old unimmunised Burmese-Indonesian girl presented with 3 days history of neck stiffness, trismus, abdominal rigidity and opisthotonus position. She had no autonomic dysfunction. She required intravenous (IV) infusion of Magnesium Sulphate, and high doses of IV Midazolam, Diazepam, Baclofen and Chlorpromazine to control her spasm. She underwent tracheostomy after 30 days of mechanical ventilation. She was spasm free after 39 days of treatment and all medications were gradually weaned off. She was discharged home after 83 days of admission with tracheostomy but with no neurological deficit. Both patients did not develop any autonomic dysfunction and magnesium toxicity.

Conclusion The use of intravenous Magnesium sulphate infusion was proven to be beneficial in achieving muscle spasm control in both patients, sparing the use of paralyzing agent and mechanical ventilation in one of the patients. However, monitoring for magnesium toxicity remains a challenge.

P579

TWO CASES OF HYPOTHALAMIC HAMARTOMA: CORRELATION BETWEEN CLINICAL MANIFESTATIONS AND IMAGING FEATURES

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Hypothalamic hamartomas are rare neuronal migration anomalies (incidence 1–2 per 100 000 newborn). These benign malformations are morphologically divided into sessile and pedunculated.

Over the past 2 years in our clinic two patients with both morphological forms were diagnosed by using MR imaging.

We report the case of a newborn, who presented with moderate seizures in NICU department. MRI was performed to assess severity of brain damage due to assumed HIE. Sessile hypothalamic hamartoma 1 cm in diameter was an incidental finding. Patient also had a minor intraventricular hemorrhage. On follow-up examination in a year hamartoma increased in size, however its relative size to the brain was the same. Few episodes of seizures (with gelastic component) were noted during the first year of life. No evidence of precocious growth.

A 12-year-old girl presented with signs of precocious puberty. Routine MR imaging of the brain showed large pedunculated hamartoma instead of assumed pituitary microadenoma. Neurological signs, seizures are absent.

According to these cases, clinical phenotypes and morphological types of hamartomas are highly correlated. Accurate prognosis and proper treatment can be provided for the patients with similar forms of malformations.

P580

PARENTS PERSPECTIVE ON INTRODUCING NASO-GASTRIC TUBE FEEDING AT HOME FOR BABIES WITH BRONCHIOLITIS

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Introduction Telephone interviews with parents were conducted as part of a hospital-wide, multi-professional pilot project to introduce naso-gastric tube (NGT) feeding at home for babies with feeding difficulties due to bronchiolitis, with the aims of improving parent experience, shortening length of stay in hospital and empowering parents to participate in their child's care.

Method We identified 42 patients who met our inclusion criteria of being admitted to hospital for NGT feeding due to bronchiolitis from September 2017 – March 2018. A survey letter to parents explained the project intentions, reason for the interviews and an option to opt out.

The interview comprised 5 closed questions, followed by open questions to explore the answers. Questions were targeted at understanding ideas, concerns and expectations of the proposed project, with respect to parents' previous hospital experience.

Key response themes Overall response to the project was positive, with the concept of NGT feeding at home being welcomed by most interviewees. Reasons included being able to care for baby in a relaxed environment with less disruption to daily routine, feeling empowered and reduced risk of exposure to other infections in hospital. 18 interviewees said they would take up the offer to be NGT trained in order to increase the likelihood of early discharge from hospital, provided sufficient training was provided. Negative reasoning included their baby being too young, being first time parents, or previous bad experiences with their baby pulling out the NGT or being very unwell with bronchiolitis.

Parents' main concerns revolved around points of contact outside weekday hours, especially for accessing trouble-shooting advice (e.g. NGT blockage/dislodgement). Interviewees were asked for views on how they could feel comfortable and supported at home, with the main themes including 24-hour contact (including a pathway for trouble-shooting) and written material. The proposition of training packs to be given as part of the service, covering these matters, was welcomed.

All parents were happy to have a member of the community nursing team contact them and/or visit them at home to give advice and support in managing NGT feeds at home.

Outcome These responses were shared at the final multi-professional meeting for the project, which included representatives of hospital management. This contributed to approval and progression of the pilot project which ran from October 2018 to March 2019.

P581

THE IMPACT OF HAVING PAEDIATRIC CLOSE OBSERVATION BEDS: A CROSS-SECTIONAL STUDY

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Objective To determine the importance of Paediatric Close Observational Beds (COBs) in the treatment of sick children

closer to home and the associated economic benefits of reducing paediatric retrieval to Tertiary Children's Hospital Intensive Care units.

Design Cross-sectional study.

Setting The Paediatric Unit (PU) at Campbelltown Hospital, Sydney; Australia. Campbelltown Hospital is a large outer metropolitan general hospital located 60km from central Sydney. It services one of the largest paediatric populations in Sydney. Each year there are approximately 23000 paediatric emergency presentations and 3500 admissions. The PU has a 24-bed base and two COBs with the second COB being introduced in May 2018.

Patients 151 patients were admitted to a COB between January 2017 and December 2018. These acute patients met the severity criteria for a COB admission. They required higher nursing observations and medical interventions. Most patients were admitted for respiratory illness (127) requiring Humidified High Flow or CPAP. Other patients included drug infusions for diabetic ketoacidosis; seizures; and sepsis.

Results 136 patients (90%) staying in a COB were successfully treated. This is more than the number of retrievals (119) within the 2 years. The COBs have potentially reduced the number of retrievals by more than 50%.

COBs are equipped with a video conferencing link. This aided in the management of 14 patients (9.3%) with tertiary teams remotely.

The COBs allowed patients' families to be treated closer to home. Of the 973 days which the 2 COBs were available, they were occupied for 218 days (22.4%). Further demand was demonstrated by the additional increase in admissions with the start of second COB 96 (2018) compared to only 55 (2017) patients.

Reducing the number of retrievals resulted in significant economic savings with each retrieval costing an average of \$1337.67, equating to a total saving of \$181 923.12 over 2 years.

Conclusion Paediatric Close Observation Beds play a vital role in managing severe sick children locally and the reduction in retrieval to Tertiary Children's Paediatric Intensive Care. This resulted in economic cost savings.

P582

AUDIT ON ROLE OF BLOOD TESTS IN CHILDREN ADMITTED WITH COMMUNITY ACQUIRED PNEUMONIA

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Background Community Acquired Pneumonia (CAP) is defined as a clinical diagnosis of pneumonia in a previously healthy child due to an infection which has been acquired outside hospital. It is the major cause of paediatric hospital admissions worldwide. Doing blood tests like CRP and white cell counts routinely in all the patients admitted with mild to moderate CAP is not recommended although in severe cases this can vary. Following the BTS guidelines, can prevent unnecessary burden on the laboratory and health care system and can reduce the duration of stay for patients admitted in Paediatric ward with mild to moderate community acquired pneumonia. It was observed that large number of children admitted with CAP routinely undergo blood investigations including white blood count & CRP. We therefore decided to conduct an

audit and implement the changes to prevent unnecessary blood investigations in children and to reduce the workload on Pathology department.

Objectives To establish if we are following the BTS guidelines for mild to moderate community acquired pneumonia regarding white cell count and CRP in children admitted to the Paediatric Ward in Letterkenny University Hospital.

Methods Data was collected from the Medical Records of children who have been admitted to the Paediatric Ward during the period 1st Dec 2016 to 28th Feb. 2017. Children more than one year of age who were diagnosed as mild to moderate community acquired pneumonia as per BTS guidelines were included in the study. Data was collected using a short questionnaire using the audit tool provided by the BTS guideline.

Results A total of 49 patients chart were obtained. Out of these, 18 patients were excluded from the study, and 31 patients met the diagnostic criteria for inclusion. Out of these 31 patients, 26 patients (83.87%) had CRP done on them although it was documented that the children had community acquired pneumonia. All these 26 patients also had white cell count done on them as well.

Conclusion There is poor compliance as per BTS guidelines regarding routine CRP, White cell count in patients with mild to moderate community acquired pneumonia.

Recommendations

- British Thoracic society guidelines should be followed properly in managing patients with childhood community acquired pneumonia.
- Un-necessary CRP and white cell count should not be done in mild to moderate community acquired pneumonia
- To conduct regular teaching sessions on recent guidelines to keep updated all doctors working in Paediatric unit in Letterkenny University Hospital

P583

AN UNCOMMON CAUSE OF SPONTANEOUS ECCHYMOSIS IN CHILDREN: ACUTE IDIOPATHIC THROMBOCYTOPENIC PURPURA

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Introduction The most common cause of acute onset thrombocytopenia in childhood is idiopathic thrombocytopenic purpura (ITP). The disease may seen in previously healthy children with only thrombocytopenia or with petechiae, purpura, ecchymosis and mucosal hemorrhage without clinical evidence. In this study, we aimed to evaluate the clinical presentation of ITP.

Methods Patients with acute ITP diagnosed between 2017 and 2018 in Mustafa Kemal University, Research Hospital, Department of Child Health and Diseases were retrospectively studied. Patients were evaluated according to age, gender, frequent seasons, referral complaints, history of previous infection and vaccination and ethnic group.

Results The clinical findings of the patients were as follows: petechia 100% (n: 155), purpura 100% (n: 155), ecchymosis 100% (n: 155), epistaxis 11,61 (n: 18), gingival bleeding 9,67: 15), gastrointestinal bleeding was 1.93% (n: 3) and hematuria was 1.29% (n: 2). bone marrow biopsy was performed a patient with hepatosplenomegaly and