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 ECCHYMOSES 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

lymphadenopathy and subsequent EBV infection diagnosed and also on 2 patients whose thrombocytopenia continued more than 6 months. Two patients with long-standing thrombocytopenia of 6 months get a diagnosis of chronic ITP.

Discussion and conclusion ITP is a disease that worries families and physicians because of clinical findings like leukemia and It is not rare cause of thrombocytopenia. Therefore, findings of thrombocytopenia; should be evaluated together with detailed history and careful physical examination and acute ITP should be kept in mind.

P584 A 'TRIAGE' AUDIT

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Background Triage systems are utilised internationally to rapidly assess patients and subsequently categorise based on the need for medical intervention. A functioning triage system is essential for patient safety and flow in an emergency department. University Hospital Limerick Paediatric Emergency Department (UHL PED) utilises the Manchester Triage System which contains 10 paediatric flow charts with discriminators to triage the paediatric caseload in categories 1 – 5.

It is not the role of the triage system to establish the requirement of admission; however it is the aim of this audit to establish a potential level of correlation between triage category and rate of admission. This has previously been examined prior to the introduction of the Irish Children's Triage System in a number of hospitals in Ireland.

Aim Our aim was to perform an audit of the Manchester Triage System in UHL PED: admission rates and vital sign documentation of the 5 triage categories.

Methods All paediatric patients will be included in the audit from MAXIMS, the electronic attendance record in UHL ED from 3 different 24 hour periods randomly chosen in March 2019. Triage category, vital signs recorded yes/no and admission yes/no will be documented. 3 separate days are used to avoid bias from a small number of clinicians triaging for the audit in a single 24 hour period.

Results Results will be presented examining the rate of admission in each triage category across all 3 days. Results of vital signs documentation will also be presented across each triage category. Following analysis another audit cycle will be performed of the vital sign documentation following education consisting of visual prompts.

Conclusion UHL ED will move to the Irish Children's Triage System. An audit of the current Manchester Triage system prior to this will be useful data to collect prior to the introduction of the new system.

P585 DOES EARLY STABILIZATION APPLICATIONS AFFECT CLINICAL PROGRESSION IN POISONING LINKED TO SNAKE BITES?

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Object Although snake bites are an emergency situation requiring rapid treatment, there is no consensus the management of these cases. Even there are different opinions about the dose/route of administration of antivenom. In fact that poisoning due to snake bites are associated with the speed of passage of venom into the circulation, therefore, the first intervention is very significant for both the treatment of poisoning and prevention of complications. In our study, we aimed to evaluate that as possible as early extremity immobilization with splints application whether it is effective in progressing these poisonings by reducing the passage speed to circulation of snake venom.

Study design 147 patients.

In this study, at Department of Pediatrics in Faculty of Medicine, in Mustafa Kemal University, between October 2016 and March 2018, the data of the patients who were hospitalized with diagnosis of snake bite was examined.

All patients divided into two groups. The patients who applied splinting after the first evaluation were evaluated as group-1 and the cases without splinting were evaluated as group-2.

All patients between 0–17 years who treated due to snake bites in were analyzed, clinical findings and effects of extremity immobilization with early splints application on poisoning progression.

And also in 0, 8, 16, 36. hours extremity diameter increases were compared between groups.

Of the total 147 patients, %48.29 (n:71) were female and %51.71 (n:76) were male. The average age of the patients was 7.2 years.

The most frequent applications were summer (%69.38).

First interventions of families to these patients were washing with soapy water, suction and spitting, make bleeding of injury region, and bandaging the extremities

The time of taken to the health facility after the snake bite of patients was for an average of 7.8 hours in group-1 and it was for an average of 7.6 hours in group-2.

The increase in the extremity diameter at 8th hours in group 1 was 0.6 cm while the group-2 was 1.1 cm.

The increase in the extremity diameter at 24th hours in group 1 was 0.8 cm while the group-2 was 1.5 cm. These data were statistically significant.

Discussion This study were supported that the extremity immobilization with early splints application without wasting time is effective in the poisonings due to snake venom by reducing the passage speed to circulation of snake venom.

P586 SOME ASPECTS OF ADJUVANT THERAPY OF RECURRENT VULVOVAGINITIS IN GIRLS WITH URINARY TRACT INFECTIONS

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The aim was to study the features of vaginal microbiocenosis and the effectiveness therapy of vulvovaginitis (VV) in girls with urinary tract infection (UTI).