Association of Paediatric Emergency Medicine

**793**  PREDICTING SERIOUS BACTERIAL INFECTIONS IN INFANTS AGED 90 DAYS OR LESS

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Background NICE sepsis guidelines advise febrile children aged <90 days are at higher risk of serious illness. Therefore, children undergo investigations and receive antibiotic therapy in these cases, despite limited data on actual number of serious bacterial infections (SBI). The Febrile Infants Diagnostic Assessment and Outcomes (FIDO) study, performed on behalf of PERUKI, aimed to evaluate this further.

Objectives To determine rates of SBI in children aged <90 days with fever ≥38°C.

To assess clinical features and investigations most significantly associated with SBI.

Methods Retrospective analysis of Emergency Department (ED) presentations of febrile infants was conducted across six sites (Belfast, Bristol, Dublin, Glasgow, Leicester and London) between 01.09.2018 and 31.08.2019.

The clinical features underwent univariate analysis, and those deemed to be statistically significant (p<0.02) were included in multivariate analysis.

Results 535 ED records, out of 543 identified, had complete data and were included. 70 (13.1%) participants were diagnosed with SBI (6 with bacterial meningitis (1.1%), 7 with bacteremia (1.3%) and 57 (10.7%) with urinary tract infections.

Table 1 shows univariate analysis of individual features. Multivariate analysis of clinical features demonstrated that appearing well and having a vaccination in preceding 24 hrs is significantly associated with not having SBI. It found CRP and neutrophil count was significantly associated with SBI but other blood analysis and surfactant administration.

Conclusions This study adds that appearing well and having a vaccination in preceding 24 hrs is significantly associated with not having SBI. It found CRP and neutrophil count was significantly associated with SBI but other blood analysis were not. Further research into clinical assessment and investigations of these children may help identify those with SBI more accurately and reduce over-treatment in low risk children.

British Association of Perinatal Medicine and Neonatal Society

**796**  BRIDGING THE DAM GAP!!

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Background In many Neonatal clinical emergencies, endotracheal intubation procedure is life saving and forms a vital part of neonatal resuscitation. It is possible that current trainees are getting less exposure to emergency intubations in the current scenario of less invasive methods of neonatal stabilisation and surfactant administration.

Objectives To explore knowledge and awareness regarding Difficult Airway Management (DAM) in Neonates amongst neonatal practitioners in local deanery and Surrey Heartlands region.