7.14 in the 2020 group (6.8–7.3); and 6.89 (6.8–7.0) in the 2020/STRS group.

Treatment was given for cerebral oedema for one patient each of the 2015 and 2020 cohorts, two in the 2020/STRS group.

AKI rates were one each in the 2015 and 2020 cohorts, two in the 2020/STRS group.

Hospital length of stay was also similar across the 3 groups (means of 3.9, 5.7 and 14.5 days respectively).

Conclusions Patient numbers were too small to give robust conclusions but on this evidence, both DKA guidelines appear to be safe and did not affect hospital length of stay, acute renal or cerebral oedema complication rates.

The authors note that after this study's conclusion, NICE published another new guideline (December 2020) offering something of a 'middle ground' recommendation on fluid replacement in DKA; and the debate on safest fluid management continues.

Association of Paediatric Emergency Medicine

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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 $\geq 38^{\circ}\text{C}$.

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 ($p < 0.2$) 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 bacteraemia (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 was significantly associated with the infant not having a SBI ($p = 0.008$), as was receiving a vaccination in the preceding 24 hours ($p < 0.0001$). No well-appearing infant who received a vaccine within the preceding 24 hours had an SBI.

433 (80.9%) participants underwent blood testing, including all 70 of those diagnosed with SBI. The median CRP ($p < 0.0001$) and neutrophil counts ($p = 0.011$) were significantly higher for participants with SBI. There was no

Abstract 793 Table 1

Variable	Complete Data N(%)	Without SBI N(%)	With SBI N(%)	P Value
Male gender	535 (100)	269 (57.8)	45 (64.2)	0.362
Age (median and interquartile range)	535 (100)	56 (35 to 70)	44 (22 to 69)	0.034
Temperature (median and interquartile range)	535 (100)	38.3 (38.1 to 38.7)	38.5 (38.2 to 38.8)	0.075
Received vaccine in preceding 24 hours	535 (100)	74 (15.9)	1 (1.4)	<0.0001
Normal colour	535 (100)	129 (27.7)	21 (30.0)	0.671
Alert/responding to social cues	535 (100)	141 (30.3)	21 (30.0)	1.000
Normal Cry	535 (100)	63 (13.5)	10 (14.3)	0.852
Normal skin/eyes	535 (100)	84 (18.1)	17 (24.2)	0.250
Moist mucous membranes	535 (100)	104 (22.3)	22 (31.4)	0.099
Appears well	535 (100)	92 (19.8)	5 (7.14)	0.008
Decreased activity	535 (100)	103 (22.2)	22 (24.4)	0.096
Tachycardia	535 (100)	362 (77.8)	55 (78.6)	1.000
Prolonged capillary refill time	535 (100)	70 (15.1)	16 (22.9)	0.115
Reduced feeding	535 (100)	209 (44.9)	39 (55.7)	0.096
Reduced wet nappies	535 (100)	35 (7.5)	7 (10.0)	0.474
Mottled/ashen/pale/blue colour	535 (100)	170 (36.6)	31 (44.3)	0.234
Not responding to social cues	535 (100)	30 (6.5)	4 (5.7)	1.000
Appears unwell	535 (100)	65 (14.0)	11 (15.7)	0.714
Lethargic on examination	535 (100)	12 (2.6)	3 (4.3)	0.430
Tachypnoea	535 (100)	109 (23.4)	19 (27.1)	0.548
Reduced skin turgor	535 (100)	24 (5.2)	4 (5.7)	0.775
Non-blanching rashes	535 (100)	20 (4.3)	2 (2.86)	0.755
Meningism	535 (100)	25 (5.4)	7 (10.0)	0.169

significant difference in median white cell count, lymphocyte count or haemoglobin.

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

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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.