342 INTUSSUSCEPTION ENCEPHALOPATHY: A CLINICALLY DECEPTIVE PRESENTATION

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A 7-month-old presented with reduced responsiveness and non-bilious vomiting. On presentation, he was encephalopathic, afebrile with normal vital signs. Pupils were intermittently miotic and initial abdominal examination was normal. Investigations including blood gas, biochemistry, inflammatory markers, metabolic and toxicology panels were normal. A CT brain scan showed no abnormality.

Abdominal examination 24 hours later elicited a possibility of tenderness.

Therefore we proceeded with abdominal ultrasound which revealed an evidence of ileocolic intussusception. Initial standard management of ileocolic intussusception was attempted by radiological pneumatic reduction (air enema) which was unsuccessful. Subsequent definitive surgical management achieved by laparotomy and manual reduction successfully released the obstruction. He recovered uneventfully and underwent usual post-surgical care.

Discussion This case illustrates a rare occasion of intussusception presenting as an acute encephalopathy in the absence of typical signs of bowel obstruction.

Although uncommon, the recognition of this possibility should be entertained, particularly in an unexplained encephalopathy.

A recent study showed about 4% of children diagnosed with intussusception had one or more neurological symptoms recorded at presentation. Lethargy was the most frequent, followed by hypotonia, generalised weakness, paroxysmal events, and fluctuating consciousness. One study reported a series of 13 cases of children whom impairment of the mental state preceded the appearance of common gastrointestinal symptoms. Another distinctive feature is the presence of miosis. The aetiology is unclear but there has been hypotheses that this could be caused by the production of endogenous opioid in response to stress and pain.

In conclusion, the incidence of children with bowel aetiology having an altered mental status as a primary presentation is rare. However, as prognosis of intussusception can be time-dependent, early recognition of this possibility by clinicians is crucial in order to minimise serious morbidity and mortality risk.

343 LUPA – A PILOT PROJECT DURING THE COVID-19 PANDEMIC

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The COVID-19 pandemic changed the way we look at health-care management and had a great impact in the social dynamics related to disease awareness and search for acute care. During the initial lockdown, we implemented a pilot project in the emergency department (ER) that consisted on a telephonic line named Linha de Urgência Pediátrica de Apoio

(LUPA), run by interns, to who parents could call when their kids had acute disease.

The goal of this study is to identify the contribution of this project to avoid unnecessary admissions in the ER during this pandemic period and to assess the effectively needed admissions.

We overviewed, retrospectively, the records of all phone calls received between March and October 2020 and ran a frequency analysis of the results.

During the defined time period, we received 288 phone calls, equally distributed between Monday to Sunday and 9am to 9pm. Mothers accounted for 90% of the callers.

From the total amount of patients, 54% were females with a median age of 20 months and a median time of illness of 2 days. The most frequent reasons for calling LUPA were fever (35%), cutaneous alterations (18%) and cough (8%). Fever was predominantly associated with diarrhea (18%) but in 29% of cases was the only reported symptom. Active surveillance of warning signs at home was the most chosen conduct, in 71% of cases. Admission to the ER was advised in 26% of cases.

LUPA was a useful resource during the COVID 19 pandemic and helped managing benign and self-limited conditions, which are frequent in pediatric acute care.

344 PROGNOSIS AND RISK FACTORS OF PATIENTS WITH ACUTE KIDNEY INJURY IN THE PICU

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Acute kidney injury is an independent risk factor for morbidity and mortality in critically ill children in the pediatric intensive care (PICU).

This study was conducted to assess the frequency of acute kidney injury (AKI) and risk factors associated with AKI in (PICU) patients.

This retrospective study was conducted in two PICUs serving children under the age of 18. The data of all patients admitted to the PICU for various critical illnesses between January 2014 and June 2019 were extracted from electronic and written medical records and the patients with AKI on admission were included in this study. Demographic data and reason for hospitalization were recorded. The patients' sex, age, invasive or non-invasive mechanical ventilation requirement, duration of hospitalization in the PICU and mortality were recorded. In addition, vital signs, CBC parameters and biochemistry results, the paediatric risk of mortality

(PRISM) score were recorded on admission. The patients were compared according to whether they had AKI and mortality.

Between January 2014 and July 2019, a total of 1,107 children were admitted to the PICU. The most common primary diagnosis was sepsis. Of them, 243

(22.0%) had AKI during PICU admission. Fifty-three patients with AKI (21.8%) died. Of them, 21 patients died because of septic shock. Among the patients with AKI, survivors required fewer inotropic drug usage ($P < 0.001$), CRRT ($P = 0.047$) and mechanical ventilation ($P < 0.001$) compared to the patients who died. According to logistic regression analysis, the ORs were as follows: