6.027 (95% CI, 3.996–9.090) for inotropic drug usage, 2.348 (95% CI, 1.547–3.564) for RBC transfusion requirement, 1.655 (95% CI, 1.162–2.356) for RDW > 15.1% and 2.950 (95% CI, 1.933–4.503) for PLT < 150 × 10^3/μL.

The AKI is associated with prolonged hospitalization and increased mortality among critically ill children. In patients with AKI, the need for mechanical ventilation, CRRT and inotropic drugs was statistically associated with mortality.

**345 SPICING UP THE EDMONTON ANTICOAGULATION PROTOCOL: INTERFERENCE OF DIETARY CURCUMIN ON COAGULATION STATUS DURING MECHANICAL CIRCULATORY SUPPORT WITH BERLIN HEART LVAD**

Vanja Zvonar*, S. Dessardo, F. Rubinč, S. Galić, M. Crtković, T. Matić, H. Marković. University Hospital Centre Zagreb

10.1136/archdischild-2021-europaediatrics.345

In patients with implanted Berlin Heart EXCOR® Ventricular Assist Device, appropriate anticoagulation and antiaggregation within pre-defined values are essential for proper device function, and vital in order to avoid complications such as thromboembolic events and/or bleeding.

Important factors that contribute to achieve the desired coagulation control are patient’s pharmacogenetics, liver status with nutritional status and interactions with other medications and supplements given to the patient during treatment.

Bleeding or clotting issues that could occur are addressed according to aetiology, site of the incident, laboratory and clinical parameters.

We describe a 3-year-old female patient with restrictive cardiomyopathy and acute heart failure subjected to implantation of Berlin Heart EXCOR® paediatric Left Ventricular Assist Device mechanical support as bridge therapy to cardiac transplantation. After device implantation, anticoagulation and antiaggregation were started and maintained according to the Edmonton Anticoagulation and Platelet Inhibition Protocol. Achievement of appropriate anticoagulation was compromised due to a non-disclosed addition of turmeric in her dietary regimen by parents. Curcumin, a polyphenol responsible for the yellow colour of turmeric, possesses anticoagulant properties, prolongs aPTT and PT significantly and inhibits thrombin and FXa activities. As a result, unexpected oscillations in the coagulation profile occurred, which represented a substantial management challenge.

The aim of this report is to analyse and discuss the factors that could have been contributed to the difficult control of anticoagulation in our patient, with emphasis on the potential danger of undetected compounds deriving from sub-optimal control of paediatric patients during parental presence in PICU.

**346 BIVALIRUDIN USE DURING CONTINUOUS RENAL REPLACEMENT THERAPY IN A 2.5-YEAR-OLD GIRL SUFFERING FROM CARDIOMYOPATHY AND RECEIVING VAD SUPPORT**

Hana Matković*, Jasna Slaviček, Filip Rubinč, Sandro Dessardo, Miran Crtković, Toni Matić, Dorotea Bartoniček, Dražen Belina, Ivanka Kos, Slobodan Galic. Department of Paediatrics, University Hospital Centre Zagreb; School of medicine, University of Zagreb

10.1136/archdischild-2021-europaediatrics.346

Ventricle assist devices (VAD) are often the only bridge to heart transplantation in children with deteriorating cardiomyopathies.

Berlin Heart EXCOR Pediatric is registered for children and can be used to support the function of right, left or both ventricles. Despite the use of the ‘Edmonton protocol’ to guide the anticoagulation management, thromboembolism and hemorrhage are common adverse effects. Moreover, prolonged intravenous heparin use is often complicated with heparin induced thrombocytopenia (HIT), which leads to a conclusion that new antithrombotic strategies are needed, such as use of direct inhibitor of thrombin, i.e. bivalirudin.

In our patient, a 2.5-year-old girl with restrictive cardiomyopathy, heart decompensation occurred after a viral infection (with later confirmation of parvovirus B19 myocarditis). Mechanical circulatory support with VA ECMO was started, with an implantation of LVAD Berlin Heart 3 weeks later. She spent 125 days on VAD support waiting for a heart transplantation. The ‘Edmonton protocol’ was followed for anticoagulation and anti-aggregation therapy guidance (warfarin, acetylsalicylic acid and clopidogrel). She suffered multiple complications: bilateral pleural effusions, middle cerebral artery thrombosis, fibrin over the VAD cannula, intracranial hemorrhage and shunt meningitis. During an episode of septic shock, acute renal failure occurred, requiring continuous venovenous hemodiafiltration that has been continued for 21 days. Prolonged thrombocytopenia led to diagnosis of HIT, so heparin was replaced with bivalirudin (direct thrombin inhibitor) as anticoagulation therapy, in addition to acetylsalicylic acid and clopidogrel. Bivalirudin use is easily monitored by aPTT and ACT and the dosage is modified according to it. Bivalirudin has been used for 16 days along with CVVHDF, without hemofilter occlusion or fibrin deposits on cannulas of BH Excor.

According to our experience and cases described in literature, bivalirudin has been used in children with VAD Berlin Heart EXCOR with positive outcomes. In addition, successful use of bivalirudin for anticoagulation during continuous renal replacement was associated with longer hemofilter survival time and less hemorrhagic and/or thrombotic events. On the other hand, there are some disadvantages such as lack of pediatric experience, no available antidote and high price. From all of the above, we may conclude that new experiences and investigations are needed and alternative antithrombotic drugs, such as bivalirudin, should be considered for patients with VAD and CVVHDF.

**347 HYPERFREQUENT USERS OF THE EMERGENCY DEPARTMENT DURING THE COVID-19 PANDEMIC – A SURVEY STUDY**


10.1136/archdischild-2021-europaediatrics.347

Hyperfrequent users (HU) of the pediatric emergency department (ED) is a group of patients that tendentially play an important stress factor in health services but there is no data available yet to the role of their behaviour during the COVID-19 pandemic – the purpose of our study.

A quota sampling out of 1816 HU from a Level II Hospital, defined by ≥10 admissions in a single civil year, between
2003 and 2019, were considered. A telephonic questionnaire about medical assistance during the COVID-19 pandemic lockdown was filled with information provided by their legal guardian, after verbal consent. Collected data included: legal guardian sociodemographic factors, need for acute medical care, clinical settings and postponement of other medical services between 15th March and 30th June of 2020. During the period under analysis, the ED had a total of 2964 admissions.

Were gathered 440 validated questionnaires out of the 1816 HU, children’s mean age 9±4.9 years, informant’s average age of 39 years, it was the mother in 84% and 35% had the 12th grade of schooling.

During the period under analysis, 134 (30.5%) of the sample had at least one episode of illness, whereas 21 (15.7%) didn’t seek medical help (5 for fear and 16 for mild symptoms).

Out of the 113 (84.3%) who sought medical assistance, 69 (61.01%) went in person [62 (89.9%) to the Pediatric ED]. The others 44 (38.9%) through phone contact (27 called ‘Saúde24’, 9 the Health Center and 8 the Private Pediatrician), out of them, 24, 4 and 3 were respectively referred to the ED.

The search for care by phone was more frequent in younger age groups and when the informant’s had a degree level.

Upper respiratory infections were the most frequent diagnosis (43.2%), next to gastrointestinal symptoms (14.2%) and injuries (11.9%).

Consultations were the most delayed health care, 44 cases (41 by order of the service and 3 due to patient’s request). We recorded 2 cases of postponed vaccination.

Amongst our sample, 93 (21%) came to the ED, constituting 3.1% of the global admissions during this first pandemic period. It’s reasonable to question whether the recurrence rate would be much higher (12.9%) if the entire population of HU was studied. It’s noticeable that the HU had still a meaningful impact in the ED during the pandemic, where the demand decreased significantly, which confirms their role as an important stress factor and the absence of behavioural change.

348 CANNABIS BABY

10.1136/archdischild-2021-europaediatrics.348

Introduction Cannabis is a class C drug, categorized as both a hallucinogen and a sedative. Cannabis be smoked, inhaled, ingested orally, or applied as a topical or spray. There is no hallucinogen and a sedative. Cannabis be smoked, vaped, ingested orally, or applied as a topical or spray. There is no meaningful impact in the ED during the pandemic, where the demand decreased significantly, which confirms their role as an important stress factor and the absence of behavioural change.

349 THE PARENT’S KISS IN THE REMOVAL OF NASAL FOREIGN BODIES: A CASE SERIES
Thomas Calleja*, Alexander Clayman, Ryan Falzon, Elton Caruana. Mater Dei Hospital, Malta

10.1136/archdischild-2021-europaediatrics.349

Nasal foreign bodies are common in pediatrics. Current removal methods can be traumatic for those involved. The Parent’s Kiss is a positive-pressure technique which is minimally invasive and less distressing. We gathered data prospectively on 7 children presenting to the ENT department at Mater Dei Hospital, Malta, with a nasal foreign body.

85.7% of patients underwent successful removal with the Parent’s Kiss technique alone, and none experienced adverse events. Our findings add to the evidence that this is a safe and effective maneuver and may be considered first line in the management of nasal foreign bodies in young children.

350 SARS-COV-2 INFECTION IN INFANTS AND NEWBORNS: A TUNISIAN SINGLE-CENTRE EXPERIENCE
Rania Ben Rabeh*, Nada Missaoui, Salem Yahyaoui, Msaddek Assidi, Sonia Mazigh, Samir Boukthir. Béthér Hamza Children Hospital

10.1136/archdischild-2021-europaediatrics.350