an incidence around 1/100 000/year. We studied the characteristics and outcome in PICU patients with ICH.

Methods Children with ICH admitted to PICU during 2000–2010, were retrospectively studied. Clinical information was abstracted via chart review.

Results 21 consecutive cases, aged 5.6±4.5 years, 12 girls, were analyzed. 70% of the children presented with vomiting, 55% with seizures, 38% with headache and 9.6% with focal neurological signs. Mean Glasgow Coma Scale (GCS) before intubation was 7.3±±2.45. In 66.6% emergent evacuation of hematoma or hydrocephalus at admission was performed. 23.5% had an arteriovenous malformation (AVM) and 15% of these children underwent embolization for AVM obliteration. Mortality was found 19%. Patients who died had lower GCS (4.75 ± 2.06 vs. 7.92±2.16), P<0.05, higher PRISM III-12 (first 12 hours from admission), (21.5±3.1 vs. 7.3±±7.7), P<0.005, higher PRISM III-24 (next 12 hours), (17.2±3.3 vs. 5.2±±3.1), P<0.001, and longer αPTT, P<0.01 than those who survived. Patients who needed inotropic support the 1rst day of PICU stay had 12 times greater mortality than children who didn’t need inotropic support. Among survivors 68.7% presented neurologic deficit at PICU discharge. Children with neurologic deficit had lower GCS (6.2±±1.6 vs. 10±±1.5), P<0.005 than those without deficit.

Conclusions As outcome is dismal in children with ICH and critical illness at presentation, low GCS, high PRISM III and need for inotropic support, prompt diagnosis seems essential to improve prognosis in these children.

USEFULLNESS OF THE PRISM III SCORE TO PREDICT OUTCOME IN CRITICALLY ILL CHILDREN WITH VAP

S Stabouli, E Volaki, A Volaki, A Tsolaki, M Dimitriadou, K Skourinis, M Sdouga. PICU, Hippokration Hospital, Thessaloniki, Greece

Background and Aims Ventilator-associated pneumonia (VAP) is associated with increased length of stay and adverse outcomes in PICU patients. In a retrospective study, we examined if PRISM III score at admission or at the day of VAP development could better predict the outcome in patients with VAP.

Methods The medical records of PICU patients admitted to a 5-Bed PICU of a tertiary-care hospital from January–December 2011 were reviewed. Clinical data, PRISM III score at admission or at the day of VAP development were recorded. VAP was diagnosed according to CDC criteria.

Results 27 patients, mean age 4.40±±4.23 years, 59.3% boys, developed VAE 4 patients presented 2 VAP episodes. Mean PRISM III score at admission was 10.19±±7.65, at the day of first VAP episode 7.31±±6.94, and at the day of 2nd VAP episode 4.75±±3.60. The receiver operator characteristic curve (ROC) analysis showed that PRISM III at admission could better predict mortality in PICU patients with VAF than PRISM III at the day of VAP episode. (Figure 1).

The area under the curve was found 0.85 (asymptotic 95% CI 0.59 to 1, P<0.01) for PRISM III at admission and 0.72 (95% CI 0.48 to 0.95, P=0.081) for PRISM III at VAP episode.

Conclusions PRISM III at admission could better predict mortality in PICU patients with VAP than PRISM III at the day of VAP episode suggesting that VAP may not independently affect mortality.

PALLIETERBURGH: DEVELOPMENT OF A HIGH DEPENDENCE TRANSITIONAL CARE UNIT

M Smit-van den Berg, C Joosen, D Tibboel, E Ista, S Gischler. PICU; PICU and Department of Pediatric Surgery, Erasmus MC - Sophia Children's Hospital, Rotterdam, The Netherlands

Background Ongoing advances in paediatric intensive care led to increased survival, with increased morbidity and long-lasting sequelae.