**Background and Aims** The use of osteopathic manipulative treatment (OMT) in preterm infants has been documented and results from previous studies suggest the association between OMT and length of stay (LOS) reduction, as well as significant improvement in several clinical outcomes. The aim of the present study is to show the effect of OMT on LOS in a sample of premature infants.

**Methods** A double blinded randomized controlled trial was conducted on preterm newborns admitted in a single NICU between 2010-2011. N=51 subjects free of medical complications and with gestational age >26 and ≤38 weeks were enrolled and randomized in two groups: study group (N=21) and control group (N=30). All subjects received routine pediatric care and OMT was performed to the study group for the entire period of hospitalization. Endpoints of the study included differences in LOS and daily weight gain.

**Results** Results showed a significant association between OMT and LOS reduction (mean difference between treated and control group: -1.787; 95% c.i. -3.555, -0.0015; p < 0.05). OMT was not associated to any change in daily weight gain.

**Conclusions** The present study confirms that OMT could play an important role in the management of preterm infants hospitalization.

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**MANAGING ENT EMERGENCIES NEEDING TRANSFER TO PICU: THE EXTENDED TRANSPORT TEAM**

**Background** Paediatric ENT emergencies are rare but can be life-threatening and challenging to manage. In UK paediatric ENT services are centralised, and adult ENT surgeons and anaesthetist provides cover in local hospital (DGH). North West and North Wales Paediatric Transport Service (NWTS) UK is a specialist transport team.

**Method** Retrospective audit 12 months ENT transfers (NWTS database).

**Results** 74/982 (8%) referrals had ENT diagnosis.

Feedback from DGH teams highlighted that advice from NWTS improved utilisation of regional PICU beds.

**Conclusions** NWTS conference calls with Paediatric ENT specialists and local team improve patient management. Paediatric ENT consultants are occasionally required with NWTS team, providing expert advice and practical help. This data will help develop new regional intubation guidelines including recognition and management of the difficult paediatric airway.

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**RESULTS**

- **972 MANAGING ENT EMERGENCIES NEEDING TRANSFER TO PICU: THE EXTENDED TRANSPORT TEAM**
  - DOI: 10.1136/archdischild-2012-302724.0972

- **973 REGIONAL PAEDIATRIC INTENSIVE CARE (PIC) TRANSPORT SERVICES: BENEFITS OF 2 BECOMING 1!**
  - DOI: 10.1136/archdischild-2012-302724.0973

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**Abstract 972 Table 1**

<table>
<thead>
<tr>
<th>Causes</th>
<th>Infective</th>
<th>Neonate</th>
<th>Foreign Bodies</th>
<th>Elective</th>
<th>Injury</th>
<th>Post-Tonsillectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers</td>
<td>36</td>
<td>13</td>
<td>10</td>
<td>8</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Age</td>
<td>5 months-9 yrs</td>
<td>5 &lt;24 hrs old (3 preterm) 8 older</td>
<td>10 months-14 yrs</td>
<td>6 days-5yrs</td>
<td>1–5 yrs</td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Croup, tracheitis, parapharyngeal abscess</td>
<td>Various</td>
<td>4/10 respiratory arrest</td>
<td>Tracheal stenosis, malacia, cystic hygroma</td>
<td>Trauma, caustic ingestion</td>
<td>2 with pre-op OSA</td>
</tr>
<tr>
<td>Treatment</td>
<td>Steroids, nebulised adrenaline +/- antibiotics</td>
<td>Removal in tertiary centre</td>
<td>Transferred for complex intervention</td>
<td>Steroids +/- antibiotics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intubation</td>
<td>19/36 intubated 1/36 LMA 16/36 resolved (not transferred)</td>
<td>11/13 1 transferred LMA (NVTS) 1 unable to secure airway</td>
<td>5/10</td>
<td>All endotracheal tube or tracheostomy</td>
<td>4/4</td>
<td>3/3 (0)</td>
</tr>
<tr>
<td>Paeds ENT advice</td>
<td>4/36 (2)</td>
<td>13/13 (3)</td>
<td>10/10 (0)</td>
<td>8/8 (0)</td>
<td>4/4 (0)</td>
<td>0/3 (0)</td>
</tr>
</tbody>
</table>