neonatal central DI. Six cases were preterm with intracranial hemorrhage and the other two patients were congenital toxoplasmosis one of which was preterm. All of the cases received oral desmopresin at a dose of 10 mcg/kg/day. And then oral desmopresin dosage was adjusted according to the serum sodium and urine output. All cases were treated successfully with oral DDAVP. Three cases who have intracranial hemorrhage died due to other preterm complication according to our case series, oral DDAVP is an applicable, safe and effective form of DDAVP.

**Conclusion**

In our population near term infants were more likely to utilize NICU beds for significantly longer LOS compared to full term which increases costs and limit availability of NICU beds in our community.

**Methods**

AKI was defined as Serum Creatinine >1.5μg/dl. Data about newborns admitted over period of three years were studied from a Level 3 Neonatal Intensive Care Unit in Western India. Parameters associated with AKI were evaluated and descriptive analysis was done.

**Results**

Out of 1745 patients, 74 (Male-61, Female-13) patients had AKI. The incidence of AKI was 4.24% of admitted newborns, and 80% of the babies developed AKI within first week. Incidence of AKI in outborn babies (5.83%) is higher than inborn babies (2.44%) and outborn comprised 72.97% of all AKIs (54/74). Mean Birth weight of neonates was 2.46±0.55 kg with 47.30% being LBWI. Factors associated with AKI were sepsis (91.9%), shock (64.9%), requirement of ventilation (62.2%), Perinatal asphyxia (56.5%), resuscitation (40.5%) and requirement of intubation at birth (23%). Mean Serum Creatinine was 2.87±1.81 mg/dl (1.51 to 10.05). Mean age at diagnosis was 5.76±6.64 days (1 to 41). The mortality was 20% and 51.6% patients went DAMA (Discharge Against Medical Advice).

**Conclusions**

Mortality in patients with AKI is very high. Most AKI occurs in the first week of life and factors associated with AKI are easily recognizable and should prompt early referral of neonates.