

< 80% (3.29 vs. 1.21) per hour decreased. No heart block occurred. However, restlessness was observed more frequently.

Conclusions Doxapram was applied to roughly a quarter of all very immature infants. Frequency and severity of apneas appeared to be reduced. Intubation because of apnea was avoided in a large proportion of infants. No severe side effects were recorded. More systematic studies on efficacy and safety of doxapram in premature infants are needed.

1650 RATIONAL USE OF ANTIBIOTICS IN NEWBORN

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Side effects of antibiotics must always be considered, especially in neonatal period. Our aim was to analyse the antibiotic use in our neonatal ward (2nd level perinatal care). We analysed number of babies who received therapy, indications and time of starting antibiotics, duration and antibiotics used, laboratory analysis (CBC, CRP, swabs and cultures of babies and mothers) and discharge diagnosis in one-year period.

2299 babies were born in 2011, and 125 (5.4%) received antibiotics. 49% had risk factors for infection. In 62% therapy started in 1st or 2nd day of life, and average duration was 5–7 days, in 83%. Ampicillin+Gentamycin was given in 82%; Ampicillin for GBS colonisation and cephalosporines for UTI. There were no multiresistant strains.

Diagnosis

Respiratory: 43 (34.4%),
Asphyxia: 17 (13.6%),
Urinary tract infections: 15 (12%),
Sepsis: 6 (4.8%),
Others: 13 (10.4%),
Without diagnosis: 31 (24.8%).

Risk factors for infection were present in 20% (ITU group) to 58% (group without diagnosis). Positive laboratory analysis were present from 42% (respiratory problems) to 100% in sepsis and UTI.

Most of the children received therapy for clinical symptoms of infection, mostly RD. The only single risk factor for starting the therapy was chorioamnionitis. Among children without diagnosis, 4 received short-course therapy based on risk factors, 6 because of GBS colonization, some had risk factors accompanied with positive laboratory findings and 10 babies because of positive laboratory findings only.

We noticed the decrease in antibiotic use in our hospital in past few years, specially in prophylactic use and therapy based on laboratory analysis. We consider clinical findings the most important criteria. But we can make further reduction by establishing firm criteria for antibiotic use, improving laboratory techniques and probably shortening the duration of therapy in some children.

1651 ANGIOTENSIN II RECEPTOR ANTAGONIST RELATED FETOPATHY - A CASE REPORT

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Fetal angiotensin II receptor antagonist exposure during pregnancy is associated with major congenital malformations including premature birth, oligohydramnios, acute renal failure, pulmonary hypoplasia and hypocalvaria. Fetopathy is mainly caused by renal insufficiency due to severe hypotension and disturbance of renal development. Therefore administration during the second and third trimester of pregnancy is contraindicated.

We report on a 35 year-old woman with arterial hypertension who was referred to our obstetrical department because of oligohydramnios. She reported to receive treatment with Olmesartanmedoxomil (5mg/day). The condition resolved after changing anti-hypertensive treatment to metoprolol at 26 6/7 weeks of pregnancy. The patient was born at term by C-section and showed the following signs of fetopathy: hyperechogenic multicystic kidneys and hypocalvaria. Renal function was normal, nevertheless arterial hypertension was present but treatment was not required. Discharge from hospital was possible at the age of 9 days. Regularly follow-up visits are necessary to monitor renal function and to evaluate long term effects.

Incidence of sartan-related fetopathy is unknown, therefore consistent reporting is mandatory. We present a case with mild presentation of symptoms, probably related to low therapeutic dosage and early change of antihypertensive treatment.

1652 EPIDEMIOLOGICAL STUDY ON ACUTE INTOXICATIONS IN THE ADMITTED CHILDREN

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Objectives Study on the incidence of acute intoxications (AI) within general pathology and various parameters (sex, social environment, age, etiologic spectrum).

Material and Method A retrospective study of AI in the children aged 0–16 years, admitted to the 2nd Pediatric Clinic of the Emergency County Hospital Craiova from January 1st to December 31st 2011.

Results 95 children with various AI were admitted, representing 4.1% of the total admitted children; 41 (43.2%) presented acute involuntary intoxications (AII), while 54 (56.8%) acute voluntary intoxications (AVI).

AII: distribution of children according to sex M/F=27/14, social environment U/R=18/23, age group (years): 0–1/1–3/3–5/5–10/10–14/14–16=11/10/9/5/4/2; etiologic spectrum: drugs in 9 children, nitrates in 7, carbon monoxide 7, mushrooms 6, corrosive substances 5, insecticides/anti-parasitary 3, ethylic alcohol 2, medicinal alcohol 1, and acetone 1.

In AVI, the sex ratio was M/F=21/33, social environment U/R=27/27, age group (years): 5–10/10–14/14–16=12/17/25. Causes of AVI: drugs in 32, ethylic alcohol 12, ethno-botanical 4, corrosive substances 3, unknown causes 2, caffeine 1 case. There were registered 2 deaths because of nitrates intoxication, in rural infants, aged 1 and 2 months.

Average period of hospitalization (days): in AII 4.79±3.12 (1–16), in AVI 3.25±1.3 (1–10).

Conclusions AI represented 4.1% of the total admitted cases. Drugs represented the most frequent cause both in AII and AVI. AII were more frequent in males and rural areas; AVI prevailed in females. Deaths because of AI represented 2.1% of the total number of AI cases.

1653 ACUTE INTOXICATIONS WITH DRUG SUBSTANCES IN CHILDREN - A CLINICAL EPIDEMIOLOGICAL STUDY

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Objectives Incidence of acute drug intoxications (ADI) within general pathology and various parameters (sex, social environment, age group, etiologic spectrum, clinical form, average period of hospitalization).