hypoglycaemia in neonates receiving PN 2012, and the UK National Confidential Enquiry into Outcome and Death (NCEPOD) recommendations 2010 for venous access.

Methods A questionnaire was devised by a pharmacist, paediatrician and neonatologist. Questions focused on key areas commonly encountered in routine PN practise, for which guidance is available. These included protein and lipid introduction, monitoring and complications of lipids, management of hyperglycaemia and venous access. One researcher conducted a telephone survey to registars working in all 58 level 3 neonatal intensive care units (NICU) throughout the UK.

Results The response rate was 58/58 units (100%). For preterm neonates requiring PN, protein is commenced on day 1 in 88% of units and lipids by day 3 in 91%. Most units exclusively use central lines for PN administration. All units use x-ray verification of catheter tip position with 19 units also using contrast. Triglyceride levels are not monitored in 22 units. Management of hyperglycaemia is variable, with 25 units using insulin first line and not altering glucose infusion. Seven units avoid insulin use completely.

Conclusion Many nutritional support practises were consistent and in line with guidelines. However over a third of units fail to monitor triglyceride levels despite the known consequences of high lipid infusions and recommendations for monitoring. The high usage of insulin in the management of hyperglycaemia may not be advantageous considering recent findings around the risks of hypoglycaemia and mortality. The use of contrast for line verification is not nationally standardised.

G60(P) THREE YEAR RETROSPECTIVE REVIEW OF VIRAL RESPIRATORY INFECTION IN PAEDIATRIC INTENSIVE CARE ADMISSIONS

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O Omolokan, C Moore, M Jardine. Paediatric Intensive Care, University Hospital of Wales, Cardiff, UK; Public Health Wales, UK

Introduction During the H1N1 2009 Pandemic season, all children ventilated on Paediatric Intensive Care (PICU) for respiratory failure had respiratory samples taken for virology screen. H1N1 (2009) was declared eradicated both nationally and internationally in August 2010. We reviewed results of samples taken during and beyond this period and compared the respiratory isolates.

Methods All Nasopharyngeal Aspirates, Non –direct bronchoalveolar lavage or tracheal secretions from admissions in the months of September to April of 2009/2010, 2010/2011 and 2011/2012 were reviewed. The months of May to August of each year were regarded as off peak and so left out of the study. PICU admissions, discharges and death notifications records were correlated with virology reports.

Results Samples were processed from 287 PICU patients or episodes. 192(67.1%) of the children were ages 0–2 years. (154)55.8% of the patients were male. One or more Respiratory viruses was isolated in 159 samples (55%). RSV accounted for 77(48.4%) of the positive samples, Rhinovirus 45(28.6%), Para-influenza virus Type1–4, 14(8.8%), Adenovirus 9(5.7%), Pandemic H1N1 (2009) 8(5.1%), Influenza A or B 3(1.9%) and Human Metapneumovirus 2(1.3%). Coinfection was found in 12(7.5%) of the positive samples.

Oseltamivir (Tamiflu) was prescribed to positive cases in the population. Resistance to Oseltamivir was reported in one case treated. There were ten (3.4%) mortalities from the study population two of whom were positive for Pandemic H1N1 (2009). A serious co-morbidity was present in all 10(100%) mortalities. We isolated a virus in 7/10 (70.0%) deaths. No positive swabs for H1N1 (2009) was found after January 2011.

Conclusion While we continue to carry out surveillance for sporadic or seasonal cases of H1N1 (2009), with the pandemic truly over, resources needs to be devoted to common respiratory viruses with greater burden of disease.

G61(P) SEVERE DIABETIC KETOACIDOSIS: THE BENEFITS OF PHONING A FRIEND

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K Bakaya, K Parkins, 1R Barber, 1R Phatak, S Santo. PICU, Central Manchester University Hospitals NHS Foundation Trust, Manchester, UK; 2North West and North Wales Paediatric Transport Service, Regional Retrieval Services, Manchester, UK; 3PICU, Alder Hey Children’s NHS Foundation Trust, Liverpool, UK

Aim To evaluate the management and outcome of children with severe DKA who were referred by different District General hospitals within the region to Regional retrieval team for advice.

Method Retrospective audit of all patients with diagnosis of DKA, referred to Regional Retrieval Team between November 2010 – June 2012.

Results 256 patients were referred. On phone to the retrieval team 91% of cases were managed appropriately without the need for retrieval. 99% of retrieval team were able to complete the referral within 15 minutes of being called. No other data were missing.

Conclusion The initiative proved beneficial and demonstrates the need for this initiative to be extended nationwide.