



**Abstract PS-137a Figure 1** Post-traumatic stress symptoms in parents at 5 months post PICU discharge in the intervention (Rx) and Treatment as usual [TAU] groups, split according to baseline parental stress score (H=high stress; L=low stress)

**Results** Although not statistically significant, parents in the intervention group (n = 17) fared better than parents in the TAU group (n = 6): They reported fewer PTSS [19.47 (95% CI 11.64–26.62) vs. 25.83 (95% CI 11.47–39.00)] and fewer were at risk for clinical disorder (18% vs. 33%) (Cohen's d = 0.38 and 0.34 respectively). However, there were potential implications for screening: "High stress" parents in the intervention group had lower PTSS scores than "high stress" TAU parents (d = 1.06), whereas "low stress" parents in the intervention group had higher PTSS scores than "low stress" TAU parents (d = 0.47) (See Figure 1).

**Conclusions** Pilot data indicate that a brief intervention could have a significant impact on parent PTSS following paediatric critical illness, but this needs to be evaluated in a sufficiently powered RCT.

#### PS-137b ANESTHESIOLOGY AND INTENSIVE CARE FOR RENAL TRANSPLANTATION IN CHILDREN

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**Introduction** Renal transplantation in children has special anaesthesia and postoperative intensive care, mainly for low birth weight. These features concern methods of intraoperative filling, surgical techniques and postoperative immediate resuscitation. Thus, maintaining adequate perfusion of the graft and the prevention of thrombosis of vascular anastomoses remain the main objectives of the perioperative phase. The aim of this study is to describe the procedures for anaesthesia and intensive care during surgery and immediate postoperative in paediatric renal transplantation in our unit.

**Materials and methods** Prospective descriptive study spread over 7 years, from January 2007 to February 2014, covering all paediatric renal transplant patients admitted to the children of our university hospital. Were collected epidemiological data of patients and grafts, duration of intubation and intensive care unit stay, haemodynamic, biological and therapeutic settings, and changing data of our patients.

**Results** Fourteen cases were collected with an average age of 11.32 years (range 6.5 to 16 years). Antecedents were repeated urinary tract infection (21.4%), nephrectomy (21.4%) and heart disease in one case. Nephropathy was the most common cause

of chronic terminal renal failure (6 cases), followed by uropathies (5 cases). The dialysis modalities were peritoneal dialysis (66.7%) and hemodialysis (33.3%). The anaesthetic technique was by inhalation of sevoflurane in 10 cases and intravenously in 4 cases. Consisted of monitoring an invasive blood pressure (radial artery) and a central venous pressure (CVP) (jugular) in all patients. The average duration of anaesthesia was 6.64 h. The extubation was performed after surgery in 9 cases and resuscitation in 5 cases with a mean duration of postoperative ventilation 4.6 h. The average time of warm ischemia was 1.85 h and that of the 1.07 h of cold ischemia. Mannitol was administered in 14.3% of cases, and two cases were transfused red blood cells. Drugs administered intraoperatively were : dopamine (21.4%), diuretics (21.4%) and antihypertensive (14.3%). The period of normalisation of renal function postoperatively was : day 1 (71.4%), day 3 (14.3%), day 6 and day 25 in the same proportion (7.1%). Postoperative complications were kind of viral pneumonia in a patient, hyperglycemia in two patients, infection of the peritoneal fluid drainage in a patient and hypertension in 4 patients. The average length of intensive care unit stay was 1.28 days (range of 0.7 to 3 days). No deaths have been deplored.

**Conclusion** In paediatric renal transplantation, intraoperative and immediate postoperative periods emerge as the main objective of the graft infusion sufficient to prevent the occurrence of complications and ensure its survival. Although the activity of paediatric renal transplantation remains generally low in Morocco since 2007, this practice has made much progress in our country, for the survival and rehabilitation of children, once condemned.

## Intensive Care II

#### PS-138 FLUID OVERLOAD IS ASSOCIATED WITH MORTALITY IN PAEDIATRIC ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS) ONLY IN THE SETTING OF ACUTE KIDNEY INJURY (AKI)

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**Background** Cumulative fluid balance on day 3 is associated with mortality in paediatric ARDS (Valentine 2012, Willson 2013). Whether this association is modified by AKI is unknown.

**Aim** To test the effect of AKI on the association between fluid and mortality in ARDS.

**Abstract PS-138 Table 1** Patient characteristics

Characteristic (Mean ± SD)	No AKI (n = 153)	AKI (n = 56)
Age, Months	86 ± 73	86 ± 74
Male (%)	86(56)	31(55)
P/F Ratio	174 ± 106	156 ± 103
PRISM 3*	13 ± 8	21 ± 11
Day 3 Fluid Balance (100 mL/kg)*	0.61 ± 0.97	1.1 ± 1.59
Mortality (%)*	12(7.8)	14(25)

\*\*p < 0.01; all other p-values >0.05.