Abstract PS-138 Table 2 Logistic regression model adjusted for age, sex, race, PRISM 3 and inotrope use
outcome: mortality predictor: day 3 fluid balance (100 mL/kg)

	n	OR	95% CI	p
All Patients	209	1.64	1.14–2.37	0.008
Patients Without AKI	153	1.35	0.68–2.7	0.394
Patients With AKI	56	1.89	1.08–3.31	0.027

Abstract PS-138 Figure

Methods We calculated cumulative fluid balance 3 days after ARDS onset in a multi-centre cohort. AKI was defined as 'Injury' or 'Failure' by pRIFLE criteria (Akcan-Arikan 2007).

Results Patient characteristics are shown in Table 1. Mortality was higher in patients with AKI.

Fluid balance was associated with mortality independent of sex, age, race, PRISM 3 and vasopressor use; upon stratification, this association was to limited patients with AKI (Table 2 and Figure).

Conclusions Day 3 cumulative fluid balance and AKI are associated with mortality. The association with fluid balance is limited to patients with AKI. This has important implications for fluid management in ARDS patients.

PS-139

NEURODEVELOPMENT WITHIN THE FIRST TWO YEARS AFTER IMPLEMENTATION OF THE EUROCONSORTIUM NEONATAL TREATMENT PROTOCOL IN CONGENITAL DIAPHRAGMATIC HERNIA PATIENTS: A MULTICENTER STUDY

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Background Since mortality in congenital diaphragmatic hernia (CDH) is decreasing, morbidity such as neurodevelopmental delay receives increased attention. We evaluated neurodevelopmental outcome in high-risk CDH patients treated according to the Euroconsortium standardised neonatal treatment protocol (Reiss, 2010).

Methods Observational, prospective cohort study in CDH patients treated in two level-III university hospitals (Rotterdam (ECMO available) and Rome (no ECMO available)) between January 2009–April 2011. Sixty-three patients underwent standardised neurodevelopmental assessment at corrected age of 12

Abstract PS-139 Figure 1

and 24 months by using Bayley Scales of Infant Development (BSID)-II-NL (Rotterdam; Dutch reference data) or BSID-III (Rome; US reference data). Both centres were analysed separately due to differences in assessment instruments. Results are presented as n (%), mean (SD) or median (range).

Results Mortality was 24.1% and 20.5% in Rotterdam and Rome, respectively. Baseline characteristics were for Rotterdam (n = 36)/Rome (n = 27): observed to expected lung-to-head ratio 53.8% (19.1)/55.4% (15.8), p = 0.67; SNAP-II score (19 (0–40)/7 (0–25), p < 0.001; chronic lung disease (i.e. oxygen dependency at day 28) in 15 (41.7%)/4 (14.8%), p = 0.14; length hospital stay 21 (6–387)/27 (15–82) days, p = 0.06. In Rotterdam four patients (11.1%) underwent ECMO treatment. Neurodevelopmental outcome is shown in Figure.

Conclusions At two years, the majority of CDH patients have normal cognition, but they are at risk for motor function delay. Future multicenter collaboration should focus on continuation of standardisation of treatment and follow-up to identify risk factors and reduce morbidity.

PS-140

¿SHOULD BE LOOK AT TIDAL VOLUMEN/WEIGHT VALUE AS A PREDICTIVE FACTOR FOR NON-INVASIVE VENTILATION FAILURE?

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Background and aims Expected normal tidal volume values have not been described in children treated on NIV yet. Describe