hypocatecholaminemia. Plasma BNP is a sensitive and reliable cardiac biomarker for detection of cardiac involvement in children with severe EV71 infection.

**PO-0262** ANALYSIS OF PAEDIATRIC FORENSIC CASES: A SECOND LEVEL HOSPITAL EMERGENCY SERVICE EXPERIENCE

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Background and aims Childhood accidents are the leading cause of health problems, death and disability that can be prevented. Accidents can be predicted and avoided by identifying the risks. The aim of this study is to investigate the characteristics of paediatric forensic cases and to reveal the relationship between judicial decisions and trauma scores.

Methods Forensic reports of the Children under 18 admitted to our emergency department of Van Military Hospital, a second level hospital, between January and November 2013 were retrospectively evaluated. Demographic data of the patients and life threat decisions were investigated and trauma scores were calculated. P-value under 0.05 was considered to be significant.

Results Forty-four (15.1%) of 290 forensic cases admitted to our emergency department were under 18. Of the patients, 43.2% (19) were female and the mean age was 8.7 ± 5.41 (min-max: 0–17). Ten (22.7%) of them were traffic accident, 8 (18.2%) were falling from height, 12 (27.3%) were assault, 2 (4.5%) were burn, 10 (22.7%) were poisoning and suicide. Four of all patients (9.1%) were having life threat and 9 (20.5%) patients were having no injury requiring simple medical intervention. In the evaluation of the cases; Injury Severity Score (ISS) was 1.93 ± 2.27 (1–16), Revised Trauma Score (RTS) was 99.72 ± 0.17 (99–99.83), Trauma score- injury severity score (TRISS) was 7.082 ± 0.15 (7.108–7.841) and New Injury Severity Score (NITS) was 2.55 ± 3.52 (1–16).

Conclusions Traffic accidents, falls, assaults and poisonings are the most common forensic cases in childhood and we found a significant relationship between life threat decision and anatomical and physiological trauma scores.

**PO-0263** SAFETY NETTING IN PAEDIATRIC EMERGENCY CARE: A SYSTEMATIC REVIEW AND PROTOCOL DEVELOPMENT

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Background Safety netting strategies after emergency department (ED) discharge are mostly not standardised.

Aim To develop a safety netting protocol for children at risk for serious infections (SI) discharged from the ED.

Methods Patients: Children with fever, vomiting/diarrhoea or dyspnœa (1 month – 16 years).

Design: Systematic Literature Review to Select Best Evidence for Determinants of ED-Revisits and Prospective Cohort Study

Setting: ED of Erasmus MC-Sophia Children’s Hospital (May 2010–December 2012)

Conclusions Constipation in critically ill children is a very common problem. Our treatment protocol seems to be useful and secure. More studies are necessary to evaluate treatment efficacy and security and to develop clinical guidelines.