by an high complexity and a considerable emotional impact. Clinical experience shows that parents are often turned away from the emergency room because they were considered an obstacle.

Objective Investigate the behaviour of some hospitals about the management of parents during cardiopulmonary resuscitation in paediatric subjects.

Materials and Methods Deliver a questionnaire to the nurse coordinators of 19 Italian hospital.

Results The questionnaire had a response rate equal to 89.4%, corresponding to 17 hospitals.

23.5% of hospitals admit the presence of both parents during all phases of resuscitation without age limits, while 17.7% of the structures do not allow the parental presence because of the possible fear created by the anxiety of parents, for the inadequacy of the spaces within the operational units and the perception that parents can potentially be an obstacle for health professionals during the resuscitation procedures.

The remaining 58.8% have a favourable opinion about the possibility of guaranteeing to the paediatric patient, without any age limit, the presence of parents during all phases of the cardiopulmonary resuscitation but difficulties arise to make such a guarantee for the inadequacy of the spaces, for difficulties in managing the behaviour of the relatives especially in regards of anxiety and for the absence of any psychological support figure.

Conclusions It's necessary that all the hospitals in any way involved into the primary care process shall act in conformity with common management protocols concerning this theme.

PO-0270 USE OF SUCROSE AND NON-PHARMACOLOGICAL METHODS IN ALLEVIATING NEWBORN PROCEDURAL PAIN IN A PICU SETTING

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Background Sucrose has become standard practice across neonatal units for reducing procedural pain in preterm and term newborns. In infants admitted to PICU subject to similar procedures, systemic analgesics like morphine remains the preferred choice for procedural pain despite emerging links between these agents and adverse neurodevelopment outcomes.

Aim To explore the use of Sucrose and other non-pharmacologic methods for alleviating neonatal procedural pain in a PICU setting.

Methods Online survey sent to all medical and nursing staff in a regional PICU about use of sucrose and non-pharmacological methods for procedural pain relief in newborns.

Results There were a total of 28 respondents. PICU staff are aware of Sucrose and non-pharmacological methods. However, they do not use these routinely for procedural pain, and 18% would never use a non-pharmacological method or sucrose.

18% staff members do not believe these methods to be effective in controlling pain in newborns.

The reasons for not using these measures routinely were that these are unfeasible in post-operative patients (50% respondents) and not required in patients already on morphine (7% respondents). 25% respondents said other staff members discouraged them if they wanted to use these measures. 43% respondents want Sucrose as a part of the guideline for pain management in babies.

Conclusions Despite awareness of sucrose and non-pharmacological adjuncts, these are not consistently used in PICU. Incorporating these methods as a part of evidence based guideline for management of procedural pain can reduce the need for systemic analgesia and reduce the adverse neurodevelopmental side effects.

PO-0271 A DIFFICENT DIAGNOSIS OF NATURAL KILLER CELL LYMPHOMA PRESENTING WITH BILATERAL PLEURAL EFFUSIONS

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Background Natural killer (NK) cell lymphoma is a rare and aggressive neoplasm characterised by angioinvasion or angiodestruction. The aim of this report to describe a patient with an
aggressive neoplasm with poor prognosis which might be of interest for the clinicians.

Case presentation We herein report a case of a 14-year-old girl suffering from cough and back pain for one week. Computerised tomography showed bilateral pleural effusions and mediastinal axillary lymph nodes. The specimen from pleural effusion showed a transudate character with no tuberculosis or no sign of malignancy. Because of increasing dyspnea, a chest tube was inserted and pleural and lung parenchyma biopsy was performed and no definite diagnosis was done. After two weeks, chest tube was drawn. 4 days later, the patient admitted to our emergency room with dyspnea and back pain. Because of increased pleural effusion, the patient was intubated immediately and was referred to paediatric intensive care unit. Detailed diagnostics tests showed anaemia, thrombocytopenia, hypoechoic lesions on spleen and liver, intraabdominal multiple lymph nodes, sclerotic lesions on vertebrae. A tru-cut biopsy was performed by interventional radiology and malignant infiltration was reported. Chemotherapy was initiated to the patient however, the patient’s status was altered and died.

Conclusion We present a case of primary pulmonary NK cell lymphoma. The course of the disease was fulminant although the patient received aggressive chemotherapy and other symptomatic treatments. Our case who had difficulty in diagnosis may help to clinicians to identify other cases with NK cell lymphoma, their treatment and outcomes.

**PO-0273** COMMUNITY-ACQUIRED URINARY TRACT INFECTIONS (UTI) WITH EXTENDED-SPECTRUM BETA-LACTAMASE (ESBL) BACTERIA IN A FRENCH PAEDIATRIC EMERGENCY DEPARTMENT (PED)

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**Background** The prevalence of ESBL bacteria in community-acquired UTIs is increasing. This is of concern, since antibiotic therapy would be restricted to a few antibiotics, including carbapenems (in turn, the frequent use of penems leads to carbapenem-resistance), aminoglycosides, colimycin and fosfomycin.

**Aims** To describe the prevalence of ESBL among Gram-negative bacteria causing community-acquired UTIs managed in a tertiary care PED serving an active Department of paediatric urology.

**Methods** Retrospective study of all UTI episodes diagnosed between 1st January and 31th December, 2012. UTIs were retrieved by using the PED and Bacteriology databases.

**Results** 457 (0.6%) community-acquired UTIs have been identified among 78,152 visits in the PED in 2012. 358 (78%) were diagnosed as acute pyelonephritis based on clinical signs and elevated CRP and/or PCT, and 99 (21%) as acute cystitis. Whereas no ESBL bacteria was identified among episodes of cystitis, 16 acute pyelonephritis cases were due to ESBL E.coli (i.e., 4.5% of all E.coli and 3.4% of all UTIs). 13/16 (81%) UTIs occurred in children suffering urinary tract abnormalities. Moreover, one child with vesico-ureteral bilateral reflux had 3 distinct episodes of UTIs due to ESBL K.pneumoniae in 2012.

**Conclusions** The incidence of ESBL E. coli causing community-acquired UTIs remains low (~5%) in a tertiary hospital PED. This reassuring finding comforts the French UTI current recommendations of using as a first-line therapy iv ceftriaxone for 4 days followed by oral cefixime for 6 additional days. However, ESBL bacteria causing UTIs are favoured by urinary malformations, previous hospitalisations and prophylactic antibiotics.

**PO-0274** THE FIRST POLISH STUDY ON PARENT SATISFACTION IN PAEDIATRIC INTENSIVE CARE UNIT - THE EMPATHIC-30 POLAND STUDY

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**Aim** The aim of the EMPATHIC-30 Poland study was to implement a validated parent satisfaction questionnaire.

**Material and method** The EMPATHIC-30 questionnaire was used with a written permission of author. The study has been performed at the 10 beds PICU. Inclusion criteria were all parents whose child was admitted to the PICU for at least 24 h and not died in this unit.

**Results** During 4 months 62 children (including 10 deaths) have refused to take part in the study, another 3 parents were not