

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-0269 **CHARACTERISTICS OF CLINICAL PATHWAYS AND EMERGENCY CARE IN PAEDIATRIC SURGICAL PATHOLOGY IN LOMBARDY**

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10.1136/archdischild-2014-307384.923

Background The clinical and emergency care daily activities show that only a fraction of children with urgent surgical pathology access to dedicated paediatric centres while most of the diagnostic, therapeutic and emergency care takes place at facilities not necessarily specialised in the treatment of paediatric acute illness; as it should be as per regional and national legislation.

Objective Analyse the care pathways of children hospitalised for urgent surgical pathology (appendicitis, hypertrophic pyloric stenosis).

Materials and methods Structured survey delivered to 93 hospitals in Lombardy.

Results The response rate was equal to 79.7%, corresponding to 74 facilities: the appendectomy was performed in 90.5% (n = 67) and the surgical correction of HPS was performed in 17.6% (n = 13) of cases.

The hospitalisation was in 14.9% of cases (n = 10) at the paediatric surgery department, 56.7% (n = 38) at paediatrics department, 4.5% (n = 3) at general surgery department having rooms dedicated to children and 23.9% (n = 16) at general surgery department without paediatrics dedicated rooms.

Discussion The analysis shows that the regional and national legislation is disregarded: it is alarming the attitude of 19 hospitals that hospitalise children in unsuitable environments, with rooms shared with adults and aged patients and the correlated

risk of adopting care pathways "not dedicated and unsafe " for children.

Conclusions It's desirable an adjustment of the hospital facilities to promotes the creation of a culture in paediatrics able to ensure the highest levels of care in such a vulnerable age.

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

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10.1136/archdischild-2014-307384.924

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 DIFFICULT DIAGNOSIS OF NATURAL KILLER CELL LYMPHOMA PRESENTING WITH BILATERAL PLEURAL EFFUSIONS**

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10.1136/archdischild-2014-307384.925

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-0272 EVALUATION OF PROPOFOL FOR SEDATION IN NEONATAL ENDOTRACHEAL INTUBATION

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10.1136/archdischild-2014-307384.926

Background Propofol is increasingly used as a rapid and short acting induction agent. Concerns about cardiovascular side effects have limited its use in neonates. In our level III NICU and prehospital paediatric medical team, propofol is the first drug of choice for all intubations in hemodynamically stable newborns.

Aim To evaluate efficacy and tolerance of propofol in neonates.

Methods Monocentric prospective observational study, conducted between June 2012 and March 2014 including neonates needing elective endotracheal intubation. Patients received a starting dose of 1 mg/kg of propofol. Additional doses of 0.5 mg/kg were repeated until sufficient sedation was obtained. Haemodynamic parameters were recorded before, during and after propofol injection. The level of sedation, intubation conditions, and side effects were recorded.

Results Propofol was used in 89 intubations in 83 patients with a median gestational age of 31 wk + 5 d (25 wk + 6 d to 41 wk + 3 d), postnatal age was 4 h (17 min to 67 days), and weight was 1530 g (610–4820 g). A propofol starting dose was sufficient in 34% of patients. A total dose of 2 mg/kg was efficient in the 73% of patients. Physicians were satisfied about the intubation conditions in 75%. Short and moderate hypotension occurred in 32% of patients independently of doses and gestational ages (91% before 12 h of age). No patients required neither fluids nor vasopressor. The following side effects were also noted: apnea (35%), bradycardia (<10%).

Conclusion Propofol offered good intubation conditions without significant side effects. Doses needed to obtain sufficient sedation varied widely.

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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10.1136/archdischild-2014-307384.927

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 31st 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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10.1136/archdischild-2014-307384.928

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 been discharged from the PICU. There were 2 parents who refused to take part in the study, another 3 parents were not