Abstract PO-0295 Table 1  Growth data terms vs preterms

<table>
<thead>
<tr>
<th></th>
<th>Preterms ≤ 36 w</th>
<th>Full terms &gt; 37 w</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>n = 60</td>
<td>n = 155</td>
</tr>
<tr>
<td>Gestational age</td>
<td>31.2 ± 2.2</td>
<td>31.1 ± 2.1</td>
</tr>
<tr>
<td>Weight (kg)</td>
<td>1584 ± 451</td>
<td>1514 ± 497</td>
</tr>
<tr>
<td>BMI (cm)</td>
<td>41.4 ± 5</td>
<td>50.7 ± 3.3</td>
</tr>
<tr>
<td>Maternal wt (kg)</td>
<td>59.8 ± 16.2</td>
<td>66.3 ± 18.8</td>
</tr>
<tr>
<td>Head Circumference (cm)</td>
<td>289.0 ± 2.8</td>
<td>294.4 ± 2.7</td>
</tr>
<tr>
<td>Total Calcium</td>
<td>2.31 ± 0.2</td>
<td>2.31 ± 0.16</td>
</tr>
<tr>
<td>Hypocalcaemia (%)</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Hemoglobin in (g/dl)</td>
<td>16.4 ± 2.5</td>
<td>15.7 ± 2.45</td>
</tr>
<tr>
<td>Hematocrit</td>
<td>51.4 ± 9.2</td>
<td>46.9 ± 7.5</td>
</tr>
<tr>
<td>Creatinine</td>
<td>49.8 ± 15.4</td>
<td>66.8 ± 16.8*</td>
</tr>
</tbody>
</table>

*p < 0.05 term versus preterm group.

**Abstract PO-0295**

**Objective**

1. To quantify the proportion of children (aged 0–4 yrs) who present to the PED with MHI and have symptoms of ICI.
2. To determine if these children are more likely to vomit than their counterparts.
3. To establish current clinical practice for children with MHI and vomiting post MHI.

**Results**

Of 1203 children aged 0–4 yrs presenting to a PED in central London between April 2011 and 2012 with minor head injury, 88 (7.3%) had symptoms of an ICI. Children who had symptoms of ICI (38/88) were more likely to vomit than those who did not (92/1112) (p < 0.001). Of 16 patients who had an ICI and 3 or more vomits following head injury only 2/16 (12.5%) underwent CT head compared with 8/27 (29.6%) in the non ICI group. There were no cases of brain injury in either group.

**Conclusion**

Minor head injury occurs frequently in the presence of ICI in younger children. These patients are more likely to vomit and clinicians are consciously contradicting current guidelines and interpreting imaging criteria within a clinical context.

**Abstract PO-0296**

**Objective**

1. To determine the proportion of children (aged 0–4 yrs) who present to the PED with MHI and have symptoms of ICI.
2. To determine if these children are more likely to vomit than their counterparts.
3. To establish current clinical practice for children with MHI and vomiting post MHI.

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**Conclusion**

Minor head injury occurs frequently in the presence of ICI in younger children. These patients are more likely to vomit and clinicians are consciously contradicting current guidelines and interpreting imaging criteria within a clinical context.

**Abstract PO-0297**

**Objective**

1. To determine if these children are more likely to vomit than their counterparts.
2. To establish current clinical practice for children with MHI and vomiting post MHI.

**Results**

Of 1203 children aged 0–4 yrs presenting to a PED in central London between April 2011 and 2012 with minor head injury, 88 (7.3%) had symptoms of an ICI. Children who had symptoms of ICI (38/88) were more likely to vomit than those who did not (92/1112) (p < 0.001). Of 16 patients who had an ICI and 3 or more vomits following head injury only 2/16 (12.5%) underwent CT head compared with 8/27 (29.6%) in the non ICI group. There were no cases of brain injury in either group.

**Conclusion**

Minor head injury occurs frequently in the presence of ICI in younger children. These patients are more likely to vomit and clinicians are consciously contradicting current guidelines and interpreting imaging criteria within a clinical context.
paediatric residents, taking care of these paediatric patients and their parents or caregivers.

Conclusions Reorganising extremely long working times to a rotational system of shifts with reduced working hours significantly reduces the number of complaints filed by parents visiting the Emergency Department with their child.

PO-0299 EXCLUSIVE BREAST FEEDING INDUCED DISSOCIATIVE SHOCK IN A CHILD

G. van Berlaer, D. Bulckaert, I. Hubloue. Department of Emergency and Disaster Medicine, UZ Brussels, Belgium

10.1136/archdischild-2014-307384.950

Introduction As first choice of nutrition, breastfeeding is widely promoted but only sufficient for the first few months of life. Breast feeding mothers following special diets may induce certain deficiencies in their children.

Case report A 16 months old girl presents to the Paediatric Emergency Department with extreme pallor, long-term vomiting and coughing, general weakness and drowsiness since several months. Physical examination reveals besides cachexia (weight << P3), an almost transparent pale skin, thin fine hair and a holosystolic heart murmur III/VI, also marked reduction of joy of life and obvious psychomotor development retardation. Thoracic anamnesis reveals the toddler is exclusively breastfed since birth by a macrobiotic mother. Laboratory findings include extremely low hematocrit (Ht 12%) corresponding with dissociative shock; extreme erythroblastopenia in absence of megaloblastosis (MCV 90), low platelets (71,000/µL), very high LDH (10,000 IU/L) and triglycerides (400 mg%), elevated ferritin (440 ng/mL), but normal serum iron and TIBC. Methylmalonic aciduria following immeasurable serum vitamin B12 (< 1 pg/ml) is retained as a final diagnosis. The girl was successfully treated by daily intramuscular vitamin B12 injections during several weeks.

Conclusion In developed countries, children should not be exclusively breastfed during a prolonged period of time, especially when the mother is on a macrobiotic diet. Vitamin B12 deficiency as consequence of this attitude, may lead to extreme erythroblastopenia and developmental retardation. This case is exceptional because of the unusual history as well as the very late and discrete appearance of symptoms.

PO-0300 ‘DAMAGED’ BODIES IN THE PAEDIATRIC INTENSIVE CARE UNIT: IMPLICATIONS FOR PALLIATIVE CARE

J. Falkenburg, D. Tibboel, M. van Dijk. 1Intensive Care-Sophia Children’s Hospital, Erasmus MC-Sophia Children’s Hospital, Rotterdam, Netherlands; 2Pediatrics and Pediatric Surgery, Erasmus MC-Sophia Children’s Hospital, Rotterdam, Netherlands

10.1136/archdischild-2014-307384.951

Background and aims Health professionals in the PICU support both child and parents when the death of a child is imminent. The aim of this contribution is to emphasise that parents can suffer from the altered physical appearance of their child (e.g. severe oedema, bruises and cuts) but physical proximity in the final hours can help them cope.

Methods Parents of 24 children who died 4 to 5 years ago in the ICU were invited for a semi-structured interview. Qualitative analysis was applied with Atlas-ti 7.0.

Results Parents of 14 children (response rate 58.3%) participated. The children (aged 2 weeks to 13 years) were admitted in PICU from 2 h up to 7 months.

The importance of the integrity of their child’s physical appearance stood out in their narratives. Parents spoke of the ‘damaged’ body as a result of necessary medical interventions, quote: “It was terrible, after the reanimation his ribs were broken. He was looking black. It was awful, really awful.” However, getting physically close to the child in the hour of death helped, quote: “We actually crept into bed with her bed, to hold her.” Caring for the body afterwards also helped parents, quote: “After she had died I brushed her teeth like I always did when the kids were smaller. That was so good to do.”

Conclusions End-of-life care asks for awareness that the child’s damaged body deeply affects parents. Yet, being able to stay physically close helps them to be the parent they want to be.

PO-0301 NON-INVASIVE MECHANICAL VENTILATION (NIMV) IN A CASE OF SEVERE ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS) DUE TO FAT EMBOLISM SYNDROME (FES)

M. Vasilopoulou, C. Koutsoufiki, I. Siamidou. Pediatric Intensive Care Unit, Penteli’s Children Hospital, Athens, Greece

10.1136/archdischild-2014-307384.952

Background FES is a rare complication of long bone fracture in children and adolescents. Mortality ranges from 1%-15%. Typical presentation: hypoxemia, neurological abnormality and petechial rash. FES and thoracic trauma are known causes of ARDS. NIMV is being increasingly used in respiratory failure.

Aim To report the intensive care management of a previously healthy 16-year-old male who developed severe ARDS.

Methods The patient was transferred to our Paediatric Intensive Care Unit, because of respiratory distress, 2 h after being submitted to intra medullary nailing of left femur, for a closed diaphyseal fracture post motorcycle accident. Upon admission, patient was oriented, hemodynamically stable and manifested hemoptysis and hypoxic respiratory failure –pO2/FiO2 = 88.6 mmHg, Alveolar-arterial gradient (AaG) = 572 mmHg (normal = 5.9 mmHg)- not responding to supplemental O2 through a non-rebreathing face mask with reservoir. Chest X-ray: diffuse bilateral infiltrates. ECG and transthoracic echocardiogram: normal. Blood analysis: anaemia, thrombocytopenia, hypocalcaemia hypophosphatemia, CPK total 6870 IU/L (CK-MB normal) and d-Dimers 12450 (normal < 500 ng/ml). Lower extremity ultrasound: normal. Spiral CT excluded pulmonary embolism, but was suggestive of fat embolism and inferior posterior segmental contusions bilaterally. He responded to the use of NIMV (Pressure Support, PIP 22 cm H2O, Peep 10 cm H2O, FiO2: 0.7) Pectechial rash on trunk appeared later, confirming FES diagnosis. Additional treatment: RBC transfusion, methylprednisolone 60 mg/day, stress-ulcer prophylaxis, sbc LMWH, antibiotic and nutritional support.

Results Patient improved and was gradually weaned from NIMV 7 days later.

Conclusion NIMV has fewer complications and may be effective even in severe ARDS.