Number of ET done over a 6 yr period.
- Patients demographics, time of ET, Indications.
- Number of Babies who have had Inutero ET.
- Maternal details: Blood group, antibodies.
- The level of bilirubin at which transfusion took place.
- Prior treatment pre-ExT: In-utero Tx, Intravenous Immuno-globulin (IVIG) use; use of albumin infusion.
- The ExT-related complications: Any complication not present prior to the ET which occurred within 48 hrs after the ET: Defined as follows- platelet count <150, hypocalcaemia, ionised Calcium <0.8, fits, raised INR.

Methods
- Setting: Level 3 NICU.
- Retrospective notes review of patients who underwent ExT.
- Exclusion criteria: Those for which notes were not obtained.

Results
- Total admissions to the NICU over the period = 5,000.
- Number of exchange transfusions done = 15 in 14 patients.
- 0.3% of admissions over the period.
- Table of cases.
- Total number of request made to the Blood transfusion department for blood product for exchange.

Conclusion
- Average ExT/yr in a Level 3 NICU = 2.4/yr.
- ExT is currently being used for a variety of causes.
- There were no complications related to the procedure itself.
- Complications post-ExT were all biochemical (hypocalcaemia- in 13 cases) or haematologic (low platelets 13 cases).
- Use of IVIG: Given pre-Ext to all ABO, Rh cases except 2 and to the Non-immune hydrops secondary to Parvovirus.
- 1st documented case of ExT use in hyperbilirubinaemia secondary to accidental Hyperlipidaemia from TPN-Lipid infusion and Haemolysis with Anaemia post-Octenisan wash treatment for MRSA-colonisation treatment in a preterm baby.

Background
The body clock may through stimulation of melatonin secretion influence the Glasgow Coma Scale Score. The aim of this study was to investigate whether the time of presentation in the emergency department influences Glasgow Coma Scale scores.

Methods
Retrospective review of 6649 records of children presenting to an Emergency Department in a District General Hospital from August to December 2012 with comparison of patients with a GCS of <15 seen during daytime (0700 to 1900) and night time (1900 to 0700) with regards to diagnosis, disease severity (Paediatric Early Warning Score), Glasgow Coma Scale Score, age, gender and ethnic group.

Results
Out of 4034 patients attending during daytime 25 had a GCS <15 and 34 out of 2592 during night time (p = 0.005).

There was no difference in age, gender, ethnicity or disease severity between groups of patients attending during day or night time. The most common condition presenting with reduced GCS both during day and night time in children were seizures (31.6%) followed by a viral respiratory tract infection (16.6%), miscellaneous other infections (20%), trauma (13.3%) and other miscellaneous conditions (18.3%). The only group of diseases with significant difference in frequency between groups were viral respiratory tract infections, which were significantly more common in children presenting with low GCS during the night (p = .0.017).

Conclusion
Presentation of children with low GCS was more common during the night. Children with reduced GCS and viral respiratory tract infections presented more frequently during the night.