**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 influences Glasgow Coma Scale score. The aim was to determine if the time of presentation influences Glasgow Coma Scale score.

**Methods**

- **Setting**: Level 3 NICU.
- **Retrospective notes review of patients who underwent ExT.**
- **January 2008–March 2014 (6.25 yrs).**
- **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 to the Non-immune hydrops secondary to Parvovirus.**

**Number of exchange transfusions done= 15 in 14 patients.**

**PO-0327 IS THE GLASGOW COMA SCALE SCORE IN THE EMERGENCY DEPARTMENT LOWER DURING THE NIGHT?**

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**Background**

The EMERGENCY DEPARTMENT is considered as a place with high stress. Patients often have very low GCS and are often very young children. This may make the assessment of GCS notoriously difficult during the night.

**Methods**

- **Retrospective review of 6649 records of children pre-admitted 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.**

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 = .0017).

**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.