**Background and aims** Multimodal haemodynamic monitoring has an important role in PICU, because that can aid the intensivist to perform the management of children with acute circulatory failure.

The aim is to improve the interest of haemodynamic management with multimodal parameters to answer to the 3 most commonly asked questions: Complete clinical diagnosis, guide therapeutics, and repeat measures for evaluation.

**Methods** In this prospective study, between January 2012 and April 2014, the assessment of haemodynamic was obtained progressively by NIBP, TTE, and estimated continuous cardiac output (esCOCO), and/or Oesophageal Doppler, and/or pleth variability index (PVI) for each patient with ACF.

**Results** On a total of 33 patients with ACF, all patients was treated:
- Volume expansion in 31 patients - fluid responsiveness based on the respiratory variation aortic flow peak velocity $\Delta$ Vpeak ao, SV, and inferior vena cava, and/or PVI, FTc, $\Delta$ Vpeak by OD.
  - 29 responder ($\Delta$ SV $\geq$ 10% by TTE, esCOCO and/or OD).
  - 2 non responder ($\Delta$ SV < 10%).
- Norepinephrine was introduced in 14 patients (objective MAP and or PPC for SPTBI), 2 of them had a profound vasopregia $\sim$ DAP < 40 mmHg.
- Dobutamine was introduced in 2 patients with LVEF < 45% (TTE).

**Conclusion** MHM allows optimisation of systemic haemodynamic: assessment of CO, blood volume status, vascular resistance and contractility.

**Abstract PO-0331 Table 1**

<table>
<thead>
<tr>
<th>Group</th>
<th>Type A Error</th>
<th>Type C Error</th>
<th>MD Notified</th>
<th>Family Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before Education</td>
<td>46.7%</td>
<td>22.2%</td>
<td>100.0%</td>
<td>50%</td>
</tr>
<tr>
<td>After Education</td>
<td>20.0%</td>
<td>75.0%</td>
<td>91.7%</td>
<td>31%</td>
</tr>
</tbody>
</table>

While the fellows did not participate in the communication of errors to patient/family before education, they did in 60% of the notifications afterwards. The two barriers to communication were “family was not available” (43%) and "error did not cause side effects" (57%).

**Conclusion** This study demonstrates that despite the effort to increase awareness of medication errors disclosure there was not an improvement in communicating of medication errors to the patient/family. A more systematic and aggressive approach to education on communication may be required to properly address and improve the disclosure of medication errors.