(I should declare that I have presented this poster in an educational meeting in India. As it has come out nicely, I wish to present the poster again to European audience. I should also declare that information in this case has been used for a case report which has been accepted for publication in a journal. Thank you).

**PO-0387 IS IT COOL TO COOL IN A LOCAL (LEVEL 2) NEONATAL UNIT?**

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10.1136/archdischild-2014-307384.1033

**Background and aims** Hypoxic Ischaemic Encephalopathy (HIE) is associated with high levels of mortality and disability. A multi-center randomised control trial (TOBY Study), showed therapeutic hypothermia (TH) increased survival without adverse neurological outcome, with only minor adverse events. The study was conducted in Level 2 (local) and Level 3 (intensive care) Neonatal units (NNUs), the majority of TH is now carried out in Level 3 NNUs, which is reflected in national guidance. Exeter and Truro local NNUs cooled 45 infants over a 34-month period. Results are presented.

**Methods** Retrospective audit of 45 infants who underwent TH for HIE in two local NNUs (Exeter n = 28, Truro n = 17). Cooling practices were audited against TOBY Trial criteria and NICE guidance for the first time.

**Results**

**Conclusions** We suggest TH can be carried out effectively and safely in Local NNUs with appropriate training and expertise.

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**Abstract PO-0387 Table 1**

<table>
<thead>
<tr>
<th>Criteria measured</th>
<th>Audit results</th>
<th>TOBY Trial</th>
<th>TOBY Register</th>
</tr>
</thead>
<tbody>
<tr>
<td>A criteria met</td>
<td>95.6%</td>
<td>100% *</td>
<td></td>
</tr>
<tr>
<td>B criteria met</td>
<td>86.7%</td>
<td>100% *</td>
<td></td>
</tr>
<tr>
<td>C criteria met</td>
<td>75%</td>
<td>100% *</td>
<td></td>
</tr>
<tr>
<td>Consultant documented as being involved in cooling decision</td>
<td>77.8% **</td>
<td>100% *</td>
<td>81%</td>
</tr>
<tr>
<td>Cooled by 6 h</td>
<td>97.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of cooled time in target range (33–35°C)</td>
<td>86.03%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Adverse events**

| Survival to discharge | 84.4% |
| Seizures during rewarming | 8.9% |
| Bradycardia             | 4.4% |
| Subcutaneous fat necrosis | 2.2% |

**Total in 15.6%:**

- Seizures during rewarming – 8.9%
- Bradycardia – 4.4%
- Subcutaneous fat necrosis – 2.2%

**Total not available:**

- Survived with no adverse events
- Survived with one adverse event
- Survived with two adverse events
- Survived with three adverse events
- Survived with four adverse events
- Survived with five adverse events
- Survived with six adverse events
- Survived with seven adverse events
- Survived with eight adverse events
- Survived with nine adverse events
- Survived with ten adverse events
- Survived with eleven adverse events
- Survived with twelve adverse events
- Survived with thirteen adverse events
- Survived with fourteen adverse events
- Survived with fifteen adverse events
- Survived with sixteen adverse events
- Survived with seventeen adverse events
- Survived with eighteen adverse events
- Survived with nineteen adverse events
- Survived with twenty adverse events
- Survived with twenty-one adverse events
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- Survived with twenty-four adverse events
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- Survived with twenty-six adverse events
- Survived with twenty-seven adverse events
- Survived with twenty-eight adverse events
- Survived with twenty-nine adverse events
- Survived with thirty adverse events
- Survived with thirty-one adverse events
- Survived with thirty-two adverse events
- Survived with thirty-three adverse events
- Survived with thirty-four adverse events
- Survived with thirty-five adverse events
- Survived with thirty-six adverse events
- Survived with thirty-seven adverse events
- Survived with thirty-eight adverse events
- Survived with thirty-nine adverse events
- Survived with forty adverse events
- Survived with forty-one adverse events
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- Survived with forty-five adverse events

**Total not available:**

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- Survived with thirty-nine adverse events
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- Survived with forty-one adverse events
- Survived with forty-two adverse events
- Survived with forty-three adverse events
- Survived with forty-four adverse events
- Survived with forty-five adverse events

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**PO-0388 LONG TERM FOLLOW UP OF A COHORT OF PRETERM INFANTS DIAGNOSED OF RETINOPATHY OF PREMATURETY**

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**Background and aims** Retinopathy of prematurity (ROP) is still a worldwide leading cause of childhood blindness. We aimed to describe the visual outcome at 5 years in a cohort of preterm infants diagnosed of ROP.

**Method** We analysed the data based of preterm infants ≤32 weeks and/or ≤1500g born between January 2002 and December 2008 with the diagnosis of ROP who were followed up. Visual outcome was evaluated at 5 years using visual acuity (impaired <0.8), strabismus and refractive errors (myopia <–3D or hypermetropia >3D).

**Results** 71 patients were followed-up (mean age 27weeks and mean weight 951g). 64.8% had moderate ROP (MROP), 15.5% not treated severe ROP (ROP-NT) and 19.7% severe ROP treated with laser (ROP-Laser). At the age of 5 years, 21.1% weared glasses, 14.1% had the diagnosis of refractive errors (1 myopia and 9 hypermetropia). Only one patient, with moderate ROP had strabismus. We did not find differences in the visual prognosis according to the severity of ROP. (Table1)

**Conclusions** In our cohort, patients with severe ROP (treated or not) do not have a worse visual prognosis at five years than those with moderate ROP. These findings are probably related to the gestational age of the study population.

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**Abstract PO-0388 Table 1**

<table>
<thead>
<tr>
<th>Visual prognosis</th>
<th>Rate (%)</th>
<th>p-value</th>
<th>Relative Risk</th>
<th>CI95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROP-Laser</td>
<td>25</td>
<td>NS*</td>
<td>1.46</td>
<td>0.43–4.95</td>
</tr>
<tr>
<td>ROP-NT</td>
<td>16.7</td>
<td>0.97</td>
<td>0.10–9.84</td>
<td></td>
</tr>
<tr>
<td>MROP</td>
<td>17.1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROP-Laser</td>
<td>0</td>
<td>NS*</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>ROP-NT</td>
<td>28.6</td>
<td>2.34</td>
<td>0.56–9.80</td>
<td></td>
</tr>
<tr>
<td>Visual acuity (&lt;0.8)</td>
<td>12.2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MROP</td>
<td>30</td>
<td>NS†</td>
<td>1.02</td>
<td>0.35–3.01</td>
</tr>
<tr>
<td>ROP-NT</td>
<td>28.6</td>
<td>0.97</td>
<td>0.37–3.50</td>
<td></td>
</tr>
</tbody>
</table>

**Abstract PO-0389 OUTCOME OF VERY PRETERM CHILDREN AT SCHOOL AGE: RESULTS FROM THE AREA-BASED ITALIAN ACTION FOLLOW-UP STUDY**

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10.1136/archdischild-2014-307384.1035

**Background and aims** This study, aimed to evaluate the long-term educational and psychosocial outcomes of a cohort of very preterm children (VPTC) born between 1995 and 2004, in Triest, Italy. The study was supported by a research grant from the Italian Ministry of Health.

**Method** The study was a follow-up of a prospective study which included 297 VPTC born at ≤28 weeks gestation and ≤1500g. At follow-up, at the age of 15 years, 226 VPTC were evaluated (76.2%).

**Results** The results showed that VPTC had a lower educational achievement compared to controls. The percentage of VPTC attending regular school was 30% lower than controls (p < 0.05). The percentage of VPTC with a low level of education was higher than controls (p < 0.05).

**Conclusions** The results of this study suggest that VPTC have a lower educational achievement compared to controls. Further studies are needed to evaluate the long-term educational and psychosocial outcomes of VPTC.