primary outcome variable, consideration of PA, defined as clearly-documented consideration of PA in attending or trainee note OR skeletal survey ordered OR child-abuse team consult ordered. Co-variates examined as well.

**Results** Characteristics of 529 patients and physicians are displayed in Table 1. For the entire cohort, consideration of PA occurred in 346 (65%), whereas consideration in infants <6 months of age occurred in 194 (78%). EMR clearly-documented consideration of PA occurred in 288 (54%). Characteristics associated with greater odds for consideration of PA after covariate adjustment (OR and 95% CI) included younger patient age (IQR of 12.1 to 38.7 weeks: 0.53 [0.33, 0.84]), no history provided for injury (9.41 [3.88, 22.82]), soft-tissue injury (4.95 [1.57, 15.54]), and male attending (1.84, [1.12, 3.01]).

**Conclusion** PED physicians frequently do not consider PA in infants with fractures. Characteristics associated with consideration of PA include patient age, no history provided to explain the injury, soft-tissue injury, and male attending gender.

**Paediatric Intensive Care**

**O-096 NON-RESPIRATORY PELOD-2 SCORE IS A GOOD PREDICTOR OF MORTALITY IN CHILDREN WITH ACUTE RESPIRATORY FAILURE**

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**Background and aim** Multiple organ dysfunction, not respiratory failure, is the major cause of death in children with ALI or ARDS. This study was undertaken to estimate the predictive value of death of the non-respiratory Paediatric Logistic Organ Dysfunction (PELOD)-2 (NRespPELOD-2) in children with acute respiratory failure (ARF).

**Methods** Analysis of the database of the recently published PELOD-2. All consecutive children (excluding neonates) admitted to 9 PICU in France and Belgium (June 2006–October 2007) and having ARF. We prospectively collected data on children for the PELOD-2 score during PICU stay: days 1, 2, 5, 8, 12, 16 and 18, plus PICU discharge. For each variable of the PELOD-2 score, the most abnormal value observed during time points was collected. Outcome was vital status at PICU discharge. We used AUCs to estimate the discrimination and Hosmer-Lemeshow goodness-of-fit tests to estimate calibration of the PELOD-2 and the NRespPELOD-2 scores, with correction for the optimism bias using a bootstrap resampling method.

**Results** We included 1572 patients (median age: 20.6 months; median [IQR]: 0.5–19.3 months; mortality: 9.5%). Discrimination of the PELOD-2 and the NRespPELOD-2 was excellent (AUC=0.93 and 0.92, respectively) and calibration was good (p = 0.45 and 0.27, respectively). The four NResp organ dysfunctions were closely related to the risk of mortality (p < 0.001).

**Conclusions** Our study demonstrates that the NRespPELOD-2 score of the entire PICU stay is highly predictive of death in children with ARF of whom 94.3% were inversely ventilated. It could represent the non-respiratory organ failure definition tool claimed by the international experts on paediatric ARDS.