A reasonable threshold for leukoreduction in our population would be WBC 40x10^9/L which is in keeping with recent suggested guidelines by Cherry et al (2018).

P0613 / #1180


A. Rodriguez, V. Pereira, S. Mercado, A. Menchaca
Hospital Pereira Rosell, Pediatric Intensive Care Unit, Montevideo, Uruguay

AIMS & OBJECTIVES: Whooping cough is a respiratory disease caused by bacteria of bordetella gender. It can cause high mortality among young breastfed babies. This can be reduced by the use of efficient vaccination programmes. This article details the clinical and epidemiological characteristics for an eight years period.

METHODS: A retrospective analysis was made with 88 medical histories. A case was defined with compatible signs and PCR confirmation. The researchers count with the authorization of the hospital ethical committee.

RESULTS: The highest incidence was recorded in 2012 and 2015; 67% of the patients were under 4 months old and the average stay at the hospital was of seven days. The average PIM2 was 1,2%, and at the unit for the same period was 3,8%. The maternal immunization coverage was 10% and 78% of the children had less than 2 doses of the pentavalent vaccine. The 17% suffered from severe hypoxemia and 15% of pulmonary hypertension; 25% required assisted ventilation with a 5 days mean. Six cases required nitric oxide on an average of 102 hours. The 11% needed an exchange transfusion. The mortality was 7%, among a global mortality of 2,8% during the same period.

CONCLUSIONS: The complications and evolution of the severe whooping cough cases are similar to the ones reported internationally. In our health system the vaccination of pregnant women is compulsory since 2015, but its compliance is low, increasing the risk of infections among the most vulnerable age group.

P0614 / #1185

GRAM NEGATIVE BACTERIAL INFECTIONS (GNB) IN PEDIATRIC INTENSIVE CARE UNIT (PICU): CLINICAL AND MICROBIOLOGICAL CHARACTERISTICS AND OUTCOME

Instituto de Medicina Tropical, Central, Asunción, Paraguay

AIMS & OBJECTIVES: GNB are a major cause of morbidity and mortality in critically ill patients. To determine the characteristics of GNB acquired in the community (CA) vs associated with health care (IAAS) in PICU.

METHODS: Retrospective, observational study that included children admitted to PICU from 2013 to 2019 with a diagnosis of GNB. Clinical, microbiological and outcome were obtained from patient records, and analyzed

RESULTS: During the study period, 70 children with GNB were admitted to PICU: 35 with CA and 35 IAAS, with similar mean age (18 and 22 months, respectively) (p=0.33). The majority of the patients required mechanical ventilation, 83% in CA and 88.6% in IAAS (p=0.73). Shock was presented in 60% in CA and 51.4% in IAAS (p=0.33). E. coli (17% in both groups), P. aeruginosa (17% in CA vs 14% in IAAS), K. pneumoniae (14% in CA vs 20% in IAAS), and E. cloacae were the most frequent organisms isolated. Anemia was significant more frequent in patients with IAAS (n=30, 86%) (p=0.008) and was associated to mortality (p=0.008; RO=0.19 (0.06-0.6)). The duration of stay in the PICU was more prolonged in IAES patients (26.4± 28 days vs 14.9 ± 21 days) (p<0.05). The final mortality was higher in patients with CA GNB (n=14, 40%) compared to IAAS infections (n=5, 14%) (p= 0.03, RO=4 (1.24-12.8)).

CONCLUSIONS: The study reveals the high mortality of gram-negative infections especially in those with community acquisition. We identified anemia as important risk factor for mortality.

P0615 / #1213

EVALUATION OF THE VASOACTIVE-INOTROPIC SCORE IN PATIENTS WITH SEPTIC SHOCK IN A PICU

I. Sousa1,2, J. Piva3, P. Carvalho4, T. Rocha5, C. Andreolio2, F. Bruno3, G. Roman3, C. Buratti2, V. Fiamenghi2
1Universidade Federal do Rio Grande do Sul, Postgraduate Program In Children And Adolescents Health, Porto Alegre, Brazil, 2Hospital de clinicas de porto alegre, Pediatric Intensive Care Unit, porto alegre, Brazil, 3Hospital de Clinicas de Porto Alegre (Brazil) · UFRGS University, Pediatric Emergency And Critical Care Department, Porto Alegre, Brazil, 4Hospital de Clinicas de Porto Alegre / UFRGS University, Pediatric Emergency And Intensive Care Service, Porto Alegre, Brazil, 5Hospital de Clinicas de Porto Alegre, Pediatrics, Porto Alegre, Brazil

AIMS & OBJECTIVES: Vasoactive-inotropic Score (VIS) correlation with severity of illness is well established for post-cardiac surgery patients, but it is still controversial for patients with septic shock. We aimed to evaluate its correlation with mortality of these patients

METHODS: Retrospective study in a university hospital in Porto Alegre-RS, Brazil, approved by the institutional ethics committee. We reviewed electronic health records of patients admitted from January/2016 to June/2018 to the PICU with diagnosis of septic shock and calculated VIS as proposed by Gaies et al in 2010, considering the maximum score in 48 hours

RESULTS: 181 patients admissions were included, with median age of 1,3 y/o (IQR 0,3-5,2) and a mortality rate of 28,7% (53). The median VIS for survivors and non-survivors were 16,7 (IQR 11,0-33,3) and 40,3 (IQR 17,2-99,3), respectively (p < 0,001). The AUC to evaluate VIS prediction of mortality was 0,687. Considering 25 as a threshold for the VIS, the OR for mortality was 3,7 (CI 1,8-7,3)

CONCLUSIONS: The VIS maximum in 48 hours correlates with severity of illness in patients with septic shock and shows a good predictive capability of mortality in these patients.