histological inflammatory response and scored according to the Amniotic Fluid Infection Nosology Committee of Perinatal Section, the Society for Pediatric Pathology, and reported by Redline et al. in 2003.

**Results** Chorioamnionitis was seen in 42/101 (41.6%) placentae and this occurred significantly more often in newborn babies with probable or proven EONS (p < 0.05). No features of chorioamnionitis were seen in 51/61 (83.6%) of newborn babies with suspected EONS (p < 0.05).

**Conclusions** Histological examination of the placenta for acute chorioamnionitis has statistically significant correlation with probable and proven EONS and can be a potential tool to guide clinical decision-making and thereby antibiotic use if report is made available within 24 hours as in frozen section study.

---

**POST-OPERATIVE PAEDIATRIC INTRAVENOUS MAINTENANCE FLUIDS AUDITED AGAINST NATIONAL GUIDANCE**

Rachel Gunnell, Rebecca Prince. United Kingdom

10.1136/bmjpo-2021-RCPCH.17

**Background** In 2015, the National Institute for Health and Care Excellence (NICE) published guidance on paediatric intravenous (IV) fluids, NG29 ‘Intravenous fluid therapy in children and young people in hospital’. This was in response to a statement by the National Patient Safety Agency (NPSA) regarding the risk of hyponatraemia.

**Objectives** This project aimed to determine healthcare professional’s adherence to NG29 in post-operative paediatric patients, receiving at least 24 hours of IV maintenance fluids in the Leeds Children’s Hospital.

**Methods** The audit took place between October 2019 and March 2020 in Leeds Children’s Hospital. Data was collected over three separate periods, totalling 35 days, following a prospective cohort study design. Patients were followed up for 72 hours from the end of their surgery or until they stopped fluids (if this occurred sooner). Neonates, infants weighing less than three kilograms, and young people over the age of 16 were excluded. The prescribing of fluids, and the monitoring of electrolytes, blood glucose and fluid balance, were audited against NG29.

**Results** Of a total of 59 patients, 42 received fluids for more than 24 hours (17 males and 25 females). Age ranged from one month to 15 years and weight ranged from 3.61 kg to 92.00 kg. 62% of surgeries were elective and 76% were performed under general anaesthesia. The mean age at presentation was 7.8 years (Range 18 months -13 years). Six patients were ‘re-presentations’. The mean time interval between first presentation and eventual admission was 2.7 days (Range 0 - 5 days). The most common symptoms at first presentation were: fever (100%), vomiting (67%), headache (50%) and rash (50%). Two patients were ambulated on IV antibiotics whilst the remaining four patients were reassured and discharged from PED with no follow up. All three patients who had bloods tested on first presentation had a raised CRP and lymphopenia. Two patients had hyponatraemia (67%).

The most common presenting symptoms at admission were fever (100%), abdominal pain (73%), rash (55%), vomiting (55%) and difficulty in breathing (55%). Four patients (36%) were hypotensive on initial assessment. The pathology results showed that nearly all patients had a raised CRP (91%) and five patients were lymphopenic (45%). The mean CRP was markedly elevated (212 mg/L). ESR was measured in two patients and was raised in both. Eight patients were hyponatraemic (73%). Fibrinogen, D Dimer and fibrinogen results were elevated in all cases where these were measured. Swab results for SARS-COV-2 PCR were negative in all 11 cases. Five patients tested positive for SARS-COV-2 antibody tests. Kawasaki symptoms were underrepresented in this case series with no such symptoms at first presentation and only some such as conjunctivitis (27%) and mucous membrane involvement (9%) appearing in a small number at admission.

**Conclusions** The results of this case series suggest that children with early PIMS-TS can present to PED with a non-specific febrile illness a few days before they become unwell with the more severe later features. There is a suggestion that certain abnormal blood test results at this point may indicate early PIMS-TS. Further research is needed to ascertain the significance of these findings. The authors support routine nationalised data collection for all cases of PIMS-TS. In addition to exploring optimal treatment options, a review of early signs, symptoms and investigation results will assist in answering the question of whether current accepted practices for