

**CONCLUSIONS:** Cardiac myxomas usually develop in the left atrium; obstructive symptoms are more rarely in children, which are a rare cause of stroke as in the case described

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## P0123 / #890

### VITAMIN D STATUS, BIOMARKERS AND OUTCOMES IN CRITICALLY ILL CHILDREN

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**AIMS & OBJECTIVES:** To determine association between Vitamin D status, biomarkers and outcomes in critically ill children.

**METHODS:** Retrospective cohort study performed with children and adolescents admitted to a PICU within one year. Normossuficiency, insuficiency and deficiency were considered Vitamin D >30ng/dL, 20-30ng/dL and <20ng/dL, respectively, according to de Guideline of clinical practices of the Endocrine Society; severe deficiency was defined as Vitamin D <12ng/dL, a value considered low in all consensus around the world. The biomarker evaluated was ferritin and the outcomes evaluated were mortality, need and days free of mechanical ventilation (MV), need days free of with vasoactive drugs (VD), length of stay, and multiple dysfunction syndrome organs.

**RESULTS:** 332 admissions were included. Regarding the Vitamin D status, more than 50% of the admitted children were insufficient, deficient or severe deficient. In the subgroup of severe deficient children, we traced association with hyperferritinemia (p=0,005), need of MV (p=0,022) and less days free of MV (p=0,021). No association was found with mortality.

**CONCLUSIONS:** Hypovitaminosis D is prevalent in patients admitted to PICU and poorer outcomes were found in the severe deficiency group. The association between severe deficiency and hyperferritinemia brings to discussion the possibility of using Vitamin D as a consumption biomarker in critically ill children.

## P0124 / #896

### PREVALENCE OF CHILDREN WITH COMPLEX CHRONIC CONDITIONS IN A PICU OF BRAZIL: A RETROSPECTIVE COHORT STUDY

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**AIMS & OBJECTIVES:** To determine the prevalence of CCCs and to compare clinical outcomes with patients without CCC.

**METHODS:** Retrospective single center cohort with children aged 1 month to 18 years admitted in a 4-year pediatric intensive care unit (PICU) of a university hospital. The presence of CCC was assessed according to the criteria of Feudtner et al. (2014). The outcomes evaluated were: mortality, need for mechanical ventilation (MV) and length of stay (LOS). Severity was measured using the Pediatric Index of Mortality (PIM 2) score.

**RESULTS:** We analyzed 1753 hospitalizations. The prevalence of CCC was 49.8%. The predominant categories of CCCs were: neurological with a rate of 46.6% (407), followed by gastrointestinal 24.3% (204) and respiratory 22.8% (199). The mortality rate was 5.9% (versus 1.9% of patients without CCC; p = <0.001). The risk of admission mortality according to PIM2 was higher in patients with CCC (28.4% vs. 19%; p = 0.001). There was no difference in MV use (43.4% vs. 43.8%; p = 0.88). The median LOS was higher in patients with CCC (3 days vs. 4 (p = 0.042) between groups).

**CONCLUSIONS:** The prevalence of patients with CCC was higher and they had higher mortality and length of stay compared to patients without CCC. This information is important in understanding the impact of CCC presence on these children and on intensive care resources.

## P0125 / #900

### NUTRITIONAL SUPPORT IN A PEDIATRIC INTENSIVE CARE UNIT

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**AIMS & OBJECTIVES:** To evaluate the prescription of nutrients (calories and protein) of patients admitted to a Pediatric Intensive Care Unit (PICU) and their relationship with outcomes.

**METHODS:** A retrospective observational cohort study conducted in a PICU for a period of two years. Patients who were hospitalized for at least three days and received enteral nutrition (EN) via tube and / or parenteral nutrition (PN) were included. Demographic data, severity score (PIM 2), daily prescription of diet volume, energy and protein value, length of stay, need for mechanical ventilation, organ dysfunction and mortality were collected. Basal energy expenditure (BEE), according to Schofield (1985), was considered as caloric goal. The protein target was considered to be 70% of the minimum recommended age value by ASPEN.