

guidelines (97.1%) but not the guidelines for Indigenous children (47.0%).

CONCLUSIONS: Aboriginal Medical Service practitioners rely on otoscopy alone to diagnose otitis media and are more likely to use antibiotics for Indigenous children despite not knowing the guidelines.

HEALTH NEEDS OF CHILDREN LIVING IN OUT-OF-HOME CARE

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INTRODUCTION: Children in out-of-home care have high, unrecognized, and unmet health needs. The combination of exposure to abuse and neglect and a background of social disadvantage place them at significant risk for poor health, which affects their physical, developmental, and emotional health.

OBJECTIVE: The aim of this study was to screen children in out-of-home care for unidentified health problems and recommend appropriate health interventions.

METHODS: A health screening clinic for children in out-of-home care was established in a tertiary children's hospital in 2005 in collaboration with social services. Working within a multidisciplinary framework, the children had a comprehensive physical, developmental, and behavioral health screen. Recommendations were made to social services for appropriate health care.

RESULTS: Of the 122 children screened, 24% had incomplete immunizations, 20% had visual problems, 30% had dental problems, and 26% had hearing loss, 45% of the children under 5 years of age had speech delay, 60% failed the developmental screen, and 54% had significant behavioral and emotional problems.

CONCLUSIONS: Children in out-of-home care are a vulnerable group of the child population who experience unacceptable levels of poor health. Comprehensive health screens are important for identifying previously undetected health problems and recommending appropriate health interventions.

Critical Care

PREDICTION OF CAPILLARY LEAKAGE IN PATIENTS WITH DENGUE VIRUS INFECTION: WHAT ELSE BESIDES HEMATOCRIT AND PLATELET COUNTS?

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INTRODUCTION: Besides clinical examination, hematocrit and platelet counts are often used to predict if a patient with suspected dengue virus infection had dengue hemorrhagic fever.

OBJECTIVE: In this study, we investigated the role of Doppler study of the portal vein as a predictor for capillary leakage in these patients.

METHODS: Doppler studies of the right portal vein blood flow velocity were performed for 61 patients (aged 10.2 ± 2.9 years; 34 boys and 27 girls) with serologically confirmed dengue virus infection at defervescence. Presence of right pleural effusion was detected by ultrasound in 32 patients 24 to 48 hours later. Binary logistic regression analysis and receiver operating characteristic (ROC) curves were constructed for the following variables as predictors of pleural effusion 24 to 48 hours after defervescence: age, gender, maximum hematocrit level, lowest platelet count, and the velocity of blood flow in the right portal vein (PVDPL).

RESULTS: Hematocrit level and PVDPL were independent predictors of pleural effusion. The area under the ROC curve, sensitivity, and specificity for these variables as predictors for right pleural fluid 24 to 48 hours after defervescence are shown in Table 1.

TABLE 1. Variables as Predictors of Pleural Effusion

Variables	Area Under ROC Curve	Cutoff	Sensitivity, %	Specificity, %
Hematocrit, %	0.79	>43	72	83
PVDPL, cm/s	0.88	<15.3	72	79
Hematocrit/PVDPL, s/cm	0.93	>2.66	81	83

CONCLUSIONS: Doppler-derived portal venous blood flow velocity may be used to predict the clinical progression of patients with dengue virus infection.

A DOUBLE-BLIND RANDOMIZED, CONTROLLED TRIAL OF PROTEIN ENERGY-ENRICHED FORMULA ADMINISTERED TO CRITICALLY ILL INFANTS

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INTRODUCTION: Nutritional support is an important aspect of clinical management of critically ill infants, but the nutritional requirements of these infants are not well defined.

OBJECTIVE: Our goal was to compare tolerance, nutritional, and metabolic effects of 2 different infant formulas in critically ill infants in a double-blind, randomized way.

METHODS: Eighteen ventilated infants with respiratory insufficiency caused by respiratory syncytial virus