

Conclusion: Identifiable drawing cues in children may signal bullying, prompting further screening. This research is the first step in developing a standardized drawing tool for early bullying detection, fostering timely interventions, as early disclosure can lead to effective action.

761 | Age-stratified descriptive analysis of practices and outcomes of blunt liver and spleen injuries among children

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Background and Objectives: The pediatric population is particularly vulnerable to blunt organ injury due to underdeveloped musculoskeletal systems. These injuries, especially the liver and spleen, pose a significant risk due to their substantial size relative to children's trunks. However, it is not clear which injury mechanisms are at risk by age. This study aims to elucidate the detailed causes of blunt liver and spleen injuries among children and examine their impact on the severity, treatment, and prognosis.

Methods: This is a secondary analysis of a retrospective multicenter cohort study conducted in Japan. The cohort included 1462 pediatric patients (≤ 16 years old) who suffered blunt liver, spleen, or combined injuries between 2008 and 2019. This descriptive analysis focused on the following perspectives. We divided the patients into three age categories: infants (<1 year), children (1–12 years), and adolescents (13–16 years), to clarify the difference in the cause of injury, the severity of organ injury, treatment, mortality, the number of CT scans during hospitalization.

Results: A total of 1414 cases were eligible in this study after excluding 48 patients, 18 cases were merged because of inter-hospital transfer, and 30 cases were excluded because of cardiopulmonary arrest on arrival ($n=22$), abbreviated injury scale 6 injury of any part of the body ($n=2$), and treatment refusal due to severe head injury ($n=6$). The median age was 9 years (interquartile range, 6–13) and 67% were male. The most frequent injury scenario was a pedestrian versus motor vehicle accident (24.1%). The common causes varied across age groups: infants predominantly suffered from motor vehicle crashes, children from pedestrian accidents, and adolescents from bicycle accidents. Hospital mortality stood at 1.5%, with falls from height being the most common cause. A majority (73.8%) of the cases were managed conservatively, although assault injuries often required surgical (21.7%) or radiological (17.4%) interventions. Of the 1044 conservatively treated patients, 61% ($n=637$) underwent multiple CT scans during the hospital stay.

Conclusion: In pediatric patients, changes in body size and activity levels with growth influence the nature of blunt liver and spleen injuries. While conservative treatment is common, certain cases require surgical or radiological interventions, even in situations that might not initially appear high-energy.

762 | Predictors of blood culture results and ordering decision for febrile children in the emergency department

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Background and Objectives: Occult bacteremia is a bloodstream infection in a well-appearing child lacking an infectious source. Vaccines have considerably reduced the incidence of pediatric bacteremia and current emergency department (ED) blood culture ordering practices may not align with the likelihood of a true positive result. Identifying patients most likely to benefit from ED blood cultures can reduce Ineffective Care: economically wasteful practices causing more harm than benefit. In this study, we sought to characterize factors associated with blood culture results and ordering decision.

Methods: This retrospective cohort study included febrile children 91–365 days old seen in a community ED of Kaiser Permanente Northern California in 2018–2019. The primary outcome was having a blood culture drawn. We extracted demographic and clinical data from the electronic medical record and performed modified Poisson multivariate regression to identify predictors of blood culture ordering adjusting for age, sex, race, maximum ED temperature, complex chronic conditions, prematurity, Influenza A/B, RSV, and underimmunization. We manually reviewed true positive results.

Results: Of 5971 febrile pediatric ED patients, 630 (11%) had blood cultures ordered. Of the 16 (0.3%) true positives, 6 patients had bacteremia risk factors (in-dwelling lines, septic arthropathy, congenital disease) and 10 patients lacked risk factors but had infectious sources (urinary, gastrointestinal, skin, abdominal, cranial). Variables independently associated with a blood culture order were younger age (relative risk [RR] 1.000 [95% confidence interval [CI] 1.000–1.001] per day old), higher maximum temperature (RR 1.33 [95% CI: 1.25–1.40]) and complex chronic conditions (RR 2.23 [95% CI: 1.84–2.69]).

Conclusion: All patients with true positive results were high-risk or had infectious sources—none had occult bacteremia. Physicians may perceive certain characteristics to be associated with a higher risk for bacteremia and improving patient selection in blood culture ordering may reduce Ineffective Care.

763 | Understanding cervical spine imaging decision making in pediatric trauma patients

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Background and Objectives: Evaluation of pediatric trauma patients and decision making around evaluation for possible cervical spine