INTRODUCTION

Since the early 1980, various scoring systems have been used in pediatric intensive care units (PICUS) to evaluate severity of illness. These scoring systems assist in prediction of patient mortality and allow comparison of standards of care of different PICUS ***(Choi et al., 2005).***

The early identification of severity of illness is important for prioritizing treatment to reduce mortality and allow proper utilization of limited resources in the developing world ***(Kumar et al., 2002).***

Multiple organ dysfunction syndrome is more frequent than death in pediatric intensive care units. The rate ranges from 11% to 27% ***(Leteurtre et al., 2003).*** Thus, a score that could be used to estimate the severity of multiple organ dysfunction syndrome could be an additional outcome measure to death in critically ill patients ***(Leteurtre et al., 2003).***

A pediatric logistic multiple organ dysfunction (PELOD score) was developed for this purpose ***(Lacroix & Cotting, 2005).***

PELOD includes six organ systems (cardiovascular, respiratory, hematologic, neurologic, renal and hepatic) and 12 variables. Each organ dysfunction is evaluated with one or a combination of two variables. The initial study was limited by the small sample size. Recently, the PELOD and a daily PELOD (dPELOD), were prospectively validated in a multiple centre study of 1806 patients in seven PICUS***(Graciano et al., 2005).***