**Introduction:** Rural Australians continue to have higher mortality rates and poor health outcomes. While 20-30% of emergency presentations across Australia are paediatric, there is little data regarding these presentations in rural regions, their demographics and their outcomes.

**Objective:** This study investigates the demographics and clinical details of paediatric presentations to rural emergency departments in the Darling Downs region.

**Method:** Data was collected from four clinical sites (Dalby, Kingaroy, Stanthorpe and Warwick) though a clinical audit of the first 10 paediatric (age <18) presentations of each month for the period of July 2015 - June 2016. Variables included age, gender, weight, residence, ethnicity, immunisation status, past medical history, allergies, triage category, presentation details, diagnosis, management and outcome. Multivariate analysis of the data was performed.

**Results:** Of the 474 presentations, 250 (52.7%) were male and 161 (33.8%) were aged between 0-3 years old. Only 40 (8.2%) identified at ATSI, however of the ATSI population a higher proportion were males (59.0%) and not immunised (20.0%). Of the total population, only 15 (3.2%) were not immunised; however, the majority (55.4%) did not have their immunisation status recorded. Of the 315 presentations with triage category recorded, 179 (56.8%) were category 4 and there were no category 1 presentations. Of the 501 diagnoses, the primary presentations were due to viral URTI (12.8%), soft-tissue injuries (11.4%) and lacerations (11.2%). 87 (17.4%) of these diagnoses were attributable to patient’s rurality, including animal-related presentations, lacerations and motor vehicle accident/motorbike accident. The majority (83.2%) were discharged from the emergency department. The median time spent in the emergency department was 1.42hrs, with a positive correlation noted with the severity of triage category.

**Conclusion:** While further comparison with metropolitan counterparts is needed, this study suggests that the majority of paediatric emergency presentations in rural regions is for primary health care. It also illustrates that indigenous health, even at a paediatric age, continues to be poor.