

Results During this period 43 questionnaire were returned. The majority felt the service was already at a very high standard citing phrases, 'caring and reassuring', 'made to feel special'. One family requested more information pertaining to the drugs used during the stabilisation and transfer process and one family felt the team's projected timings could have been more accurate for them to organise their other family responsibilities.

Conclusions This study has been insightful into the parent's experiences of having their child transferred by a retrieval team. Actions are underway to address areas highlighted by families as discussed above.

We plan to replicate this study in other regions to gain a national perspective of parents' perceptions of the transfer process.

35 A SURVEY OF STRESS RESOURCES AMONG PARENTS OF CRITICALLY ILL CHILDREN IN PICU WARD

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Introduction Pediatric intensive care unit (PICU) has long been recognized as a highly stressful place. Admission of a child to the PICU maybe one of the most stressful events for parents. Therefore this study was done to determine stressor resources of parents in PICU.

Method A descriptive cross sectional study was carried out by using data obtained through "parental stressor scale: (PSS: PICU) to examine sources of stress among parents. A convenience sample of 25 parents whose child had recently admitted to PICU were subjects for study demographic data were collected using an investigator designed questionnaire, then parental stress was measured with parental stressor scale the PSS:PICU scale is a 37 item instrument in 7 subscale that uses a likert-type scale to measure source of stress in PICU.

Findings After measurement of stress in parents with PSS result revealed that in a comparison of mean score on the 7 dimensions of the PSS: PICU parent found the "Alteration in parental role "to be the greatest source of their stress (3.74±0.61) and the second highest ranking stressor was a "Not knowing what to expect".(3.56±0.70).

Conclusion Result suggests the need to prepare parents for role alteration when a child is admitted to PICU. They should also be encouraged to participate in the child's care and provides comfort measures. We need to consider creating spaces that not only address family needs to remain present with their child, but also creating space for parents to partner in decision making and care planning.

36 PATIENT SAFETY: CULTURE SHIFTS OVER TIME

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Background and aims Although patient safety is a major topic in organisations worldwide, many patients are still confronted with errors that cause discomfort, harm and sometimes even death. A safety program including activities to improve the healthcare processes and techniques is more effective when combined with a positive safety culture. The purpose of this study was to evaluate the safety culture in order to fine-tune our safety program.

Methods A survey was undertaken among paediatricians and specialized nurses by means of the Hospital Survey on Patient Safety Culture before (2009) and after (2011) the start of a safety program on five paediatric wards. The results of these five wards (group A) were compared with two wards (group B) where the program was implemented before 2009.

Results In group A significant more positive ratings were found on seven dimensions in 2011 compared to 2009:

- 'frequency of events reporting': 64% versus 47% (p=0.003)
- 'non punitive response to error': 93% versus 80% (p=0.001)
- 'communication openness': 97% versus 87% (p=0.001)
- 'feedback and communication about error': 90% versus 68% (p=0.000)
- 'hospital management support for safety': 61% versus 37% (p=0.000)
- 'staffing': 50% versus 32% (p=0.002)
- 'overall perceptions of safety': 64% versus 50% (p=0.016)

The differences between group A and B became smaller on all dimensions except 'communication openness'.

Conclusions Implementation of a patient safety programme improves the culture on most dimensions. Our results guide future activities focused on the dimensions that did not reach satisfactory levels.

37 ASSESSING CLINICIANS' KNOWLEDGE AND CONFIDENCE PERFORMING FOUR EVIDENCE-BASED PRACTICES IN THE NICU USING THE NEONATAL UNIT CLINICIAN ASSESSMENT TOOL

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The evidence that breast milk feeding reduces mortality and short and long-term morbidity among premature and small babies is well established but breastfeeding rates in neonatal units in the UK remain low. We present a case study of how a tertiary hospital unit with 100 staff undertook the Neonatal Unit Clinician Assessment Tool (NUCAT), an on-line objective knowledge test with ratings of confidence and knowledge in breastfeeding, breast milk expression, kangaroo care and positive touch knowledge and practices. Fifty one medical and nursing clinicians completed NUCAT. We report descriptive statistics (n=51), and paired t tests for pre-post knowledge test confidence items, and difference statistics (Chi squared and t tests or one way ANOVAs for establishing differences in knowledge and confidence (Dependent Variables) on personal descriptive variables (Independent Variables). Confidence in knowledge was significantly reduced when individuals received their scores, but confidence in breastfeeding practice was not reduced. More staff scored better on the practical than knowledge based areas. Doctors, those with more neonatal experience and years since qualifying were not more knowledgeable than other clinicians overall, but clinicians with more senior positions knew more about the knowledge underpinning breastfeeding practices. Data reported include regression of job type, prior training, years since qualified, years working in neonatal care, intensity of direct care duties, on knowledge and confidence scores which help to target future training on those with most urgent job requirements for these practice skills. Training recommendations are discussed.

38 ALICE IN CYBERLAND: USE AND ABUSE OF INTERNET BY YOUNG PEOPLE AND HOW TO RESPOND TO THEM

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Children and adolescents living nowadays were born with internet and the so called information and communication technology "ICTs", which belong, in most countries of the world, to their everyday life. Not only are pediatricians and health professionals faced with questions from an increasing number of parents, but they will more and more in the future have to consider the assessment of

their patients' use of internet as part of routine history taking. Internet & ICT use is like the two faces of the coin, with both their positive or health threatening aspects. Among the positive features, one should cite an easy access to educational and health information, the promotion of socialization enhancing activities-including those directed at youngsters with chronic conditions -, opportunities for leisure activities which can be quite creative. Isolation, health symptoms, exposure to violence & pornography, incitement to delinquent behavior or self-harm all belong to the darker side of the coin. The assessment of internet use and of situations of problematic use of ICT should not be restricted to the number of hours spent on the computer but should also tackle the impact of the use on the adolescent's school and social life, as well as the nature of the relation between the young person and ICT: adolescents who use internet for social contacts, to build new worlds or to learn are much less at risk than those who are on line gamers or/and sensation seekers. The presentation will close with some universally exploitable advices for parents.

39 BINGE DRINKING: NOT AN INNOCENT PROBLEM

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More and more paediatricians are confronted with teen drinking and the problems that result from it. A new trend is the so called "binge-drinking". This means consumption of excessive amounts of alcohol in a very short period of time with the goal of getting drunk as fast as possible.

Within 1 hour after ingestion, alcohol is absorbed in the stomach and small intestine. Toxic effects of alcohol can occur from a plasma concentration of 0.5–1‰ (= 500–1000 mg/l) or an intake of 600 mg/kg alcohol. This is equal to ingestion of 120 ml liquor (alcohol concentration 30%) in an adolescent of 40kg. The effects are caused by a suppression of the central nervous system and they occur faster in younger people than in adults due to less extracellular volume. Also individual factors like gender, use of other medications or drugs and drinking habits play a role. All this factors can result in a broad spectrum of symptoms (relaxation, altered perception of the environment, prolonged reaction time, amnesia, nausea, vomiting and in more severe cases respiratory depression, coma and death).

When a child with possible alcohol intoxication is admitted to the emergency department, general "APLS" guidelines (Advanced Pediatric Life Support) should be followed.

After the "acute" event of the alcohol intoxication, multidisciplinary follow-up of the patient is very important.

In Belgium, no objective data exist on the problem of binge drinking whilst among paediatricians there is great concern about it. Therefore, we will conduct a national survey on this topic.

40 UPDATE ON TUBERCULOSIS FOR THE GENERAL PAEDIATRICIAN

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About one million of TB cases by year still occur in children. TB childhood diagnosis is an urgent task and even suspected TB disease should also be treated. Clinical features; thorax-x-ray; TST; smear/culture/PCR from gastric aspirated-induced sputum are diagnosis tools.

Children Key-recommendations:

1. Anti-TB drugs new doses in children, supported by pharmacokinetic (WHO):
Isoniazid (H) 10 mg/kg (10–15) max. 300 mg/day
Rifampicin (R) 15 (10–20) 600
Pyrazinamide (Z) 35 (30–40) 2000
Ethambutol (E) 20 (15–25) 2500

2. All children have to be included in one of:

Exposure or Latent-TB-infection, or TB disease; because need different management. Although children, usually not been infectious, family prophylaxis interrupts disease's dissemination.

3. TB management:

- 1 **TB exposure:** H 2 months; repeat TST, if positive action as LTBI,
- 2 **LTB infection:** H 6–9 months or HR 3 months,
- 3 **TB disease:**

Children living in high-HIV-prevalence or high-H-resistance area, with pulmonary/lymphadenitis TB; or children with extensive pulmonary disease in low-HIV-prevalence or low-H-resistance area, should be treated: 2 months HRZE + 4 months HR. - In meningitis TB: 2HRZE + 10 HR. - HIV-negative children and low-HIV-prevalence and low-H-resistance area, could be treated: 2HRZ + 4HR. - Maintenance period: thrice-weekly regimens can be considered, only if well established Directly Observed Therapy. HIV-infected children or living in HIV-high-prevalence area should not be treated with intermittent regimens. - Streptomycin should not be used as a part of first-line regimen in pulmonary/lymphadenitis TB. Children with TB-MDR should be treated: fluoroquinolones + aminoglycoside guide by an expert.

41 PEDIATRIC TUBERCULOSIS IN TWO TERTIARY HOSPITALS IN ROME: A 20-YEAR RETROSPECTIVE STUDY

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Background and aims Tuberculosis is among the top 10 causes of child death worldwide. We aimed to describe epidemiological, clinical and microbiological features of patients with active tuberculosis admitted in two tertiary hospitals in Rome.

Methods Retrospective study of patients < 16-year-old evaluated between 1990 and 2009.

Results 214 cases of active tuberculosis were identified (132 definite, 82 probable). Pulmonary involvement was the most common form (75.5%), followed by lymphadenopathy (15.4%) and central nervous system tuberculosis (11%). Fever (51.86%) and cough (40%) were the most common presenting symptoms. 23.4% children were asymptomatic on admission. Sensitivities for Tuberculin Skin Test and Quantiferon test were 93.4% and 97% respectively. Both tests were performed in 52 children agreeing in 49 cases (94%). Sensitivities for culture, Ziehl-Neelsen staining and polymerase chain reaction were 58%, 25% and 66.3% respectively. The adult source case was identified in 28% cases. History of contact with a patient with active tuberculosis was associated with pulmonary tuberculosis (P=0.0014), while negative history of contact was associated with lymph nodal (P=0.0064) and central nervous system tuberculosis (P=0.05).

Conclusions Our study emphasize the difficulty in managing children with suspected tuberculosis, since the absence of constitutional symptoms cannot exclude tuberculosis and bacteriological confirmation is the exception. Immunological diagnosis can be valuable tool to identify tuberculosis infected children since quantiferon