Abstract 121 Table 1

Variables	Before N=44 long-stay patients	After N=48 long-stay patients	p-value
Patient age in months, median (IQR)	6 (0 to 99)	2 (0 to 48)	0.40
Girls, n (%)	21 (47.7%)	22 (45.8%)	0.86
Length of stay, median (IQR)	26 (20 to 42)	22 (15 to 33)	0.036
Primary care nurse assigned, n (%)	25 (56.8%)	16 (33.3%)	0.024
Start day primary care, median (IQR)	12 (8 to 16)	12 (8 to 18)	0.76

Conclusions Regrettably, the awareness week did not bring about improvement in compliance with assigning a primary care nurse. On the contrary, the compliance was worse. Therefore we need to consider other strategies in the assignment procedure, which is now on a voluntary basis.

122 THE RIGHTS OF HOSPITALIZED CHILDREN. A SURVEY ON THEIR IMPLEMENTATION IN ITALIAN PEDIATRICS UNITS

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Background Several "Charts of rights" have been issued in Europe to solemnely proclaim the Rights of children during their hospital stay. However, notwithstanding such general declarations, the actual implementation of hospitalized children's rights is unclear. Nurses play a fundamental role in putting into effect the Charts of rights of hospitalized children.

Goal. To evaluate to what extent the rights of hospitalized children are actually respected in Italian Pediatrics Units.

Methods Cross-sectional study. The study was promoted by Italian Society of Pediatric Nursing Science (SISIP). A 12-item online questionnaire was set up and an invitation was sent by email to pediatric Nurses using SISIP's mailing lists. Responders indicated to what extent each right is respected in their hospital using a numeric scale from 1(never) to 5(always).

Results 536 questionnaires were returned. The best implemented right is the right of children to have their mothers with them (mean score 4.47). The least respected is the right of children to express their opinion about care (mean 3.01). Other rights considered: right to play (4.29), right of information (3.95), right to the respect of privacy (3.75), right to be hospitalized with peers (3.4), right not to experience pain ever (3.24), right to school (3.08). According to the majority of Nurses, the most important is the right to pain relief.

Discussion Despite official declarations, the rights of hospitalized children are far from being enforced in Italian Pediatrics Unit. Nurses must proactively participate to the respect of such rights, in particular the right to pain relief.

123 WEANING FROM VENTILATION: A DEVELOPING ROLE FOR PEDIATRIC INTENSIVE CARE UNIT (PICU) NURSES? EVIDENCE FROM TWO COCHRANE REVIEWS

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Background Mechanical ventilation (MV) carries potential risks to mortality and morbidity; therefore, weaning should not be delayed. To safely reduce ventilator support, practice has transitioned from individual preference to a structured approach with guidelines.

Objectives To highlight international challenges in developing PICU nurses' role in weaning children from MV by reviewing the prevalence of, and evidence for, weaning protocols, and the current state of nurses' roles and responsibilities in ventilator weaning.

Main body Protocolised weaning has shown some success in reducing MV duration in adults and children. Consequently protocols have gained popularity with surveys reporting their use in 56–69% of European adults ICUs and 18% of UK PICUs. Findings from two systematic reviews show support for weaning protocols in adults, but that cannot yet be said regarding children. There are only a small number of randomised trials of protocolised weaning in children; they used diverse protocols and reported discordant findings making it impossible to pool results. Internationally, there is insufficient information about PICU nurses' role in weaning, but a recent UK survey reported that nurses rarely titrated ventilator settings. It is possible that reticence to actively engage in the weaning process is linked to associated risks with pediatric extubation, but does not explain why nurses cannot progress weaning to the point of extubation.

Key challenges If paediatric nurses are to confidently engage in the process of weaning they require suitable training and support. Developing appropriate protocols may be an important vehicle for safely changing practice in this respect.

124 EARLY INFLUENCES ON ASTHMA

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Childhood asthma is a common condition where symptoms are often present from preschool years and continue into adult life for many individuals. Asthma can be treated but not cured and the most promising means to reduce asthma prevalence is prevention. This talk will address two key questions relevant to asthma prevention: "what are the early influences on asthma?" and "when are they acting?". The focus will be on the fetal and preschool years and will include interactions between genetic and environmental factors. The audience will gain an understanding of the complexity of the early origins of asthma and also take home some (hopefully useful) practical advice for parents and governments.

125 COPD IN THE NEXT 50 YEARS-SHOULD WE BLAME THE NEONATOLOGISTS?

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In this talk, the current knowledge of respiratory sequelae following preterm birth in adulthood will be summarized. Specifically it will review respiratory symptoms, pulmonary function, exercise capacity and structural lung disease as determined by high resolution computed tomography.

How much of the problems of ex-preterms are due to natural causes, how much to iatrogenic causes? Of these two items, it is the natural influences that are studied most. A large number of cohort studies showed several themes that may have impact on lung development: antenatal factors such as the effects of smoking on airway anatomy and the fetal immune system, gene-environment interactions and post natal exposures. In this talk however, the focus will be on an area of growing interest- the iatrogenic long term influences on lung health. I mention here the follow up of neonatal intensive care but others exist such as the long term effects of lung transplantation.

During the talk data will be demonstrated showing that

- ex-preterms do have more respiratory symptoms, also later in life and that the preterms with the lowest mean birth weight do have the most symptoms.