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Objective This study is planned for quantification of validity and confidence of “What Being the Parent of a Baby is Like (WPL)” scale in Turkish women who have the first baby.

Material-Methods Study is composed by the 81 mothers who have the first baby. The scale, was created by Karen Pridham, administered to the mothers at the end of 1st week, 1st month and 3rd month. A questionnaire of sociodemographic aspects of mothers and “What Being the Parent of a Baby is Like” scale were used for the collection of the datas.

Results Cronbach alfa coefficients which were collected from the graphic rating scales are ranged between 10.13 and 82.07. All the subdimensions except the “Centrality” are appreciated that they have validity and confidence.

Conclusion The scale can be used for evaluation of a mother's, that has a new baby after laboring, quality at the same time it can be used as a guide for compliance for motherhood and entire dealing in Turkey.

1877 HOME CARE OF CHILDREN WITH FOP (FIBRODYSPLASIA OSSIFICANS PROGRESSIVA)

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Background FOP (Fibrodysplasia Ossificans Progressiva) is a rare disease in which muscles in the body gradually replaced with bones. There is no therapeutic at this stage. Since population of FOP patients is small, home care methods are devised only individually.

Objective The aim of this study is to investigate the actual situation of home care for FOP patients and to consider the possible nursing home care for FOP patients.

Methods Subjects were 10 FOP patients (1 male and 9 female) and their families. We interviewed them on the daily care of their childhood and analyzed the transcripts by qualitative descriptive study. For ethical consideration, we explained to the subjects about contents of this study and got the informed consents.

Results We found the categories of FOP patients of the actual situations as follows;

7 categories in infants; reduction in outdoor playing, progress by the physical damages, appearance peculiar to ossific symptoms etc.; 6 categories in schoolchildren; the decline in ADL restriction by ossification, distrust of others, acceptance of the rare disease, invention for improvement in QOL etc.; 9 categories in adolescence; the ADL decline by ossification, the deterioration of condition by ossification, care for the injury prevention, notification of the name of a disease, invention for QOL improvement, the decision to become independent, etc.

Conclusions FOP children are now dependent on their family, they hope to live their own life in future. It is critical for nursing care to consider the ways keep them from injury and infection.

1878 THE RELATIONSHIP BETWEEN GCS AND LENGTH OF PICU STAY

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Background Our PICU, admitting 700 patients a year is the major trauma centre for East Anglia, UK. The Glasgow Coma Score (GCS range 3–15) offers practitioners a guide to the critical patient's conscious level. We wanted to consider the relationship between the

patients's GCS at the trauma scene with the length of time the children were admitted within the PICU.

Methods Exploratory data was collected reviewing 42 paediatric head-trauma patient's notes for two years, January 2010 - November 2011, to ascertain if any correlation could be established between the GCS scores at the scene and the length of the child's PICU stay (range 1–17 days). Children aged 0–16 were included (youngest 2 months, oldest 15 years), children who had suffered non-accidental injuries were excluded, as were those who had died.

Results The results showed a correlation of: lower the GCS the higher the length of PICU stay, however statistically ($R^2 = 0.375$), this could not be used to define all head injury admission length of stays, and other factors such as age may contribute.

Conclusions Emergency admissions effect the PICU's capability maintaining elective surgery, the ability to more accurately determine a patient length of stay is important in supporting work force planning, and supply purchasing. A lower GCS at the trauma scene did show some increased length of PICU admissions. The early GCS score could potentially offer a manager of a PICU an indication of the patient's estimated length of stay, a larger group and further research concerning other factors should be considered.

1879 PEDIATRIC NURSES KNOWLEDGE AND ATTITUDES TOWARD VITAL SIGNS

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Aim This study was planned to determine pediatric nurses' knowledge and attitudes towards monitoring the vital signs.

Methods One hundred eleven nurses working in the inpatient clinics at a children's hospital located in İzmir participated in the study. In the study, the following three forms were used: “The Socio-demographic Questionnaire”, “The Vital Signs Knowledge Assessment Survey” and “The Vital Signs Attitude Assessment Survey”. Knowledge and attitude surveys were prepared in accordance with the following guidelines published by the Royal College of Nursing: “Standards for Assessing, Measuring and Monitoring Vital Signs in Infants, Children and Young People” and “The Recognition and Assessment of Acute Pain in Children”. Cronbach's alpha value of the Knowledge Survey is 0.87, the Attitude Survey is 0.86.

Results The mean scores the nurses obtained from the knowledge survey were as follows: general principles: 87.9 ± 7.8 , temperature: 87.6 ± 10.1 , Pulse: 93.1 ± 8.0 , respiration: 96.4 ± 7.4 , blood pressure: 92.8 ± 7.0 and pain: 91.8 ± 9.8 . The mean scores the nurses obtained from the attitude survey were as follows: general principles: 81.7 ± 11.99 , temperature: 87.4 ± 15.9 , pulse: 89.6 ± 12.5 , respiration: 95.3 ± 9.8 , blood pressure: 95.8 ± 12.2 and pain: 91.0 ± 15.5 . Of the nurses, 49% stated that nurses themselves should decide about the frequency of monitoring vital signs whereas 41.4% stated that it should be ordered by the physician.

Conclusion According to our findings, nurses' knowledge and attitude scores relating to monitoring vital signs are quite high.

1880 FLUID, CALORIE AND PROTEIN INTAKE IN INFANTS BORN AT < 32 WEEKS GESTATION - ARE WE MEETING THE STANDARDS?

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Background In premature infants optimal nutrition should be maintained and weight loss limited. Guidelines recommend

incremental fluid/calorie intake to achieve 150mls/kg/day of fluid; 90kcal/kg/day calorie intake and 3.54g/kg/day of protein intake by 5 days age.

Aim To assess whether nutrition needs of very preterm infants are met with the current evidence based nutritional policy.

Methods A retrospective study was undertaken for 6 months at neonatal unit of North Tees hospital, UK. The daily intake of protein, calorie and fluid was calculated in the group of babies born < 32 weeks gestation. Unit guidelines recommend commencing TPN in < 24 hrs and early feeding. Babies who died before 14 days and those who were transferred to another unit within the same time period were excluded from the study.

Results Complete data was obtained from 20 consecutive babies over 6 month period. Median gestation was 29 weeks (range 27+5 to 31+6 weeks), birth weight 1300g (840 to 1890g).

Although babies had weight loss < 10% of their birth weight, nutritional intake varied significantly. The total intake was adequate but could achieve an average of 55 kcal/kg/day at by day 5 and not the recommended 90 Kcal/kg/day.

Abstract 1880 Table 1 Nutritional requirements in preterm infants

	CALORIES KCALS/KG/ DAY	PROTEIN G/KG/DAY	TOTAL FLUID ML/KG/DAY
Recommended	90	3.54	150.0
Achieved	55	4.4	139.5

Conclusion Feeding policies are sub-optimal despite best efforts. The impact of this change should be assessed on long term outcomes.

1881 SYSTEMATIC METHOD TO IMPROVE MANAGEMENT OF CRITICALLY ILL CHILDREN

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Background Akershus University Hospital is the largest acute care hospital in Norway. It employs 6.200 people to serve 460.000 inhabitants, of which 115.000 are children. Currently, our Department is experiencing an increased admission of critically ill children, which let physicians and nurses feel overwhelmed and insecure. Our project aimed to improve knowledge, communication and documentation to meet today's standards for quality of care.

Methods Based on the Acute-Life-Threatening-Events-Recognition-Treatment (ALERT™) courses, the Airway-Breathing-Circulation-Disability-Exposure (ABCDE) algorithm, and the Identify-Situation-Background-Assessment-Recommendation (ISBAR) tool, we have developed an interactive platform for physician and nurses to improve clinical communication and to standardize assessment for intensive care patients. Furthermore, we have introduced the Brighthon Paediatric Early Warning Score (PEWS) to detect children with the highest risk for cardio-respiratory failure.

Results Our healthcare providers have benefited from this program. For example, they gained useful skills to create efficient work flows and improve team communication. For half an hour every other week, we play a scenario where 2 physicians and 2 nurses practice the ABCDE algorithm, ISBAR tool and the PEWS in a simulated patient. We have implemented training courses (Casetrening) to help them use the various assessment tools. Our main focus is to provide high quality of care, patient safety and efficient clinical operations. However, we understand that it takes an ongoing effort to introduce a systematic method in practice.

Conclusion We have introduced a program for physicians and nurses to increase clinical competence and patient care with a high potential for further development.

1882 THE EFFECT OF OPEN AND CLOSED ENDOTRACHEAL SUCTION SYSTEMS IN INTUBATED NEONATES IN 2012

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Background The study aimed to review the effect of two open and close suctioning methods on respiratory parameters of infants undergoing mechanical ventilation.

Methods In this cross-sectional clinical trial study, forty-four infants among the infants underwent mechanical ventilation in NICU of Isfahan's Al-Zahra Hospital were selected by simple continuous sampling method. The samples randomly divided into two groups. In the first group; first, open suctioning and then after three hours of cleaning, closed suctioning was done and in the second group, first closed suctioning and after three hours of cleaning, open suctioning was implemented and respiratory rate (RR) and percentage of arterial blood oxygen saturation was reviewed and compared before, during and after each type of suctioning. Data were analyzed using ANOVA with repeated measures and independent t-test through Software SPSS16.

Results There was a significant difference between mean respiratory rate and arterial blood oxygen saturation in infants before, during and after the closed and open suctioning. The percentage of arterial blood oxygen saturation had a significant reduction in open method compared to closed method on the same time and immediately after suctioning and RR in 3 minutes after suctioning in both steps in open method.

Conclusion Results showed that close method causes fewer changes in hemodynamic status of infants. Therefore, in order to prevent from respiratory complications in infants, nurses are recommended to perform the endotracheal tube suctioning in closed method.

Keywords Respiratory rate; ventilation, neonate, suction

1883 THE RISK FIELDS OF MALPRACTICE AND STRATEGIES FOR REDUCING THE RISK OF MALPRACTICE IN NEONATAL NURSING

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Background Care of newborn can be complex according to adult. Effective preparation, family-center and safe delivery of care are the goals of pediatric care. A neonatal nurse is a professional with special training, skill, and knowledge in the care of newborns and their families. This period of the pediatric care is high risk area in which so many difficulties occur during the transition to extrauterine life.

Objectives The aim of this study is to define the risk fields of malpractice and strategies for reducing the risk of malpractice in neonatal nursing, both the turkey and the world.

Method Through literature review, "Medline, Pubmed, Wiley-Blackwell" databases, on-line and published journals accessible in Turkey are examined and results of 30 studies fulfilling the aim of this research are presented.

Results Common areas of malpractice in neonatal nursing are constitute during resuscitation, respiratory distress, intravenous therapy, medication errors, hypoglycemia, documentation and monitoring.

Conclusions It is clear that, the studies are limited about the risk fields of malpractice and strategies for reducing the risk of malpractice in neonatal nursing in Turkey. A few review are present about