Abstract 121

**THE RIGHTS OF HOSPITALIZED CHILDREN: A SURVEY ON THEIR IMPLEMENTATION IN ITALIAN PEDIATRIC UNITS**

F Festini, C Aringhieri, S Bisogno. *Italian Society of Pediatric Nursing Science - SISIP Pistoia; University of Florence, Florence, Italy*

**Background** Several “Charts of rights” have been issued in Europe to solemnly proclaim the Rights of children during their hospital stay. However, notwithstanding such general declarations, the actual implementation of hospitalized children’s rights is unclear.

**Objectives** Our objective was 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 nurses using SISIP’s mailing lists. Responders indicated to whom the questionnaire was addressed and the primary care nurse was assigned a numeric code. A total of 536 questionnaires were returned. The best implemented right is the right of children to express their opinion about care (mean 3.95). Other rights considered were: right to pain relief (3.5), right to be hospitalized with peers (3.4), right to the respect of privacy (3.75), right to the respect of privacy (3.75), right to privacy (3.75), right to be hospitalized with parents (3.4), right not to experience pain earlier than healthy peers (3.24), right to school (3.08). According to the majority of nurses, the most important is the right to pain relief.

**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.

**Abstract 123**

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

B Blackwood. *School of Nursing and Midwifery, Queen’s University, Belfast, UK*

**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.

**Abstract 124**

**EARLY INFLUENCES ON ASTHMA**

S Turner. *University of Aberdeen, Aberdeen, UK*

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.

**Abstract 125**

**COPD IN THE NEXT 50 YEARS—SHOULD WE BLAME THE NEONATOLOGISTS?**

EJLE Vrijlandt. *Department of Pulmonology, University Medical Center Groningen, Groningen, The Netherlands*

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 postnatal 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.
Results and oxygen daily. Both day-care and hospital management continued treatment. Of remaining 26 hospital-care children, 18 (10.6% [95% CI 6.8–16.1%]) were referred to specialized hospitals and 6 (3.5% [95% CI 1.6–7.5%]) discontinued treatment.

Conclusion Children with severe pneumonia with SAM could be treated safely and effectively on a day-care basis at established day-care clinics, similar to hospital management, if required logistic support is available.

127 TRENDS IN SMOKING IN PREGNANCY IN THE NETHERLANDS (2001–2010)

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1CJ Lanting, 1JP van Wouwe, 1R van den Burg, 1D Segraar, 1KM van der Pal-de Bruin.
1Netherlands Institute for Applied Scientific Research TNO, Leiden; 1Stivora, Den Haag, The Netherlands

Background and aims Smoking in pregnancy significantly increases the risk of preterm birth and fetal growth restriction. Pregnant women are encouraged to quit smoking. Smoking in general is discouraged by antismoking laws. In the present study, we describe trends in smoking in the Netherlands for 2001–2010.


Results Out of a total number of 28,720 questionnaires, 16,358 (57%) were returned. Between 2001 and 2010, prevalence of smoking in pregnancy dropped by half; from 13.0% in 2001 to 6.3% in 2010 (Ptrend < 0.001). The odds of being a smoker was 6.3 (95% CI 5.3–7.4) for mothers with a low education level, and 3.0 (95% CI 2.5–3.5) for mothers with a medium education level, as compared to mothers with high education level. Independently of their educational level, mothers smoked on average five cigarettes per day while pregnant.

We observed a sharp decrease in prevalence of smoking in pregnancy from 2003 to 2005 among women with a medium or a high education level. An almost continuous, downward trend was seen among mothers with a low education level. The 2003–2005 decrease coincided with the implementation of antismoking laws in the Netherlands.

Conclusions Between 2001 and 2010, prevalence of smoking in pregnancy dropped by half. But still, in 2010, 6.3% of Dutch pregnant women were smokers, exposing about 11,000 unborn children per year to significantly increased health risks.

128 INTRAPERITONEAL ADMINISTRATION OF CYTIDINE 5’-DIPHOSPHOCHELIDE (CDP-CHOLINE) REDUCES HYPEROXIC LUNG INJURY IN A NEONATAL RAT MODEL OF BRONCHOPULMONARY DYSPLASIA

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1M Cetinkaya, 1M Canses, 1C Tayman, 1F Cekmez, 1F Carpolat, 1IM Kafa, 1S Uysal, 1SU Sanci, 1QATA Teaching Hospital, Ankara; 2Uludag University Medical Faculty, Bursa; 2Fatih University Medical Faculty, Ankara, Turkey

Purpose The purpose of this study was to evaluate the preventive effect of CDP-choline treatment on hyperoxic lung injury, inflammation and apoptosis in a neonatal rat model of bronchopulmonary dysplasia BPD.

Methods A total of 30 newborn pups were arranged in control, hyperoxia, and hyperoxia+CDP-choline groups. Immediately after birth, pups in the control group were kept in room air containing 21% O2 and received daily saline injections, while those in hyperoxia and hyperoxia+CDP-choline groups were exposed to 95% O2 and received daily injections of saline and CDP-choline (300 mg/kg), respectively, throughout postnatal day 10 (P10). Histopathological scoring, radial alveolar count, lamellar body protein expression, fibrosis, proinflammatory cytokine levels, oxidant/antioxidant enzyme activities, malondialdehyde content and apoptosis were evaluated on lung samples obtained at P10.

Background and aims Severe childhood pneumonia and severe acute malnutrition (SAM) require hospitalized management but are not suitable for many infants. Of remaining 26 hospital-care children, 18 (10.6% [95% CI 6.8–16.1%]) were referred to specialized hospitals and 6 (3.5% [95% CI 1.6–7.5%]) discontinued treatment.

Conclusion Children with severe pneumonia with SAM could be treated safely and effectively on a day-care basis at established day-care clinics, similar to hospital management, if required logistic support is available.

 randomized hospital (ICHSH) versus day-care (The Radda Clinic equipped with oxygen, suction, pulse oximeter, nebulizer, glucometer) comparative study was carried out to evaluate the safety and effectiveness of day-care model. Children aged 2–59 months having severe pneumonia with SAM were randomized to day-care or hospital-care. Parents brought children at 08:00 at day-care clinic and back home at 17:00 daily after receiving antibiotics, diet, micronutrients and oxygen. For hospital-care, children received similar 24-hour treatment with antibiotics, diet, micronutrients and oxygen daily. Both day-care and hospital management continued daily until improvement and discharged.

Results In total, 340 children were randomized to either day-care or hospital-care management. Successful management was possible in 136/170 [80% (95% CI 73.4–85.3%)] day-care children and 144/170 [84.7% (95% CI 78.5–89.3%)] hospital-care children. Of remaining 34 day-care children, 29 [17.1% (95% CI 12.1–23.4%)] were referred to hospital and 5 [2.9% (95% CI 1.3–6.7%)] discontinued treatment. Of remaining 26 hospital-care children, 18 (10.6% [95% CI 6.8–16.1%]) were referred to specialized hospitals and 6 (3.5% [95% CI 1.6–7.5%]) discontinued treatment.