The Training Package We delivered a 2 part training course to foster carers who wished to care for such infants. The aim of the training package was to equip carers with the knowledge and skills to safely care for such infants in the home environment.

Results Foster carers are now available to take infants with NAS home on pharmacological treatment as soon as stability is achieved. The quality of care delivered to such infants will improve significantly as a result. In addition cot occupancy will be reduced, vital at a time when demand for neonatal cots is extremely high.

1730 HUMANIZATION OF CARE IN ITALIAN PEDIATRICS UNITS: RESULTS OF A NATIONAL SURVEY

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Background Hospital admission is a stressful and fearful experience for children. Several kind of non clinical interventions have shown to be effective in improving the quality of life of children during hospital stay.

Goal To survey the interventions performed in Italian Pediatrics Unit to improve children's life during hospital stay.

Methods Cross-sectional study. The study was promoted by the Italian Cultural Association of Pediatricians (ACP) and by the Italian Society of Pediatric Nursing Science (SISIP). A 37-item online questionnaire was set up and an invitation to fill it in was sent by email using the two associations' mailing lists.

Results Questionnaires regarding 111 pediatrics units were returned, out of an estimated total of 724 Italian Pediatrics Units (PU) (15.3%). 43% of PU have more than 50% of beds in 2-bed rooms. In 90.1% of PU walls are multicoloured or decorated with paintings. A school is available only in 47.7% PU. A "toy library" or playroom is present in 66.7% PU. Outdoors playgrounds are available in 37.8% PU. Reading aloud to children is performed in 29.7% PU, activities with animals in 13.5%. Play Volunteers operate in 80.2% of PU, Clown Doctors in 67.6%. In PU with more than 1500 admissions per year, single rooms and a playroom is present more frequently than in others (p 0.02 and p 0.03 respectively).

Discussion Although several non clinical interventions are available to reduce distress and anxiety in hospitalised children and to improve their quality of life, their diffusion in Italian Hospital still seems limited.

1731 THE ULSM CHILDREN ROUND-TRIP CARE: A SUCCESSFUL EXPERIENCE IN THE CONTINUITY OF CARE

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Background Being able to identify early health changes before they manifest in everyday life, allows to correct them immediately and to prevent progress to irreversible stages (Oom, 2008). In this context, accessing and sharing information between different health care institutions and their professionals is an asset for the child and allows improving quality in care.

Aims and Method We aim to describe how is the information access and sharing in Matosinhos Local Health Care Unit (ULSM) and highlight their importance through a literature review.

Results The ULSM has two networked applications in support for nursing teams and medical teams that allow them to share information. There are also manuals of coordination between different services including primary care and hospital care. Concerning primary care, in the specific case of the Family Health Unit Infesta, a joint

manual resulting from a simple set of rules was established. It aims reducing bureaucracy, streamline and simplify referral procedures (Gonçalves et al, 2011), becoming clear and advantageous to the parties involved in the process.

Conclusions Access to patient clinical information is available 24/7 in all sectors of ULSM, allowing a contextualized and continuous monitoring, leading to higher quality health care for the child. The ability to use data in a useful way, allows reducing errors, enhancing patients and clinician communication, provides cost savings and improves quality in many areas across the full-spectrum of paediatric primary care (Adams & Baucher, 2003; Simonian, 2007; Hinman & Davidson, 2009).

1732 RISK PROPORTIONATE CLASSIFICATION BY A NATIONAL COMPETENT AUTHORITY TO REDUCE BARRIERS FOR CLINICAL TRIALS

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Background The UK MHRA has introduced a risk-proportionate approach to the approval and management of clinical trials of investigational medicinal products (CTIMP). The aim is to reduce the complexity of regulations and governance by identifying key hazards and promoting risk mitigation. Prospective risk management will reduce dependence on quality controls and monitoring during trials.

Methods A risk assessment template for neonatal CTIMPs was developed, based on the TINN Ciprofloxacin Pharmacokinetic Trial. The study was compared to standard medical care, an analysis of study design was undertaken to ensure the protection of participants' rights and data reliability. The tool was moderated by experts in regulations and clinical trials.

Results The trial was classified as low-risk (Type A) from an IMP perspective. This allows reduced regulatory monitoring and IMP management. Ciprofloxacin is administered off label and involves vulnerable participants. The evidence required to mitigate this included the fact that the drug is administered as standard clinical care, there is published use of Ciprofloxacin for neonates and national prescribing guidelines.

4 key risk areas were identified: 1) patient safety/rights 2) reliability of results 3) research sites 4) governance. To mitigate the risks during trial conduct and the collection of data required specific neonatal trial management tools, training, standard operating procedures and systems for cross checking data.

Conclusion Neonatal CTIMPs are not always high risk. Regulations and inspections need to be proportionate to the risks arising from the trial-specific interventions and procedures. Risks can be mitigated by bespoke neonatal trial design.

1733 ACCEPTABILITY AND IMPLEMENTATION OF FIMNCI BY MEDICAL OFFICERS AND STAFF NURSES IN GOVERNMENT HEALTH INSTITUTIONS OF WESTERN INDIA

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Background and Aims FIMNCI (Facility based Integrated Management of Neonatal and Childhood Illnesses) course has been launched by Government of India to train Medical Officers (MOs) and Staff Nurses (SNs) of Government Institutions from year 2010 onwards. FIMNCI deals with intensive care of serious illnesses in

children below 5 years. Would FIMNCI training impart the confidence and skills required for implementation of this training were our research questions.

Methods Cross-sectional Questionnaire based survey from 53 participants of three FIMNCI trainings. MOs and SNs belonged the Primary Health Centres (PHCs), Community health Centres (CHCs) and Civil hospitals. Questions related to availability of facilities at their working place; confidence in ability to perform skill based procedures and acceptability and implementation of FIMNCI.

Results The PHCs and CHCs have adequate facilities to treat non critical problems but most lack facilities for intensive care. Most MOs (84.2%) and SNs (79.4%) are confident of triage in emergency room as well as providing positive pressure ventilation. All MOs and most SNs (61.9%) were confident in treating sick children at CHCs while most MOs (66.6%) and SNs (83.3%) were not confident at PHCs. Most participants preferred that FIMNCI training should be of longer duration. SNs preferred training in local language. Most MOs were not confident in monitoring of sick children.

Conclusion More focused training should be provided for the staff of PHCs and CHCs like Triage and Resuscitation. Advanced care for various serious illnesses in children cannot be imparted by short training courses.

1734 IMPROVING QUALITY OF CARE FOR HEALTHY TERM JAUNDICED BABIES: COMMUNITY BASED INTEGRATED CARE PATHWAY REDUCE READMISSIONS AND LENGTH OF STAY

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Background Readmission rates for healthy term neonates with severe hyperbilirubinaemia has increased in recent years. In 2011, we implemented a comprehensive risk assessment based integrated care pathway situated in the community to monitor all jaundiced babies. The pathway comprises intensive feeding support; monitoring bilirubin levels at home with transcutaneous bilirubinometers (TcB) and total serum bilirubin (TsB); prompt referral to hospital when thresholds for treatment set at 340µmol/l was reached and a standardised weaning strategy for phototherapy dosage.

Aims To evaluate the impact of this pathway on variations in decision to treat, readmission rates for jaundiced babies and length of stay (LoS) before and after implementation.

Methods We analysed the case records and compared the outcomes for all healthy term babies who were readmitted to receive phototherapy between 1 June and 30 September 2010 with those of babies admitted during the same period in 2011. We used SPSS software for statistical analysis.

Results 2921 term babies were delivered during the two time epochs. 28/1468 (0.02 %) received phototherapy in 2010 compared with 19/1453 (0.013%) in 2011. The mean maximum bilirubin levels in 2010 was significantly lower at 292±64 µmol/l (range: 193–457) compared with 362±26.3 µmol/l (range: 323–433) in 2011. The LoS was significantly reduced at 45.5±26.7hr in 2011 compared with 87.2±53.8 hr in 2010.

Conclusions This study showed reduced readmission rate and a statistically significant reduction in the length of stay during readmission in the post intervention group despite a significantly increased maximum bilirubin level. In addition, there was improved consistency amongst professionals on when to refer babies for phototherapy.

1735 RESULTS OF CHILDREN AND ADULTS ALLERGY TESTING USING THE FAST ALLERGY TEST (FAST CHEK POC)

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Purpose Analyse the results of allergy testing based on age and gender of patients, frequency of the testing:the inhalation- and nutritional allergy in vitro tests.

Methods 230 persons: 141 (60.87 %) - children, adults 89 (38.69%); from 1 to 70 years old, 108 - males (46.95%) and 122 females (53.04%).

Results All patients had some of allergy clinical symptoms: allergic rhinitis, asthma, allergic dermatitis ...

Testing the adults: females 69.66%, males 30.33%; the children: girls 42.55%, boys 57.44%.

The inhalation allergy: in children - 82.26%, in adults 72.22% while the nutritive allergy was in children 17.73% and 27.77% in adults.

Inhalation allergy: male children 48.22%, adults 23.59%, female children 34.04%, adults 50.56%.

Nutritional allergy: male children 9.21%, adults 7.86%, female children 8.51%, adults 20.22%.

Frequency of the inhalation allergy: male 48.90% and female 51.09%; and the nutritional allergy: male 40%, female 60%.

The children: Ambrosija 40.42%, Alternaria 36.17%, house dust 31.91%, Cladosporium 21.98%, Hasel pollen 19.14%;

In adults: house dust 39.32%, Ambrosija 34.83%, Alternaria 31.46%, Cladosporium 22.47%, Hasel pollen 21.34%.

Nutritive reagents in children: fish 4.25 %, carrot 3.54%, celery 3.54%, wheat flour 2.83 and in adults wheat flour 8.98%, meat 7.86%, fish 4.49%, soybean 4.49%.

Conclusion It was significantly greater need for conducting of allergy tests in children then in adults (61.3% versus 38.69%). The inhalation allergens 78.69 % - nutritive allergens 21.31% .

The nutritive allergies e often in female population.

1736 EFFECT OF EARLY INTERVENTION IN DOWN SYNDROME: A PILOT STUDY IN YOUNG INFANTS

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Background and Aims Down Syndrome (DS) is the most important genetic cause of intellectual disability. No consensus exists on the specific type and timing of early intervention in this population. Studies on animal models support the beneficial effects of environmental enrichment (EE). Infant Massage (IM) is a good human paradigm of EE. We aim to determine the effects of early EE in young infants with DS.

Methods 12 subjects were randomized in two intervention groups: GroupA received a bi-monthly counseling intervention and includes 5 infants- GroupB in addition to the counseling intervention, the infants received IM performed by a parents; includes 7 infants. A structured family counseling consisting of observation of parent-child interaction in emotional aspects and developmental skills. The study -group B receive an additional intervention based on IM.

Main Outcome Measures Dubowitz Infant Neurological assessment, Precht's method; Teller acuity cards, Frisby Stereotest; Parent to Infant Attachment Scale, Parental Stress Index; Griffiths Developmental Mental Scales.

Preliminary Results Motor milestones: upright posture at GroupB 11.3 months, GroupA 12.5 months, crawling GroupB 11.7 months, GroupA 13.5 months; coastal shipping GroupB 14.5 months, GroupA 15 months.

Cognitive level GroupB (QS Total 75.3 GroupA (QS Total 71.5); stereopsis in GroupB (5 months) GroupA (6 months) visual acuity in GroupB (12.5 cy/cm at 12 months) GroupA (10.3 cy/cm at 12 months).