Results 100 parents were contacted and 71 decided to participate. 62 out of 71 households had a domestic helper but only 22/71 parents (31%) said they would educate their domestic helpers. 39 parents (55%) said they did or would lock the medicines in the cabinets and 35 out of 71 (49%) said they would or did keep the cleaning materials out of reach of young children. Only 16 parents out of 71 (22.5%) said they would do or did both—lock the medicines in the cabinet and keep the cleaning supplies out of reach of their young children.

Conclusion The domestic and behavior changes are not a foregone conclusion after accidental poison ingestions related ER visits. Follow-up home visitation by a public health nurse for personalized tips in childproofing may have a positive behavioral outcome.

**1752 A NATIONAL PROPOSAL IN COMMUNITY RISK PREVENTION: TRANSITION TO ADULT HEALTH CARE FOR ADOLESCENTS WITH CHRONIC DISEASES**

S Bharwani. Pediatrics, Faculty of Medicine and Health Sciences, UAE University, Al Ain, United Arab Emirates

Children with complex chronic diseases now survive past the age of adolescence and into adult life, however health services have not always recognized the need to prepare these patients for the move into their specific adult services. This issue has resulted in these adolescents having to find a way to obtain the necessary health care services from adult healthcare providers. However, without proper preparation on both ends of healthcare, this transition is very difficult. For all adolescents, the transition from childhood to adulthood involves combining the patient’s individual identity, need to achieve independence, establishment of adult relationships and obtaining of a meaningful occupation. This transition is made more difficult because of the patient’s continuous concerns about whether their social and health care needs will be met. These are the more serious reasons why many adolescents with chronic diseases are greatly hindered during the transition process. The effects of these issues are the debilitation and deterioration of the patient’s health, both physical and psychological, mostly due to the fact that the patient is not prepared properly for the transition to adulthood with regards to their healthcare. The goal in this process is to make sure that the adolescent with chronic diseases, as well as their respective family members, are trained, helping to facilitate the ability to accept and understand the transition process is like any other stage in life, with the inclusion of implication and new responsibilities specific to the patient that will need to be incorporated quickly and effectively.

**1753 THE PERCEPTION OF THE TERM CEREBRAL PALSY (CP) IN SAUDI ARABIA**

S Madi, A Mandy, T Pountney. University of Brighton, Eastbourne, UK

Background and purposes: Cerebral palsy (CP) is one of the most common childhood disabilities and makes heavy demands on health, educational, and social services as well as on families and children. In Saudi Arabia the term CP is recognized by most health professionals as a physically disabling condition, however this is not the case for the general public, nor more importantly for mothers of children with CP. Misinterpreting the term of CP by Arabic language, clearly exists. This research aimed to explore the perception of the term CP with mothers of children with CP.

Methods Critical ethnography was adopted as the methodological approach; data were collected through focus groups, individual interviews, field note and participant observation.