

**Result** The mean score of quality of life of parents as a caregivers was in the test group (224/9±24/11) and in the control group (225/7±24/33). Quality of life for all samples before the intervention was unfavorable, but the mean scores in all dimensions of quality of life after 2 months of training in the experimental group (7/86±338/2) and controls (23/8±226/77) were changed. In the experimental group after training mean score of all samples increased. T-test analyzes confirmed these changes. ( $P<0/05$ ). So the implementation of an educational intervention is effective in increasing family caregiver's quality of life.

**1857 PEER COUNSELING OF ADOLESCENT HANDICAPPED CHILDREN AFTER SEX EDUCATION: THE PILOT STUDY**

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**Background** Most pediatric nurses recognize that the child with special needs requires the proper sex education, but we have avoided it so far, possibly unconsciously or just to avoid any unpredictable troubles.

**Objective** We have started to do the sex education for handicapped children.

**Methods** Three subjects had cerebral palsy and one subject had Werdnig Hoffmann disease. The contents of sex education were as follows; 1. What's an adult?; 2. The situation of a fetus; 3. Listening to their mother's talk about their childbirth; 4. Discussion about adolescent body image in a group. Children expressed their impressions on the sex education in the group composed of 4 children and 17 young volunteers. We recorded the contents of peer counseling and converted it into the text, and analyzed it by qualitative method.

**Results** We found 4 categories on the peer counseling. Four categories were 'Recognition of favorite persons of the opposite sex', 'Pleasure to talk about love story', 'Awareness of the differences in sex', 'Awakening to the respect for their parents'. Children understood about adolescent body image pretty well. They also understood how carefully they were brought up by their parents and consequently respected them very much.

**Conclusion** Although children could accept the sex education quite appropriately, the problem is that their experience on sex in future would be quite limited. The difficult theme which now confronts us is how to educate them about a tacit understanding, or sex behavior within the limited experience on the sex.

**1858 PRESENTATION OF AN INDIVIDUALIZED WRITTEN INFORMATION SYSTEM TO IMPROVE KNOWLEDGE AND COPING AFTER CARDIAC SURGERY IN THE POSTNATAL PERIOD**

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After cardiac surgery in the postnatal period parents need to learn about their infant's congenital heart disease (CHD) and how to manage life after surgery. All information parents need is given in this stressful period and therefore might be difficult to remember and process. In Norway only Oslo University hospital (OUS) performs CHD surgery in the postnatal period and hence has the responsibility for initial information to all parents in Norway.

**Aims** The main intended improvements has been to develop an individualized information system to increase knowledge and coping in parents and secure that all parents receive needed written and oral information before transfer to local health services. A secondary aim has been to improve the communication from OUS to local health services.

**Method** An interdisciplinary group from OUS children's department cooperated. After a thoroughly literature review medical knowledge and normalization of daily life was chosen to be highlighted. We individualized the information by dividing it into information categories like; pre- and postoperative considerations(2), different circulatory consequences(5), medication management(12), nutrition, follow-up, a form to fill in about specific treatment and an uncompleted heart drawing to adapt to the infants diagnosis. A binder was designed to gather information and accompany infants through coming years of follow-up and to be used in communication between parents and daycare and school. At discharge from OUS information sheets are distributed to local health service.

**Results** A nationwide and evidence based systematic information system that allows health personnel to individualize informational needs and cooperate across health services.

**1859 BUSINESS AS USUAL. A, PROVEN EFFECTIVE, MODEL TO TRAIN AND AUTHORISE NURSES IN RESERVED PROCEDURES IN A CHILDREN'S HOSPITAL**

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**Background and Aims** According to Dutch legislation nurses are allowed to perform a number of medical procedures, known as "reserved procedures". Nurses are permitted to perform these procedures, but only after thorough education, training, examination and authorisation. The aim was to develop and implement an efficient and effective model to facilitate these demands, on behalf of the (non-ICU) nursing staff of our children's hospital.

**Methods** We developed a cyclical blended learning method containing: e-learning, training of local assessors, bedside teaching, structural examination and registration.

The tool we developed is:

- feasible in daily practice,
- optimally using the local available skills and knowledge and
- based on the already present protocols.

**Results**

- We trained and authorised 30 local assessors.
- We trained, examined and authorised 215 nurses of 6 paediatric departments.
- We developed and used 8 e-learning modules (containing 13 procedures).
- We used this model in a 4-year cycle.
- We used a model which divides the set of reserved procedures into.
  - a. a general part (16 procedures) and
  - b. a ward-specific part (5–21 procedures).

**Discussion/conclusion** We successfully designed, introduced, implemented an effective and efficient intervention to ensure adequate nursing skills and knowledge regarding the "reserved procedures" in a children's hospital.

**1860 PICU AND ADULT INTENSIVE CARE: THE ADVANTAGES OF A COMBINED TRAINING PROGRAM**

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**Background and Aims** In 1997 Pediatric intensive care unit united with adult IC. PICU has a 10-bed capacity. Since beginning of PICU in 1994 in LUMC, qualified nurses from the adult ICU had the opportunity to work in PICU. Some would keep working in PICU and train to qualify as Pediatric Critical Care Nurse. Since 2007 a