Abstracts

1D Yıldız, Y Sanisioğlu. Gulhane Military Medical Academy; Yıldırım Beyazıt University, Faculty of Medicine, Ankara, Turkey

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-Method Study is composed by the 81 mothers who have the first baby. The scale, was created by Karen Fridham, 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 data.

Result 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)

Methods Data were collected in a 10-week period from January 2011 to March 2011, from 10 children, 1 male and 9 female, aged between 18 months to 15 years.

Results The mean scores the nurses obtained from the knowledge and attitudes surveys were prepared in accordance with the following guidelines published by the Royal College of Nursing: “Standards for Assessing, Measuring and Recording Knowledge and Attitudes Towards Vital Signs” and “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.

Conclusion 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: 95.1±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.

1878 THE RELATIONSHIP BETWEEN GCS AND LENGTH OF PICU STAY

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 where included (youngest 2 months, oldest 15 years), children who had suffered non-accidental injuries were excluded, as where those who had died.

Results The results showed a correlation of: lower the GCS the higher the length of PICU stay, however statistically (R² = 0.375), this could not be used to define all head injury admission length of stays, and other factors such as age may contribute.

Conclusion Emergency admissions effect the PICU’s capability maintaining elective surgery, the ability to more accurate 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

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.

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

Methods Data were 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 where included (youngest 2 months, oldest 15 years), children who had suffered non-accidental injuries were excluded, as where those who had died.

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