

H Raeisi, N Makoolati. *Nursing, Shiraz University of Medical Sciences, Shiraz, Iran*

The development of Pediatric Advanced Life Support and Advanced Pediatric Life Support have demonstrated new interest in emergency care of pediatrics and have made it imperative to have data that define the potential risks and preventive strategies. The different Prehospital recording sheets and tapes were reviewed retrospectively over a 12-month duration from March 2011. Patients under 19 years of age were studied in a service area with a population of 670,000. A total of 1,115 records were analyzed, representing approximately 12% of all ambulance runs. This is sharply in contrast with the fact that the pediatric age group represents 32% of the population. Of the cases, 32.7% were in the trauma category. The largest trauma group was motor vehicle accidents in the adolescent age group. Male patients were dominant in the trauma cases. Medical disorders were the major reason for prehospital care in the very young. The demand for emergency medical services (EMS) occurred mainly during the summer months and on the first week of the year (NOWROOZ) and weekends. More than 62 percent of all EMS pediatric calls happened during the hours of 1:00 pm to 9:00 pm. Resuscitation of 10 cases of pediatric prehospital arrest resulted in no survivors to hospital discharge mostly because of drowning, foreign body obstruction and falling down.

1896 EFFECT OF PARENTS' SHIFT WORK ON STRENGTHS AND BEHAVIORAL PROBLEMS OF THEIR CHILDREN, AGED 7–12 YEARS OLD IN TEHRAN, IRAN

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¹Z Godarzi, ²O Bakhti, ³AR Shamshiri, ⁴F Youssefi. ¹*Pediatric & Neonatal Intensive Care Unit, Faculty of Allied Medical Sciences, Tehran University of Medical Science;* ²*Pediatric Bone Marrow Transplantation;* ³*Epidemiology and Biostatistics School of Public Health, Tehran University of Medical Sciences;* ⁴*Health Education, Faculty of Allied Medical Sciences, Tehran University of Medical Science, Tehran, Iran*

Introduction Shift work and rotational shift schedule interrupt interaction of the parents with their children. Nurses, midwives, enrolled nurses, nurse's aid are obliged to have shift work. We assessed the effect of shift working of the shift workers on strengths and behavioral problems of their children, aged 7–12 years in nursing school of Tehran University of Medical Sciences.

Methods 489 shift workers drawn from private and university hospitals in Tehran city were selected along with their children's teachers. Data were collected by using Strengths and Difficulties Questionnaire (SDQ), specific to parents and teachers including scales of emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behaviors.

Results No significant relationships were found between parents' shift with strengths and difficulties problems of their children based on their self-reported questionnaire. But it was revealed that some of demographic factors have significant correlations with the scales such as number of children and their gender with conduct problems, parents educational level, gender, their shift work schedule, history of physical/psychiatric diseases of children with emotional symptoms and parents' educational degree with hyperactivity/inattention, parents' gender.

Conclusion The study didn't demonstrate impact of shift work on behavioral problems of shift workers' children. However, behavioral and emotional problems of the children were correlated with some of their parents' demographic and job related factors.

1897 HOW TO IMPROVE POST-OPERATIVE CONSTIPATION ISSUES WITHIN ADOLESCENT PATIENTS

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T Gudmundsson. *National University Hospital, Copenhagen, Denmark*

Bowel movements can be a difficult subject to discuss both as a patient and as a professional. A way to decrease the effects of post-operative constipation is to have a dialogue with the patient about their normal defecation pattern while conducting the initial intake interview. To develop a guideline for a structured dialogue between any professional and an adolescent patient about their defecation pattern. This is done with the private nature of this subject in mind. Focusing on what the adolescent patient experiences as significant in the communication and focusing on what information is necessary to help reduce the number of days before the patient's first post-operative defecation occurs. The structured dialogue was tested in a study of 5 patients that had received operations for Idiopathic Scoliosis. Those patients will be compared to 11 other patients who were not involved in this study. The feedback from the 5 patients will be collected by the use of a questionnaire. The questionnaire has a qualitative and quantitative approach. The questionnaires have shown that the study patients feel comfortable talking with professionals about this subject when the structured dialogue is used. Since the increased focus and when utilizing the structured dialogues, the number of days before the first post-operative defecation has been reduced by 22.8%. By structuring the intake interview, it has resulted in a positive effect and made the dialogue more comfortable for the patient. An increased focus has also proven to reduce the number of days between surgery and their first post-operative defecation.

1898 MATERNAL ATTACHMENT IN MOTHERS OF UNDER-25 AND OVER-35 AGE GROUPS WHO HAVE BABIES OF 1–4 MONTHS OLD WITH COLIC DIAGNOSIS

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¹BC Demirbag, ²M Kurtuncu Tanir. ¹*Public Health Nursing, Karadeniz Technical University, Trabzon;* ²*Pediatric Nursing, Zonguldak Karaelmas University, Zonguldak, Turkey*

Background and Aims Maternal attachment (MA) is important in terms of mother-infant relationship. The purpose of this study was to investigate the factors that affect MA in mothers of under-25 and over-35 age groups with infants of 1–4 months old with colic diagnosis.

Method The study was carried out in a family health center in Trabzon between 15 December 2010 and 15 February 2012. 47 mothers from under-25 age group and 49 mothers from over-35 age group consented to participate in the study. The study employed a socio-demographic data collection form and a Maternal Attachment Inventory (MAI). Numbers, percentages, means, standard deviations, student t-test, Fisher Exact chi-square, one-way ANOVA and correlation were used in the statistical analyses.

Results The mean MA of mothers in the under-25 age group was found to be 95.76±6.73, while in the over-35 age group it was found to be 92.47±8.33. There is no statistically significant difference between the means of the MAIs of both groups ($t=1.942$ $p=0.36$). In both groups, the study found a statistically significant difference ($p<0.05$) between the means of the MAIs and the factors of receiving prenatal education ($t=-0.141$ $p=0.01$; $t=0.404$ $p=0.01$), mothers' education ($F=0.622$ $p=0.02$; $F=0.108$ $p=0.03$), planned pregnancy ($t=2.617$ $p=0.01$; $t=-0.850$ $p=0.04$), and keeping the baby in the mother's room after birth ($t=-1.201$ $p=0.02$; $t=-0.703$ $p=0.03$) (respectively).

Conclusions Except for the factors of duration of breast-feeding and working, the MA factors are similar in mothers of different age groups.

1899 EFFECT OF OPEN AND CLOSED SYSTEM OF ASPIRATION ON PAIN IN NEWBORNS GIVEN MECHANICAL VENTILATION

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¹A Acikgoz, ²S Yildiz. ¹Eskisehir Osmangazi University, Eskisehir; ²Istanbul University Nursing Faculty, Istanbul, Turkey

The present study was experimentally conducted to compare the effects of open and closed system of aspiration on pain in newborns given mechanical ventilation. Study population comprised the babies hospitalized in the Newborn Intense Care Unit at Eskisehir Osmangazi University Medicine Faculty Hospital and study sample comprised 42 eligible babies hospitalized in NICU from December 2010 to December 2011. With random sampling, 20 babies were included to the closed-aspiration-system group and 22 to the open-aspiration-system group. Aspiration process was recorded with a camera system. Intervention monitoring form that include oxygen saturation and vital findings, Data collection Form that includes the personal characteristics of the babies, and Newborn Pain/Agitation and Sedation Scale (N-PASS) that evaluate the pain response of the babies were used for data collection. Personal characteristics of the babies were acquired by an investigator from their medical records. Camera records were evaluated by two independent persons, the investigator and a newborn nurse, by using for the N-PASS scores. Computerized data were analyzed with using percentile, mean, Standard deviation, chi-square, Student's-t, matched-t, Wilcoxon-Z, Mann-Whitney-U and Kruskal-Wallis tests. Results of the present study show no statistically difference between the experimental and control groups ($p=0.194$). N-PASS pain scores were significantly different between pre-intervention period and during the intervention in both groups ($p<0.001$). In conclusion, we suggest that babies experience pain during the aspiration and although statistically indifferent, an open system of aspiration produces a somewhat higher pain compared the closed system of aspiration.

1900 NATIONAL CLINICAL GUIDELINE FOR ASSESSMENT OF PAIN IN NEONATES IN DENMARK

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H Haslund, Special Interest Group in Neonatal Nursing, NICU, Aalborg Sygehus, Aarhus University Anthropology Department, Aalborg, Denmark

Background Specific demands regarding pain management in Denmark require that Pain assessment must be conducted using evidence based standards. Until spring 2012 we did not have this in Denmark. A National Special Interest Group in Neonatal Nursing thus has developed a national clinical guideline on pain assessment for neonatal infants.

Methods This work has been carried out in collaboration with the national Clearing House for clinical guidelines to ensure methodological quality, and that recommendations reflect best evidence. A literature review was carried out and the validation of six pain score instruments was assessed. Clinical utility was also considered, as many NICUs in Denmark are inexperienced in pain assessment using a specific tool.

Results A national guideline on pain assessment for neonates recommending the use of COMFORTneo or alternatively PIIP is now being approved for use in Denmark.

The pain assessment tool will be implemented in many NICUs during summer 2012.

Conclusion The work with conducting a national guideline is very demanding and academic research skills are needed. Even though it is time-consuming it is essential to have evidence based standards in order to deliver nurse care of high standard. The National Special Interest Group in Neonatal Nursing has arranged a national conference for neonatal nurses about pain assessment, as well as training in and implementation of the pain assessment tool in daily clinical work.

1901 EMLA CREAM VS NONPHARMACOLOGIC ANALGESIA FOR INTRAMUSCULAR INJECTIONS IN NEWBORNS

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¹C Bellieni, ²G Buonocore. ¹Pediatrics, University Hospital Siena; ²University of Siena, Siena, Italy

Aim To compare pain during intramuscular injections (IMI) of antibiotics, with different analgesic methods.

Material and Methods We have studied 30 term babies who had to receive several IMI of antibiotic in the first week of life. During the IMI, an analgesic treatment was performed using

- EMLA cream,
- sensorial saturation,
- oral glucose.

EMLA cream is an analgesic cream to be applied topically at least 30 min before the procedure. Sensorial saturation is a nonpharmacological procedure in which oral sugar, massage and voice are simultaneously used to antagonize pain. Oral glucose is a solution of 33% glucose in water, with well known analgesic activity. A pain score was giving to the reactions of each baby during the IMI, using a validated pain scale (DAN scale).

Results Mean pain scores were 6 (SD 2.1), 1.6 (SD 1.5) and 1 (SD 1.4) for EMLA, oral glucose and sensorial saturation respectively. EMLA score was significantly higher than the other types of analgesia.

Conclusion Nonpharmacologic procedures are effective in relieving IMI pain in newborns. EMLA cream is far less effective.

1902 NURSING CARE TO A CHILD WITH PHANTOM LIMB SYNDROME: A CASE REPORT

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¹I de Barbieri, ²E Lofoco, ³A Zampieron. ¹Terapia Intensiva Pediatrica, Azienda Ospedaliera di Padova; ²University of Padua, Padova, Italy

Background and Aims Analysis of a clinical case regarding an uncommon health problem in paediatric age, the amputation of a limb and the subsequent "phantom limb pain (PLP)". Aim of this work is to describe nursing care in a case of advanced nursing practice in PICU, with the need of multidisciplinary care and with multicultural implications.

Methods Case report.

Discussion The patient is a 9 years old child of Chinese nationality. She lives in Italy with her parents, has a hearing impaired brother and a disabled sister. The child had a road accident and suffered major injuries. Transferred to the PICU, the amputation of the lower right limb and a permanent tutor to the left limb were inevitable. After the surgery, the child suffered severe pain to the limbs and an onset of sepsis due to necrosis of the wounds. Treated with antibiotics, she recovered from the sepsis but the pain remained. The assessment data show nursing diagnosis related to the child and the family, from NANDA-I International taxonomy: Impaired physical mobility; Disturbed sensory perception; Disturbed body image; Acute pain, Post traumatic syndrome and Impaired parenting. For each of them the team identified related outcomes and nursing interventions (from NOC and NIC taxonomies).

Conclusions The analysis of the case and the literature review show a lack of literature about the care of PLP in paediatric care, especially in nursing field. Nurses should have a major role with this kind of patients, not limited to pain monitoring and drug therapy administration.

1903 EFFECT OF LULLABY MUSIC ON PAIN IN PRETERM INFANTS DURING VENIPUNCTURE

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¹Z Amirhanzadeh Barandouzi, ¹M Keshavarz, ²H Ashayeri, ²A Montazeri. ¹School of Nursing and Midwifery; ²Tehran University of Medical Sciences, Tehran, Iran