All those debriefing have been trained in the correct techniques to ensure the participants and observers are allowed to reveal the learning points and sessions are all videoed and used during the debrief as appropriate, to emphasize particularly areas for development or highlight good practice.

Results Retrieval team members were initially apprehensive of this new approach to retrieval training but have found it useful giving positive feedback and encouraging colleagues to attend.

Conclusions We will continue to use this approach to provide well prepared teams who are clinically competent and aware of the human factors in every retrieval situation.

**POST-TRAUMATIC STRESS DISORDER AFTER DISCHARGE IN PEDIATRIC INTENSIVE CARE UNIT (PICU)**

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Post-Traumatic Stress Disorder (PTSD) develops after exposure to an extremely traumatic event such as death, injury, or physical threat to self, family member, or other significant person. Admission to a pediatric intensive care unit (PICU) with acute disease carries a high level of stress for families, as the disease is of sudden onset and is life-threatening. The incidence of PTSD (21%) was significant among parents well after their child was discharged from the PICU.

Symptoms of PTSD include:

- Experiencing the traumatic event through recurrent, intrusive recollections, repetitive play, or distressing dreams;
- Avoidance of associations with the event through restricted affect and feelings of detachment; and
- Hyperarousal symptoms such as sleep difficulties, poor concentration, irritability, aggression, and physiological reactivity to trauma-related events.

In addition to general hyperarousal symptoms, children may complain of stomachaches and headaches.

There have been many summaries and reviews of research published regarding the effects of hospitalization with these children. Findings indicate that the experience is indeed stressful and that children may experience fear phenomena, regression, sadness, separation anxiety, withdrawal, sleep disturbances, and aggressive behaviors. There was a positive correlation between PTSD symptoms in parents and

1. PTSD symptoms in the child,
2. Length of admission and
3. Perceived threat of illness to the child’s life.

In PICU admissions cause greater disruption to a child’s life, with longer admissions, greater time off school and more paediatric out-patient contacts and hospital re-admissions in the 6–12 months after discharge.

**MANAGEMENT OF PULMONARY HYPERTENSION AFTER PAEDIATRIC CARDIAC SURGERY**

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Introduction Treatment of pulmonary hypertension in children has significantly improved over the years. The Beatrix Children’s Hospital serves as the nationwide referral center for these children. Of importance, pulmonary hypertension occurs in a considerable proportion of patients after cardiac surgery. Our paediatric intensive care unit admits approximately 180 patients annually after cardiac surgery. About 5% of these children develop pulmonary hypertension. Its occurrence may significantly affect the post-operative disease course during the first 72 hours of PICU stay.

Aim To provide insight into early recognition and management of pulmonary hypertension after cardiac surgery.

Methods We have developed nursing protocols describing how to monitor and interpret haemodynamic parameters, and how to interpret laboratory and roentgenologic investigations. Special attention is paid towards the clinical appearance of the patient. Next to this, supportive tools such as nitric oxide and high-frequency oscillatory ventilation (HFOV) are inevitable.

Results A protocolized approach allows us to recognize complications after paediatric cardiac surgery early during PICU stay. As a consequence, early management is possible.

Nitric oxide and HFOV are used as a supportive intervention for managing pulmonary hypertension.

Conclusion A protocolized approach allows us to recognize complications after paediatric cardiac surgery early during PICU stay.