was used as method of analysis. Four main themes emerged from the data:

i. emotional landscapes,
ii. adaptation to a new situation (with subthemes: creating control, external and internal support in a difficult situation, normalizing the abnormal and reconciliation to uncertainty),
iii. moments of rebirth and
iv. transformation of attitudes towards life and the existence.

CRANIAL NEUROSURGERY WITHOUT HAIR REMOVAL AND SHAMPOO CARE: RETROSPECTIVE ANALYSIS OF 450 CASES

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Background Trichotomy is a standard procedure in neurosurgery that aims at reducing infection rates. In children, psychological consequences associated to the whole head’s hair removal are remarkable. Over the past twenty years the risk of infection associated to neurosurgical procedures has been thoroughly analyzed. Two negative consequences are associated to trichotomy: the loss of the natural defences offered by hair, and multiple skin lesions that increase bacterial growth. Our hospital established a protocol consisting of head washes before and after cranial neurosurgery with antiseptic shampoo, followed by daily washes with neutral soap when the patient is discharged (“shampoo care”).

Goal To assess infection rate in a population of children who underwent cranial neurosurgery without hair removal.

Methods Retrospective analysis of clinical records of children undergoing cranial neurosurgery with “shampoo care” during one year.

Results 450 children were included. 5.55% of them had a wound complication, with only two cases of infection (0.4%). Available literature was revised to assess the effectiveness of our protocol. Wound complication and infections rates found in our experience were lower than those reported in patients treated with a standard trichotomy.

Discussion Cranial neurosurgery without hair removal and “shampoo care” is an effective method to reduce infection rates. This results in a shorter hospital stay, better self-esteem and “shampoo care” is an effective method to reduce infection rates.

THE BLACK BOX OF PAIN ASSESSMENT IN EXTREMELY PREMATURE NEWBORNS REMAINS CLOSED

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Background and aims In our NICU nurses assess the neonates’ pain with the validated COMFORTneo scale three times per day and additionally if they suspect pain. We treat more and more extremely premature neonates from 24 weeks gestation. In this study we explore if the COMFORTneo scale is valid for these extreme premature neonates.

Methods COMFORTneo scores and Numeric Rating Scale (NRS) scores for pain and distress from 2011 were extracted from the patient data management system. We selected scores assigned in the first 28 postnatal days and considered three gestational age groups: extreme prematures; 23.6 to 27.0 wks, prematures: 27.1 to 35.6 and term borns: 36 weeks and older.

Results We retrieved 9915 scores in 658 newborns. The median number of scores per patient was 41 (IQR 28 to 55) for 76 extreme prematures; 0 (IQR 3 to 18) for 529 prematures; and 3 (IQR 1 to 9) for 253 term borns. 10.0% of scores for the extreme prematures; 9.1% of scores for the prematures; and 15.8% of scores for the term borns suggested pain or distress (COMFORTneo score ≥ 14). Correlations between the COMFORTneo scale and the NRS pain ranged from 0.42 (extreme prematures) to 0.53 (prematures), those between the COMFORTneo scale and the NRS-distress 0.76 (extreme prematures) to 0.85 (term borns). Internal consistencies varied from Cronbach’s alpha 0.75 (in extreme prematures) to 0.85 (in term borns).

Conclusions The COMFORTneo scale has acceptable psychometric properties for extreme prematures but we should continue to study other assessment strategies.

PARENTAL VIEWS OF PEDIATRIC INTENSIVE CARE TRANSFERS

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Background In 2001a study was performed exploring the parental experience of our combined retrieval service for critically ill children, (Colville, Orr & Gracey 2003). The results of this study changed the way the service was provided and introduced the opportunity for a family member to travel with their child in the ambulance for the transfer. Ten years on it was decided to repeat a questionnaire to gain an insight into how families perceived the current service and seek further ways to improve the parental experience at this stressful time.

Method Having gained approval from the Research and Develop team at the base hospital a questionnaire was given to all families whose child was transferred by the South Thames Retrieval Service to the Evelina Children’s Hospital during January 2012.