Conclusions An evidence based practice leads to improve blood sampling in VLBW infants. Post intervention results are still to be measured.

PO-0899 THE IMPLEMENTATION RATE OF DEVELOPMENTAL CARE IN IRANIAN NICUS

Background Nowadays, Developmental Centred Care in Neonatal Intensive Care Units (NICU) is expanding and being implemented in developed countries in the form of scientific competition. The aim of this study was to evaluate the implementation rate of developmental centered care in NICUs in Tehran University of Medical Sciences hospitals in Tehran, Iran.

Methods A descriptive cross-sectional study was conducted in nine hospitals NICUs in 2012. The sample was included 138 nurses who had working in their professional work. Using a self-administered questionnaire on core measurement for checking the implementation of developmental care in NICUs and demography characteristic.

Results The finding which indicated that, the highest rate of developmental centred care implementation, with 79.46% was routine care. Followed by sleep care 65.43%, providing a healthy environment 65.27% and family-centred care 63.32%, respectively. Meanwhile, the lowest rate was 59.16% for the implementation of pain, stress management and assessment.

Conclusion This study result which indicates that the implementation rate of the developmental centred care aspects in NICUs is low. Therefore, immediate actions should be taken for further promotion of developmental care, maintenance of professional training and more importantly development of instruction and further research is needed.

PO-0900 TRANSLATION COMFORTneo – A PAIN ASSESSMENT TOOL

Background COMFORTneo scale is a pain assessment tool designed to assess the degree of pain for neonates. The scale is designed to assess the short term or long term pain. Centre for Clinical guidelines recommend the use of COMFORTneo systematic assessment of pain in newborns in Denmark. The instrument was originally developed in the Netherlands, but are published in an English edition.

Purpose The purpose of this poster is to describe how the pain assessment tool COMFORTneo has been translated into Danish and adapted to Danish conditions.

Method We have followed the principles recognised as good practice for the translation and cultural adaptation of an instrument from the source language into another language. This translation process involves eight steps: 1) Preparation 2) Forward translation 3) Comparison and critical review of the translations 4) Back Translation 5) Review of back translation 6) Adjustment of COMFORTneo to Danish conditions 7) Pilot Testing and 8) Proof and final adoption.

Results Translation and adaptation of COMFORTneo has been a fruitful process. Immediately, the applicability of COMFORTneo was confirmed through involvement of many nurses in the translation process. Involvement of nurses has been important and these comments have contributed to the establishment of a Danish version of COMFORTneo that makes sense for Danish nurses.

Perspectives Following good practice for the translation and cultural adaptation, an instrument COMFORTneo is ready for implementation. This is of great importance as instruments of pain scoring of premature and sick newborns and are called for by many Danish neonatal departments.