

**Background** The last decade has seen dramatic changes in the training needs and number of junior doctors in NNUs in the UK alongside the restriction of working hours – European Working Time Directive (EWTD). Consequently RCHT has introduced ANNPs working on the junior medical rota.

**Methods** 2 ANNPs replaced the two year 2 Foundation doctors (F2) releasing them for general paediatric experience. 2 further ANNPs then replaced the General Practitioner (GP) trainees. Tier 1 rota is now provided by a combination of three 1st or 2nd year paediatric speciality trainees (ST) along side the 4 ANNPs.

**Results** Junior doctors now comply with EWTD. The Royal College of General Practitioner (RCGP) guidance that GP trainees should not be working in NNUs is facilitated.

ANNPs have bridged the gap between the neonatal nurses and the medical staff with education, governance, and management roles.

ANNPs lead bedside education sessions for the medical students alongside developing a medical quiz and ‘Newborn Examination’ booklet that has been adapted by other medical schools. The ANNPs provide a unique ‘buddy’ system for ST trainees starting on the neonatal unit. They lead on the neonatal Simulation scenarios, and take part in the regional ‘Step up to Registrar’ neonatal simulation workshops.

The lead ANNP has been awarded the RCHT 2013 ‘Excellence and Innovation’ award.

**Conclusion** The advanced skills, knowledge and practice of the ANNPs has improved the quality of service provision along side enhancing the teaching and training of medical students and paediatric ST trainees.

#### PO-0903 THE PROBLEM OF CONFLICTING OR INSIGNIFICANT RESULTS OF PROMISING NURSING INTERVENTIONS

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**Background and aim** Conflicting or insignificant results of studies into the effect of promising nursing interventions are not uncommon. Recently, we conducted a study into the effect on NICU-related parental stress of a new nurse-parent communication intervention. Surprisingly, we were not able to show the effect of the intervention in a randomised controlled trial although we found that parents experienced the intervention as supportive compared to standard care. The aim of this presentation is to present the conflicting evidence of the effect and significance of the Guided Family-Centred Care (GFCC); discuss possible reasons why we may have been unable to show effect; and discuss potential ways for handling such matters.

**Methods** Evaluation of the results of the GFCC study within the framework of current literature on challenges of evaluating complex interventions.

**Results** Lack of effect may not necessarily reflect ineffectiveness of an intervention. In our study, there may be a number of possible explanations for being unable to show effect, such as spill over between the groups, or a too modest “dose” of the intervention. Another explanation might be that the outcome measures were not sensitive to the intervention effect. Results from the interview study indicated that other outcome measures such as parent strength and empowerment might have been relevant. However, such instruments are lacking.

**Conclusion** It may be necessary to develop new instruments sensitive to human interaction to demonstrate effect of nursing interventions. Furthermore, incorporating multiple methods, sources and perspectives are needed when evaluating effect of complex interventions.

#### PO-0904 DESCRIBING THE KNOWLEDGE OF PARENTS ABOUT NEWBORN SCREENING

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Screening is generally considered part of the routine care for newborns. Newborn screening for phenylketonuria (PKU) has been available since the early 1960s. The first newborn screening for PKU started in Ankara in Turkey in 1986 and extended country wide in 1993. PKU rate in Turkey occurs 1 in 4000 newborns because of consanguineous marriage. Consanguineous marriage rate in Turkey is 21%.

This research was planned to describe the knowledge of parents about newborn PKU screening. A questionnaire was used to gather the data. To determine the effects data were evaluated by using chi square test and percentage analysis on the SPSS 11.0 program package.

The study was performed during the period of January 2005 and March 2005 in a University Hospital and 150 mothers in postpartum period were included in the research. The questionnaire was obtained by face to face technique.

**Results** The mean age of mothers was 26.49% of mothers were graduated basic school. 74.7% of mothers were house wife. 68% of mothers were primipara. 47% of mothers stated that the test was ‘a IQ test’. Sixty-four percent of mothers didn’t know how to execute the test. 69.3% of mothers didn’t know how long to continue the test. 61.3% of mothers didn’t know how to learn the results of the test.

Although 99.3% of newborns were seen to be physically healthy, it was stated that postpartum screening tests should be applied. Considering this result, in order to inform the mothers about the obtained results, a PKU education brochure was prepared and given to the unit.

**Conclusions** Nurses who understand the pathophysiology and management of PKU in pregnancy can provide the care necessary for maternal and neonatal health. Healthcare providers are responsible for informing parents about the implications of newborn screening to improve awareness and understanding.

#### PO-0905 WITHDRAWN

### Paediatric Surgery

#### PO-0906 INTRAPERITONEAL RUPTURE OF HEPATIC HYDATID CYST FOLLOWING BLUNT ABDOMINAL TRAUMA IN A 7-YEAR-OLD BOY

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**Background** Although Hydatid liver disease may be asymptomatic, one complication of Hydatid disease is perforation of the cyst into the peritoneal cavity after trauma. We present herein a case presented after trauma and had a diagnosis of Hydatid cyst rupture into the peritoneum previously asymptomatic boy.

**Case A** 7-year-old boy presented with mild abdominal pain for 6 h. His parents told that his abdominal pain was suddenly commenced after falling down from swing when playing at the playground. They also complained of itching on the whole body starting soon after the trauma. His blood pressure was 90/60 mmHg, heart rate 118/min, and temperature 37.0°C. On the physical examination, urticaria was seen over the thigh and trunk, abdominal examination revealed generalised tenderness. Ultrasonography and computed tomography showed multiple cystic lesions in the liver and one of them had hypoechoic contents and floating echogenic membranes and also free fluid were seen in the pelvis. Intravenous fluids were started followed Hydrocortisone and antihistamine administered along with antibiotic prophylaxis. The patient underwent surgery, 3 cysts at different localization and also a ruptured cyst 4 cm in diameter at the segment 1 were seen. The germinative membranes and the daughter vesicles were removed and abdomen was irrigated with hypertonic saline (3% NaCl). Postoperative albendazole therapy was given for two months.

**Conclusion** Rupture of Hydatid cyst should be considered in the differential diagnosis at the presentation of acute abdominal findings with urticaria after abdominal blunt trauma. US and CT are effective in diagnosing of this rare condition.

**PO-0907 A CASE OF BACK TO THE FUTURE: PAEDIATRIC ABDOMINAL PAIN. THOROUGH HISTORY, EXAMINATION AND SENIOR CLINICIAN INVOLVEMENT REMAIN IMPERATIVE FOR SUCCESSFUL MANAGEMENT**

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**Introduction** The inherent variability of the history and exam in paediatrics make acute abdominal pain a diagnostic challenge. Investigations such as white-cell-count (WCC), C-reactive-protein and radiological studies have been advocated to help objectify management. Whilst Computed Tomography is accurate, the amount of radiation involved renders it unacceptable and thus many view ultrasonography as an acceptable alternative. But do these tests add value?

**Methods** Retrospective review between 2002–2012. Data was collected for children under sixteen with acute abdominal pain undergoing investigation with ultrasound and haematological testing. For 2005, a retrospective review was conducted for children presenting with abdominal pain to obtain data on demographics, history and examination findings. Analysis for diagnostic accuracy was undertaken.

**Results** 5000 records were reviewed, and 1744 records included. 6% of children developed appendicitis. Findings of worsening pain, associated with nausea or vomiting yielded moderate sensitivities and specificities (combined values over 70%). Fever was non-specific. Localised tenderness is the most sensitive exam finding and rebound tenderness is the most specific, both having values over 90%. WCC and CRP offer similar sensitivities and specificities, both producing results under 80%. Only 30% of ultrasounds visualised the appendix, significantly

dampening the sensitivity below 75%. The incidence of appendicitis in the non-visualised group was 8%.

**Conclusion** No test is useful for ruling out appendicitis. Given that the incidence of appendicitis is higher in the non-visualised group, this is especially so with ultrasonography. Clinical examination with senior input is the most sensible strategy for managing children with acute abdominal pain.

**PO-0908 EXTERNAL INFLUENCES ON PAEDIATRIC ABDOMINAL PAIN: A HOLISTIC VIEW MAY HELP**

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**Introduction** Abdominal pain should always be treated as a serious complaint by the clinician due to the large proportion of potentially serious medical conditions which can present with abdominal pain. However, a large proportion of children will not have any significant disease processes underway. This study focuses on extrinsic factors which may be associated with abdominal pain presentations to help elucidate appropriate management.

**Methods** Prospective study. A survey was administered to children and their parents, presenting to casualty for assessment of abdominal pain. Questions related to the patient and their family. Information obtained related to the child's health, social/family dynamics and family history were obtained.

**Results** 97 surveys were conducted. There was an equal sex distribution. Mean age was 11. The three most common diagnoses were of Benign pain, Mesenteric adenitis and Appendicitis. There was a peak in winter presentations for those with benign pain. 27% of children with benign pain had parents who smoked. Inflammatory conditions were common with 38% and 28% of children, having family histories of asthma and eczema respectively. 9% had a history of IBS and Coeliac disease. No differences between the sexes were observed.

**Conclusion** Children presenting to hospital with abdominal pain have a higher prevalence of parental smoking, eczema, asthma and migraine. There is a peak incidence in benign presentations during winter. Even in children with significant extrinsic influences, appendicitis was the third most common diagnosis, mandating thorough evaluation for all children with abdominal pain no matter the background circumstances.

**PO-0909 WITHDRAWN**

**PO-0910 LAPAROSCOPIC INGUINAL HERNIA REPAIR IN CHILDREN: CLINICAL EVALUATION OF 46 CASES**

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**Background** Laparoscopic inguinal hernia repair in children tend to be performed routinely, with some advantages compared to conventional repair.

**Aims** The paper aims to assess the cases of inguinal hernia repair by laparoscopic procedure in 2 clinics of paediatric surgery from the country in the last 3 years.