Abstract O-156 Table 1 Distribution of the sociodemographic characteristics of the subjects (N = 15)

Sociodemographic Characteristics		n	%
Age	(± SD)	37.06 ± 1.23	(Range of variation: 26–44)
	Elementary-Middle School		
	High School or	12	80.0
Education	equivalent	3	20.0
	Good	2	13.3
	Average	12	80.0
Economic Status	Poor	1	6.7
	Village	4	26.7
	Town	1	6.7
Place lived the longest	City	10	66.7
	Hypertension	1	6.7
	Diabetes	2	13.3
	SLE	1	6.7
Chronic Illness	None	11	73.3
Age of Spouse	(± SD)	42.53 ± 2.04	(Range of variation: 30–62)
	Good	10	66.7
Relations with Spouse	Average	5	33.3
	1	3	20.0
	2	9	60.0
Number of Children	3	3	20.0
Age of Spastic Child	(± SD)	9.00 ± 1.22	(Range of variation: 3–18)

these difficulties, it was also seen that the situation took a toll on the sexual lives of parents.

Scoring Tools and Neonatal

O-157 THE EFFECTS OF TWO BATHING METHODS ON THE TIME OF SEPARATION OF THE UMBILICAL CORD IN TERM BABIES

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Purpose This quasi-experimental research was conducted in order to evaluate the influence of bathtub and swabing methods on umbilical cord separation time in full term babies.
Methods One-hundred full-term babies (49 bathtub, 51 swab) who were born at a state hospital between 14.03.2013 and 18.05.2013 with gestational age of 38–42 weeks, weighing 2500 gr and above and who met the selection cirteria consisted the study sample. Two booklets were prepared about bathtub and swab baths. Mothers were instructed about bathtub and swab baths, umbilcal cord care in prenatal and postnatal periods. The first postnatal visit was done at the hospital. Home visits and telephone calls were continued until the day of cord separation. Number, percent, mean and standard deviation values, qui-square and Mann-Whitney U tests were used for assessment of data.
Results The difference between groups was found statistically significant when cord separation times were compared according to bath type ($p < 0.05$). Swab bath was seen to significantly reduce cord separation time.
Conclusion Since wetting of the umbilical cord during tub bathing delays the separation of umbilical cord, sponge bathing is recommended for newborns until the umbilical cord falls off.

O-158 AN ASSESSMENT OF KNOWLEDGE AND PRACTICE OF PHOTOTHERAPY FOR NEONATAL JAUNDICE AMONG NURSES IN DUTCH NICUS

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Background/aims Irradiance levels of phototherapy (PT) devices in Dutch neonatal intensive care units (NICUs) in 2008 were often lower than the minimal recommended level and the distance between the PT device and the infant is frequently too large. We hypothesised that lack of awareness of the factors that influence PT efficacy existed among caregivers. We aimed to analyse knowledge and practice of nurses in Dutch NICUs of the current national guideline for PT.
Methods A survey was administered to all 10 Dutch NICUs; 200 nurses received a questionnaire on the application of the current PT guidelines including factors that influence PT efficacy.
Results The overall response rate of the survey was 91%, 86% used local guidelines; 51% of the respondents did not know whether the intensity of the PT devices was regularly measured and 44% did not measure the distance between PT device and infant. Nurses exhibited personal preferences for a specific PT device, which varied per NICU, and which not necessarily corresponded to devices with the highest irradiance level. Overall, nurses would like to have better PT devices and more uniformity in their use.
Conclusions Personal preferences, use of local PT guidelines, and lack of awareness of factors affecting light irradiance exist among NICU nurses. Educational programs aimed to improve awareness of factors that affect PT efficacy are needed.

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O-159 A PRELIMINARY VALIDATION OF A SCREENING TOOL FOR PAEDIATRIC DELIRIUM

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Introduction Paediatric delirium (PD) in critically ill children has an estimated prevalence of 5 to 20%. The aim of this study was to determine the preliminary psychometric properties of the Sophia Observation withdrawal Symptoms-Paediatric Delirium Scale (SOS-PD).
Methods This prospective study included patients aged 3 months or older and admitted for more than 48 h. These patients were assessed three times a day with the SOS-PD. If the SOS-PD total score was 4 or higher the child psychiatrist was consulted to confirm the diagnosis of PD using the Diagnostic and Statistical Manual-IV criteria. The child psychiatrist was blinded for outcomes of the SOS-PD. The interrater reliability was independently tested in paired observations between the care-giving nurse and a researcher and calculated by using the Intra Class Correlation coefficient (ICC).
Results A total of 2088 SOS-PD assessments were obtained in 150 children (median age 54 months; IQR 14–146). Most frequent symptoms in PD patients (n = 13) were anxiety (13%), motor disturbance (13%), sleeplessness (16%) and less eye contact (19%) We compared 63-paired observations of the child

psychiatrist versus SOS-PD assessments in 14 patients. The sensitivity was 90.1% (95% CI 75.6–97.9%) and positive predictive value 96.8% (95% CI 90.5–100). The specificity was 96.7% (95% CI 82.7–99.4) and the negative predictive value 90.6% (95% CI 80.5–100). The ICC of 16-paired observations was 0.90 (95% CI 82.7–99.4) for the SOS-PD scale.

Conclusions The SOS-PD scale shows promising validity for screening PD. Future research is aimed to establish the psychometric properties in a multicenter study.

O-160 DEVELOPMENT OF A PARENT'S GUIDE FOR NEWBORNS WITH HYPOXIC-ISCHAEMIC ENCEPHALOPATHY (HIE) AND THERAPEUTIC HYPOTHERMIA (TH)

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Backgrounds TH is the only available treatment today for infants with HIE and it is considered the standard of care. Being a parent of a baby with HIE treated with TH in a neonatal intensive care is a highly traumatic event.

Aims To develop an explicative guide for parents of newborns with HIE receiving TH based on parent's needs.

Methods To identify significant issues for parents, a descriptive qualitative study was designed. Study population were parents of newborns with HIE who received TH. Convenience sampling was used, stratified according to the severity of HIE. Two focus groups with 16 parents of newborns with moderate and mild HIE, respectively were performed. Twenty pictures were taken reflecting dimensions and categories extracted from bibliographic review. These images were used to encourage parents discourse. Interviews were recorded prior to parental consent and later transcribed. Inductive content analysis was performed using *ATLAS. TI-V.6.2*.

Results Three themes emerged: HIE information, cooling treatment and coping strategies for parents. The guide developed followed this structure and contents were divided into 16 meaningful questions and a glossary. The final parents guide had a didactic format with simple language, drawings, and parents verbatims. It is annexed to a Spanish clinical practice guide (CPG) on HIE.

Conclusions Qualitative results highlight the importance for parents to receive good information about HIE, cooling, and coping strategies. This guide is a tool that could improve family coping during hospitalisation of newborns with HIE and TH. Incorporating parents perspectives in the CPG increase its quality.

O-161 CEREBRAL OXYGENATION BEFORE AND AFTER NEUROSURGICAL PLACEMENT OF A VENTRICULAR RESERVOIR IN NEONATES WITH PHVD

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Background There is no consensus regarding optimal timing in treating posthaemorrhagic ventricular dilatation (PHVD). Near-InfraRed Spectroscopy (NIRS) is a non invasive method, measuring cerebral regional oxygenation ($rScO_2$). $rScO_2$ values below 40–45% might be associated with cerebral ischaemia.

Hypothesis: $rScO_2$ can provide additional information about cerebral oxygenation in infants with PHVD and may therefore be of value to determine timing of intervention.

Methods We measured $rcSO_2$ in 13 neonates before and after neurosurgical placement of a ventricular reservoir. Based on ventricular index (VI; Levene), distinction was made in neonates treated early (VI < p97 + 4 mm) and those treated late for their PHVD (VI ≥ p97 + 4 mm).

Results Median GA 31 wks (27–37 wks) and median BW 1750 g (1145–3270 g). Five neonates were treated early and 8 late. In the early intervention group, pre-, and postoperative rScO2 values were comparable (median 52%, 45–58% IQR vs 57%, 44–60% IQR). Preoperative $rScO_2$ was lower in the late intervention group compared to postoperative values (median 33%, 26–43% IQR vs 47%, 39–49% IQR).

In 7 late intervention infants $rScO_2$ was <45% preoperatively, so at risk for cerebral ischemia, In 2 $rScO_2$ remained <45% postoperatively.

Conclusions Neonates with VI≥97 + 4 mm do have a compromised cerebral oxygenation, and usually react to cerebrospinal fluid drainage with recovery of the $rScO_2$ values to within the normal range. Infants in the early intervention group were within normal range pre- and postoperatively. NIRS might be of additional clinical value in progressive PHVD in order to determine optimal timing for intervention.

O-162 CLINICAL IMPLICATIONS OF MRI-PROCEDURE IN PRETERM NEONATES

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Background and aim Magnetic Resonance Imaging (MRI) of the brain at 30 weeks Postmenstrual age (PMA) is part of routine care for preterms born <28 weeks gestational age (GA), because of their high risk of brain injury.

The aim was to evaluate fluctuations in vital parameters following the MRI procedure.

Methods and patients We compared clinical parameters in 30 infants 4 h before and after the MRI: number of apneas and bradycardias, changes in oxygen requirement, respiratory support, and rectal temperature. Oral chloralhydrate sedation (30–50 mg/kg) was administered upon discretion of the attending neonatologist.

Results Infants had the following clinical characteristics: mean GA 26 + 4 wks (24–28 wks), mean BW 1012 g (610–1520 g), PMA at scan was 30 + 6 wks (29 + 6–31 + 6 wks) with weight of 1397 g (980–1860 g). Infants <1500 g, were transported in an MRI-compatible incubator (26/30). 12/30 (40%) infants were sedated with chloralhydrate.

None of the infants had >4 apneas or >3 bradycardias before the MRI. After the MRI 5 infants (all unsedated) had >4 apneas (5–7 apneas), 2 infants (1 sedated) had >3 bradycardias (5–6). After the MRI, FiO_2 was increased in 10/30 patients, max change 0.06, more respiratory support was needed in 5 infants (3 sedated): PEEP from +4 to PEEP +5 cmH_2O, and