Conclusions: Nitrofurantoin and ciprofloxacin remain viable alternatives, respectively for uncomplicated and complicated UTI. Trends of antimicrobial resistance should be monitored at the local level as important changes occur over time.

1011

EMPLOYMENT CHARACTERISTICS OF PEDIATRIC NURSE PRACTITIONER GRADUATES IN THE USA: AN ADDITIONAL WORKFORCE FOR THE HEALTH CARE OF CHILDREN

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Aims: Describe the characteristics of employment, children cared for, frequency of role functions by practice setting (primary care, specialty practice), and interest in doctoral education of recent PNP graduates.

Method: A 92-item multiple choice and short answer survey tool was sent to graduates from a convenience sample of universities.

Results: The surveys were sent to over 280 graduates with a return rate of 53% (range 28% - 86% by university). Of those responding 95% were employed with 80% employed full-time. Thirty-two percent were employed in primary care settings with an additional 10% in school-based clinics. Fifty-three percent were employed in specialty practice in either inpatient or outpatient settings. They often cared for children with acute conditions (60%) and chronic health conditions (53%) irrespective of clinical setting.

Role functions varied by practice setting with provision of preventive health interventions, growth and development counseling, lifestyle behavior counseling, and initiation of referrals being performed more frequently ($p < .05$) by PNPs in primary care or school-based settings. Provision of case management, staff development, policy and program development, writing for publication, participation in research, system change activities, delegation of care and supervision of students was performed more often ($p < .05$) by PNPs in hospital settings.

Forty-six percent indicated they were interested in doctoral education with 22% indicating interest in a

PhD and 78% indicating interest in the Doctorate of Nursing Practice.

Conclusion: Pediatric Nurse Practitioners are highly educated and skilled additional pediatric health care providers and should be utilized to their fullest potential.

1012

GOOD NURSING TRAITS: A COMPARISON OF CHILDREN'S VIEWS

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Background: Excepting Randall's study (2008), literature about children's feedback of nursing is poor and remarkably dated (Fleitas 1997, Bluebond-Langner 1978). Yet, interviewed children gave a very detailed account, which resulted deeply different from their parents' or care assistants' reports (Miller 2000, Scott 2000). Goal of the study: We interviewed hospitalized children asking for the traits of good nursing. This qualitative study has a phenomenological approach.

Methods: A qualitative interview was used to collect data: we interviewed 10 children admitted at Pediatria of the Azienda Ospedaliera-Universitaria Policlinico in Modena (Italy) in early 2009. Children were not selected according to probabilistic methods. Research was authorized by Unit Direction; we ensured anonymity to parents who gave written consent. The interviewer introduced himself to children explaining the aims of the research and asking them if they were in the mood for answering.

Findings/results: Outcomes may be divided into 4 groups:

1. Natural-born qualities "A good nurse should be a special person in order to help children"
2. Learning from aptitude "A good nurse should be cheerful with children who are afraid of cures"
3. Learning from experience "A good nurse should know and then remember: he should be experienced with children"
4. Cognitive and psycho-physical learning "A good nurse should be qualified, I like nurses who explain what they are doing"

Conclusion(s)/discussion: Children gave a very detailed account of the good nurse's traits. Our results confirm Randall's study (2008).

1013

CAN NURSES USE CONTINUOUS CENTRAL VENOUS OXYGEN SATURATION MONITORING, TO DICTATE HOW AND WHEN TO PROVIDE CARE?

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Can paediatric critical care nurses adequately evaluate the effects of routine care using traditional hemodynamic monitoring tools? Is the care and procedures beneficial or potentially harmful? How can this be assessed in "real-time"? Can newly advanced monitoring tools help determine optimal times to change inotropes, suction, bathe or reposition the child, or assess child's tolerance to weaning? Can these "real-time" monitoring tools guide nurses' clinical decision making for when and how to provide care?

Continuous monitoring central venous oxygen saturation can provide "real-time" information of the balance between oxygen delivery and consumption. Many seemingly innocuous procedures can drastically increase oxygen consumption needs, beyond oxygen delivery capabilities.

Nurses have knowledge of physiological causes and exogenous interventions that can lead to increases in oxygen consumption. While most of these interventions are necessary, continuous monitoring of central venous oxygen saturation, can help nurses at the bedside determine when the best time is to provide care, and how patient's tolerate it.

With health care costs, worldwide nursing shortage, and increasingly complex and critical diagnosis, there exists an obligation to decrease mortality and morbidity as much as possible. Advanced technology can provide an early warning in the extremely critical periods of recovery.

1014

CRITICAL CARE MANAGEMENT OF FULMINANT HEPATITIS

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Background: Fulminant hepatitis in pediatrics is the result of acute liver failure, and it may have multiple causes. Without support therapy and/or liver transplantation, mortality may reach 70% or more. The developments of fulminant hepatitis in adults, including liver necrosis and encephalopathy within 8 weeks, are different than those in pediatrics, especially if fulminant hepatitis is secondary to a metabolic or autoimmune disease. Congenital metabolic defects and infections are common in infants, whereas viral hepatitis and drug-induced liver failure are more common in older children.

Goals: Screening for infections and drugs is important to determine the cause of liver failure. The biochemical features evidence significant conjugated hyperbilirubinemia, high aminotransferase, high blood ammonia levels and coagulopathy.

Methodology: Management of acute liver failure includes:

Assessment of prognosis for liver transplantation

Prevention of complications while awaiting hepatic regeneration or liver transplantation.

Hepatic support

Many are the complications of acute liver failure. Management includes fluid restriction to 75% of maintenance using dextrose or high-calorie enteral nutrition. It is extremely important to maintain proper glucose levels. In the early stages of establishing the prognosis and requirements for liver transplantation, coagulation support is not recommended. If coagulation is severe (prothrombin time > 60") and/or the decision for liver transplantation has been made.

Conclusion: Acute liver failure in pediatrics is rare but fatal disease. The development of effective supportive medical therapies and outcome of liver transplantation improve the prognosis, however also depends of the level of nursing care.