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POST BLOOD OR MARROW TRANSPLANT COMPLICATIONS IN A COHORT OF CHILDREN WITH RELAPSED/REFRACTORY A.L.L. OR A.M.L: A SINGLE INSTITUTION STUDY

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Background and aims: This study examines the types of post blood or marrow transplant complications in patients treated at the Children's Hospital of Pittsburgh in a five year period (2004-2009). The study will focus on complications diagnosed in the 0-100 day time span while children are frequently hospitalized and will compare type and rate of complications between children diagnosed with acute lymphoblastic leukemia and acute myelogenous leukemia.

Methods: The author will examine patient records and interview treatment teams and patient family on the severity and length of complications. The author has developed separate forms for these sets..

Results: Initial results show that patients with A.M.L. who received greater transplant conditioning had more severe complications particularly graft versus host disease. The study will continue to examine each variable such as age, remission status and overall health status pre transplant in order to best assess the final data.

Conclusions: Blood and marrow transplants although life saving remain extremely toxic and post-transplant complications are common. The development of a less toxic "mini transplant" at the Children's Hospital of Pittsburgh addresses these issues however further studies such as those conducted by the Children's Oncology Group are needed to fine tune risk factors prior transplant and assess the greater susceptibility of some patients to complications.

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INTRODUCTION FOR NEW STAFF, REGISTERED NURSES, AT THE PEDIATRIC INTENSIVE CARE UNIT - PICU, AT SKANE UNIVERSITY HOSPITAL, LUND, SWEDEN

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Aim: The introduction program will give the new employee (registered nurse, RN) a uniform

introduction and educational level regardless the mentors. The introduction program will support both mentors and the new employee.

Method: The staff management will allow time for practical and theoretical introduction as required individually. The RN, will have two mentors, experienced registered nurses, and one assistant nurse. For the first five weeks the RN will follow these mentors schedule full time. The RN will work side by side with the mentor. After 10 weeks the intensive introduction is over. Included in the Introduction program is: Checklist, everything that need review at PICU. Theoretical compendia, including routines and facts on how to work at PICU. Education during three days in the first year. Specialist nurses arrange and teach during these opportunities. The RN, the mentors and the teamleader meet after 5 and 10 weeks, 6 and 12 months for follow up.

Result: At the end of the first five weeks the RN is able to handle commonly occurring patients as well as being familiar with PICUs routines and guidelines with some guidance from the mentors. After approximately 10 weeks the RN can independently handle the above mentioned category of patients. She has the liability but have her mentor working in the same room.

Conclusion: The introduction program give opportunity for new employees to prepare for their new tasks no matter the mentors or their own background. The RN get a stable frame to lean on to when new.

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TRAINING OF NURSES AND DOCTORS AT CHILDREN'S HOSPITAL IN ASSESSMENT AND TREATMENT OF ACUTELY ILL CHILDREN

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Aim: The Children's Hospital in Lund has an objective to increase the competence in assessment and treatment of acutely ill children.

Method: The child is first assessed by nurses and doctors on each ward. If they in the assessment of vital signs find abnormal values a team with an intensivist and a nurse from the PICU will be called. Together with the responsible doctor and nurse, the team together will make a second assessment of the child. The PICU team can only recommend

treatment that then has to be taken care of by the department staff. Decisions are also made on the continued level of care. At the ward, the staff will continuously assess the child as documented in a monitoring sheet, common to the Children's Hospital. A follow up is done later by the PICU doctor and / or nurse. Together with the physician at the ward they will decide when the patient is assessed as stabilized and the time for extended observation can be completed.

Result: From its inception in spring 2008, 218 nurses and doctors at Children's hospital has been trained. Every training session of 12 persons was led by 2 - 4 instructors.

Contents:

- Lecture in acutely ill children Physiology
- Assessment as in ABCDE
- Airway Management
- CPR training
- Scenario Exercises

Conclusion: Nurses and doctors who have received training in assessment and treatment of acutely ill children express that increased knowledge will led to higher security and reduce stress in emergency situations.

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EVIDENCE BASED PRACTICE OR RATHER KNOWLEDGE BASED PRACTICE - HOW TO GET THERE

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Background and aims: Neonatal Intensive Care Units (NICU) are highly specialized wards that require specially trained and highly qualified nurses focused on ensuring the best possible outcome for their patients. The areas of neonatology and neonatal nursing are constantly developing, therefore it is imperative that nurses keep up to date with research and development of best practice guidelines

Methods and results: The need for knowledge based practice comes both from clinical practice

and hospital administration. Clinical practice generates a need for new knowledge and clinical development. Increased clinical competency and academic development is also advantageous from the point of view of unit administration, and thus the Oslo University Hospital administration requires all wards to implement evidence based practice. These different needs are met with a well organised competency development program, and to ensure knowledge based practice in the NICU, the organisation plays a crucial part. NICU, Oslo University Hospital provides three professional and clinical development study days per 18 week roster including teaching, medical simulation, staff certification of medical technical equipment and implementation of new procedures. To ensure professional development, the NICU provide Professional Development Nurses, Clinical Tutors and a Medical Technical Nurse. These key elements facilitates integration of knowledge based practice into the daily lives and routines of NICU nurses.

Conclusions: Today's clinical practice requires optimal quality of care and effective use of resources. Knowledge based practice focuses on patient safety and building knowledge in the individual nurse and in the nursing staff.

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QUALITY REGISTRATION OF NURSES WHIM OR NECESSITY

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Aim: To describe the added value of quality registration of nurses. How can registration make a contribution to improvement of quality of care. There has been a search to scientific outcomes of advantages en disadvantages of quality registration in general and particularly of nurses.

Methods: Enlarged research of literature and a Delphi survey.

Results: The subject has not been fully researched before. So none scientific supported criteria for quality registration of nurses were found. The literature shows that continuous education the quality of care promotes. Continuous education is supported and stimulated by registration and accreditation.