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DEMOGRAPHY AND CLINICAL ACTIVITY OF BELGIAN PAEDIATRICIANS AS ASSESSED BY THE HEAD OF THE DEPARTMENT OF PAEDIATRICS

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Introduction: As in other European countries, Belgian hospitals encounter difficulties in recruiting paediatricians. In order to better understand the underlying problem and the needs, it is mandatory to have an insight in the current demography and clinical activity.

Methods: In 2007, a questionnaire was sent to the head of the department of paediatrics in all Belgian hospitals. Demographic characteristics and hospital activities were collected. Data were encoded by two separate persons and compared through a software program.

Results: 55 % of the hospital paediatricians are female (70-85 % in the cohort < 45 year of age). The mean number of paediatricians working in a regional department was 6 (29 in university department). 39/87 departments had at least one paediatric resident. In total, 277 residents were recorded, 76 of them working in a regional centre. The mean total clinical hospital workload per hospital, as assessed by a time weight indicator (based on the number of admissions in night and day hospitalizations, outpatient clinic, paediatric emergency and number of births), was significantly higher in an university vs a regional department (5.9 vs 2.1). If adapted according to the team size (in FTE, incl. residents), an inverse relationship was seen (1.2 vs. 3.8).

Conclusion: There is an ongoing feminization among hospital paediatricians. The mean clinical workload per hospital is higher in an university hospital compared to a regional one. If corrected however for the team size, an inverse relationship is seen. This index is not taking into account the impact of non-clinical activities.

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THE COST OF CLOTTING

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Introduction: Blood sampling is important in informing the management of critically ill children, but over sampling may cause anaemia, and is an unnecessary expense. We sought to examine the practice of routine coagulation tests (amongst others) in critically ill children.

Methods: A prospective audit of all critically ill children admitted to a multidisciplinary regional Paediatric Intensive Care Unit in the Northwest of England. Over 1000 children are admitted each year, with around 85% of these being intubated. We report the first month's results

Results: All children admitted in November 2009 were audited. Of 101 children admitted to PICU, 75 had at least one test of coagulation. 37 of these were admitted with a cardiac diagnosis, 38 had a general diagnosis. In total 4 children died. In all 402 tests were done and 287 (71%) of these tests were abnormal. In response to coagulation abnormalities demonstrated on laboratory testing. FFP, cryoprecipitate or platelets, were given on a total of 80 occasions to 18 children . If children received blood-derived-clotting factors most often this was only on one occasion. This was highly variable. One child who stayed 27 days had 84 tests, all of which we abnormal, receiving factor correction on 40 occasions.

Conclusions: Many coagulation tests are performed in critical care. Often, even when the results are abnormal, no action is taken. It is likely that a more judicious approach to sampling will be reflected in lower costs and higher haemoglobin levels or reduced transfusion requirement. Further work is continuing.

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MODEL OF CARDIOLOGY SERVICE IN DISTRICT GENERAL HOSPITAL

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Background: Various models of cardiology service are available in district general hospitals (DGH)

in UK, like Joint cardiology clinics, Paediatric telecardiology, local paediatricians with expertise in cardiology (PEC) and cardiac technicians.

Objective: To assess the Paediatric Cardiology Services provided by local PEC at Frimley Park Hospital by combining good clinical evaluation, echocardiography skills and support of tertiary paediatric cardiology centre in the absence of telemedicine. PEC attends once a week cardiology clinic at tertiary centre as honorary consultants.

Design and methods: Retrospective analysis of all the referrals to tertiary paediatric cardiology centre between October 2008 to February 2010. Data from the Proforma was collated in Excel and was analysed using simple statistical methods and percentage calculations.

Results: 80/92 referrals were analysed. The reasons for referral were: clinical 82.5%, family history 5%, and rhythm disturbances 11%. Acyanotic congenital heart disease (CHD) was diagnosed in 64% (of which 64% left to right, 29.4% obstructive lesions and 8% regurgitant lesions) and 8.75% of cases were diagnosed as cyanotic CHD. All cyanotic CHD were picked up immediately after birth.

10% were found to have rhythm disturbances (SVT, WPW).

2.5% of cases were classed as life threatening. 20% required interventions and 12.5% of the referral were normal and discharged.

Conclusions: Cardiology service provided by PEC with support from tertiary cardiology centre is safe and effective even in the absence of telemedicine. Weekly access to tertiary paediatric cardiology service by PEC provides continuous medical education, constructive feedback and opportunity to discuss non-urgent cases thereby avoiding unnecessary referrals.

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THE FIELD OF A DANISH NURSE SPECIALIST

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Background: The management of the paediatric department has required an increase and a consolidation of the quality of nursing in our specialized units in the paediatric ward.

Results: The outcome is the establishment of Danish Clinical Nurse Specialists in the units.

Aims: Research and development of paediatric nursing.

Methods: The following methods are utilized: Journal club, bed-side audits and teaching.

Qualifications: Relevant master degree e.g. MScN (Master of Clinical Nursing) or a diploma degree. Extensive practical knowledge in the area of specialisation. Continued education within the area of specialisation. Experience in literature searches. Audit of scientific literature. Experience with implementing new knowledge.

Sample: Danish paediatric nurses with a bachelor's degree, diploma degree or e.g. Master of Nursing Science.

Expectations: Coaching and support to develop nursing skills e.g. consisting of bed-side education, literature search and further education. Teaching colleagues in the area of specialisation. Developing evidence-based and reflective nursing practice. Initiating and completing research projects. Inspiring colleagues to be actively involved with projects in the ward. Encouraging and supporting colleagues interested in teaching.

Conditions of employment: The position is time limited and renegotiated every 3rd year. Salary is determined by union- and local agreements. The manager of the ward defines the specific agreements concerning time and resources.

Conclusions: We expect that our new functions will be able to contribute to a higher level of nursing.

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3RD CLINICAL CONSENSUS OF SIBEN, THE IBERO-AMERICAN SOCIETY OF NEONATOLOGY: NUTRITION ON THE NEWBORN

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Aims: To report the process and results of the 3rd SIBEN Clinical Consensus on Nutritional Management of the Newborn