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.

1133

THE FIELD OF A DANISH NURSE SPECIALIST

L.L. Laursen, C. Barsballe-Rasmussen

Paediatric Unit, Aarhus University Hospital, Skejby, Aarhus, Denmark

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.

1134

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

M.R. Rogido¹, S. Golombek², A. Sola³, SIBEN Consensus Group

¹Pediatrics, Morristown Memorial Hospital, Morristown, NJ, ²Pediatrics, M. Fareri Children's Hospital at Westchester Med Center/NYMC, Valhalla, NY, ³Sociedad Iberoamericana de Neonatologia, Morristown, NJ, USA

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

Design/Methods: On 3/09, 3 experts in the field (Drs. P Thureen, CL Berseth and J Higuera) and 100 neonatologists from 25 countries were invited to participate.

Guidelines for consensus process, literature search and future preparation of educational material and authorship were developed, reviewed and agreed by all. Participants from different countries were distributed in 12 groups, which interacted and worked together for 5 months to answer 3-5 questions of clinical/physiological relevance, reviewing all global literature and local factors. Answers were received, collated and reviewed by 2 coordinators and the 3 experts. On 9/09 participants and experts met in Cusco, Peru for 6 hours (with lectures by experts, presentations by groups, discussion, and all literature available)

Results: 49 neonatologists participated. Presentations by each group and general discussion in a collaborative forum were used to develop a consensus regarding nutritional management of the newborn and to recommend strategies. The final consensus summary will be published, posted on the web and circulated through thousands of units in Iberoamerica.

Conclusions: This 3rd SIBEN Consensus Group of Iberoamerican neonatologists led to an innovative interaction of physicians from 18 countries of the region, improved education of all participants and ended with a consensus on clinical approaches to nutritional management of the newborn. Furthermore, it could become valuable as a model to decrease disparity in care and to improve outcomes in this and other regions.

1135

PARENT SATISFACTION SURVEY IN PAEDIATRIC INTENSIVE CARE UNIT: CURRENT PERSPECTIVE OF PARENTAL EXPECTATIONS

S. Garg¹, K. Swist-Szulik²

*¹Neonatal Unit, James Cook University Hospital,
Middlesbrough, ²Paediatric Intensive Care Unit,
Newcastle General Hospital,
Newcastle upon Tyne, UK*

Background: In PICU, most children are unable to express their needs and to reflect on care received. The parental satisfaction is essential to assess quality of services and is an important outcome issue. The satisfaction surveys need to have a clear

link to action and be tested for their reliability and validity.

This survey was aimed to develop and implement an easy to use parent satisfaction survey specifically for PICU that could be administered before discharge.

Methods:

- A parental satisfaction survey was designed including 53 items that were identified from literature review and discussion with consultants.—
- The **Likert scale** was used to record responses.—
- This was an anonymous postal survey sent after the discharge to the parents of children admitted in PICU (Newcastle General Hospital, Newcastle UK) from Jan-Jun 09.

Results:

- 110 surveys were sent out in total and 40 (37%) were received back.
- More than 75% of parents either strongly agreed/agreed that they were satisfied with the quality of the service they received except in the areas related to accommodation and siblings where the satisfaction was about 40-50%.
- Pain assessment by medical staff, stricter infection control policies, better discharge planning and communication regarding the planned procedures were the major areas of concerns from the parents.

Conclusion: The audits should be performed to assess the pain management (assessment, analgesia) and consenting issues in PICU. A survey should be designed with the involvement of parents that could be completed just after discharge.

1136

LANGUAGE BARRIERS TO PAEDIATRICIANS: A PROSPECTIVE NATIONAL SURVEY

B. Thyagarajan, J. Rawal

*Department of Paediatrics, Queens Hospital,
Romford, UK*

Introduction: World wide migration has led paediatricians to come in increasing contact with