some paediatric intensive care (PICU) patients at extubation. The aim of this audit is to establish the prescribing practice and protocols used with respect to corticosteroids for paediatric patients at time of extubation or during episodes of severe sepsis in paediatric intensive care units from the UK and Ireland.

Methods: Telephone audit of UK and Irish PICUs undertaken from Mar-Sept 2009 (n=20).

Results: In severe (inotrope resistant) septic shock, 90% (n=18) of units use steroids, all 18 use hydrocortisone, but only 33% (n=6) have a protocol. Dose ranges varied from 1mg/kg 8 hourly to 4mg/kg 6 hourly. Assessment of cortisol (either cortisol level or short synacthen test) is attempted by 67% (n=12) units prior to steroids. Onset and duration of therapy is determined by pragmatic clinical criteria in most units. For extubation, 100% (n=20) use steroids in some circumstances (Dexamethasone 90% [n=18], Dex and Prednisolone & Dex or Prednisolone both 5% [n=1]), with protocols in 30% (n=6) units. First dose varied from 24h pre-extubation to post extubation, dose range (dexamethsone) was 0.1mg/kg 8 hourly to 0.6mg/kg 6 hourly.

Conclusion: Corticosteroids are used in PICUs in the UK and Ireland for steroid resistant septic shock and extubation. Daily dose can vary by 800% (sepsis) and 533% (extubation), and numerous differing indications for commencing and discontinuing therapy. This data will aid in the design of studies to determine the optimal use of steroids in these conditions.

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POISONINGS IN CHILDREN: A TWO YEARS' EXPERIENCE IN A DISTRICT HOSPITAL'S PEDIATRIC CLINIC

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Introduction: Poisonings in childhood are a usual cause of children's admission to a pediatric ward. The most usual toxic exposures and ingestions occur at home and involve drugs, cigarettes and nondrug products such as chemical substances, plants and hydrocarbons.

Aim of the study is to make an epidemiological recording of the poisoning incidents in a district hospital's pediatric clinic during the period 2008-2009.

Material-Methods: 96 children were admitted in a two years' period and were studied according to age, sex, nationality and the ingested substance.

Results: 96/1228 (7,8%) children with a mean age 3,3y admitted because of a drug-substance poisoning. 80/96(83,3%) were greek, 13/96(13,5%) were roma and only 3/96(3,2%) were foreigners. The male children were significantly more (58/96(60,4%)) than the females (38/96(39,6%)). The majority of the incidents happened during fall (37/96(38,5%)) and spring (34/96(35,4%)). Fewer happened during summer (14,6%) and winter (11,4%). 67/96 (69,8%) were infants (1,0-3,0) y, 22/96(22,9%) were 3,1-6,0 y and 7(7,3%) were > 6 y.

19/96(19,8%) with a mean age 1,5 years old, ingested cigarettes and 48/96(50%) ingested drugs (3 of them attempted to suicide). The rest 29 cases involved non drug products (alcohol:5, hydrocarbons:8, cleaning substances: 9, plants:4, cosmetics:3)

None of these cases had adverse reactions.

Conclusion: Unintentional poisonings are common in children younger than 6 years of age, happen mostly at home and involve mostly cigarette and drug ingestion. Pediatricians must be aware and have to educate the parents in order the children to live in a safer environment.

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EMPLOYMENT CHARACTERISTICS OF RECENT PEDIATRIC NURSE PRACTITIONER GRADUATES IN THE USA: A 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 PNP's 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 PNP's 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.

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PRIMARY CARE OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN): AN HIERARCHICAL INTERVENTION FRAMEWORK FOR PROVIDERS

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Aims: Describe the primary health care needs of CSHCN and the role of the primary care provider in meeting these needs.

Method: Review the findings of the *National Survey of Children with Special Health Care Needs Chartbook 2005-2006*, USA, and pediatric care coordination literature. Propose a hierarchical intervention framework to address the overlapping

roles of primary care providers and pediatric specialty providers.

Results: CSHCN require health and related services beyond that required by children generally. An attempt to create "medical homes" for CSHCN has been only partially successful in meeting the goals of a community-based health care service system. A designated care coordinator in the "medical home", often a nurse, has been shown to increase care coordination and reduces fragmentation of services for CSHCN and their families.

CSHCN often have many health care providers involved in their care. Which of these providers should assume responsibility for providing coordinated, family-centered care that encompasses both primary care needs and specialty needs? A framework for determining 6 levels of primary care, including the knowledge base needed and skills needed for each level of care responsibility, has been developed to assist pediatric primary care providers and care coordinators determine which health care provider is responsible for comprehensive care.

Conclusion: CSHCN require both comprehensive primary health care and specialty care for optimal health. Fragmentation of care often results in health care needs not being met. A hierarchical framework for primary care would identify care responsibilities and foster comprehensive health care.

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WHY DO INFANTS SUCK ONLY ONE DIGIT/ DIGIT-COMBINATION OUT OF TEN?

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Across the mammalian spectrum newborn mammals will suckling body part fixate when there is maternal nipple deprivation. Mammals other than human will body part fixate by sucking on parts of their anatomy other than the thumb or fingers if they are flexible enough to do so, for example tail, penis, toe. Those animals not flexible enough to fixate on a body part of themselves will fixate on a body part of an adjacent animal if there is opportunity to do so, notably on ears or genitalia.

The oral tactile imprinting behaviour of mammals is supported not only by maternal structure, the