pallor, a grade III/VI systolic murmur and inspiratory crackles. Laboratory investigation revealed microcytic hypochromic anemia (hemoglobin 5.7 g/dL, mean corpuscular volume of 58.9 fL, reticulocyte index 2.18) with iron deficiency, normal renal and liver function, and normal coagulation profile. Admitted under iron supplementation with progressive rise in hemoglobin. Infectious causes were excluded. Bone marrow biopsy was normal. After 1 month he developed fever, cough and dyspnoea, without hemoptysis. The chest radiograph showed diffuse alveolar-type infiltrates. Bronchoscopy with bronchoalveolar lavage revealed over 75% haemosiderin-stained macrophages. Lung biopsy specimen was negative for vasculitis, immune complex deposition or granulomatous disease. The immunological study was negative, including anti-GBM, ANA, c-ANCA, IgE cow's milk antibodies and rheumatoid factor. Echocardiography revealed no evidence of pulmonary hypertension. The diagnosis of IPH was considered and the patient was started on prednisolone (2 mg/kg/day) with improvement in respiratory symptoms after 1 week. Despite corticosteroids he kept having IPH exacerbations and chronic anemia and initiated hydroxychloroquine with good clinical response.

Comments: In this case the association of iron deficiency anemia refractory to iron supplementation with the sudden onset of respiratory symptoms and the suggestive radiological presentation established the diagnosis of IPH.

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DRUG ADMINISTRATION RELATED PROBLEMS IN OUTPATIENT CHILDREN: MORE THAN FORMULATION ASPECTS

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Background: Optimal pharmacotherapy for children requires that drugs can be easily administered. However, parents often encounter problems leading to medication errors. The aim of this study was to explore the nature of drug administration related problems in outpatient children and to assign their most likely solutions.

Methods: A questionnaire was issued to parents of outpatient children (0-12 years) and adolescents (12-18 years). Complaints relating to the administration of tablets, capsules, oral liquid preparations, rectal preparations or preparations for throat, nose ear or eye were identified, categorized and compiled into a patient related or product related problem. The most likely solutions to these problems were assigned.

Results: One hundred questionnaires were returned, 71 of them reporting 154 different complaints (including multiple complaints about the same product). These complaints were compiled into 68 patient related and 20 product related problems. Twenty-eight (41%) of the patient related problems were most likely to be solved by product optimization, 12 (18%) by behavioural interventions and 28 (41%) by a combination of both. Seventeen (85%) of the product related problems were most likely to be solved by product optimization, 2 (10%) by behavioural interventions and 1 (5%) by a combination of both.

Conclusion: Interventions to address problems in paediatric drug administration cannot be limited to formulation aspects. In order to make medicines more acceptable to children a broader approach is required involving both product optimization as well as guidance for improvement of behavioural aspects.

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FELT OR ENACTED CRITICISM THEORY - A CONTRIBUTION TO THE UNDERSTANDING OF PARENTS' DECISION MAKING IN ACUTE CHILDHOOD ILLNESS

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Acute childhood illness is the most common experience of illness in families. These illnesses create considerable uncertainty and anxiety for parents concerning when to seek help for a sick child. This paper explores findings, from a doctoral research project, which contribute to understanding of parents' decision making at these times. This grounded theory study used 24 in-depth interviews in 4 rounds of data collection to explore psychosocial processes in 15 families when children are acutely

ill at home. Analysis followed the tenets of Glaserian grounded theory methodology (Glaser 1978; 1992) until theoretical saturation was reached.

Families strive to 'do the right thing' for their child, and in response to perceived informal social rules to contain acute childhood illness within family life. Informal social rules regarding expected behaviour are learnt through 'felt or enacted criticism' during parent's encounters with others, when their children are ill. These experiences are perceived as a threat to their moral status as parents, creating 'hidden anxiety' associated with decisions to seek help. Consequently parents take action to avoid exposure to such negative scrutiny, sometimes resulting in late consultation for more serious illness. This paper will focus on exploring the contribution of 'felt or enacted criticism' to understanding parents' help seeking behaviour when their children are acutely ill at home and the lessons which can be learnt for practice in primary care.

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PANAX GINSENG INCLUDED HERBAL MEDICINE AND 37,047 CHILDREN'S GROWTH; A RETROSPECTIVE ANALYSIS

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To assess the height percentile (HP) change of Panax Ginseng (PG) included herbal complex (PGhc) prescribed children with any symptom in primary care clinics, a retrospective analysis from January 2004 till December 2009 was performed at 1st visit between 3 and 12-year-old who had 2nd visit at least 6 months later. Height was measured at every visit and the HP was calculated with Korea Centers for Disease and Prevention Growth Chart. Grouping with Extremely Low height (0-3%, ELH), Very Low height (3-10%, VLH), Low height (10-25%, LH), Average Low height (25-50%, ALH), Average high height (50-75%, AHH), High height (75-90%, HH), Very High height (90-97%, VHH) and Extremely High height (97-100%, EHH) based on 1st visit measures, 37,047 children were included. The number of children and PGhc administration period (days) are listed below; ELH-1,918-43.8, VLH-4,936-39.6, LH-8,606-37.7, ALH-10,500-35.1, AHH-6,932-33.2, HH-2,923-32.0, VHH-935-28.9 and EHH-297-29.9. The HP change of ELH is $+1.8 \pm 8.5$ ($p < 0.0001$), VLH is $+2.0 \pm 10.7$ ($p < 0.0001$), LH is $+2.0 \pm 11.9$ ($p < 0.0001$), ALH is $+2.0 \pm 11.5$ ($p <$

0.0001), AHH is $+1.7 \pm 11.5$ ($p < 0.0001$), HH is $+1.0 \pm 11.3$ ($p = 0.2514$), VHH is $+0.2 \pm 10.5$ ($p = 0.3440$), EHH is -2.7 ± 16.4 ($p < 0.0001$). In the prescribed children under average height (ELH, VLH, LH and ALH), regardless of their symptoms, it significantly intends to promote height growth as well as AHH. This result suggests that PGhc may influence on the physical height upward. Further studies are needed whether Panax Ginseng has the effect of change the hormonal status among children under growing.

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TRAUMA PREVENTION OF CHILDREN

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Background/Objectives: Injuries in childhood are due to household and auto, hazards. The aim of the work was assessment of opinion pile of parents about safety norms.

Methods: We used questionnaire developed and maintained by the American Academy of Pediatrics Committee on Injury, Violence and Poison Prevention for different age groups (0-1 years, 1-4 years, and 5-9 years).

RESULTS: Research conducted 51 Parents of the children (below 1 year) .12% of the parents had never put the crib side up, that protects their babies from falling down. .14% of Mothers left their baby alone on tables or beds. Most of mothers (about 92%) were already informed about the hazards for the child, playing with too small objects.

Parents (1-9 years old children)-27% and 37, 5% of parents (1-4 years old children and) answered that the domestic injuries of their children needed consultation of a doctor. Most (59%) of the members of the families smoke with children.

Conclusion: Lack of information about heating system in the families, also auto safety ignoring and smoking high risks.