Children's nurses of today's world require complex knowledge to enable them to practice as safe and competent practitioners

The Requirements and Standards for Nurse Registration Education Programmes for all points of entry to the Irish nursing register are set out by An Bord Altranais (the Irish Nursing Board).

The Requirements and Standards are not exhaustive, individual institutions and universities develop their own programme of study with approval for their curricula from An Bord Altranais. This study enabled the researchers to determine the current theoretical and clinical component of children's nursing in undergraduate degree programmes in the Republic of Ireland.

All institutions that teach undergraduate nurses in the Republic of Ireland were sampled using a descriptive survey with closed and open ended questions. This study highlighted the diversity of theoretical and clinical content taught within the Irish setting. By disseminating this information to the educational institutions and clinical settings, it may allow nurses educators, managers and clinical staff to collaborate in planning children's nursing theoretical and clinical content ensuring a more consistent approach to the education of undergraduate nurses.

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BALANCING BETWEEN THE IDEAL AND THE POSSIBLE. LIVED EXPERIENCES OF NEONATAL NURSES

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Background: Nurses working in neonatal intensive care units (NICUs) meet a handful of professional challenges and are nursing ever smaller and more vulnerable infants using technological devices *and* in addition they have to integrate parents in the care.

Design: A qualitative interview study with a hermeneutic-phenomenological approach.

Aims: To investigate the lived experiences of neonatal nurses, that is, what it is like to be a neonatal nurse at the time when developmental care is introduced in the unit.

Setting: An 18 bed level II-III neonatal unit at a tertiary university hospital in Denmark. Developmental care was recently introduced in the unit, and parents spent many hours a day with their baby and stayed overnight in guestrooms at the hospital.

Method: Data were collected from seven neonatal nurses with varied experiences; they were analyzed and thematized following Van Manen's phenomenological methodology.

Results: The essential theme of the phenomenon being a neonatal nurse is found to be 'balancing between the ideal and the possible'. Five themes (with sub-themes) further illuminate the essence. They are: 'being attentive to the infant and the mother-infant dyad', 'the body tells', 'time is everything', 'working in a quiet and caring, crowded and distressing space', and 'team-work - demanding or smooth and helpful'.

Conclusion: Introducing developmental care in a neonatal unit changes neonatal nurses' experiences of caring for infants and mother-infant dyads. The meaning of body, time, space, and relationships are decisive and should be included in nurses' and nurse leaders' discussion about developmental and family-centred neonatal care.

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FEEDING DIFFICULTIES IN NEONATES WITH CONGENITAL HEART DEFECT, THAT CAN BE AFFECTED BY NURSING INTERVENTIONS ON A INTENSIVE CARE UNIT

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Abstract of a literature review

Thanks to technical advances, most children with a congenital heart defect may receive surgery already in their neonatal or infant age. Children who need intervention in the neonatal period are a great challenge for medical teams and their families, especially with respect to oral nutrition. The goal of this literature review is to answer the following question: Which factors, that are described in current literature, lead to increased difficulty of orally feeding

neonates and infants with complex congenital heart defect in a cardiac intensive care unit and that can be affected by nursing interventions?

Different predictors were found in the literature which may introduce feeding problems. Intubation time is reported to play an important role, especially if it exceeds 7 days. In addition, it has been shown that surgical intervention on or nearby the aortic arc leads to a higher risk of vocal cord dysfunctions.

Another factor is trans-esophageal echocardiography which was found in several studies - especially in children who weigh less than 5.5 kilograms. Many children were lacking preoperative oral feeding experience when discharged from the hospital with feeding tubes.

The goal of the care giving team must be an early extubation and a teaching in the assessment of feeding patterns to identify complications early. A crucial factor in this is the inclusion of the parents and to instill confidence in their ability to care for their child. Individual support for the parents should be offered.

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EDUCATION WITH PLEASURE= HIGH LEVEL OF KNOWLEDGE AND TREATMENT QUALITY

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Background and aims: One of the main factors for satisfaction from the chosen profession is defined by nurses as a level of knowledge (Zurmehly, 2008). Thus, taking into account that medicine is in the process of continuous development, the nurses have to learn and to update themselves all the time. According to professional books, the accepted practice in medicine is reference to dry facts, without emotions, thus the use of uncommon resources constitutes an "antidote" to regular learning. If the educator can use his imagination and to apply diverse techniques involving various senses and emotions, the trainee would be prevented from getting tired and would succeed better in the process of learning. The results of such learning would be higher than usual (Bradshaw & Lowenstein, 2007).

There is no doubt that for most of the people, childhood is remembered as the most happy and successful part of their lives when they have believed in eternal life, in perfectness of parents, and in their

own success. So why not to implement these trivial facts to obtain ideal learning - with no pressure, with deriving self-confidence and pleasure from the very process of learning?

Methods: To raise the motivation for self-learning and eventually to raise the level of knowledge and to improve the treatment quality, a novel instruction method was introduced intended to deepen the knowledge in the simplest way, the way connecting us to our childhood, to the times when learning brought joy, happiness, and the wish to know more.

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A NEW APPROACH TO PREOPERATIVE INFORMATION OF CHILDREN 2-7 YEARS OLD AT AARHUS UNIVERSITY HOSPITAL, SKEJBY

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Background: Preoperative information to children often fails to respect the child's age and ability to understand the message thus causing anxiety to the child and leaving it with no effective coping strategy. In addition, the parents need to enhance their knowledge about anaesthesia to assist staff providing supportive preoperative information to children.

Aims: To explore the importance of a new preoperative information programme associated to the children's age, skills and the family resources.

To document the close interaction between the children, staff and parents.

Method: A randomized controlled trial where children between two and seven years of age and their parents are assigned to one of two groups: *The control* group receive standard care; and *The intervention* group receive preoperative information programme where anaesthesiologists and nurse anaesthetists are trained in children's behaviour and communication which support children's needs entering the operation room (OR) and initiation of the anaesthetic procedure. The intervention includes a visit at OR for the children and the family and information leaflet will be surrendered.

Results: Outcomes variables will be the satisfaction of parents, children's coping strategies in the OR and behaviour after surgery, and staff behaviour