about illness than mothers did ($U=2416.000$, $p=0,035$). Adequacy of care, adequate pain management, parents' involvement in care, trusting relationship and staff attitudes were the most important determinants of parental satisfaction.

Conclusions: Parental satisfaction can be used as an indicator of the quality of care experienced by parents and patients. Interventions in pediatric care should include measurements of parental and child satisfaction, along with quality of care during treatment's outcomes assessment since hospitals are obliged by the state and private sector to document quality improvement measures.

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PROBLEMS OF CHILDREN AND ADOLESCENTS WITH A MITOCHONDRIAL DISEASE, THEIR PARENTS AND SIBLINGS. THE PATIENTS' PERSPECTIVE.

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Background and aims: This study aimed to identify problems as experienced by Dutch children and adolescents with a mitochondrial disease, their parents and siblings. We chose to describe these problems from the patients' perspective as we thought this would give optimal input for care improvement.

Methods: A qualitative design using the grounded theory approach, involving single individual open interviews with 9 children/adolescents with a mitochondrial disease, 16 mothers, 11 fathers and 7 siblings.

Results: Respondents mentioned lack of energy as the most basic problem in having a mitochondrial disease, leading to multiple varied problems in all areas of daily life, intertwining the physical, psychological, social and spiritual human domain.

And where one problem often led to other problems.

For children we determined the themes: 'lack of energy', 'crossing boundaries and frustrations',

'vulnerability and social participation' and 'stress and coping'.

For parents we determined: 'parenting and caring', 'continuing stress', 'loss of social participation', 'loss of dreams and future', 'stress and coping' and 'lack of health care'.

For their family we determined: 'familystress' and 'familycoping'.

Conclusions: In this first study on this theme we conclude that Dutch children/ adolescents with a mitochondrial disease experience a variety of problems in the physical, psychological, social and spiritual human domain and in the field of health care, as well as their parents and siblings. The results can be used as a challenge and guide for improving health care, education and research and might result in an improved quality of life.

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IDENTIFYING, TREATING AND PREVENTING CHILD ABUSE AND NEGLECT (CAN)

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Method used: Educating professional workers on Identifying, treating and preventing CAN by e-learning

Results obtained: At present we developed 7 e-modules: Three "two-hours lasting" e-modules ("Recognizing Signals of CAN", "Acting according protocols on CAN" and "Communication about CAN") are developed for nurses and physicians working in Emergency Rooms. Three modules are especially designed for nurses and physicians working at child-departments of hospitals. One e-module is custom made for day-care personnel. In 2010 and 2011 more e-modules will be designed for general practitioners and school teachers.

Conclusions reached: Many countries struggle with the same problem: the majority of their professionals (like teachers, day-care workers and physicians) lack knowledge on recognizing CAN. Residency programs lack a required rotation on CAN. Subsidized continuing education only reaches small percentages of these (hundreds of thousand) professionals.

Augeo Foundation, a Dutch charity organisation,

strongly believes that e-learning contributes to a solution of this problem. The Foundation founded The Next Page, a complete e-learning system in which we are able to create tailor made courses for all kinds of target groups. The Learning Content Management System (LCMS) is custom made for teaching on CAN and consists of some unique and specific digital pedagogical elements designed for this purpose.

Within a half year after launching the modules more than 40% of the Dutch hospitals are using these e-modules to teach their personnel on CAN! Scientific research showed significant positive effects of the e-learning module on the clinical performance of nurses.

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PAWS FOR THOUGHT - THE INTRODUCTION OF A PAEDIATRIC ADVANCED WARNING SCORE IN A DISTRICT GENERAL HOSPITAL

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Background and aims: Dumfries and Galloway Royal Infirmary is a district general hospital in south west Scotland. The paediatric unit comprises 20 beds and is actively involved in the Scottish Patient Safety Programme.

Many episodes of critical deterioration in children are caused by reversible respiratory (61%) and circulatory (29%) factors (Monaghan, 2005). Early recognition of these problems is enhanced by early warning score observation systems, promoting rapid intervention.

Methods: PAWS is a validated early warning observation chart for the assessment of sick children (Egdell et al, 2008). The charts were designed to be similar to the hospital's adult early warning score charts, promoting a smooth implementation process across the hospital, particularly in the accident and emergency department. Observations are charted and scored according to a colour coded system. High scores identify children at risk of deterioration. These children are promptly reviewed by an appropriate member of the medical team.

Results: PAWS is now used for all paediatric admissions and assessments.

Ongoing audit gathers data on compliance of completion and accuracy of scores.

Conclusion: The charts have been well accepted. We now have a common language to communicate patient information and PAWS has become an essential part of the handover process.

PAWS:

- facilitates rapid recognition of acutely ill children
- Allows staff to prioritise patients for review, treatment and ongoing assessment.
- Empowers inexperienced staff who may be reluctant to ask for senior assistance (Day et al, 2005).

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EFFICACY OF A FEEDING GUIDELINE BASED UPON GASTRIC EMPTYING

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Objective: To determine whether introduction a new feeding guideline based upon individual gastric emptying times provides a higher proportion of enteral feeding.

Methods: A prospective audit in a 20-bed PICU was conducted one year before (March 2007) and after (March 2009) introduction of the new guideline (March 2008). Data were collected over 4 days per patient on 76 patients in 2007 (37 cardiac, 39 general), and 78 patients in 2009 (39 cardiac, 39 general), comprising 9339 PICU hours. In 2009, the feeding interval was based upon individualised gastric emptying time, calculated after a test feed.

Results: The proportion of potential enteral calories given to cardiac patients increased from 39.8% in 2007 to 60.7% in 2009, $p < 0.001$). A smaller increase was seen for general patients (62.1% to 66.6%, $p < 0.001$). The median (interquartile) time from admission to establishing full feeds reduced from 23 (12 - 49) to 13 (8 - 24) hours for cardiac ($p = 0.007$) and from 17 (8 - 32) to 8 (5 - 20) hours ($p = 0.05$) for general patients. The impact of the feeding guideline on time to establish full feeds remained significant ($p < 0.001$) after multivariable adjustment for mortality risk (PIM2), diagnosis,