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HOW PARENTS TO TECHNOLOGY DEPENDENT CHILDREN EXPERIENCE THE TRANSITION FROM A HOSPITAL STAY TO PROFESSIONAL HOME CARE NURSING

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The object of the study: This study investigates how parents to a young or newborn Technology Dependent Child (TDC) experience the transition from a long term hospital stay with their child to professional home care nursing on a daily basis.

Method: A qualitative semistructured interview method was used to interview the parents of five children who had been discharged from the hospital with a (TDC) within two years. The five interviews were transcribed and were subsequently analysed and interpreted based on Paul Ricoeur's interpretive framework.

Findings: The parents asked for more support from the professional and new knowledge as parents in their new life situation. They felt unsure how to relate to the home care professional with trust in the beginning. Data analysis identified the following themes: Finding support, finding trust and finding power, knowledge and strength to cope with the new situation and to cope with having professionals in their home on a daily basis.

Conclusion: In conclusion, this transition is not unproblematic for the parents of a (TDC). The professionals involved in the transition need to pay more attention to the parent needs and knowledge before the transition to the home. A better understanding of the parents individually needs according to their (TDC's) care and their family life should be more in focus by the professionals working in the home. The professionals need a closer collaboration with each other, to support the parents and to make them feel safe in their new situation.

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PEDIATRIC RAPID RESPONS TEAM

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Background and aims: Cardiac arrest in hospitalized children has a poor prognosis. Only approximately 25% of the arrested children survive. Evidence shows that death form unexpected but foreseeable cardiac arrest is an adverse event that may be preventable with timely intervention. In some hospitals there are specialized teams of doctors and nurses who aim to treat critically ill patients before cardiac of respiratory arrest occurs. Rapid response teams were first developed within the adult medical community, and appear to be successful.

Methods: The goal is to search for evidence of the effectiveness of a pediatric rapid response team. The study is designed as a literature study to find the highest level of evidence in scientific literature for the effect of a pediatric RRT in decreasing cardiac arrest rates and decreasing mortality.

Results: Recent studies have encouraging results, decreasing cardiac and respiratory arrest and decreased mortality. However the results according the mortality rate are not conclusive and relatively few data regarding pediatric experience with RRTs have been published.

Conclusion: The data on RRT's in pediatric hospitals are increasing and thus far suggest benefit. The challenge is to collect rigorous and comparable data, whether beneficial effects are demonstrated or not.

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MEASURING OF INTRA-ABDOMINAL PRESSURE IN CRITICALLY ILL CHILDREN BY NURSES

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Objective of the study: Delayed diagnosis of increased intra-abdominal pressure in PICU patients increases morbidity and mortality rates. In 2007 our PICU implemented a protocol for indirect intra-abdominal pressure (IAP) measurements by an indwelling bladder catheter using a pressure transducer. One of the indications to start IAP measurement is an increased abdominal distension. The aim of this study was to evaluate the effects of this protocol, including the nurses' compliance.

Methods: This retrospective study included patients admitted between 2007-2009. Children who underwent IAP measurements and/or abdominal girth measurements were identified from the Patient Data Management System and their records were analyzed.

Results: Over the study period 36 children (19 male) with a mean age of 23 months (±49.3) underwent IAP measurements and 175 underwent three or more abdominal girth measurements. Both measurements were performed in 23 children. IAP measurements were mostly performed in neonates (52.8%) after closure of abdominal wall defects. The median number of IAP measurements was 14 (range 3-79); the median IAP was 8 mmHg (range 1-44). Eleven children (31%) had an IAP > 20 mmHg, indicating abdominal compartment syndrome. Most patients were treated conservatively and three underwent a surgical intervention.

Conclusions: This study shows that after implementation of the IAP protocol nurses most often applied abdominal girth measurements in cases of suspected increased intra-abdominal pressure. We can conclude the nurses' compliance is moderate with IAP protocol. Strategies should be used to improve this.

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PICU NURSING RESEARCH PRIORITIES IN THE UK AND IRELAND

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Background: To date there has not been a national consensus on the Paediatric Intensive Care nursing research priorities for the UK and Ireland. A nursing subgroup of the Paediatric Intensive Care Society (PICS) study group (SG) was established in 2007 with representation from as many UK and Irish units as possible. The aims of the group were to survey national PICU practice (through audit), acquire new knowledge by structured observation (through audit) and improve patient care by conducting rigorous research studies. PICS-SG is predominantly a medically-driven group, this subgroup intended to provide a strong nursing voice fostering an environment of collegiality and collaboration amongst PICU research-interested nurses. The group wants to develop links with European PIC nurse researchers and international links.

Aims: The group met March 2010 to establish research priorities for PIC nursing research. A brainstorming session elicited a number of broad themes, which were then voted on to achieve six top priority themes. Further discussion led to specific areas/questions for audit or research.

Results: The six priority research themes were: patient deterioration, PIC nursing workforce, family/parent/psychosocial issues in PIC, pain/sedation and withdrawal, risk reduction in PIC and nutrition/feeding in PIC.

Implications: UK and Irish PIC nurses have now agreed upon priority nursing research areas, with a view to take this forward and collaborate nationally and internationally.

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THE DYING CHILD: SUPPORTING THE HEALTH CARE PROFESSIONALS!

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Background and Aims: Grieving for the dying child seems to carry into the personal lives of most health care professionals. We wish to describe the experiences of healthcare professionals whilst caring for the dying child.

Methods: The data for this study were collected via an email questionnaire given to the paediatric staff at our institution (nurses and doctors).

Results: 26 staff members responded. All had been recently involved in the care of the dying child. Most deaths were expected. Less than 20% of the staff had received any training in end of life care. Half the staff felt that they were unable to support the family or other members of team adequately. 90% of the staff got support from colleagues. 50% had received debriefing following the event. 42% felt that having contact with children in their personal life affected their response to death of a child. Nearly all the staff who had experienced bereavement in their personal life felt that it affected the way they managed end of life care.

Overwhelmingly, all were concerned about getting the process right for the families. They felt having