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

immediate debriefs after the event would be very useful as well a better understanding of the multicultural religious rituals of the families.

Conclusion: Healthcare professionals support the grieving family but also recognize their inadequacy as supporters. Learning end-of-life skills is a matter of on-the-job training for most healthcare professionals. Personal experience of bereavement influences the way we manage end of life care professionally.

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EXPERIENCES OF GRIEF BY PEDIATRIC INTENSIVE CARE NURSES IN PADUA UNIVERSITY HOSPITAL: AN EXPLORATORY STUDY

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Background: Nurses in Pediatric Intensive Care Units (PICU) are daily exposed to the suffering and death of their patients. Often the emotional burden may become unbearable, dysfunctional responses may arise and reflect negatively on patients' care.

Aim: To explore emotions and personal, social and professional consequences experienced by nurses working in PICU. Support currently available and the need for specialistic support were examined, together with possible positive outcomes.

Methods: Exploratory approach supported with Van Kaam method for qualitative data analysis. All nurses providing direct care to patients in PICU were included and asked to fill a questionnaire about feelings and consequences regarding the patients' death, and open-ended answers.

Results: Results show nurses changes in emotional state (93%), in relationship with patients (73%) and with own partner/children (53%), with colleagues (40%) and in physical health (20%). Nurses report crying, diminished energy, troubled sleep, headache, difficult concentration, physical exhaustion, changes in appetite. Nurses use informal support, but they would use specialistic help if available. Among the positive outcomes, an enhanced purpose in life and a more intense caring for patient towards a dignified death.

Conclusions: Caring for dying babies is a heavy burden for nurses, leading to personal and social consequences on health and work. There is a strong need for specific support to maintain a high quality of care, the ability to establish a therapeutic relationship with patients, providing support to patient's family members and minimize negative consequences for nurses.

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HYPOCHOLESTEROLEMIC EFFECT OF A 10% FISH OIL IV LIPID EMULSION IN PRETERM INFANTS

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Background: New lipid emulsions containing fish oil (FO) are recently became available, but there are no informations on their use in preterm infants.

Objective: To compare in preterms a 10% FO/50%MCT/40% soy emulsion (FMS) with a 50% MCT/50% soy emulsion (MS).

Design/Methods: Forty seven premature infants were randomized to receive FMS (n=23, GA 202 ± 17 days, BW 1017 ± 203 g) or MS (n=24, GA 195 ± 10 days, BW 1009 ± 211 g). The IV lipid dose was increased to 2,5 g·kg⁻¹·d⁻¹ within 7 days. All infants were on minimal enteral feeding from birth to d7; they reached full feed on d17. Plasma lipids were determined in cord blood and at d7 and D14 by gas chromatography and mass spectrometry. Routine biochemistry was also performed as part of standard practice. Data were compared using a t-test (p< 0.05).

Results: Plasma free cholesterol (FC) and cholesterol esters (CE) are reported below.

	Day 7		Day 14	
	FMS	MS	FMS	MS
FC (mg/dl)	50.4 ± 2.7 ^a	58.7 ± 2.4	47.4 ± 3.6	47.4 ± 2.3
CE (mg/dl)	73.7 ± 7.0 ^a	89.77 ± 6.5	72.0 ± 7.7 ^a	89.4 ± 6.5

[FC and CE (mean ± sem, ^a pPlasma lipid classes and fatty acids are being analyzed.