hydrolysate cost-saving after six years. The third formula, an extensively hydrolysed whey formula, was dominated in both analyses.

Conclusion: Our results show that for the prevention of atopic eczema two formulas can be cost-effective or even cost-saving depending on the scenario.

Economic studies indicate that atopic dermatitis generates a high economic burden.

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FACILITATING BLOOD WITHDRAWAL IN CHILDREN BY VISUALIZING VEINS WITH NEAR-INFRARED LIGHT

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Background and aims: Intravenous (IV) access for infusion or blood withdrawal may be cumbersome, especially in small children. Multiple puncture attempts for gaining IV access are traumatic and painful for the child. We developed a system (the Vasculuminator), based on infrared transillumination, that is able to visualize vessels underneath the skin. A feasibility study to the clinical use of the prototype in the procedure of blood withdrawal in children was performed.

Methods: The usefulness of the Vasculuminator during blood withdrawal in children under 6 years was studied in 45 children and compared to 80 children without the system at the phlebotomy station of the laboratory of a pediatric university hospital. Failure rate (i.e. percentage of procedures where more than one puncture was necessary to gain blood) was measured. The opinion of the laboratory technicians about using the Vasculuminator was evaluated after each procedure.

Results: The Vasculuminator enabled visualization of vessels underneath the skin up to a depth of several millimeters even in dark coloured skin. The failure rate of the procedures performed with the Vasculuminator (1/45; 2.2%) was smaller ($p = .05$) than in the procedures without the Vasculuminator

(10/80; 12.5 %). In 26 of the 45 cases, the operators reported to have a benefit of the Vasculuminator. In none of the cases it was found to have a negative influence.

Conclusions: The Vasculuminator enabled visualization of relevant veins underneath the skin. This first clinical evaluation showed promising results in facilitating blood withdrawal in children by decreasing the failure rate.

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AN EXPLORATORY STUDY OF PALLIATIVE AND TERMINAL CARE FOR CHILDREN AND THEIR FAMILIES (PATCH)

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Background and aims: Embedded in future direction within the field of palliative care for children and families is the need for a more substantive research to underpin care provision. This interpretative qualitative study aimed to investigate bereaved parent and health care professional perspectives on developing care and services for children with life-limiting conditions at the end-of-life.

Methods: A novel approach to data collection was adapted. Semi-structured interviews were used to capture the experiences of 25 bereaved parents (mothers and fathers). Five focus groups with health and social care professionals used a consensus building technique, about how services could be developed in line with the issues identified by parents as priorities.

Results: Resonance in issues experienced in the context of caring for a child at the end of life, were noted between parents and professionals. Issues included: anxieties around 'truth telling', symptom management, emotional impact, sibling needs, relationships and bereavement support. In terms of the differences between parent and professional experiences, two dimensions of service provision are of particular note, late referral to hospice and lack of services in the community, both of which dominated the accounts of parents whose children had non-malignant conditions but were ranked as relatively unimportant by service providers.

Conclusions: More structured bereavement support for parents was identified across the