clinical decision support in computerized prescribing can improve the quality and efficiency in drug prescribing.

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A PROSPECTIVE STUDY OF IN-HOSPITAL PEDIATRIC CARDIAC ARREST IN EUROPEAN AND LATINOAMERICAN HOSPITALS

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Background and aims: To study the characteristics of in-hospital cardiac arrest (CA) and the results of resuscitation after the 2005 recommendations of cardiopulmonary resuscitation in children.

Methods: A prospective, international, multicentric study was performed. 124 hospitals from 16 European and Latinoamerican countries participated during 24 months. CA in children between 1 month and 18 years were analysed using the Utstein template.

Results: 543 CA episodes were registered, 252 (46.5%) in 18 Latinoamerican and 290 (53.5%) in 27 European hospitals. Mean age was 44.3 months (48.2% younger than 12 months) and 56.2% males. The most common causes of CA were cardiac (30.4%), respiratory (29.2%) and sepsis (19.7%). 58.8% of the CA took place in the PICU. Sustained return of spontaneous circulation (ROSC) was attained in 68.9% of the patients. Only 33.3% survived. ROSC were higher in European 76% than in Latinoamerican hospital 60.7% ($p < 0.01$). Survival was higher in males (37.9%) than females (27.7%) ($p = 0.018$). Respiratory and cardiac CA have higher survival rates (42%) than sepsis, neurologic and traumatic causes (20.6 %) ($p < 0.01$). CA survival in urgency (20.3%) was lower than in PICU (36.5%), wards (35.3%) or surgery (50%) ($p = 0.01$) and in European (41.9%) than in Latinoamerican hospitals (22.7%) ($p < 0.01$).

Conclusions: Although 69 % of patients who suffered a CA attained ROSC only 33 % of them survived. Survival was higher amongst men. Precipitating causes and localization of CA influence survival and could partly justify differences between European and Latinoamerican hospitals.

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ARE WE PREPARED FOR LIFE-THREATENING PEDIATRIC EMERGENCIES? RESULTS OF A PRE SURVEY OF SIMULATION-BASED TRAINING IN GERMAN PICUS

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Background: Life-threatening events in children are uncommon, but are demanding on the healthcare team. The PAEDSIM working group has organized in-house simulation based trainings (SBT's) for German PICU's, emphasizing the medical aspects as well as the principles of Crisis Resource Management (CRM). In this study, questionnaires were used to evaluate the current education for pediatric emergencies.

Methods: We trained 120 pediatric healthcare providers in four hospitals. Each group, consisting of 8-10 participants, received four hours of SBT. The participants filled out questionnaires assessing their own capabilities before SBT and the education received on pediatric emergencies within their department.

Results: Participants rated themselves rather low (3.5 +/- 1.5) in their competence in managing important pediatric emergencies on a scale from 1 to 6. In particular, their competence in cardiopulmonary resuscitation (3.66 + / - 1.11) and the treatment of cardiac problems (4.06 + / - 0.94) were rated negatively.

Only 36% of physicians (vs. 80% of nurses) receive cardiopulmonary resuscitation training one or more times per year, with only 9% having taken an official course from the European Resuscitation Council and 29,5% attending courses focusing on CRM. **Conclusions:** These data show clearly the divergence between training needs and training