2.4. Visit schedules: *Families were around all the time.*

3. Wards organization.

3.1. Chores: *nursing assistants supervised bottlefeeding and breastfeeding.*

3.2. Team relations: *Interaction between nurse and doctor equals problem.*

3.3. Specialized knowledge: *I was lost at the beginning, I didn't have a clue.*

3.4. Satisfaction: *I really loved this clinical rotation.*

According to nursing students views, family centered care is much needed in our hospitals and we should treat pediatric pain better. Students do like the clinical rotation in pediatrics wards.

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HOME CARE VENTILATION: A RETROSPECTIVE EVALUATION OF OUR EXPERIENCE BASED ON THE CURRENT NATIONAL PRACTICE

I. Mikulenkova, I. Larysova

PICU, Faculty Hospital Ostrava,
Ostrava- Poruba, Czech Republic

Fast progress in paediatric intensive care medicine and early recognition and treatment of respiratory failure means that more paediatric patients are dependant on the long term ventilation. Technical dependency keep these children out of their comfort environment and causes physical and psychological deprivation of the patients as well as their families. This fact led to an establishment of a national committee for realization of home care ventilation in the Czech Republic.

Objectives:

- Describe the whole discharge process for the home care ventilated patients
- Analyse our own unit experience and identify advantages and obstacles in the process
- Evaluate the process of the home care ventilation project
- Gain insight into the care- keepers' experiences

- National statistics of the patients mechanically ventilated at home

Method: standard questionnaires were sent to 5 PICU in Czech republic. We followed up our patients and their families who were willing to share their experience.

Results and conclusions:

- There is a need for improvement of the present process
- There are currently no methodical instructions for the health insurance companies about the financial support of the families with mechanical ventilation dependant children
- Further development of the community care service
- There are clear benefits for the children and their families being discharged on the home mechanical ventilation
- National statistics results are still in the process of evaluation

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NEWBORNS AT RISK AND MIGRANT WOMEN

G. Riccio¹, E. Baumgartner², A. Devescovi²,
M. Marconi³

¹Department of Clinical Psychology, ²Dipartimento di Psicologia, Sapienza, ³Hospital of San Camillo Forlanini, Hospital of San Camillo Forlanini, Roma, Italy

The number of children requiring intensive neonatal care is increasing and it has become a huge cost for the community and the national health system. Under some conditions, where a social risk exists along with a biological one ("ecological risk"), the newborns drop out of the health care system and then they are brought back to the health care and social services attention only when there is a full blown damage. In the migrant populations, pathological births and damage to the child's health are higher than among the Italian population. In order to examine the factors affecting care continuity, an appropriateness project has been carried out by a Neonatology Department in a hospital in Rome for newborn babies of migrant women. The aims of this article are: