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

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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

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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:

a) to describe the socio-demographic and health characteristics of 330 families included in the project;

b) to describe the continuing care comparing 73 newborns at an ecological risk hospitalized at September 2007 to December 2007, 167 newborns at an ecological risk hospitalized at January 2008 to June 2009 with 80 Italian newborns at a biological risk;

c) to compare the developmental indexes in a group of 30 newborns (15, target group and 15 control group) matched for gestational age, weight and length of hospitalization. The early results seems to confirm the hypothesis that care discontinuity is particularly present in the migrant population group. This population appears to be exposed to risk concerning psycho-motor development, particularly in the social relations and oculomotor coordination domains.

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STUDY OF SOME INFLAMMATORY MARKERS IN CHILDREN WITH MODERATE PERSISTENT BRONCHIAL ASTHMA BEFORE AND AFTER THERAPY WITH INHALED CORTICOSTEROIDS

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Inhaled corticosteroids is the mainstay of bronchial asthma therapy (BA) because it targets the underlying airway inflammation. This study included 30 children aged 5-15 years with moderate persistent asthma . The aim was to study some inflammatory markers (sputum eosinophils SE , AEC, eosinophilic cationic protein ECP, and TNF-~) and measurement FEV1/FVC as an indicator of obstructive airway disease. The measurements were done 3 times for the patients and once for 20 age and sex matched healthy children (control group) . The first sample was taken in both groups before start of therapy. The second was done for the patients after 3 months of ICS and the third was taken with reappearance of symptoms of BA during or after complete withdrawal of ICS over 4 months. Our patients in the pretreatment sample had significantly higher levels of sputum eosinophis, AEC, ECP, TNF- ~, and FEV1/FVC compared to the control . Compared to the pretreatment values these values except AEC decreased significantly after 3 months of ICS. Relapse occurred in 25 patients during withdrawal of the ICS therapy

and only 5 patients remained asymptomatic after complete stoppage of the treatment. Relapse was associated with significant increase in the levels of TNF-~ and SE in the third sample compared to the second sample . We conclude that non-invasive assessment of airway inflammation is enough to monitor children with BA. ICS is an effective tool against this inflammation. TNF-~ followed by sputum eosinophils are sensitive predictors of relapse in the children with BA.

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THE MOST FREQUENT FLAWS REGARDING THE TENDING OF THE ASTHMA ATTACK IN CHILDREN IN FRANCE

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Context: Seemingly emergency treatment of episodes of asthma attack suffers from therapeutic attitudes which do not match usual international recommendations.

Purpose: During specialised consultations we have aimed to assess the most common flaws regarding the tending of children's asthma exacerbations by our local care dispensers.

Method: We opened a prospective data collection of 100 children who had had an asthma attack in the weeks before the consultation, during the winter 2007/2008. The children are between 2 and 16 years old (average age of 6 years 4 months). The gender ratio is 60% male and 40% female. 49% of them have had their persistent asthma confirmed for more than 6 months, 35% for more than 2 years and the remaining 16% for as long as 5 years.

Results: In 39% of cases, short-acting inhaled Beta2-agonists are neither prescribed nor advised. In 68% short course of oral corticosteroids are not resorted to. Combination of long-acting inhaled Beta2-agonist and inhaled corticosteroids are used for treating the attack in 21% of children, usually over a few days long. Several other, non-accredited, alternative treatments (e.g. anti-histamins, leukotrien-antagonists, homeopathy) are used in 24% of cases.

Conclusions: The tending of asthma exacerbations in children in our area shows:

- an obvious corticophobia,