families were included in the study. The data was analyzed using grounded theory, which allows to develop a theory based on the participants’ understanding of their experiences, and guide the facilitator-mediated discussions.

Results: Results highlight that families struggle to return to normality after discharge. Overall life was fundamentally changed by the PICU admission and families took time to adjust to this new reality. Families attempt to develop coping strategies and models of recovery to help guide them through the experience, alongside processing their experience to create a coherent narrative.

Conclusions: It is hoped that this research will enable clinicians to better prepare families experiencing serious and life-threatening illness as they are more equipped to face the challenges following discharge and further funding has been awarded to develop accessible information for families leaving PICU.

210. THE USE OF PSYCHOLOGY ON PAEDIATRIC INTENSIVE CARE; AN AUDIT OF FAMILY SATISFACTION

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Background: PICU admission increases the child's vulnerability to traumatic stress and other mental health problems. Evidence is emerging of the benefit to families of psychological support during their child's ICU admission. However, little is known about what families think about the psychological input they receive.

Aims: This study evaluated families' awareness of and satisfaction with the Psychology service on a multidisciplinary tertiary PICU. Families of children who had survived a PICU admission completed a semi-structured questionnaire. Thematic Analysis was performed on the qualitative data.

Results: 29% of families reported that the Clinical Psychologist and were satisfied. 39% were aware of the service, but had not used it but were satisfied. 28% were aware but had not used the service. Psychology was perceived as useful to develop general coping strategies and provide specific psychological expertise e.g. talking about death with siblings and minimising traumatic reactions in awake children. Some parents wanted follow-up of their child's experiences. Families who had received or were aware of this psychological service on PICU talked about their experiences differently from those who were not aware of the psychological service. The latter used more emotionally charged language and expected to have more unresolved issues relating to their PICU stay.

Implications: Psychology should be offered as routine support on the PICU to normalise stress reactions in families. Knowing about a psychology service is protective of psychological health and may influence future psychological outcomes.

584. THE YOUNG CHILDREN'S CRITICAL ILLNESS IMPACT SCALE: AN ILLUSTRATED MEASURE OF PSYCHOLOGICAL DISTRESS FOLLOWING PICU HOSPITALIZATION

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Objectives: Severe childhood illness can have significant psychological repercussions for the child. In earlier work, we developed the Children's Critical Illness Impact Scale (C-CLIS), a 28-item, self-report instrument to measure psychological distress in school-aged children post-PICU hospitalization. This study objective was to develop an illustrated version of the C-CLIS for younger children; namely, the Young Children's Critical Illness Impact Scale (Y-CLIS).

Methods: Pictorial item development, scale formatting, and pilot testing were conducted at one Canadian, university-affiliated paediatric hospital. A team of clinical, research and multimedia experts illustrated C-CLIS items generated from interview data gathered from children post-PICU hospitalization, their parents, and hospital health care professionals (n=64). Drawings reflecting the context of the child's experiences, with clinical suggestions to age-appropriate content and developmental progression of 5 to 8 years old. Children (n=39) provided preliminary feedback on drawings and scale formatting. Following preliminary revisions, drawings were scanned onto computer and colourized. In pilot testing, 15 children and their parents evaluated item comprehension, ambiguity, scale formatting and instructions. Remake: Forty-six drawings (28 items) and a parent instruction booklet were developed. Children found the item pleasing, clearly drawn and easily understood. Only one item required minor revisions. The testing schedule was easy to use, and children completed the measure within 15-25 minutes.

Conclusions: Valid, acceptable, and developmentally appropriate measures are essential to identify high-risk children requiring support services post-PICU hospitalization. The Y-CLIS is a promising new self-report measure targeting young children.

1052. PARENT AND STAFF PERCEPTIONS OF FAMILY-CENTRED CARE IN TWO AUSTRALIAN CHILDREN'S HOSPITALS

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Introduction: Whilst family-centred care (FCC) is an accepted philosophy underpinning healthcare in paediatrics, there is no evidence that this approach is effective or appropriate.

Objective: To examine hospital staff perceptions of FCC in Western Australia and Queensland, in terms of perceptions of FCC between parents and staff and, further validate the study questionnaire.

Methods: Adaptive measure of the FCC Process Questionnaire (FCCPQ). 100% of staff in two tertiary paediatric hospitals and 100% of staff in a tertiary general hospital completed the questionnaire. Description of data points and reliability analysis were performed. Results: Of 264 staff, 231 (87.4%) were female and 33 (12.6%) were male. The median age was 36 (range: 22-60) years. The majority of staff were nurses (85.6%), followed by doctors (7.5%), allied health staff (4.9%). The majority of staff were perceived to have excellent knowledge about FCCPQ (85.6%). The median score for the FCCPQ was 4.5 (range: 1-5). Logistic regression analysis revealed a significant association between FCCPQ and staff perception of FCC (p<0.001). Conclusion: The FCCPQ is a valid and reliable measure of family-centred care in paediatric hospitals.

52. INCIDENCE OF INFECTIOUS COMPLICATIONS AND THEIR IMPACT ON OUTCOMES IN CHILDREN WITHOUT LIVER TRANSPLANTATION FOR ACUTE LIVER FAILURE

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Objectives: To determine the incidence of Infections Complications (IC) in children with Acute Liver Failure (ALF) and their effect on outcomes in children who received liver transplantation (LT).

Methods: Retrospective review of case records of children with ALF. All patients had surveillance cultures from sterile body fluids weekly or more often if clinically indicated. Biological parameters of liver dysfunction, duration of ventilation, hospital stay and patient outcomes were compared between patients with and without IC.

Results: Of 146 children studied, 33% had proven IC. Enterovirus spp was the commonest organism (18 episodes), followed by LT. LRTI and UTI were seen in 12 patients each. Pseudomonas and Candida spp were common respectively. Other infections included gastroenteritis, meningitis and sepsis. 9 episodes of liver infection were seen in patients after a median duration of 14 days of admission. Median duration of hospital stay in patients with IC (28 days) was significantly higher than those without IC (11 days, p<0.001). The duration of ventilation was significantly higher in IC group (10 days compared to non-infections group 5 days, p<0.001). Overall mortality was 10%. The causes of death were culture proven sepsis (multi organ failure) and graft failure (10%). 50% in IC group had DP compared to 26% in non-infections group. Patients with IC who underwent LT had longer duration of ventilation and hospital stay as compared to those transplanted without IC with no difference in mortality.

Conclusions: Children with ALF were not associated with increased mortality in children who died or did not receive LT, this group had prolonged duration of ventilation and hospital stay.

183. THE PREDICTIVE VALUE OF ELEVATION IN SPECIFIC SERUM ENZYMES FOR ABNORMAL INTESTINAL PERMEABILITY IN PREMATURE BABIES AFTER BIRTH

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Objective: Hypothesis and loesschews are two main factors which contribute to intestinal damage during perinatal asphyxia. For clinical purpose, it is important to identify biomarkes corresponding with intestinal injury in early postnatal period. We evaluated the value of serum lactate dehydrogenase (LDH), separate amido transferase (AST) as early predictors of abnormal intestinal permeability in premature babies.

Methods: 72 prematures infants of 37-38 weeks gestation were included. The enrollment was performed between the first 4-6 hour of life. Blood was collected to a sugar absorption test (SAT) performed on the 5th and 6th day of life. The control group of 30 full-term babies was used for calculation of cut-off limit for the SAT result.

Results: There was significant correlation between intestinal permeability measured on the 2nd and 6th day of life and LDH (r=0.56, p<0.00001), and AST values (r=0.38, p=0.0055 and r=0.32, p=0.004 respectively). The level of AST >39 U/l was a significant predictor for abnormal SAT results measured on the 2nd day (RR=0.65, 95% CI: 1.79-5.63, p<0.0001) and on the 6th day of life (RR=2.48, 95% CI: 1.67-3.75, p<0.001). The level of LDH >77 U/l was a good predictor only on day 6 (RR=0.38, 95% CI 1.38-8.57, p<0.0001).

Conclusions: AST and LDH are good markers of abnormal intestinal permeability in premature babies after birth. The results so far seem to be predictive only in the earliest postnatal period. (Funded by MUTRICA Research Foundation, IG-396).