

families were included in the study. The data was analysed using grounded theory, which aims to develop a theory based on the participants' understanding of their experiences, and is based in the social constructivist paradigm.

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.

Conclusion: It is hoped that this research will enable clinicians to better prepare families experiencing serious and life-threatening illness so that 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 and family's vulnerability to traumatic stress and other mental health problems. Evidence is emerging of the benefits 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.

Aim: 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 respondents had met the Clinical Psychologist and were satisfied. 31% were aware of the service, had not used it but were satisfied. 39.5% were not aware but would have used the service. Psychology was perceived as useful to develop general coping strategies and for more specific psychological expertise e.g. talking about death with siblings and minimising traumatic reactions in awake children. Some parents wanted follow-up to help them process their PICU experience. Families who had received or were aware of the psychological service on PICU talked about their experience differently from those who were not aware of the psychological service. The latter used more emotionally charged language and appeared 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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Objective: Severe childhood illness can have significant psychological repercussions for the child. In earlier work, we developed the Children's Critical Illness Impact Scale (CCIIIS), a 23-item written self-report instrument to measure psychological distress in school-aged children post-paediatric intensive care unit (PICU) hospitalization. The study objective was to develop an illustrated version of the CCIIIS for younger children; namely, the Young Children's Critical Illness Impact Scale (Y-CCIIIS) for children aged 5 to 9 years.

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 CCIIIS items generated from interview data gathered from children post-PICU hospitalization, their parents and health care professionals (n=64). Drawings reflecting the content of the written items were created, with strict attention to age appropriate content and developmental processes of 5- to 9-year-olds. Children (n=9) provided preliminary feedback on drawings and scale formatting. Following preliminary revisions, drawings were scanned onto computer and coloured. In pilot testing, 15 children and their parents evaluated item comprehension, ambiguity, scale formatting and instructions.

Results: Forty-six drawings (2/item) and a parent instruction booklet were developed. Children found the items appealing, clearly drawn and easily understood. Only one item required minor revisions. The scaling technique was easy to use, and children completed the measure within 15-20 minutes.

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

1052. PARENT AND STAFF PERCEPTIONS OF FAMILY-CENTRED CARE IN TWO AUSTRALIAN CHILDRENS 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, to examine parents of hospitalized children perceptions of FCC, to compare perceptions of FCC between parents and staff and, to further validate the study questionnaire.

Method: Following institutional ethics approval, a comparative survey, using established questionnaires was distributed to two groups: a) parents of children who were inpatients in two tertiary paediatric hospital and b) nurses, doctors and allied health staff employed in the same settings.

Results: Questionnaires with completed data were returned by 238 parents and 467 staff. Analyses will identify the demographic characteristics of parent and staff, and mean FCC scale scores for parents and staff using Mann-Whitney U tests with adjusted Type I error for multiple comparisons. Preliminary results indicate that overall parents' responses were more positive than staff. Further assessment of the scales will use principal components analysis and Cronbach's alpha coefficients.

Conclusions: This is the largest study to date to compare staff and parents perceptions of FCC. It will provide information which can be used to facilitate understanding of FCC in the Australian context. This study aims to generate evidence about the effectiveness, applicability, and appropriateness of FCC in Australian paediatric health facilities and will guide the development of the most appropriate model for hospital environments.

TUESDAY FREE PAPERS - HORMONES, FLUID & FEEDING

62. INCIDENCE OF INFECTIOUS COMPLICATIONS AND THEIR EFFECT ON OUTCOME IN CHILDREN WITH AND WITHOUT LIVER TRANSPLANTATION FOR ACUTE LIVER FAILURE

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Objectives: To determine the incidence of Infectious Complications(IC) in children with Acute Liver Failure(ALF)and their effect on outcome 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. Biochemical parameters of liver Dysfunction, duration of ventilation, hospital stay and patient outcomes were compared between patients with and without IC.

Results: Of 145 children studied,47(32%)had proven IC. *Enterococci spp.* was the commonest organism causing 18 episodes of bacteraemia in 13 patients. LRTI and UTI were seen in 12 patients each-Pseudomonas and Candida spp commonest respectively. Other infections included gastroenteritis (5), intra-abdominal infections(3)and line site infections(3).IC occurred in patients after a median duration of 14 days of admission. Median duration of hospital stay in patients with IC (35 days) was significantly higher than those without IC (11 days),p<0.0001.The duration of ventilation was significantly higher in IC group (10 days)as compared to non-infectious group (5 days);p<0.01.Overall mortality was 16%. The causes of death were culture proven sepsis(6),multi organ failure(5) and graft failure(1).45% in IC group had LT compared with 26% in non infectious 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: Culture proven sepsis was not associated with increased mortality in children who did 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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Objectives: Hypoxia and ischaemia are two major factors which contribute to intestinal damage during perinatal asphyxia. For clinical practice, it is important to identify biochemical markers corresponding with intestinal injury in early postnatal period. We evaluated the value of serum lactate dehydrogenase (LDH), aspartate aminotransferase (AST) as an early predictor of abnormal intestinal permeability in premature babies.

Methods: 71 preterm infants of 27-32 weeks' gestation were included. The enzymes activity was assessed between the first 6-24 hours of life. Intestinal permeability was measured by a sugar absorption test (SAT) performed on the 2nd 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<0.0001 and r=0.32, p=0.005 respectively), and AST values (r=0.38, p=0.0008 and r=0.33, p=0.004 respectively). The level of AST >96 U/L was a significant predictor for abnormal SAT results measured on the 2nd day (RR=3.08, 95% CI: 1.70-5.58, p<0.0001) and the 6th day of life (RR=2.46, 95% CI: 1.39-4.37, p<0.01). The level of LDH >775 U/L was a good predictor only on day 2 (RR=3.80, 95% CI: 1.68-8.57, p<0.0001).

Conclusion: AST and LDH are good markers of abnormal intestinal permeability in premature babies after birth. An increase in both enzymes seems to be predictive only in the earliest postnatal period. (Founded by NUTRICIA Research Foundation, RG 1/06).