

Catarina, and Rio Grande do Sul). The information was collected through a standardized questionnaire (December 2015 to May 2018) applied to the head of the NICU and the following members of the multi-professional team: doctors, nurses, and physiotherapists. Descriptive analysis, Chi-square test, Student's t-test, Mann-Whitney test, and logistic regression were performed using the ENTER method. It was considered statistically significant when $p < 0.001$.

RESULTS: RESULTS: 51 NICU were included, totaling 438 respondents (180 nurses, 154 doctors and 104 physiotherapists); the mean age of the HP was 37.5 years (SD: 9.23) and the mean experience time in the area was 11 years (SD: 8.6); regarding the professional qualification of the participants, 87.3% (N: 327) reported having undergraduate/specialization and 12.3% (N: 54), graduate. There was a positive correlation between the affirmative response of the HP regarding the interference of the PP in the NPMD and the indication of this posture in the NICU (OR: 2.455; $p < 0.001$), and the presence of a physiotherapist increases fivefold the likelihood of PP indication ($p < 0.001$, 95% CI).

CONCLUSIONS: CONCLUSION: The PP indication in the NICU is associated with considering their interference in the NPMD of infants and the presence of a physiotherapist in the Unit.

P0471 / #837

EARLY REHABILITATION IN PAEDIATRIC CRITICAL CARE: A TWO PART STUDY INVESTIGATING REAL AND PERCEIVED BARRIERS AND BENEFITS TO EARLY REHABILITATION

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AIMS & OBJECTIVES: To evaluate real and perceived barriers to early rehabilitation (ER) in a pediatric critical care unit, and to assess the nursing team's perceptions about risk and benefits of ER.

METHODS: We performed a retrospective evaluation of missed or delayed opportunities for ER, and a prospective staff survey to assess perceived patient specific barriers, risks and benefits of ER.

RESULTS: From November 2018 to October 2019 we identified 410 delayed or missed opportunities for ER for patients meeting departmental guideline criteria. Physiotherapy staffing (17%), delayed orders (17%) and nursing staff declining based on clinical condition (16%) were the most frequent barriers observed to rehabilitation (Fig 1). On the staff survey, clinical condition (50%), patient comfort (35%) and patient safety (30%) were the most common perceived barriers to ER. Staffing levels and lack of physician order were significantly under reported. Our patient level analysis showed that nursing staff perceived their patient to be of a greater risk from ER compared to our guidelines in 42% of the cases. Among patients perceived to be at high risk, most were classified as medium (62%) or low (18%) risk according to the unit guidelines. The greatest perceived

potential benefits of early rehabilitation were reduced ventilator dependent days, improvement in musculoskeletal condition, and improved quality of life on discharge.

CONCLUSIONS: There are significant discrepancies between real and perceived barriers to ER in our PICU. Nurses perceptions of the risk associated with ER is significantly higher than our guideline definition, this discrepancy has a significant impact on ER implementation.

P0472 / #848

EDUCATIONAL COLLABORATIONS IMPROVING OUTCOMES

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AIMS & OBJECTIVES: A collaboration between University of Nottingham (UoN), Nottingham Childrens Hospital (NCH) and WellChild has enabled the development of a 'Better At Home' Suite' to provide a safe place for PCC families to learn and practice many of the skills required to care for their child at home – from managing their ventilation, to feeding them via a tube.

METHODS: Initial meeting established the relationship to have a suite located within the hospital. The uniqueness of this location is the university and PCC are co-located within the same hospital, enabling and empowering families access to the facility 24/7. The introduction of undergraduate students to service users and real life circumstances bridges gaps in education that they may not have exposure to. Identification of resources required were placed into a business case and submitted for funding. The UoN, NCH and WellChild working together to utilise the facility aimed at improving outcomes and the education gap that exists.

RESULTS: The ongoing relationship between WellChild, NCH and UoN has led to the development of the Better at Home Suite. The educational interventions and methods for parents, families, students and wider services users has positive impacts on outcomes, measured by length of stay and parental satisfaction.

CONCLUSIONS: The addition of the suite for PCC families and students has the potential to reduce length of stay, improved confidence and competence, and enhance future health care relationships.

P0473 / #892

EVALUATION OF THE INTERNAL CONSISTENCY OF THE BRAZILIAN VERSION OF THE EMPATHIC-30 INSTRUMENT TO MEASURE PARENTS SATISFACTION IN PEDIATRIC INTENSIVE CARE UNIT

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AIMS & OBJECTIVES: To evaluate the internal consistency of the Brazilian version of the *EMpowerment of PArEnts in The Intensive Care* (EMPATHIC-30) questionnaire.

METHODS: The study was performed at the PICU in a University Hospital in South of Brazil. Responsible individuals over 18 years of age and with more than 24 hours of hospitalization in the PICU were included. The translated questionnaire EMPATHIC-30 was applied up to 72 hours after patient discharge from the PICU. The reliability of the translated questionnaire was evaluated with the coefficient omega of McDonald and coefficient Cronbach's Alpha within each item, domain and in general. A value of Cronbach's alpha greater than 0.70 was considered satisfactory.

RESULTS: 141 families were analyzed. Regarding internal consistency, the lowest Cronbach's alpha found was 0.47 (CI. 95%: 0.35; 0.59) in the organization domain. The values of the other domains were: 0.64 (95% CI: 0.55, 0.73) for information, 0.77 (95% CI: 0.71, 0.83) for care and treatment, 0.72 (95% CI: 0.66, 0.78) for participation and 0.72 (95% CI: 0.65, 0.79) for professional attitudes. The total internal consistency independent of the domain was 0.90 (CI. 95%: 0.88, 0.92). With regard to McDonald's Omega, values were identified: 0.68 (95% CI: 0.49, 0.88) for information, 0.73 (95% CI: 0.61, 0.85) for care and 0.85 (95% CI: 0.47, 0.80) for participation, 0.85 (95% CI: 0.76, 0.93) and 0.72 (95% CI: 0, 58; 0.86) for professional attitudes.

CONCLUSIONS: The results support the use of the Brazilian version of EMPATHIC-30 for the evaluation of parents' satisfaction of children admitted to the PICU.

P0474 / #903

POST CRITICAL CARE SYNDROME IN THE PEDIATRIC PATIENT, A CLINICAL CASE ANALYSIS. AND LITERATURE REVIEW

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AIMS & OBJECTIVES: Objective: Examine the case of a girl with post intensive care syndrome

METHODS: Data sources: Literature review and case report

RESULTS: Patient: A four month old female, with septic shock, multiple organ failure, four limb compartmental

syndrome, that required high doses of vasopressors that led to necrosis requiring amputation, debridement, and negative pressure therapy of the 4 limbs, with a favorable evolution after amputation. Rehabilitation began during his stay at PICU and psychological support to the family during and after deciding the partial amputation of the limbs to empower the family in the care and education of the girl.

CONCLUSIONS: CONCLUSION: In this context, a protocol called "ABCDEF" has been implemented; which consists of: (A) assessing, preventing and controlling pain, (B) attempts to wake up and maintain spontaneous breathing, (C) lesson in analgesia and sedation, evaluate, prevent and control delirium (D), early mobility and exercise (E), and family commitment and empowerment (F). In order to reduce the incidence of pediatric critical post-therapy syndrome. A more human approach is needed that helps to magnify human dignity and self-esteem during intensive care stay.

P0475 / #985

CHILEAN VERSION OF THE PEDIATRIC FUNCTIONAL STATUS SCALE: TRANSLATION AND CROSS-CULTURAL ADAPTATION

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AIMS & OBJECTIVES: To translate and cross-culturally adapt the Pediatric Functional Status Scale (P-FSS) into Chilean Spanish.

METHODS: A methodological study of the translation and cross-cultural adaptation of the P-FSS, according to the stages of translation, synthesis of translations, back-translation, synthesis of backtranslations, expert committee analysis and pre-test with a sample of the target population, in a Single-center PICU at a Hospital San Pablo Coquimbo Chile.

RESULTS: 25 subjects were evaluated by 2 trained evaluators in the allocation of the P-FSS after transcultural adaptation. The characteristic of the subjects in Table 1. The concordance in the allocation of the total score had a percentage agreement of 76% (Kappa = 0.728; p-value <0.001). When evaluating by domains we report an 80% agreement in mental state (Kappa = 0.707; p-value <0.001), for all other domains the percentage of agreement was 100%