P-352
OUTCOME OF NEONATAL CONGENITAL DIAPHRAGMATIC HERNIA IN A MIDDLE-INCOME COUNTRY
L. S. Lam1
1University Malaya Medical Center, Pediatrics, Kuala Lumpur, Malaysia

Aims & Objectives:
To investigate the outcome of neonates with congenital diaphragmatic hernia (CDH) admitted to the Pediatric Intensive Care Unit (PICU) in University Malaya Medical Center.

Methods
A retrospective study of unilateral CDH from 2003–2017 was conducted.

Results
A total of 118 neonates, 58.5% males (n=69) were identified. Antenatal diagnosis of CDH was recognized in 40.7% (n=48) while inborn cases constituted 48.3% (n=57) of the population. The modes of delivery were emergency lower segment caesarean section (LSCS) in 26.3% (n=31), elective LSCS in 11.9% (n=14) and spontaneous vaginal delivery in 61.9% (n=73) of the cases. The 1-minute and 5-minute Apgar scores of >7 were observed in 51.3% (n=58) and 75.2% (n=85) of the population respectively. Stabilization with conventional ventilation including the use of respiratory rates up to 100/minute was preferred and achieved in 50.8% of cases (n=60). Another 27 cases were stabilized with high frequency oscillation.

Surgical repair was carried out in 89 patients including 2 cases who did not achieve stabilization pre-operatively, at median age of 8 days (IQ 6–13 days). The other 29 cases died without an operation. Of those who underwent surgical repair, 4 died before 30 days of life while another 5 died after 30 days, making the 30-day survival 72% and survival to hospital discharge 67.8%.

Factors associated with non-survival were antenatal diagnosis, being inborn, 1 and 5-minute Apgar scores <7, elective LSCS as the mode of delivery and non-stabilization preoperatively.

Conclusions
Survival to hospital discharge of CDH in our centre is slightly lower than in those with extra-corporeal membrane oxygenation in developed countries.

P-353
MANAGEMENT FOR CONGENITAL HEART PATIENTS WITH AIRWAY DISEASE BASED ON THE FAST-TRACK SURGERY THEORY
W.Y. Lau1, L. Liu1
1Shanghai Children’s Medical Center, cardiovascular intensive care unit, Shanghai, China

Aims & Objectives:
To establish a series of nursing care bundle based on the fast-track surgery (FTS) for congenital heart patients with airway disease and to evaluate its effect and efficiency.

Methods
Convenient sampling was used in this study to select 41 enrolled pediatric patients as control group from Jan to Dec in 2015 and 43 patients in the intervention group using new care bundle from Jan to Oct in 2017.

Results
The ratio of reintubation and readmission ICU was significantly less in the intervention group compared to the control group (t=3.983, p=0.046; t=5.585, p=0.016 respectively), the usage of mechanical ventilation shortened (t=2.866, p=0.004) and the length of hospital and ICU stay also declined in the intervention group (p=0.019 & p= 0.004).

Conclusions
The new care bundle based on the FTS was safe for congenital heart patients with airway disease and carried out lots of social and economic benefits for the patients and family.

P-354
DECISIONS FACED AND DECISION REGRET IN THE PEDIATRIC INTENSIVE CARE UNIT (PICU): PARENTS’ PERSPECTIVES
R. Ashworth1, L. Sorce2, P. Frauen3, E. Martinez4, D. Victorsen5, V. Alvarado6, S. Derrington7, K. Mischel2
1Washington University School of Medicine, Pediatrics, St. Louis, USA
2Ann & Robert H. Lurie Children’s Hospital of Chicago, Department of Nursing, Chicago, USA
3Normal Moments, Inc, Chicago, USA
4Ann & Robert H. Lurie Children’s Hospital of Chicago, Division of Critical Care Medicine, Chicago, USA
5Northwestern University Feinberg School of Medicine, Medical Social Sciences, Chicago, USA
6University of Illinois, Chicago College of Medicine, Chicago, USA
7Northwestern University Feinberg School of Medicine, Pediatrics, Chicago- IL, USA

Aims & Objectives:
Parents of PICU patients may face challenging life-changing decisions. Little is known about the decisions these parents make or if certain decisions are associated with decision regret (DR). We describe parents’ reports of decisions made for their children and associated DR scores.

Methods
We used data from The Navigate Study, a randomized controlled trial comparing a communication intervention with an informational brochure. We enrolled English and Spanish speaking parents of PICU patients >18 years old expected to require >24 hours of PICU care or with a pediatric index of mortality score ≥4. Parents completed a survey 3–5 weeks following their child’s PICU discharge. The survey asked parents to report, “the MOST important decision made for your child while he/she was in the PICU” and complete the validated DR scale in reference to this decision. We analyzed reported decisions by defining and categorizing decision types. Two reviewers analyzed the data separately and resolved discrepancies by consensus.

Results
We received surveys from 229 parents of 207 patients. 43 parents either did not answer or did not describe a decision. The most common decisions involved procedures, respiratory support and medical management. Those related to symptom management had the highest average DR scores. The table shows the six categories identified, associated frequencies, and average DR scores.

| Table. Categories of Decisions Reported by PICU Parents |
|-----------------|-----------------|-----------------|
| Decision Category | Number (%)* | Average Decision Regret Scale Score** |
| Procedure | 68 (29.7%) | 7.5 |
| Respiratory support | 67 (29.3%) | 13 |
| Medical management | 57 (24.9%) | 12.1 |
| Parent-staff interactions/communication | 23 (8.3%) | 15 |
| Symptom management | 15 (6.6%) | 18.7 |
| Fluid/electrolytes/nutrition | 14 (6.3%) | 8.6 |

* Some responses fit into more than 1 category.
** Decision Regret Scale, a 5-item Likert scale tool scored from 0=no regret to 100=maximum regret

Conclusions
Overall, parents reported relatively little regret surrounding decisions in the PICU. While decisions about symptom management were less common, they were associated with the highest DR. These data can help direct future PICU decision-making research.

P-355
TRANSLATION OF THE DANISH VERSION OF THE EMPATHIC-30 QUESTIONNAIRE
P. Mikkelsen1, B. Ramsauer2, K. Larsson
1Odense University Hospital, Pediatric Intensive Care Unit BRITA, Odense, Denmark

Aims & Objectives:
No Danish instrument for systematically collecting parents’ satisfaction with a pediatric critical care experience exists. The Dutch EMPowerment of PArents in Intensive Care (EMPATHIC-30) has shown good psychometric value and has been translated into several languages.

Objective: To translate the EMPATHIC-30 questionnaire and conduct a survey in a Danish pediatric and neonatal critical care setting

Methods
A Danish PICU at a tertiary, university hospital participated. The questionnaire consists of 30 items to be rated on a scale from 1 to 6. Additionally, there is space for comments on the admission, the stay, the discharge and general experiences.

The study had two phases:
Phase one was the translation of the questionnaire using a standardized method for translation and cultural adaption of patient reported outcome.

Pediatric Critical Care Medicine 2018 • Volume 19 • Number 6 (Suppl.)
Copyright © 2017 by the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies. Unauthorized reproduction of this article is prohibited.