2nd Annual CHQ Research Symposium – Abstract Submissions
Patient-clinician discussions about fertility in the adolescent and young adult cancer population: do disparities exist?

Utility of regular Infliximab levels in paediatric Crohn’s disease

Health literacy of mothers accessing child development services: A model of information use

Beckwith Wiedemann Syndrome (BWS) in the context of mosaic genome-wide paternal uniparental disomy (GWPUPD) – female infant with hemihyperplasia, hyperinsulinism, benign tumours and respiratory disease

From undergraduate student in nursing (USiN) to graduate nurse: did employment as a USiN facilitate the transition?

Identifying indicators of quality palliative care for children with cancer

Breaking bad: communicating with children with life-threatening illness and their families - a developmental perspective

Sustainable compassion – promoting resilience and self-care amongst paediatric health care professionals

Preliminary results of a new rapid refeeding protocol for medically compromised children and adolescents with anorexia nervosa

Going backwards or moving forwards? Enhancing learning and developing the future workforce: The USiN at LCCH

Innovative physiotherapy techniques in the intubated paediatric patient: MetaNeb®

Can a research manager grow paediatric emergency medicine research in Queensland?

Cancer after kidney transplantation in childhood

Overcoming obstacles to research collaboration: a research nurse perspective

YP face it for Australia? the psychosocial impact and support needs of Australian teenagers living with an altered appearance

Are we making the cut? Electronic surveillance of surgical antimicrobial prophylaxis at LCCH

“Not the baby we were expecting” – Parental reactions to diagnosis of Newborn Hearing Loss

Components of good end of life care within the paediatric intensive care setting – an online survey

Respite needs of families receiving palliative care

Hand hygiene and the Hawthorne effect

Implementation of a multi-disciplinary team outpatient clinic for home parenteral nutrition patients

Double or nothing: apnoeic oxygenation using high flow nasal cannula oxygen delivery in children: a randomised controlled trial

A perinatal and infant mental health day program: a collaborative research project

Fundamental movement skills among children with non-CF bronchiectasis

Extracorporeal life support (ECLS) in children with cancer or haematopoietic stem cell transplant (HSCT) - the Australia and New Zealand experience

Peripherally inserted central catheter outcomes polyurethane versus endexio: pic compare a randomised controlled trial feasibility study protocol

Improving peripheral intravenous catheter safety and performance in paediatrics: a prospective cohort study

The practice initiative: promoting recovering by preventing complications after tonsillectomy

To assess the efficacy of elastomeric infusors for delivery of continuous antibiotic infusion in cystic fibrosis inpatients at Lady Cilento Children’s Hospital

MRI findings in delirious paediatric intensive care patients: a case series

Look Who’s Talking: An innovative approach to the use of equipment to support communication in the paediatric intensive care unit and beyond! A case study of a ventilated patient
Respite needs of families receiving palliative care

**TYPE OF RESEARCH**
Clinical

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**BACKGROUND**
The care of a child with a life-limiting condition proves an emotional, physical, and financial strain on the family that provides care for their child. Respite care is one way which allows carers to receive some relief and support in the context of this burden of care. The provision of and the requirements for respite in this context is poorly understood.

**OBJECTIVES**
This survey aims to describe the types of respite care families receive, the respite that they would ideally receive, and the barriers that prevent this.

**METHODS**
A cohort of 34 families cared for by the Paediatric Palliative Care Service in Queensland were approached to participate in a 20-question survey about their current respite preferences for future respite, with twenty surveys returned.

**RESULTS**
Three of the families (15%) reported receiving no respite in the previous 12 months. Families who received respite received a combination of formal respite (a structured care provider) and informal respite (family or friends). Ten families (50%) reported they would want the time of respite changed. Barriers to receiving adequate respite included complexity of care of the child, financial barriers, and lack of a respite provider.

**CONCLUSIONS**
There is disparate provision of respite care with the main perceived barrier to attaining ideal respite being the lack of a provider able to meet the complex care needs of their child. The provision of respite across diversity in geography; medical condition; social and cultural needs remains a challenge.