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**An exploratory survey on current hospitalization experiences and future ideas on an adolescent (teenage) only ward****Tan Hui Luan**

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**Introduction:** The medical opinions for adolescent during his or her hospital stay by healthcare professionals differ each day. It does not contribute to the consistency of treatment required for this specific group of patients. Adolescents have developmental characteristics and health care desideratum that are quite distinct from those of children and adults. They are unique both in the nature of their problems and as reluctant consumers of traditional health services. Providing developmentally appropriate health care to adolescents presents a number of challenges. Not only must health care providers be professionally skilled and knowledgeable, but they must also be sensitive to how threatening and confusing health care systems can appear to vulnerable adolescents. It is not possible to effectively plan, implement or evaluate programme of care for adolescents without consulting the experts – adolescents themselves.

**Aims:** A Singapore children hospital is conducting a needs assessment and patients' experiences survey to find out: (1) health care service for adolescents and (2) in relation to the current children wards, adolescents' experiences of environment.

**Methods:** A descriptive research with a cross sectional sample size of 200 will be used. All inpatient adolescents between 12 and 16 years of age, during a one-year period will be enrolled in this research. A self-administered questionnaire will be used.

**Conclusion:** Descriptive data analysis will be conducted. The results of the survey, which would be used to improve the quality of some of services offered to adolescents and their families, will be presented.

[tan.hui.luan@khh.com.sg](mailto:tan.hui.luan@khh.com.sg)**Low molecular weight heparin prophylaxis adherence in postnatal women****Ediscyll Lorusso and Carolyn Romer**

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The prothrombotic state of pregnancy is part of the normal physiological adaptation and is thought to have evolved in order to meet the haemostatic challenges of childbirth. It has also been attributed to some women's predisposition to maternal venous thromboembolic (VTE) disease and this in itself remains one of the leading causes of maternal deaths in Europe and the USA. A recent introduction of VTE risk assessments and national venous thromboembolism prophylaxis guidance for use during childbearing had resulted in an initial fall in maternal deaths compared to previously reported trends. Of the women who died of VTE in the UK, 56% of them received substandard care. A package of poor VTE risk assessment, inadequate thromboprophylaxis and a failure to robustly investigate women's newly presented symptoms suggestive of VTE, all contributed to that substandard care. Of the women who died of pulmonary embolism, 79% of them had identifiable VTE risk factors. Engagement with VTE prophylaxis requires childbearing women who have been assessed as having a high risk of developing thrombosis to self-administer a low molecular weight heparin (LMWH) by subcutaneous injection, with drug Dalteparin the primary LMWH stocked by this hospital trust. Currently 34% of all postnatal women at St George's hospital require VTE prophylaxis. As adequate thromboprophylaxis compliance may reduce the risk of VTE in maternity patients by up to two-thirds, adherence to these prescribed medications is an essential part of reducing the incidence of venous thromboembolic disease during childbearing and preventing maternal deaths.

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