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The present study was experimentally conducted to compare the effects of open and closed system of aspiration on pain in newborns given mechanical ventilation. Study population comprised the babies hospitalized in the Newborn Intense Care Unit at Eskisehir Osmangazi University Medicine Faculty Hospital and study sample comprised 42 eligible babies hospitalized in NICU from December 2010 to December 2011. With random sampling, 20 babies were included to the closed-aspiration-system group and 22 to the open-aspiration-system group. Aspiration process was recorded with a camera system. Intervention monitoring form that include oxygen saturation and vital findings, Data collection Form that includes the personal characteristics of the babies, and Newborn Pain/Agitation and Sedation Scale (N-PASS) that evaluate the pain response of the babies were used for data collection. Personal characteristics of the babies were acquired by an investigator from their medical records. Camera records were evaluated by two independent persons, the investigator and a newborn nurse, by using for the NPASS scores. Computerized data were analyzed with using percentile, mean, Standard deviation, chi-square, Student's-t, matched-t, Wilcoxon-Z, Mann-Whitney-U and Kruskal-Wallis tests. Results of the present study show no statistically difference between the experimental and control groups ($p=0.194$). N-PASS pain scores were significantly different between pre-intervention period and during the intervention in both groups ($p<0.001$). In conclusion, we suggest that babies experience pain during the aspiration and although statistically indifferent, an open system of aspiration produces a somewhat higher pain compared the closed system of aspiration.

1900 NATIONAL CLINICAL GUIDELINE FOR ASSESMENT OF PAIN IN NEONATES IN DENMARK

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Background Specific demands regarding pain management in Denmark require that Pain assessment must be conducted using evidence based standards. Until spring 2012 we did not have this in Denmark. A National Special Interest Group in Neonatal Nursing thus has developed a national clinical guideline on pain assessment for neonatal infants.

Methods This work has been carried out in collaboration with the national Clearing House for clinical guidelines to ensure methodological quality, and that recommendations reflect best evidence. A literature review was carried out and the validation of six pain score instruments was assessed. Clinical utility was also considered, as many NICUs in Denmark are inexperienced in pain assessment using a specific tool.

Results A national guideline on pain assessment for neonates recommending the use of COMFORTneo or alternatively PIIP is now being approved for use in Denmark.

The pain assessment tool will be implemented in many NICUs during summer 2012.

Conclusion The work with conducting a national guideline is very demanding and academic research skills are needed. Even though it is time-consuming it is essential to have evidence based standards in order to deliver nurse care of high standard. The National Special Interest Group in Neonatal Nursing has arranged a national conference for neonatal nurses about pain assessment, as well as training in and implementation of the pain assessment tool in daily clinical work.

1901 EMLA CREAM VS NONPHARMACOLOGIC ANALGESIA FOR INTRAMUSCULAR INJECTIONS IN NEWBORNS

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Aim To compare pain during intramuscular injections (IMI) of antibiotics, with different analgesic methods.

Material and Methods We have studied 30 term babies who had to receive several IMI of antibiotic in the first week of life. During the IMI, an analgesic treatment was performed using

- EMLA cream,
- sensorial saturation,
- oral glucose.

EMLA cream is an analgesic cream to be applied topically at least 30 min before the procedure. Sensorial saturation is a nonpharmacological procedure in which oral sugar, massage and voice are simultaneously used to antagonize pain. Oral glucose is a solution of 33% glucose in water, with well known analgesic activity. A pain score was giving to the reactions of each baby during the IMI, using a validated pain scale (DAN scale).

Results Mean pain scores were 6 (SD 2.1), 1.6 (SD 1.5) and 1 (SD 1.4) for EMLA, oral glucose and sensorial saturation respectively. EMLA score was significantly higher than the other types of analgesia.

Conclusion Nonpharmacologic procedures are effective in relieving IMI pain in newborns. EMLA cream is far less effective.

1902 NURSING CARE TO A CHILD WITH PHANTOM LIMB SYNDROME: A CASE REPORT

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Background and Aims Analysis of a clinical case regarding an uncommon health problem in paediatric age, the amputation of a limb and the subsequent "phantom limb pain (PLP)". Aim of this work is to describe nursing care in a case of advanced nursing practice in PICU, with the need of multidisciplinary care and with multicultural implications.

Methods Case report.

Discussion The patient is a 9 years old child of Chinese nationality. She lives in Italy with her parents, has a hearing impaired brother and a disabled sister. The child had a road accident and suffered major injuries. Transferred to the PICU, the amputation of the lower right limb and a permanent tutor to the left limb were inevitable. After the surgery, the child suffered severe pain to the limbs and an onset of sepsis due to necrosis of the wounds. Treated with antibiotics, she recovered from the sepsis but the pain remained. The assessment data show nursing diagnosis related to the child and the family, from NANDA-I International taxonomy: Impaired physical mobility; Disturbed sensory perception; Disturbed body image; Acute pain, Post traumatic syndrome and Impaired parenting. For each of them the team identified related outcomes and nursing interventions (from NOC and NIC taxonomies).

Conclusions The analysis of the case and the literature review show a lack of literature about the care of PLP in paediatric care, especially in nursing field. Nurses should have a major role with this kind of patients, not limited to pain monitoring and drug therapy administration.

1903 EFFECT OF LULLABY MUSIC ON PAIN IN PRETERM INFANTS DURING VENIPUNCTURE

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