

doses of surfactant was more and the mortality rate was higher in infants who received beractant as opposed to those who received proctant alfa (p 0.024; 0.032, respectively). Infants who were referred from other centres had higher mortality and intra-ventricular haemorrhage (IVH) rates (p 0.011; 0.016, respectively).

**Conclusions** We found that sepsis and ICH were the leading causes of mortality in ELBW infants. We also found that the type of surfactant administered to ELBW infants could influence the rate of mortality. Finally, the transport of ELBW infants from one centre to another may increase the rate of IVH and mortality and hence necessitates extreme caution.

**PO-0658 'WARM' TO PREVENT HYPOTHERMIA**

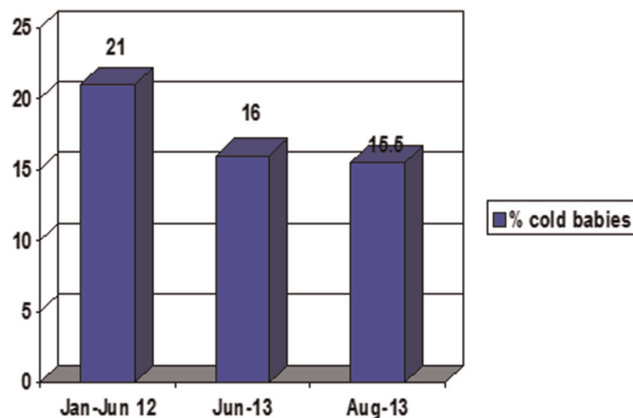
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**Background** Hypothermia of new born babies occurs throughout the world and in all climates. Low birth weight and sick neonates are most vulnerable. The Epicure study showed that premature neonates who were 26 weeks gestation or less with a temperature lower than 35°C on admission to neonatal unit were independently associated with mortality. Heat loss resulting in hypothermia is a significant problem during neonatal resuscitation.

**Objectives** Re-auditing of the practice and establish incidence of hypothermia following implementation of 'WARM' concept (Incidence of hypothermia 21% Jan-June 2012) in neonatal admissions to the neonatal unit at L&D Hospital.

**Methodology** Prospective re-audit of all neonatal admissions recorded on pre-designed pro-forma in which temperature at source of referral and at admission along with interventions in place to prevent hypothermia are recorded. Any admission temp



**Abstract PO-0658 Figure 2**

<36.5°C will be defined as hypothermia (based on WHO definition and local guideline).

Concept of WARM based on WHO recommendations and rising awareness of parents and professionals about prevention of hypothermia.

Mandatory documentation of temperature and measures already put in place (eg. Hats, clothes etc) from source of admission and again at NICU which acted as a prompt for the professionals.

All professionals involved in new-born care were regularly given teaching session on importance of prevention of hypothermia (Exclusion of cooling babies).

Trainees were educated about importance of monitoring temperature at resuscitation scenario and emphasising importance in simulation scenarios.

**Result** Ourre-audit has shown a significant reduction in incidence from 21 to 15.5%.

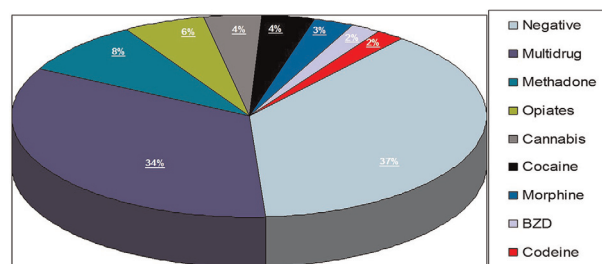
**PO-0659 ROLE OF URINE TOXICOLOGY AS AN ADJUNCT IN MANAGEMENT OF BABIES BORN TO SUSPECTED DRUG USERS AT L&D HOSPITAL**

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**Background** Anecdotally there is increasing trend of drug usage in pregnancy and hence neonatal withdrawal (NAS).

There are difficulties in early detection because of a) Reluctance of expectant mothers, late booking and poor attendance at antenatal follow up due to fear of social services.



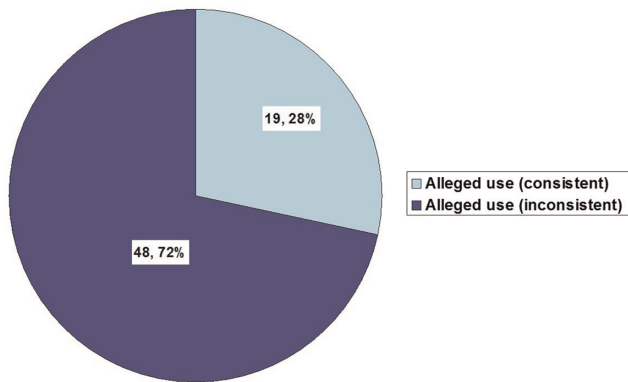
**Abstract PO-0659 Figure 1 Urine toxicology outcomes**



- W** Warm environment (Delivery suite temperature of 25°C)
- A** Appropriate bedding & clothing- Hats, clothes
- R** Remove wet clothes, Record temperature & documentation
- M** Mother & baby together- skin to skin contact, breast feeding

**Abstract PO-0658 Figure 1**

**Differentiation of positive results based on consistency of alleged/suspected substance of use**



**Abstract PO-0659 Figure 2** Differentiation of positive results based on consistency of alleged/suspected substance of use

**Objectives** 1) Establish prevalence in L&D Hospital.  
 2) Establish outcomes of urine toxicology (chain of custody in place) and implication on management.  
 3) Establish transparency in drug users regarding information of drug use.  
**Methods** Retrospective collection of urine toxicology requests to chemical pathology from Feb 2009 to Oct 2012. Requests were based on self-revelation of drug use by pregnant women and of those suspected during antenatal follow up. Data collection using antenatal database (CMIS), South England neonatal database (SEND) and pathology request database, ensuring no loss of data.  
**Results** Total requests: 106. 37% were negative (Some may represent false negatives). Out of 63% positive results, 54% were multidrug users. 72% positive results were not consistent with the substance of use suggested or suspected. None with negative results withdrew and discharged in 2–3 days once results available reducing length of stay. 40% Pregnant on methadone program. Only 11% had an employment or were students. 70% women were single or separated and 25% didn't disclose their marital status. 19% required treatment.

**PO-0660 PAIN MANAGEMENT AROUND NECROTIZING ENTEROCOLITIS SURGERY:TOWARDS EVIDENCE-BASED GUIDELINES**

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**Background and aims** Necrotizing entero colitis (NEC) is an extremely painful complication in premature neonates. To our knowledge there are no pain management guidelines for NEC. We studied pain management in a cohort of neonates operated on for NEC in our hospital over a 5-year period.

**Methods** Data from 2008–2012 including COMFORTneo scores and analgesic treatment were retrieved from our patient data management system. COMFORTneo scores of 14 or higher and numeric rating scale pain score (NRS) of 4 or higher suggest pain or discomfort.

**Results** 69 neonates (29 boys, 40 girls) were operated on at median postnatal age 10 days (range 4–82 days). The majority was Bell's stage 3 (81.1%), gestational age ranged from 24.2 to 36.4 weeks. Twenty children (29%) died, of whom 9 on day of surgery or the next day.

**Conclusions** Patients received relatively high doses of opioids leading to acceptable pain scores for such a painful condition. Benchmarking and prospective studies are necessary next steps.

**PO-0661 TRANSFER OF BEHAVIOURAL NEONATAL RESUSCITATION SKILLS LEARNT ON SIMULATOR IN THE SIMULATION ROOM TO CLINICAL PRACTICE IN THE DELIVERY ROOM**

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**Abstract PO-0660 Table 1**

Three moments of data collection:	3 days before surgery	Day of surgery	3 days after surgery
<b>Data collected</b>	<b>N = 69</b>	<b>N = 69</b>	<b>N = 63</b>
<b>Fentanyl</b>	<b>13.0%</b>	<b>87.0%</b>	<b>44.4%</b>
Maximum dose (mcg/kg)	2.1 (1.9 to 2.2)	3.2 (2.3 to 4.8)	2.0 (1.8 to 3.1)
Maximum dose/ day (mcg/kg)	3.5 (2.3 to 5.0)	5.0 (3.0 to 5.0)	3.8 (2.0 to 5.8)
<b>Morphine</b>	<b>58.0%</b>	<b>95.7%</b>	<b>100.0%</b>
Maximum dose/day (mg/kg)	0.24 (0.14 to 0.43)	0.30 (0.20 to 0.40)	0.43 (0.27 to 0.54)
<b>Patients assessed</b>	<b>85.5%</b>	<b>91.3%</b>	<b>95.2%</b>
<b>COMFORTneo score</b>			
Median (IQR)	10 (9.5 to 11)	11 (10 to 12)	11 (10 to 12)
<b>NRS pain</b>			
Median (IQR)	0 (0 to 1)	1 (0 to 2.4)	0 (0 to 1)
<b>Number of assessments</b>	<b>432</b>	<b>240</b>	<b>796</b>
<b>COMFORTneo ≥ 14</b>	<b>9.5%</b>	<b>18.7%</b>	<b>16.5%</b>
<b>NRS pain ≥ 4</b>	<b>10.4%</b>	<b>17.7%</b>	<b>10.7%</b>