input can help. Allowing the child to find comfort in things they find reassuring.

Parents had a positive experience of their child starting alternative analgesia, such as Ketamine and Methadone.

Conclusions Management of complex refractory multifactorial pain in a child with palliative care needs provides challenges to both the palliative care clinician and the non-specialist. Communication with, and between, children and their parents is key and this is a two-way process.

Honesty with the family, listening to and believing their lived experience are crucial. Developmentally appropriate explanations to the child can provide comfort. The use of breakthrough medication, and advocating for the child's needs help to maximise control for the child and their family.

Alternative analgesia such as Ketamine and Methadone can be used with excellent effect. Non-pharmacological methods, tailored to the child's needs should also be considered.

A holistic, collaborative approach to both assessment and management is key.

British Association of Perinatal Medicine and Neonatal Society

682 HYPOXIA AND BRADYCARDIA EPISODES IN NEONATAL ELECTIVE INTUBATIONS

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Background Hypoxia and bradycardia events are expected common complications during neonatal intubations, characteristics of which is under studied.

Objectives In this prospective audit, we studied the frequency and duration of all hypoxic events, prolonged hypoxic events, all bradycardia events, prolonged bradycardia events and ventilation frequency during neonatal elective intubations

Methods This audit was registered with South Tees audit department.

Audit definitions (based on the study by Poets et al).

- Definition of hypoxemia: Any single or consecutive oxygen saturation (Spo2) value <80%.
- Definition of bradycardia: Any single or consecutive pulse rate (PR) value <80/min
- Prolonged hypoxemia/Bradycardia: Consecutive values of Spo2/PR below the threshold for a period of 60 seconds (consecutive 30 values).
- Episode length: For each episode, the number of consecutive 2-second data values below the threshold was defined as the episode length.

Unit Practice: For all elective intubations we used propofol with or without suxamethonium as premedications. During the intubation procedure, all infants were preoxygenated and ventilated using T piece device.

Data capture and download: Masimo Pulse oximeter (8 seconds averaging time) was applied just prior to commencing elective intubation procedure. Recording was continued until the procedure is completed successfully. Pulse oximeter provided 2 second data on PR, Spo2 and Respiratory rate. All the pulse oximeter data were downloaded directly to the computer.

Abstract 682 Table 1

	N (%) / Median (IQR)
Any Hypoxia	
Number of intubation episodes with any hypoxia	13 (93%)
Median Number of episodes of any hypoxia (IQR)	35 (15–91.5)
Median duration of hypoxic episode in secs (IQR)	40 (12–72)
Severe Hypoxia	
Number of babies with severe hypoxemia	7 (50%)
Median Number of episodes of severe hypoxemia	0.5 (0–1)
Bradycardia	
Number of intubation episodes with any bradycardia	3 (21%)
Median Number of episodes with any bradycardia	0
Median duration of any bradycardia	0
Number of episodes of severe bradycardia	0
Simultaneous episodes with any hypoxia and any bradycardia	3 (21%)
Ventilation rate	
Number of babies ventilated with ventilation rate <30 (n=6)	6 (100%)
Median number of episodes with ventilation rate <30/min	148.5 (78.75–198)

Results We had a total of 10 babies with 16 intubation episodes. Median number of intubation attempts were 2 (1–3). Median Birth Gestational age in weeks was 30 (26–38) and median Birth weight in grams was 1000 (670–3875). Median age in days at the time of intubation was 1 (1–45). We used propofol with suxamethonium (n=8), Propofol only (n=1) and Buccal midazolam (n=1) as premedications. Following were the primary reasons for intubation: Respiratory distress with surfactant deficiency:6; Surgical abdomen:1; Unplanned extubation-reintubation:1; Poor neurology:1 and pneumothorax: 1.

Characteristics of hypoxic and bradycardia events are provided in table 1. Figure 1 shows Boxplot of Spo2 for each intubation episodes.

Conclusions Almost all intubation episodes are associated with hypoxia and half of them are associated with severe hypoxia. Bradycardia episodes are uncommon in our audit. In all of the intubation episodes ventilation rate were less than recommended (<30/min).

International Child Health Group

684 IMPACT OF PARENTAL EDUCATION LEVEL ON TREATMENT SEEKING BEHAVIOUR TOWARDS SUSPECTED CHILDHOOD MALARIA IN AN ENDEMIC AREA

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Background Malaria remains an important cause of morbidity and mortality for children in endemic areas.

According to the World Health Organisation guidelines for treatment of malaria, in endemic areas malaria should be suspected in anybody with a history of fever or temperature >37.5°C. Early diagnosis with prompt and effective treatment within 24–48 hours of symptom onset can prevent progression to severe disease, especially in young children and non-