Results

Skin-breaking and other procedures were rated on a scale from 0 (not painful) to 10 (worst possible pain). The ratings of the painfulness of 15 skin-breaking and 13 other procedures on a scale from 0 (not painful) to 10 (worst possible pain) were recorded. The results showed a decrease in the average number of painful procedures from 14 in 2001 to 12 in 2009 per patient per day.

Methods

This study aimed to uncover how nursing and medical staff perceived the painfulness of procedures. The results were compared to the trend in the number of painful procedures over the years.

Conclusion

Establishing breathing and oxygenation after birth is vital for survival and long-term health of premature infants. An international consensus and various national resuscitation guidelines suggest techniques and equipment for neonatal resuscitation. They all agree on positive pressure ventilation as the cornerstone of breathing support in the delivery room.

A lung-protective strategy should start immediately after birth. To facilitate the early development of functional residual capacity and improve oxygenation during the transition of preterm infants, sustained inflations, positive end expiratory pressure and continuous positive airway pressure (CPAP) should be applied at the initiation of respiratory support. Although sustained inflations (SI) are advocated as lung recruitment maneuvers and positive end expiratory pressure helps to maintain end expiratory lung volume, neither of these has been mandated in neonatal resuscitation guidelines.

This presentation will provide an update on current literature about techniques and devices used during neonatal resuscitation. Initial respiratory support provided with either CPAP, SI, and positive pressure ventilation along with available devices (e.g. face mask, nasal prong, Guedel airway, Laryngeal airway mask) will be discussed. In addition, new insights about intubation and chest compressions will be presented.

Conclusion Overall, perceptions of health professionals in our Neonatal ICU concerning painfulness of procedures have not changed significantly over time despite the introduction of pain reducing interventions such as sucrose and developmental care after 2001.

Background and aim Sleep and waking disorders are the main problems of preterm neonates in Neonatal Intensive Care Unit (NICU) that occur influence by many stimuli and care activities of the NICU and this may have irreversible effects on their brain development. So that the objective of this study is to assess the effect of two care methods on the sleep and waking states of preterm neonates.

Method In a clinical trial study a total of 70 eligible preterm neonates with gestational age between 32–37 weeks and admitted to NICU were selected and randomly divided in two groups of kangaroo care and holding by mother without directly skin contact. Data collection process was carried out using the behavioral sleep and wake scale of Als. The researcher observed and recorded the sleep and wake behavior of neonates of two groups, in 20 minutes pre intervention, during 70 minutes of intervention and 20 minutes post intervention. The collected data were analyzed using variance analysis test via repetitive sizes and Independent T test.

Response rates were 60% (N=42) and 72.4% (N=49) respectively in 2001 and 2009. The mean rating of skin-breaking procedures decreased from 6.5 (SD 1.4) to 6.1 (SD 1.5) in 2009 (p=0.18). The mean rating of other skin-breaking procedures decreased from 4.8 (SD 1.3) to 4.5 (SD 1.3) (p=0.25). Contrary to the trend, chest tube insertion was rated statistically significantly higher by nurses and physicians in 2009, p<0.001 and p=0.004 (Figure).

Conclusion

We think we still hurt our newborns!

Background and aims Painful procedures in Neonatal Intensive Care Units are hard to avoid. We documented a drop in painful procedures from average 14 in 2001 to 12 in 2009 per patient per day. This study aimed to uncover how nursing and medical staff perceive the painfulness of these procedures and if perceptions have changed over time.

Methods Both in 2001 and 2009 nursing and medical staff rated the painfulness of 15 skin-breaking and 13 other procedures on a scale from 0 (not painful) to 10 (worst possible pain). The ratings of skin-breaking and other procedures served as outcome measures.

Results Response rates were 60% (N=58) and 72.4% (N=64) respectively in 2001 and 2009. The mean rating of skin-breaking procedures decreased from 6.5 (SD 1.4) in 2001 to 6.1 (SD 1.5) in 2009 (p=0.18). The mean rating of other skin-breaking procedures decreased from 4.8 (SD 1.3) to 4.5 (SD 1.3) (p=0.25). Contrary to the trend, chest tube insertion was rated statistically significantly higher by nurses and physicians in 2009, p<0.001 and p=0.004 (Figure).

Conclusion

Overall, perceptions of health professionals in our Neonatal ICU concerning painfulness of procedures have not changed significantly over time despite the introduction of pain reducing interventions such as sucrose and developmental care after 2001.