46 infants had normal neuromotor outcome at 12 months of age.
14 infants had abnormal outcome (2 mild/moderate impairment, 12
cerebral palsy, 4 ad mortem).

Abstract 73 Table 1

<table>
<thead>
<tr>
<th>MRI-findings</th>
<th>Normal 61.7%</th>
<th>WS 16.7%</th>
<th>BG/T 18.4%</th>
<th>G 3.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal outcome</td>
<td>37</td>
<td>8</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Mild/moderate impairment</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Severe impairment/death</td>
<td>-</td>
<td>1</td>
<td>9</td>
<td>2</td>
</tr>
</tbody>
</table>

Conclusions The development and severity of motor deficits due
to perinatal asphyxia correlates to the pattern of brain injury seen
on MRI. MRI provides valuable prognostic information in hypo-
thermia-treated infants.

74 TRAINING AND CHECKLISTS; HOW TO SAFELY EVACUATE
A NICU
doi:10.1136/archdischild-2012-302724.0074
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Introduction Evacuation is an uncommon and hard to practice
event in a Neonatal Intensive Care Unit (NICU). Insecurity of
untrained personnel can lead to disastrous incidents. To improve
training and to recognize problems, a large multidisciplinary evacu-
ation training was organized.

Methods The evacuation procedure was filmed by a professional
film crew and edited into a 10-minute instructional movie. The film
was shown to the full nursing staff. With lessons learned from this
evacuation the current evacuation protocol was evaluated and sev-
eral inconsistencies were identified.

Results During the training the current evacuation area proved
unsuitable because of absence of the appropriate connections.
Furthermore the staff trained was uncertain of their tasks during the
training. Lastly essential equipment was hard to find. To increase
awareness and regulate the procedure a checklist was developed.
The coordinating nurse was made responsible for a weekly run
through of the checklist. The instructional video will be shown to
all new colleagues. Currently, a simulation computer program is
being developed to routinely practice an evacuation in a safe environ-
ment.

Conclusion The local evacuation procedure should be well known
among NICU staff. Multidisciplinary training is an important tool
to identify the positive and negative aspects of the current proce-
ure. A checklist can help to increase awareness and to the early
identification of possible problems.

Acknowledgements Multidisciplinary working group evacuation,
the fire department UMC Utrecht and fire department Utrecht.

76 VIRAL INFECTIONS IN NEONATES
doi:10.1136/archdischild-2012-302724.0076
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Infections are an important cause of mortality and morbidity in the
neonatal period. In the past viral infections were difficult to diag-
nose. Since the introduction of sensitive molecular methods such as
polymerase chain reaction (PCR) in the identification of viruses the
laboratory diagnosis of viral infections in neonates has been
improved.

Viruses can be transmitted vertically (during the pregnancy or
delivery) or horizontally (after birth). Cytomegalovirus is the most
common cause of intrauterine infection worldwide leading to neu-
rodevelopmental sequelae and hearing deficits. Herpes simplex virus
(HSV) is the important cause of perinatal (during the delivery) or
postnatal (after birth) infection. Recently it has been shown that
various viruses which are transmitted horizontally (after birth) may
also lead to life-threatening diseases such as sepsis and encephalitis.
The recognition of these infections may be difficult because of their
similarity with bacterial infections. The diagnosis can only be made
if the proper PCR is performed. The consequences of systemic
enterovirus, parechovirus or rotavirus infection in the neonatal
period may be disastrous. In many infants severe white matter
damage was documented on cerebral MRI, subsequently leading to
neurodevelopmental delay. Because antiviral treatment is not avail-
able, preventive measures such as adequate hand hygiene must be
taken into account in care of newborn infants.

During the presentation the epidemiology, clinical presentation,
neuro-imaging (cerebral ultrasonography and MRI) and outcome of
infections as well as infant clinical outcomes.

77 COMPARISION OF TWO DIFFERENT DISTRACTION
METHODS ON PAIN RELIEF OF CHILDREN DURING BLOOD
DRAW
doi:10.1136/archdischild-2012-302724.0077

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Background and aims The procedures made by a needle are the
most prevalent and important sources of pain for children. Then,
this study aims to compare the effects of distraction by way of