looking through distraction cards/FlipRets® and kaleidoscope to reduce procedural pain during blood draw in children between the ages of 7–11. Our secondary aim is to evaluate venipuncture success during the procedure.

Methods This is a prospective randomized clinical trial. The study was conducted at the phlebotomy station of Karaman Maternity and Children Hospital, Karaman Turkey. Inclusion criteria were 7–11 year-old patients who required blood tests. The data was obtained by interviewing the children, their parents, and the observer. Procedural pain levels of children was assessed by parent and observer reports using Visual Analog Scale (VAS) and Wong Baker pain scale. Data that were analyzed with SPSS 15.00. p<0.05 was considered as significant. Parametric data such as pain level of children were compared with the t test. Non-parametric data such as gender and success of blood drawing procedure were compared with percentage of frequency and x² comparisons.

Results Both groups have significantly lower pain levels than the control group (p<0.05).

Conclusion The result of the study suggests that the both distraction methods effectively decreased pain and anxiety levels of children compared to control group according to self-reports, parent and observer reports.

80 MOBILE CARDIORESPIRATORY EVENT MONITORING FOR VACCINATION IN FORMER EXTREMELY PRETERM INFANTS

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Background and aims Recommendations concerning the assessment of cardiorespiratory events during the first immunization with diphtheria-tetanus-pertussis-inactivated polio-Haemophilus influenzae type B (DTP-IPV-Hib) and Pneumococcal conjugate vaccine (PCV) of extremely preterm infants are discussed controversially. We examined the relationship between the immunization and cardiorespiratory events in preterm infants by using a mobile event monitor.

Methods We enrolled 84 extremely preterm infants [39 girls, 45 boys; gestational age (GA) < 28.0 weeks (range 23.5–27.6)]. Immunization took place in the last week before discharge (mean GA: 38 weeks). Recording monitors were used continuously 12 hours before and during 48 hours after immunization to document prolonged apnea and bradycardia.

Results The incidence of adverse cardiorespiratory events post-immunization (PI) was higher in the whole group with 40% of the infants having apneas >3 seconds longer than before immunization (BI), and more prolonged events of bradycardia. The longest apnea observed PI was 20 seconds. Mean PI desaturations were more pronounced (76% PI vs. 67% BI; p<0.05). Furthermore, during the first 24 hours PI the mean oxygen saturation was lower, and the mean heart rate was significantly higher. In 40% of the children the second