duration of placement was 6±5 days. All the lines were inserted with maximum sterile barrier and 86% were accessed once per day under strict sterile protocol. 35% lines were correctly placed, 64% required manipulation and post manipulation catheter tip was confirmed in 64% cases. 58% of the lines completed treatment. Line occlusion was the most common complication (17%), which significantly reduced the duration of line placement by 3.3 days (p=0.02). The infection rate was 13 per 1000 catheter days.

Conclusion There is a high rate of PICC associated complications with occlusion of lines accounting for most of these. Our NICU is reviewing whether thrombolytic agents should be considered routinely for line occlusion. Attention has been directed to ensure that line position is reconfirmed by X-ray after manipulation. Our infection rate still remains high when compared to rates quoted internationally.

Background and Aims The Neonatal Therapeutic Intervention Scoring System (NTISS) is an index of intensity of use of technologies with significant association to mortality risk. We intended to analyze this score use in the NICU of a university hospital, correlating with mortality.

Method It was a prospective cohort including 129 newborns admitted to NICU during a 6-week-period. Patients were followed for up to 31 days, with daily calculation of NTISS. Demographic data were all obtained by review of medical records, under informed consent. For statistical analysis it was used the x² and Mann-Whitney tests.

Results The most frequent cause of hospitalization was neonatal jaundice (35%), followed by early respiratory dysfunction (16%) and prematurity (13%), the mean hospital stay was 10 days. The median NTISS was 6 on the first day and remained stable in the next days. Only 4 patients died during the study - with a first day NTISS median of 28 vs 6 (p = 0.002). This behavior continued until the seventh day and SNAPPEII score also showed this kind of tendency. Patients with extreme prematurity, congenital malformation or early respiratory dysfunction that remained hospitalized until 31 days exhibited NTISS values greater than the median until the 27th day of admission.

Conclusion The NTISS, at least in the first week of hospitalization, was higher in patients who died, as a predictor of mortality in this sample. The NTISS remained high under conditions known to be severe for a long period of hospitalization, which may affect heath costs.