Abstracts

(p=0.001). Positive correlation between noise exposure and duration of hospitalization was determined. Infants who failed at 1001 and 1501 Hz had similar Bayley II Infant Development Scale scores and there were no difference between groups.

Conclusion Major noise source in NICU was found to be the incubators. Although hearing loss was not detected in any infants, hearing tests at sixth months of life were adversely affected.

AN ANALYSIS OF RETINOPATHY OF PREMATURITY REQUIRING TREATMENT OVER 5YEARS PERIOD IN OUR NEONATAL UNIT

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Background Proliferative retinopathy occurs primarily in premature LBW infants as a result of incomplete vasculogenesis of the retina at the time of birth. It can be mild, self limiting with no visual defects or progressive leading to blindness.

Screening guidelines

1. Birth weight < 1.5Kg.
2. Gestational age < 32 weeks.
3. Birth weight 1.5kg– 1.97kg and/or Gestational age 32–34 weeks (if received supplementary oxygen for ≥ 12hours).
4. If one twin is in the screening criteria and has eye changes.

Method

If one twin is in the screening criteria and has eye changes.

A COMMON PROBLEM FOR NEONATAL INTENSIVE CARE UNIT’S: LATE PRETERM INFANTS

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Background Late preterm infants are physiologically and metabolically immature than term infants, and the incidence of late preterm birth is increasing. These infants have higher risks of medical complications such as respiratory distress, hypoglycemia, hyperbilirubinemia, sepsis, feeding difficulty and poor neurodevelopmental outcome than term infants.

Objective We aimed to evaluate the clinical and demographic characteristics, and short-term outcomes and clinical course of late preterm infants who were admitted to our neonatal intensive care unit (NICU).

Materials and method Data from NICU admissions of 605 late preterm and 1477 term infants in 1 year period between June 2010 and May 2011 were analyzed.

Results Late preterm and total delivery numbers were 2004 and 18854. NICU admission rate of late preterm infants was 30%, respectively. Mean gestational week and birth weight were 35+1w and 2352 g. Admission diagnosis were respiratory distress (46.5%), low birth weight (17.5%), jaundice (13.7%), polycthemia (8.1%), hypoglycemia (4%) and feeding difficulty (13.1%), and these morbidity’s rates were higher than term infants (p<0.001). During hospital stay; jaundice, polycthemia, hypoglycemia, feeding difficulty, sepsis, apnea and pneumonia rates were 300 (49.6%), 98 (16.2%), 88 (14.5%), 218 (36%), 85 (14%), 7 (1.2%) and 27 (4.5%), respectively. Overall mean hospitalization length was 7±4.1 days. Mortality and rehospitalization rate was 2.1% and 4.4%, and higher than term infants (p<0.001).

Conclusion We concluded that late preterm infants should be followed closely for these complications just after birth and preventive strategies should be put in practice.

MONITORING THE EFFECT OF NEUROMUSCULAR BLOCKADE IN NEONATES: CURRENT PRACTICE IN THE UNITED KINGDOM

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Background and Aims Neuromuscular blocking agents (NMBAs), either intermittent boluses or continuous infusions, are used in infants to facilitate difficult ventilation and lower pulmonary pressures by preventing infant-ventilator asynchrony in e.g. severe meconium aspiration syndrome, persistent pulmonary hypertension or air leak.

Whilst consensus statements and accepted standards regarding N MBA use and assessment exist in adult and paediatric ICU, there exists limited information in NICU, specifically whether clinical assessment, N MBA-monitoring (train-of-4) or formal accelerography is optimal. We wanted to ascertain current N MBA monitoring in UK NICU.

Methods Literature search for N MBA assessment in infants and telephone survey of all tertiary NICUs in England, and major units in Wales, Scotland and Northern Ireland, in which we asked the nurse in charge (to ascertain actual rather than perceived optimal practice) about existing protocols, methods used for N MBA monitoring (clinical observation, TOF/accelerography) and the use of ‘drug holidays’.

Results No standards, or peer-reviewed N MBA guidelines were found. Of 56 units contacted, 2 did not share information and 3 use intermittent boluses of NMBAs rather than continuous infusion. Of the remaining units all (100%) clinically assess the patient, 1 (1.96%) has a protocol in place, 11 (21.57%) perform regular N MBA-holidays to assess effect and 1 (1.96%) uses train-of-4 if a patient on N MBA-holiday does not move after 6 hours.

Conclusions We found no peer reviewed NICU-N MBA standards or guidelines in the literature, Only 1 UK unit has any protocol for N MBA assessment. Guidelines/standards for N MBA use in infants need to be urgently introduced.

A NETWORK PERSPECTIVE OF THE MAJOR OUTCOMES OF PREMATURE BABIES LESS THAN 31+4 WEEKS GESTATION USING A UNIFIED ELECTRONIC SYSTEM

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Background The Badger electronic system collects data in a standardized manner and allows us to audit the major outcomes of the babies managed within the network.