Physicians made aware of the guidelines on prescribing controlled drug.

Re-Audit in 6 months.

**1541** EVALUATION OF SEDATION - ANALGESIA BY SCALE COMFORT B IN VENTILATED CHILDREN

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**Introduction** In children, the use of scale COMFORT B and a written protocol would allow the obtaining of an adequate level of sedation-analgesia, the adjustment of the dosages of midazolam and sufentanil, and finally to decrease the duration of sedation, mechanical ventilation and length of stay (LOS) in intensive care.

**Materials and Methods** Retrospective study over 1 year period in sedated and ventilated children, evaluated by scale COMFORT B.

Recorded parameters are: age, sex, underlying disease, dose of drugs, score of sedation COMFORT B, duration of mechanical ventilation (MV) and LOS.

**Results** A total of 72 (27%) ventilated children and sedated on 380 hospitalized children, 25 patients who benefited from evaluation by the scale COMFORT B according to protocol.

- 66% were infants, 48% had infectious disease.
- The association of drugs for sedation-analgesia were (64 %) HYPO-
- NOVEL SUFENTANIL.
- The mean evaluation with scale comfort B were 6 to 8.
- The mean score of COMFORT B in the 6eme hour before protocol were; (56%) had adequate level, (48%) had an excessive level of sedation-analgesia, (16 %) had an insufficient level, the mean duration of ventilation was 6 days and the mean duration of (LOS) was 9 days.
- After protocol (94%) had adequate level and (4%) had inadequate level, the mean duration of (MV) was 3 days and LOS 6.8 days.

**Conclusion** The evaluation by the scale comfort B, would allow to adjust the dosages of midazolam and sufentanil, and to reduce the duration of ventilation and LOS.

**1542** FEASIBILITY OF USING HIGH FIDELITY SIMULATION EXERCISES TO EVALUATE AND ENHANCE NEONATAL RESUSCITATION SKILLS

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**Background and Aims** Pediatric house officers (HO) use neonatal resuscitation (NR) skills during their rotations in the neonatal intensive care unit (NICU). To improve HO’s competence and retention of skills in NR we implemented NR practice sessions using high fidelity simulation (HFS) twice for each HO during their NICU rotation. This study explored the feasibility of using HFS to assess key NR skills, both at baseline and following exposure to assess improvement.

**Methods** We administered two standardized NR HFS sessions for each HO (n=46) during their NICU rotation in 2010. HOs served as team leaders in during the NR scenario. We assessed total time to complete the scenario, total time to successful intubation, and the frequency of markers of NR and teamwork skills during the first and second HFS sessions.

**Results** We detected multiple failures in key NR and team work skills at the initial HFS sessions, such as ineffective positive pressure ventilation (PPV) (28%), more than one attempt of intubation (30%), incorrect decision to start chest compressions (CC) (30%), and failure to coordinate CC and PPV (52%), not asking for help (59%), roles not defined (22%). Assessment of teamwork showed a