< 80% (3.29 vs. 1.21) per hour decreased. No heart block occurred. However, restlessness was observed more frequently.

**Conclusions** Doxapram was applied to roughly a quarter of all very immature infants. Frequency and severity of apneas appeared to be reduced. Intubation because of apnea was avoided in a large proportion of infants. No severe side effects were recorded. More systematic studies on efficacy and safety of doxapram in premature infants are needed.