The present study was experimentally conducted to compare the effects of open and closed system of aspiration on pain in newborns given mechanical ventilation. Study population comprised the babies hospitalized in the Newborn Intensive Care Unit at Eskeisheir Osmangazi University Medicine Faculty Hospital and study sample comprised 42 eligible babies hospitalized in NICU from December 2010 to December 2011. With random sampling, 20 babies were included to the closed-aspiration-system group and 22 to the open-aspiration-system group. Aspiration process was recorded with a camera system. Intervention monitoring form that include oxygen saturation and vital findings, Data collection Form that includes the personal characteristics of the babies, and Newborn Pain/Agitation and Sedation Scale (N-PASS) that evaluate the pain response of the babies were used for data collection. Personal characteristics of the babies were acquired by an investigator from their medical records. Camera records were evaluated by two independent persons, the investigator and a newborn nurse, by using for the NPASS scores. Computerized data were analyzed with using percentile, mean, Standard deviation, chi-square, Student’s-t, matched-t, Wilcoxon-Z, Mann-Whitney-U and Kruskall-Wallis tests. Results of the present study show no statistically difference between the experimental and control groups (p=0.194). N-PASS pain scores were significantly different between pre-intervention period and during the intervention in both groups (p<0.001). In conclusion, we suggest that babies experience pain during the aspiration and although statistically indifferent, an open system of aspiration produces a somewhat higher pain compared the closed system of aspiration.

**Background**

Specific demands regarding pain management in Denmark require that Pain assessment must be conducted using evidence based standards. Until spring 2012 we did not have this in Denmark. A National Special Interest Group in Neonatal Nursing thus has developed a national clinical guideline on pain assessment for neonatal infants.

**Methods**

This work has been carried out in collaboration with the national Clearing House for clinical guidelines to ensure methodological quality, and that recommendations reflect best evidence. A literature review was carried out and the validation of six pain score instruments was assessed. Clinical utility was also considered, as many NICUs in Denmark are inexperienced in pain assessment using a specific tool.

**Results**

A national guideline on pain assessment for neonates recommending the use of COMFORTNeo or alternatively PIIP is now being approved for use in Denmark.

**Conclusion**

The pain assessment tool will be implemented in many NICUs during summer 2012.

**Aim**

To compare pain during intramuscular injections (IMI) of antibiotics, with different analgesic methods.

**Material and Methods**

We have studied 30 term babies who had to receive several IMI of antibiotic in the first week of life. During the IMI, an analgesic treatment was performed using:

1. EMLA cream,
2. sensorial saturation,
3. oral glucose.

EMLA cream is an analgesic cream to be applied topically at least 30 min before the procedure. Sensorial saturation is a nonpharmacological procedure in which oral sugar, massage and voice are simultaneously used to antagonize pain. Oral glucose is a solution of 33% glucose in water, with well known analgesic activity. A pain score was given to the reactions of each baby during the IMI, using a validated pain scale (DAN scale).

**Results**

Mean pain scores were 6 (SD 2.1), 1.6 (SD 1.5) and 1 (SD 1.4) for EMLA, oral glucose and sensorial saturation respectively. EMLA score was significantly higher than the other types of analgesia.

**Conclusion**

Nonpharmacologic procedures are effective in relieving IMI pain in newborns. EMLA cream is far less effective.