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 Intense Care Unit at Eskisehir 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.

**1901 EMLA CREAM VS NONPHARMACOLOGIC ANALGESIA FOR INTRAMUSCULAR INJECTIONS IN NEWBORNS**

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A. Acikgöz, S. Yıldız, E. Eskisehir Osmangazi University, Eskisehir, İ. Istanbul University Nursing Faculty, Istanbul, Turkey

C Bellieni, G. Buoncore. Pediatrics, University Hospital Siena; University of Siena, Siena, Italy

**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

a. EMLA cream,

b. sensorial saturation,

c. 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 giving 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.

**1902 NURSING CARE TO A CHILD WITH PHANTOM LIMB SYNDROME: A CASE REPORT**

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I. de Barbieri, E. Lofoco, A. Zampieron. Terapia Intensiva Pediatrica, Azienda Ospedaliera di Padova, University of Padua, Padova, Italy

**Background and Aims** Analysis of a clinical case regarding an uncommon health problem in paediatric age, the amputation of a limb and the subsequent “phantom limb pain (PLP)”. Aim of this work is to describe nursing care in a case of advanced nursing practice in PICU, with the need of multidisciplinary care and with multicultural implications.

**Methods** Case report.

**Discussion** The patient is a 9 years old child of Chinese nationality. She lives in Italy with her parents, she has a hearing impaired brother and a disabled sister. The child had a road accident and suffered major injuries. Transferred to the PICU, the amputation of the lower right limb and a permanent tutor to the left limb were inevitable. After the surgery, the child suffered severe pain to the limbs and an onset of sepsis due to necrosis of the wounds. Treated with antibiotics, she recovered from the sepsis but the pain remained. The assessment data show nursing diagnosis related to the child and the family, from NANDA-I International taxonomy: Impaired physical mobility; Disturbed sensory perception; Disturbed body image; Acute pain, Post traumatic syndrome and Impaired parenting. For each of them the team identified related outcomes and nursing interventions (from NOC and NIC taxonomies).

**Conclusions** The analysis of the case and the literature review show a lack of literature about the care of PLP in paediatric care, especially in nursing field. Nurses should have a major role with this kind of patients, not limited to pain monitoring and drug therapy administration.

**1903 EFFECT OF LULLABY MUSIC ON PAIN IN PRETERM INFANTS DURING VENIPUNCTURE**

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Z. Amirkhansadeh Barandouzi, M. Keshavarz, H. Ashayeri, A. Montazeri. School of Nursing and Midwifery; Tehran University of Medical Sciences, Tehran, Iran

**Aim** 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 Intense Care Unit at Eskisehir 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 and Aims Preterm infants need effective pain management during and after the frequent painful procedures that guarantee their survival, whereas insufficient pain control may have negative impact on development of cognition, motor function and behaviour in preterm infants. The aim of this study was to assess the analgesic effect of lullaby music on pain score during venipuncture in preterm infants.

Methods Ninety-nine children (aged 7–18 years) with cancer and with at least one cycle of chemotherapy, and one of their parents, participated in the study during their hospitalization. Fifty-four of them interacted with clowns in the ward, while 45 children did not get them. Fatigue as measured by PedsQL Multidimensional Fatigue Scale and structured cognitive interviews on clown therapy.

Results During the 30 sec after needle insertion, there was no significant decrease in pain score in experimental group to compare with control group (p=0.075) whereas 30 sec after the end of venipuncture, reduction in pain score was observed in experimental group (p<0.001).

Conclusion In lullaby music group, reduction in pain score during venipuncture did not observe, but immediately after the end of procedure, significantly pain score decreased. So duration of playing music can be affected on pain responses during venipuncture in pre-term infants.

1904 THE EFFECTS OF CLOWN INTERVENTION ON FATIGUE IN CHILDREN WITH CANCER UNDERGOING CHEMOTHERAPY doi:10.1136/archdischild-2012-302724.1904

Pre-NWTS, staff voiced concerns particularly potential difficulties if child deteriorated during transfer with parents present. Post NWTS, majority of staff recognised positive benefits especially if child may not survive, and no adverse incidents reported relating to parents.

Conclusion Parental uptake of an opportunity to travel with their child is a ringing endorsement of our new policy: “NWTS not only kept our daughter alive, but kept our family together.”


Background This presentation will explore the evolution of retrieval team training from the inception of the service in 1998 to the present day.

Just as the service has expanded from its very early days when teams took plastic bags of potentially useful kit out in a taxi to the local hospitals so the training of teams has developed to ensure team members are as ready as possible for the varied experiences they may encounter when out on the road.

Method Recently we have introduced multidisciplinary simulation training where nurses, doctors and ambulance technicians are brought together and are exposed to realistic retrieval scenarios based upon real situations that teams have already encountered.

Although clinical issues are discussed during debriefing the team are also encouraged to explore the ‘human factors’ in each scenario and examine how they have influenced, both the outcome and dynamics of a situation, (Sherwood et al 2002).