**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 with at least one parent can travel. Nurses involve in assisting children and parents to face illness and treatment procedures. The aim of this study was to investigate whether clown intervention could reduce fatigue in children with cancer undergoing chemotherapy.

**Results** During the 30 sec after needle insertion, there was no significant decrease in pain score in experimental group compared with control group (p=0.020) 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 preterm infants.

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**THE EFFECTS OF CLOWN INTERVENTION ON FATIGUE IN CHILDREN WITH CANCER UNDERGOING CHEMOTHERAPY**

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**Pre-NWTS, staff voiced concerns particularly potential difficulties if child deteriorated during transfer with parents present. Post NWTS, majority of staff recognise 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.”

**References**


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**ALL ABOARD: THE USE OF SIMULATION FOR EDUCATING THE MULTIDISCIPLINARY RETRIEVAL TEAM WITHIN THE SOUTH THAMES RETRIEVAL SERVICE**

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**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).