

PO-0325 **PREMEDICATION FOR NEONATAL INTUBATION: CURRENT PRACTICE IN UK NEONATAL UNITS**

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Introduction Endotracheal Intubation (ETI) is a frequently performed procedure in the neonatal unit. For ease of this procedure and to avert the abnormal physiological responses that occur, premedication with sedatives, analgesics and muscle relaxants are used in non-urgent cases. However, the optimal drug regimen remains unknown and keeps changing from previous follow up surveys.

Objectives To determine the:

- Extent and drug regimens used in premedication for non-urgent ETI in UK Neonatal units.
- Changes in practice from previous surveys.

Methods A literature review on the subject in the UK and internationally was carried out to inform a semi-structured telephone questionnaire design. A survey was then carried out between January–March 2014. Any member of the medical team or the nurse-in-charge was interviewed.

Results

- Total Number Neonatal Units surveyed=197
- 192 (97.5%) use premedication; No premedication =5 (2.5%)
- Sedatives used= 189 : Morphine 121, Fentanyl 57, Propofol 7 (5 as single agent), Midazolam 3, Remifentanyl 1;
- 12 units used a sedative as a sole agent.
- Muscle relaxants used: Always =172: Suxamethonium 149, Atacurium 18, Pancuronium 3, Vecuronium 1; as sole agent in 3 units.
- Atropine use: Always = 105; As required =20; Never used =72.
- Most widely used combination: Morphine-Atropine-Suxamethonium 58(29.5%), followed by Fentanyl-Atropine-Suxamethonium 42(21.3%).

Conclusions

- Current practice shows lack of consensus.

- Rates of premedication use show Improvement from previous studies: 1998(37%), 2007(93%) to 97.5% in the current study.

- Narrower range of sedatives are currently used.
- Morphine-Atropine-Suxamethonium still remains the commonest regimen.

Propofol is the latest addition in the last 7 yrs although there is currently very limited studies in neonates.

Intensive Care and Paediatric Emergency Care Medicine

PO-0326 **COMPREHENSIVE ANALYSIS OF EXCHANGE TRANSFUSIONS PERFORMED OVER A 6YR PERIOD IN A TERTIARY NEONATAL INTENSIVE CARE UNIT**

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Introduction

- In the 1940’s, exchange transfusion (ExT) was introduced to help decrease the morbidity and mortality associated with haemolytic disease of the newborn (HDN) and prevent kernicterus.
- ExT was subsequently applied to other causes of neonatal hyperbilirubinaemia, severe neonatal anaemia from a variety of causes, some non-immune hydrops cases, Neonatal metabolic conditions such as hyperammonaemia, severe hyperkalaemia and neonatal haemochromatosis.
- In the 1970’s when ExT was exclusively used for the management of HDN, Lucey *et al*, predicted a decrease in frequency of this procedure for HDN in future.
- Complications were estimated to increase due to the lack or decreased frequency of ExT with time.

Objectives To determine.

Abstract PO-0326 Table 1

Case	GA (Wks)	BWt (g)	Maternal Grp	Blood Maternal Antibodies	Baby Grp	Bld DCLife	Day of Diagnosis
1	31+2	1855	A+	-	O+	- 5	Haemolysis from severe sepsis
2	40+2	3456	O+	-	A+	+1 1	ABO incompatibility
3	35+2	3240	O-	1	O+	+3 1	Rh isoimmunisation
4	39+5	3700	O+	-	O+	- 2	Hyperbilirubinaemia secondary to Haemolytic process ? cause
5	24+4	730	A+	-	A+	- 1	Haemolysis from severe sepsis
6	33+2	2150	A-	3Abs	A+	+2 1	Rh + Other Abs isoimmunisation
7	36+0	2620	A-	1Ab	O+	+3 1	Rh Isoimmunisation
8	36+0	2620	A-	1Ab	O+	+3 1	Rh isoimmunisation
9	27+4	1080	O+	-	O+	- 15	Hyperbilirubinaemia with acute Haemolysis and anaemia from Octenisan wash for MRSA-colonisation
10	35+1	2670	A-	2Abs	A+	+3 1	Rh Isoimmunisation
11	25+6	700	A+	-	B+	- 2	Hyperbilirubinaemia secondary to Accidental overdose of Lipid infusion from Total Parenteral Nutrition
12	33+2	3260	O-	-	O+	- 5	Hyperbilirubinaemia from Extensive tissue bruising and haematomas at birth
13	37+6	2045	O+	-	A+	+1 2	ABO incompatibility
14	30+1	1980	AB+	? (Had transfusions)	? inutero	? 2	Non-immune hydrops with Anaemia
15	34+2	2980	A+	-	A+	- 2	Non-immune hydrops with anaemia and Hyperbilirubinaemia