Background Derangements of haemostasis are implicated in IVH. Prothrombin time (PT), activated partial thromboplastin time (APTT) and fibrinogen level are frequently monitored in premature infants. Neonates frequently receive frozen plasma (FP) in attempt to correct perceived haemostatic abnormalities based on laboratory results.

Methods Prospective observational study was performed. Blood was drawn into citrated tubes from neonates (<30/40) on admission (n = 76) from non-heparinised lines. Platelet poor plasma was obtained by centrifugation of whole blood; PT, APTT, and fibrinogen were measured and correlated with IVH.

Results Infants with IVH (n = 30) had no significant difference in PT (p = 0.949), APTT (p = 0.405) and fibrinogen (p = 0.560) than those without IVH (n = 46). There was no association between IVH grade and APTT (p = 0.937). There was no significant difference in APTT in those with or without IVH, excluding infants with IVH on admission (p = 0.534). Of patients administered FP, there was no significant difference in IVH (p = 0.38). FP is frequently administered when APTT >100 s. In this subgroup; IVH rates in those that received FP (n = 17) vs. those that did not (n = 4) was not significantly different (p = 0.447). There was no significant difference in IVH development in high risk (APTT >100 s, Administered FP) vs. low risk infants (APTT <100 s, No treatment), (p = 1.00) or when comparing infants with lesser degrees of coagulopathy (APTT 60 s-80 s vs. 80 s-100 s, p = 0.6334).

Conclusions Justification of FP based on coagulation values is unclear. In this study, IVH rates following FP administration was not increased. Coagulation values were not predicative of IVH, indicating lack of therapeutic window for intervention.

Background and aims Accurate assessment of pain and its management is important but challenging aspect of paediatric care. Nurses, usually the primary care-givers showed inadequate knowledge and restrictive attitudes towards pain assessment. We evaluated feasibility of an educational intervention to improve the situation.

Methods Workshops targeted at overall understanding of pain, its assessment and management strategies were conducted for nurses working in paediatric/neonatal wards and intensive care units and paediatric cardiac intensive care unit. A modified and consensually validated “Knowledge and Attitudes Survey Regarding Pain questionnaire-2008” consisting 25 True/False questions, 8 Multiple Choice Questions and 2 case scenarios was administered before, immediately after and 3 months after the workshops to evaluate the impact of the intervention. Descriptive statistics, paired t test and test of proportion were used to depict the results.

Results Eighty-seven (all females) nurses participated in the study. Mean (SD) age and experience was 27.7(6.4) and 4.04 (5.9) years respectively. About half (49.4%) of the nurses had not previously heard of pain scales while 47.1% reported using a pain scale in their routine practice and 37% felt they could assess pain without any scale. A statistically significant improvement was observed between the pre-test and post-test total score (15.69[2.94] vs. 17.51[3.47], p < 0.001) as well as the pre-test and retention score (15.69[2.94] vs. 19.40[4.6], p < 0.001).

Conclusions The educational intervention was successful and better retention test scores suggest cascading effect. Pain assessment and management in children should be incorporated in the nursing curriculum and should be reinforced in all paediatric units.