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EFFECTS OF BODY POSITION ON OXYGEN SATURATION, TEMPERATURE, RESPIRATORY RATE, AND HEART RATE OF HEALTHY TERM AND PRETERM INFANTS

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Background: Prone sleeping position increases the risk of Sudden Infant Death Syndrome (SIDS). Infant's arousability from sleep is affected by position and ambient temperature. The effect of side positioning has not been explored.

Objective: To determine the effects of prone, supine and side position on oxygen saturation, temperature, respiratory rate, and heart rate in healthy term and preterm infants 72-hour prior to hospital discharge.

Design/methods: A retrospective review of 117 healthy term and preterm infant with median birth weight of 2580 (630 4185) g, gestational age 36.5 (26 42.3) weeks and postconceptional age of 38 (34 42.3) weeks. Medical records data collected from January 2007 through December 2008. Data obtained during feeding time were excluded. None of the infant was receiving methylxanthine or antireflux medication.

Results: In prone position, infants had higher oxygen saturation ($p=0.02$) compared to side and supine position. Side positioning was associated with significantly higher body temperature and lower respiratory rate ($p < 0.0001$ and 0.004 respectively). No significant difference in heart rate. Respiratory rate was lower in supine and side position ($p= 0.005$ & $p= 0.004$ respectively).

Conclusions: Prone position is associated with higher oxygen saturation. Side positioning is associated with lower respiratory rate and higher temperature. Body position may influence infant's thermal instability.

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AUDIT ON ACCURACY & SPECIFIC INFORMATION ON THE WRITTEN HANDOVER SHEET IN NICU

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Aim: To arrive at a written handover sheet proforma in NICU- simple, easy to update, containing relevant, accurate and specific information about each patient.

Methods: It was a prospective audit collected at NICU, Royal Jubilee Maternity hospital, Belfast, U.K. from 30/11/09 to 4/12/09. The data was collected from written handover sheet in NICU, using an Audit proforma sheet.

The proforma contained data sets such as gestational age, corrected gestational age, gender, hospital number, up-to-date background & current problems, ventilation, current medication, total fluids, chest x-ray details, microbiology results, day and duration of antibiotics, outstanding jobs etc.,

55 Proformas were filled in after counter checking with medical notes and observing ward round plans for accuracy.

Results: Our study showed greater than 90% accurate and specific information were documented under data sets such as gestational age (100%), corrected gestational age (100%), hospital number (96.3%) and ventilation (94.5%).

Between 50% and 90% accurate and specific information were documented under data sets such as current medication (63.6%), up-to-date background & current problems (85.5%), total fluids (81.8%) and outstanding jobs (58.2%).

Less than 50% accurate and specific information were documented under data sets such as gender (0%), chest x-ray details (20%), microbiology results (30.9%), day of antibiotics (9%), duration of antibiotics (25.5%), specialist review and follow-up plan (43.7%).

Conclusions:

To implement the revised handover sheet suggested below.

To re-audit in 4 months after implementing revised handover sheet.