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DEVELOPMENT OF A STANDARDIZED RIGOROUS TRAINING PROGRAM FOR PEDIATRICIANS PROVIDING IV SEDATION AND TIVA IN A CHILDREN'S HOSPITAL

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Purpose: Demand for pediatric sedation/ anesthesia services outside the operating room is increasing. Many children's hospitals in the USA are using inpatient pediatricians (hospitalists) to deliver sedation /TIVA services. No formal training guidelines for such providers exist. We seek to develop a standardized rigorous training curriculum that will serve not only as a foundation on which safe and effective care will be delivered, but also to provide a template which other institutions can utilize.

Methods: The literature was reviewed regarding training hospitalists for TIVA. A credentialing and training program was then constructed with guidance from the Wake Forest University Health Sciences Department of Anesthesiology, sections of pediatric critical care and pediatric anesthesia.

Results: Basic skills requirements were established as follows: 50 assisted and 25 unassisted cases observed on sedation service, and 25 intubations and 15 LMA placements during a four week separate OR rotation. Competence in preoperative assessment, equipment setup, IV access, and induction/maintenance of TIVA is required. Proficiency with non-invasive airway management, airway obstruction and rescue techniques, and management of laryngospasm must be demonstrated.

Conclusion: Standarized training requirements for pediatric hospitalists delivering IV sedation/TIVA do not exist in the USA. Yet, many institutions are using hospitalists to extend this service. Our curriculum is an anesthesia/pediatric critical care based comprehensive training program designed to give the pediatric hospitalist the skill set needed to safely deliver TIVA in select patients. Standardization of training requirements, and modifications based on real quality data will optimize delivery of TIVA by pediatric hospitalists.

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CONTROLLING THE PAIN IS A GAIN ON THE NEONATAL UNITS

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Background: Babies admitted to the Neonatal Units (NNUs) are exposed to a number of potentially painful procedures. Moreover, the babies are unable to communicate their suffering from pain. As a result, they may not receive adequate pain relief . Further more, the assessment of pain remains more complex and challenging for staff working on the NNU.

Aim: A questionnaire survey was carried out to evaluate the current practices of pain assessment and management on babies admitted to the NNUs in the United Kingdom (UK).

Methods: Questions were asked pertaining to the use of analgesia during potentially painful procedures and ventilation. The use of pre-medication for intubations, pain assessment tools and existence of written pain policy were also enquired.

Results: 60% responses were received. Results showed use of sucrose prior to or with phlebotomy (83%), cannulation (81%), heel prick sampling (79%) and nasogastric tube placement (40%). 93% of the units always used pre-medication prior to elective intubations. Only 65% of the units "always" administer parental pain relief medication during ventilation. 41% of the units regularly assess pain in babies admitted to the NNU while 50% have written pain policy.

Conclusion: To the best of our knowledge, this is the first report appraising pain management across NNUs in the UK. Our data demonstrates the diverse practice in the field of neonatology. It is about time to produce a unified guideline encompassing regular assessment and management of pain on all babies admitted to the NNUs.