

Method: Our NICU started a multi disciplinary local report committee. Procedures for analysing reports were made. In the analyses we looked at organisational factors, human errors and technical failures. Moreover we used 'why questions' and the 'barrier analysis'.

Implications for practice: Local reporting needs support by management. It is necessary that all disciplines are represented in the committee and that members are approachable and are ambassadors for incident reporting. Regular feedback and presenting results to management and medical and nursing staff, stimulates reporting. Work instructions after exchanging mother milk, a new feeding application form and ongoing attention for the administration of extra oxygen are examples which resulted in fewer incidents.

Conclusion: After three years incident reporting became more regular. The reports increased from 37 in 2006 to 138 in 2009. Meanwhile a number of procedures has been adapted and improved, as a result of which patient safety increased.

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SHORT TERM OUTCOMES WITH USE OF CHLORHEXIDINE GLUCONATE (CHG) AND POVIDONE-IODINE (PI) IN VLBWI WITH PERCUTANEOUSLY PLACED CENTRAL VENOUS CATHETERS

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Background and aims: CHG's use as a skin antiseptic in neonates is limited because of concerns about systemic absorption and potential side-effects. No chlorhexidine-based antiseptic has been approved by the FDA for neonatal IV catheter placement. We compared the short-term risks of using CHG versus PI as an antiseptic for percutaneously placed central venous catheters (PPCVCs) in VLBWI.

Methods: The records of VLBWI admitted to the NICU at Miami Children's Hospital from 2004-8 were reviewed. Initially, PI was used. After a change in hospital guidelines, CHG replaced PI. Every 10 days the site was re-cleansed with the same antiseptic. Outcomes compared: BPD, NEC, IVH, PVL, ROP, failed hearing test (FHT), length of stay (LOS) and death in infants with lines placed during the first 30 days of life.

Results: PPCVCs were inserted in 187 infants (CHG=95, PI=92). Birthweight, gestational age, gender, total duration of PPCVCs and LOS were similar between CHG and PI groups. The mortality rates in CHG (12.8%) and PI (16.3%) were similar ($p=0.54$).

COMORBIDITIES: PI group (%), CHG group (%), p value

IVH grade 3-4	14.1	10.6	0.47
PVL	5.4	2.3	0.29
BPD	47	37	0.22
NEC, stages 2,3	6.5	6.4	0.96
ROP stage 3	2.2	2.1	0.89
FHT	21.8	25	0.68
	IODINE GROUP n=92	CHLORHEXIDINE GROUP n=95	p value

[Comorbidities (%)]

Conclusions: The use of CHG as an antiseptic for PPCVCs in VLBWI did not increase the risk of major adverse short-term outcomes and mortality when compared to the use of PI. Although this preliminary data is encouraging, prospective studies are needed to confirm its safety.

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UNLICENSED AND OFF-LABEL DRUG USE IN A NEONATAL UNIT IN FRANCE

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Aim: To determine the extent of unlicensed and off-label drugs prescribed in a neonatal unit at a University Hospital, Lyon, France. **Methods:** We conducted a prospective cohort study of newborns who were admitted to the neonatal unit in France during a 4 month-period (from January 1st to April 30th 2009). Using French primary reference source (Vidal 2009), all drug prescriptions were assessed to determine the extent of unlicensed or off-label use.