

Results We present a term neonate admitted to the neonatal intensive care unit for respiratory distress with incidental finding of macroglossia leading to diagnosis of congenital hypothyroidism with hypertonia at birth, eventually diagnosed as heterozygous for the pathogenic deletion of the entire coding region of NKX2-1 gene including the promoter region, de-novo mutation.

Conclusions High index of suspicion is required in neonates with congenital hypothyroidism and respiratory distress syndrome to determine an underlying genetic etiology. Life expectancy in individuals with NKX2-1-related disorders is expected to be normal with supportive management.

PP-091 PERCEPTION TOWARD THE NEED FOR MORPHINE IN VENTILATED PRETERM INFANTS: A COMPARATIVE STUDY BETWEEN A TERTIARY NEONATAL UNIT AND THE OPERATIONAL DELIVERY NETWORK (NWNODN)

Mohammed Bahari*. *Arrowe Park Hospital, Wirral University Teaching Hospital, Wirral, UK*

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Aim The routine administration of morphine to sedate premature ventilated infants is not recommended by professional organisations such as NICE. However, the routine use of morphine persists due to perceived pain and a lack of awareness of non-pharmacological pain management. Additionally, morphine is associated with risks such as IVH, prolonged ventilation, and low blood pressure. As part of a quality improvement initiative, we surveyed staff in our unit and the Northwest Neonatal Operation Delivery Network (NWNODN). This study aims to compare perceptions regarding the use of morphine in ventilated premature infants between our unit and the rest of the network.

Material and Method An email survey was distributed to all staff in our neonatal unit from July 15th to August 5th, 2022. The same survey, with minor adjustments to accommodate the network’s diversity, was sent to the Northwest

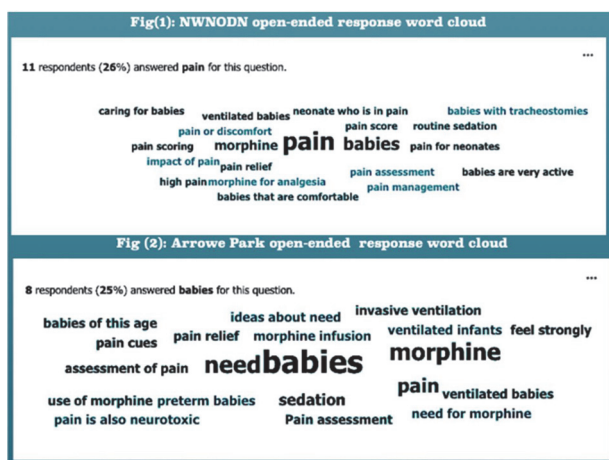
Abstract PP-091 Table 1 Comparing the perception, knowledge, and practice between the unit and the network

	Arrowe Park Hospital	NWNODN
Respondents	32	42
Is it routine in your unit to intubate infants born < 32 weeks at birth in the Delivery room or Operation Room?	Yes 8 (25%)	Yes 9 (21.4%)
Do you routinely start them on morphine infusion when they are mechanically ventilated?	Yes 10 (31%)	Yes 12 (28.5%)
Do you use any method or scoring system to assess pain in premature infants?	Yes 31 (97%)	Yes 39 (93%)
Have you heard about the N-PASS pain assessment tool?	Yes 25 (78%)	Yes 21 (50%)
Do you use the N-PASS in your unit?	Yes 21 (66%)	Yes 8 (19%)
During clinical rounds, is pain scores part of the clinical presentation?	Yes 6 (19%)	Yes 17 (40%)
Does your unit have guidelines on how to assess and manage analgesia/sedation during invasive ventilation?	Yes 19 (59%)	Yes 29 (69%)
Do you think that preterm infants need sedation/analgesia while on invasive mechanical ventilation?	Yes 18 (56%)	Yes 27 (64%)
Have you heard about NIDCAP?	Yes 12 (38%)	Yes 24 (57%)
Is NIDCAP part of the practice in your unit?	Yes 2 (6%)	Yes 3 (7%)
Aware of the National and International recommendations?	Yes 19 (59%)	Yes 19 (45%)

Neonatal Operation Delivery Network (NWNODN). The survey was disseminated via the weekly Network bulletin, and responses were collected between October 6th and November 14th, 2022. Descriptive and thematic analyses were employed to analyze the results.

Results There were 32 and 42 respondents from our unit and the NWNODN, respectively. The majority of respondents were Registered Nurses (RN) (APH 50%, NWNODN 45%) and were from level 3 tertiary units (64%). Perceptions regarding morphine and pain management in ventilated premature infants were similar between APH and NWNODN (table 1). More than half of the respondents believed that ventilated premature infants require morphine during ventilation (APH 56%, NWNODN 64%). The most frequently used words by APH staff were ‘Babies,’ ‘need,’ and ‘morphine,’ while the NWNODN staff most commonly used ‘Pain,’ ‘babies,’ and ‘morphine’ see figure 1.

Conclusions There were no differences in the perception of pain and the use of morphine in ventilated premature infants between APH and the network. However, this survey identified a knowledge gap and attitude toward pain management in ventilated premature infants.



Abstract PP-091 Figure 1 NWNODN open-ended response word cloud.