Pediatric Anesthesia: Pediatric Pain & General Pediatrics

A-1245 Room H, 10/16/2000 2:00 PM - 4:00 PM (PS) Clotting Factors in Children with Neuromuscular Scoliosis Undergoing Posterior Spinal Fusion B. Randall Brenn, M.D.; Mary C. Theroux, M.D., Anesthesiology and Critical Care, Alfred I duPont Hospital for Children, Wilmington, DE, United States. We report five patients with spastic quadriplegia that had decreases of certain coagulation factors to less than 50% of function after mild blood loss.

A-1246 Room H, 10/16/2000 2:00 PM - 4:00 PM (PS) Occupational Exposure to Sevoflurane and Nitrous Oxide during Pediatric Anesthesia and Mask Induction *C. Byhahn, MD; V. Lischke, MD, PhD; S. Mierdl, MD; K. Westphal, MD, PhD, Dept. of Anesthesiology, J.W. Goethe-University, "* With regard to NIOSH recommendations, anesthesiologist's occupational exposure to N₂O and sevoflurane was determined during pediatric anesthesia.

A-1247 Room H, 10/16/2000 2:00 PM - 4:00 PM (PS) Emergence Agitation in Pediatric Patients after Sevoflurane Anesthesia and No Surgery: A Comparison with Halothane Joseph P. Cravero, MD; Stephen D. Surgenor, MD; Kate Whalen, RN, Anesthesiology, Dartmouth-Hitchcock Medical Center, Lebanon, NH, United States. A randomized, prospective, blinded study of 32 patients given Sevoflurane or Halothane general anesthesia without surgery.

A-1248 Room H, 10/16/2000 2:00 PM - 4:00 PM (PS) Epidural Bupivacaine Plus Hydromorphone for Postoperative Pain Control in Pediatric Urologic Surgery Patients: A Comparison with Bupivacaine Plus Fentanyl Joseph P. Cravero, MD; Lori Lerner, MD; Michael Beach, MD; Stephen Surgenor, MD; Marc Cendron, MD, Anesthesiology, Dartmouth-Hitchcock Medical Center, Lebanon, NH, United States. Epidural hydromorphone vs. fentanyl in peds urology patients.

A-1249 Room H, 10/16/2000 2:00 PM - 4:00 PM (PS) Pediatric Neuroanesthesia in a Magnetic Resonance Therapy Unit Elizabeth A. Eldredge, M.D.; Sulpicio G. Soriano, M.D.; Mark Proctor, M.D.; Ferenc A. Jolesz, M.D.; Mark A. Rockoff, M.D., Anesthesia, Children's Hospital, Boston, MA, United States. Pediatric patients with potentially inoperable neurosurgical lesions can safely undergo surgery and anesthesia in a MRT unit with resection confirmed intraoperatively.

A-1250 Room H, 10/16/2000 2:00 PM - 4:00 PM (PS) Comparison of the Cilio-Spinal Reflex and Infrared Thermometry To Assess Caudal Anesthesia Level in Anesthetized Children John Emery, FRCA; David Ho, FANCA; Leslie MacKeen; Elise Heon, MD; Bruno Bissonnette, MD, Anaesthesia, Hospital for Sick Children, Toronto, ON, Canada. Pupillary dilatation is used to assess the sensory level of a caudal anesthesia in anesthetized children.

A-1251 Room H, 10/16/2000 2:00 PM - 4:00 PM (PS) The Effectiveness of Controlled Ventilation Using Cuffed Versus Uncuffed ETT in Infants Gavin F. Fine, MB BCb; Kathleen Fertal, BSN; Etsuro K. Motoyama, MD, Anesthesiology, Children's Hospital of Pittsburgh, Pittsburgh, PA,. Ventilation studied in infants with cuffed and uncuffed ETT. More intubation attempts with uncuffed ETT. Ventilation adjusted for leak around uncuffed ETT.

A-1252 Room H, 10/16/2000 2:00 PM - 4:00 PM (PS) Effect of Intranasal Fentanyl on Emergence Following Sevoflurane Anesthesia for BMT Surgery in Children Julia Finkel, MD; I.T. Cohen, MD; M. Kim, MD; K.A. Hummer, RN; R.S. Hannallah, MD, Anesthesiology, Children's National Medical Center, Washington, DC, United States. Intranasal fentanyl is an effective analgesic following BMT surgery.

A-1253 Room H, 10/16/2000 2:00 PM - 4:00 PM (PS) Intranasal Fentanyl in Children Undergoing Bilateral Myringotomy and Tube Placement Jeffrey L. Galinkin, M.D.; L.M. Fazi, M.D.; R.M. Cuy, M.D.; C.D. Kurth, M.D.; M.F. Watcha, M.D., Department of Anesthesia, Univ of Pennsylvania, Children's Hospital, Philadelphia, PA, United States. Intranasal fentanyl administration decreases postoperative agitation and pain without increasing perioperative complications.

A-1254 Room H, 10/16/2000 2:00 PM - 4:00 PM (PS) Intrathecal Morphine for Analgesia after Spinal Fusion in Children. A Double-Blind Randomized Trial Olivier Gall; Jean-Vincent Aubineau; Josee Berniere; Isabelle Murat, Anesthesiology, Hopital Armand Trousseau, Paris, France

A-1255 Room H, 10/16/2000 2:00 PM - 4:00 PM (PS) Modeling Infant Cardiovascular Physiology for Educational Simulations Jane A. Goodwin, MD; Willem L. van Meurs, PbD; Shirley A. Graves, MD, Anesthesiology, University of Florida, Gainesville, FL, United States. We describe the derivation of an infant cardiovascular model; an important step in attaining a full-scale infant simulator that can be used for clinical education.

A-1256 Room H, 10/16/2000 2:00 PM - 4:00 PM (PS) Functional Evidence for the Lack of Antinociceptive Effect of Nitrous Oxide in Newborn Rats Toshikazu Hashimoto, MD; Mervyn Maze, MB, ChB, FRCP; Shin-ichi Inomata, MD, PhD; Masabiko Fujinaga, MD, Magill Department of Anaesthetics, Chelsea and Westminster Campus, Imperial College of Science, Technology and Medicine, University of London, London, United Kingdom. Effects of N2O in newborn rats.

A-1257 Room H, 10/16/2000 2:00 PM - 4:00 PM (PS) Anesthesia Provision for Magnetoencephalography Spencer S. Kee, MBChB, FRCA; Peter Szmuk, MD; Maged M. Mina, MBBCh; Tiberiu Ezri, MD; Jeffrey Katz, MD, Anesthesiology, University of Texas, Houston Health Science Center, Houston, TX, United States. Safe anesthesia and acceptable MEG results can be achieved with chloral hydrate and clonidine premedication followed by propofol infusion.

A-1258 Room H, 10/16/2000 2:00 PM - 4:00 PM (PS) The Analgesic Response to Intravenous Lidocaine in the Treatment of Mucositis Pain in Children Yuan-Chi Lin, M.D., M.P.H.; Sandy Sentivany-Collins, R.N., C.N.S., Anesthesia, Stanford University School of Medicine, Stanford, CA, United States