

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. Bybabin, 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 pediatric 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 BCh; 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. Hannallab, 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, PhD; 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 *Toshibaku 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, MBChB; 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*