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**WHEN LESS GIVES MORE – COST SAVINGS IN CUROSURF DOSE REGIMES**B Cuellar, A J Howell, A Jain *University of Bristol NHS Trust, Bristol, UK*

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**Background** In April 2009 we introduced Curosurf for infants <33 weeks gestation who were intubated on delivery suite. We gave a single whole vial dose of 120 mg giving at least 100 mg/kg in these infants. A second dose of 100 mg/kg was given if required. We have shown that this often under doses infants, without any detrimental effect on respiratory outcome.

**Aim** To investigate surfactant practices in tertiary NICU's in England as well as cost implications of different regimes at a local level.

**Method** Telephone enquiry of 18 tertiary neonatal units in the UK.

**Results** 15/18 units used Curosurf. For the first dose, 6 used 200 mg/kg, 5 used 100 mg/kg and 4 units dosed by full vials, either 120 mg or 240 mg depending on gestational age or birth-weight. Seven units gave the same second dose as the first and 6 units gave 100 mg/kg. Only 4 units topped the dose up to use the entire vial at once.

3/18 units used Survanta giving 4 ml/kg per dose.

In 19 months, St Michaels spent £24 247.90 on Curosurf for 93 infants. Our costs would have been £39 038.30 for 100 mg/kg for every dose and £58 437.31 for an initial dose of 200 mg/kg followed by 100 mg/kg when required. Thus St Michael's saved £159.03 and £359.88 respectively per infant who required Curosurf.

**Conclusion** There are different dose regimes for surfactant replacement across tertiary neonatal units in the UK. Significant cost savings if could be made if single whole vial dosing with 120 mg Curosurf was adopted nationally.



## When less gives more – cost savings in curosurf dose regimes

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