Abstract PD.16 Table 1 Respiratory morbidity by Curosurf dose (days, median/IQR)

Single dose received	Ventilation	oxygen dependence
Appropriate dose (n=42)	3.5 (9.25)	16 (50.25)
Under dosed <100 mg/kg (n=28)	2 (2.25)	2 (5.25
Two doses received		
Appropriate dose (n=6)	9 (8.5)	22.5 (61.25)
Under dosed <100 mg/kg (n=15)	4 (13.5)	18 (68.5)

Conclusion Single vial dosing with 120 mg Curosurf results in frequent under dosing but has no detrimental effect on respiratory morbidity. In addition, there is the potential for significant local and national cost savings.

PD.16 LESS IS JUST AS GOOD – CUROSURF AND RESPIRATORY MORBIDITY

A J Howell, B Cuellar, 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. An audit demonstrated that this policy resulted in under dosing many infants.

Aim Does under dosing Curosurf (<100 mg/kg) have a detrimental effect on respiratory morbidity?

Method Retrospective analysis of infants born <33 weeks gestation from April 2009 to October 2010 who received Curosurf therapy.

Results 93 infants received Curosurf. 70 babies received a single vial and 23 required a second dose. 23/70 (40%) who received a single dose and 7/23 (30%) who were received a second dose were under dosed (<100 mg/kg). Respiratory morbidity was similar in both groups (see table 1).

Subsequently 13/43 appropriately dosed and 4/31 under dosed infants required home oxygen therapy (χ^2 1.9, p=0.16). Cost analysis demonstrated that single whole vial dosing of 120 mg saved approximately £10 000 per annum.

Less is just as good – curosurf and respiratory morbidity

A J Howell, B Cuellar and A Jain

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