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Pediatrics

PHLEBITIS IN INFANTS Infusion phlebitis occurs commonly in infants and children. The high incidence of phlebitis in infants with outflows appears to be the result of complete blocking of small peripheral veins, which prevents the dilution and buffering of the infusate by blood. Generally, peripheral outflows should be used only when needle puncture is not feasible. Glucose infusion solutions may cause chemical irritation of the endothelium, which is then followed by inflammation and thrombosis. Buffering of glucose infusions with sodium bicarbonate immediately prior to administration may reduce the incidence of phlebitis. (*Faulksrud, A. W.: Postinfusion Phlebitis in Infants and Children; How to Avoid this Complication, Clin. Pediat.* 8: 135 (March) 1969.)

ANXIETY IN CHILDREN In a study of 144 pediatric patients ranging in age from one to eight years, the presence of parents immediately prior to elective surgery had no measurable beneficial effect on the emotional state of the children prior to induction of anesthesia. Children between one and five years of age exhibited more anxiety than children between five and eight years of age. (*Lec, J. S., and Greene, N.: Parental Presence and Emotional State of Children Prior to Surgery, Clin. Pediat.* 8: 126 (March) 1969.) **ABSTRACTER'S COMMENT:** "Rooming in" should not be eliminated because of the evidence in this paper. The crucial question to be answered remains the effect of "rooming in" (plus all other techniques designed to alleviate anxiety) on the posthospitalization behavior of the child. Conclusions based on an evaluation of the emotional state of a child at a single point in time may be misleading.