

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. Bybavn, 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. Sortiano, 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. Coben, 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 Toshibakazu 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*