

- A-1259** Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Validity and Reliability of the University of Michigan Sedation Scale (UMSS) in Children Undergoing Sedation for Computerized Tomography Shobha Malviya, MD; Terri Voepel-Lewis, BSN, MS; Alan R. Tait, PhD; Sandra Merkel, BSN, MS; Norab N. Naughton, MD, Anesthesiology, University of Michigan, Ann Arbor, MI, United States. The UMSS is a valid and reliable tool for measuring sedation depth in children.
- A-1260** Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Prospective Survey of Perioperative Respiratory Complications in Children Undergoing Elective Ambulatory Surgery Chantal Mamie, MD; Walid Habre, MD; Cecile Delbumeau, MSc; Alfredo Morabia, PhD, APSIC, University Hospitals of Geneva, Geneva, Switzerland. Perioperative respiratory complications are lower with a pediatric anesthesiologist, intubation under myorelaxant and with each year of age.
- A-1261** Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Radiologic Assessment of Cuffed Oropharyngeal Airway (COPA) Placement in Infants and Toddlers: Is There an Agreement with Clinical Findings? Keira P. Mason, MD; David Zurakowski, PhD; Caroline D. Robson, MD, Anesthesia, Children's Hospital, Boston, MA. On MRI/CT scan, there was no agreement between radiologic and clinical signs of airway compromise ($\kappa=0.15$, $P=0.34$).
- A-1262** Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Pharmacokinetics of Lumbar Epidural Ropivacaine in Infants and Toddlers, Ages 3 Months to 48 Months Mary E. McCann, M.D.; Navil F. Setbna, M.D.; Jean X. Mazoit, M.D., Ph.D.; Lorna J. Sullivan, R.N.; Charles B. Berde, M.D., Ph.D., Anesthesia, Children's Hospital, Boston, MA, United States. Ropivacaine clearance is substantially mature by 3-12 months of age; a 1.7 mg/kg epidural dose generates safe plasma concentrations.
- A-1263** Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Low Dose Ketorolac Following Posterior Spinal Fusion in Adolescents with Idiopathic Scoliosis Hamish M. Munro, MD, FRCA; Sarah R. Walton, MD; Sandra Merkel, RN; Shobha Malviya, MD; Frances A. Farley, MD, Section of Pediatric Anesthesiology, University of Michigan, Ann Arbor, MI, United States. Low dose ketorolac, in conjunction with morphine PCA improved analgesia following posterior spinal fusion.
- A-1264** Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Caudal Neostigmine for Postoperative Analgesia in Children-A Dose Response Study Lokesh B. Ningegowda, MD; Y.K. Batra, MD, MNAMS; Virendra K. Arya, MD; Pramila Chari, MD, D.Ac, MAMS, FA, Anesthesiology, Post Graduate Institute Of Medical Education & Research, Chandigarh, Chandigarh, India. In children, 30 μ g/kg caudal neostigmine provides analgesia for 6 hours without significant side effects.
- A-1265** Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Effects of Preemptive Administration of NMDA Receptor Antagonists on Pain after Tonsillectomy in Children J.E. O'Flaherty, MD, MPH; C.X. Lin; V.A. Salmons, MD; M.E. Durieux, MD, PhD, Anesthesiology, University of Virginia, Charlottesville, VA, United States. Preemptive administration of magnesium, but not ketamine, decreases analgesic consumption in the early postoperative period in children after tonsillectomy.
- A-1266** Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Varying Doses of Propofol during Sevoflurane Anesthesia for Tracheal Intubation in Children Britta Oldoerp, MD; Diethelm Hansen, MD; Martin Welte, MD, PhD, Dept. of Anesthesiol. and Intensive Care, Freie Universitat, Berlin, Germany. 5 mg/kg propofol supplementing sevoflurane anesthesia effectively facilitates tracheal intubation in children.
- A-1267** Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Ideal Intubating Conditions with Sevoflurane/Propofol in Infants \geq 6 months Britta Oldoerp, MD; Diethelm Hansen, MD; Martin Welte, MD, PhD, Dept. of Anesthesiol. and Intensive Care, Freie Universitat, Berlin, Germany. Deep sevoflurane and sevoflurane/propofol anesthesia are suitable alternatives to succinylcholine for tracheal intubation in infants \geq 6 months.
- A-1268** Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Clinical Evaluation of the Laryngeal Tube (LT) in Pediatric Anesthesia Philippe Richebe, MD; Francois Semjen, MD; Fairouz El Hammar, MD; Sophie Marie, MD; Anne-Marie Cros, MD, Department of Anesthesia, Hopital Pellegrin-Enfants, Bordeaux, France. The Laryngeal Tube is easy to insert and provides a clear airway with a low morbidity in children. The failure rate is high for children under 10 Kg.
- A-1269** Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Pharmacokinetics of Caudal Ropivacaine with or without Epinephrine in Children Fabienne A. Roelants, MD; Francis Veyckemans, MD; Roger K. Verbeeck, PhD; Luc J. Van Obbergh, MD, PhD, Anesthesiology, St Luc Hospital, Brussels, Belgium. The addition of epinephrine to ropivacaine modifies its pharmacokinetics after caudal administration in children. It reduces Cmax and delays the uptake of ropivacaine.
- A-1270** Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Comparison of Three Concentrations of Caudal Ropivacaine for Elective Groin or Lower Abdominal Surgery in Children Allison Kinder Ross, MD; Ann G. Bailey, MD; Timothy Bukowski, MD; John B. Eck, MD, Anesthesiology, Duke University Medical Center, Durham, NC, United States. Three concentrations of caudal ropivacaine were compared. There were no significant differences in duration of block.
- A-1271** Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Fishing for a Pediatric Airway during Remote Anesthesia Daniel Siker, M.D.; Scott Flamm, M.D., Dept. of Anesthesiology, Medical College of WI, Milwaukee, WI, United States. MRI and CT studies note epiglottis downfolding and obstructed breathing in 20% of sedated children. Real time imaging adds to our understanding as to the mechanisms by which LMAs and native airways function.
- A-1272** Room H, 10/16/2000 2:00 PM - 4:00 PM (PS)
Influence of Age on the Rate Dependent Intraventricular Bloc Induced by Bupivacaine Lionel Simon, MD; Nobutaka Kariya, MD; Julien Charpentier, MD; Jean Xavier Mazoit, MD PhD, Anesthesiology, Université Paris Sud, Bicetre, France. We found a similar rate dependent ventricular bloc caused by bupivacaine in 3 day old and adult rabbits.