methods of cord care which hasten the happy conclusion of this ritual seclusion. Policy makers should be aware that home cord care kits which prolong the time to cord separation may not be taken up by the target population.


### Cardiac arrest associated with vancomycin in a neonate

**EDITOR,—**A 13 day old newborn girl was treated for an *Escherichia coli* infection with a once daily, 20 minute infusion of 150 mg of ceftriaxone. Progress was normal until vancomycin (150 mg) was mistakenly injected intravenously over 20 minutes. Within 10 minutes she stopped breathing and became cyanotic; pulse and cardiac sounds were absent. Bag ventilation with 100% oxygen and chest compressions were immediately started. An endotracheal intubation was performed. The infant recovered within one minute from her cardiac arrest. The evolution during the following 18 months has been favourable.

To our knowledge, four other cases of cardiac arrest after a rapid infusion of vancomycin have been reported involving one adult and three children. Of these, two infants died. No cardiac arrest in a newborn baby has been described before.

This report of a cardiac arrest in a neonate, after a rapid intravenous infusion of vancomycin, strengthens the usual recommendation that this drug should be administered over a prolonged time. The proportion of young children (four out of five) among the reported cases might suggest that a rapid infusion of vancomycin could particularly lead to a cardiac arrest in this age group. This major side effect of vancomycin could be related to a neuromuscular blockade or a ventricular arrhythmia, a direct transient depression of the cardiac function, or an extreme form of an anaphylactoid reaction.

**T BOUSSEMART J CARDONA M BERTHIER J CHEVREL D ORIOT** Paediatric Intensive Care Unit, University Hospital, BP 577, 68621 Poutiers, France


### Intestinal dilatation in the fetus

**EDITOR,—**Richards and Holmes have described a series of nine cases with intestinal dilatation in the fetus, all with surgical


### Predictors of mortality

**EDITOR,—**Kuint et al have presented the use of the change in the a:A ratio from just before dosing to one hour after dosing as a significant predictor of mortality. Their basis for recommending this predictor is its correlation with mortality. The traditional measures of the predictive ability of a model for dichotomous outcomes include rates of false positive and false negative results or equivalently, sensitivity and specificity. A model that has high predictive power will have low error rates or high specificity and sensitivity and thus


### Guidance after twin and singleton death

**EDITOR,—**In relation to the perinatal death of a twin baby Dr de Kleine and colleagues recommend that all parents should be given a photograph of their babies together, as well as separately. Not all parents would feel comfortable about displaying a photograph of a stillborn baby, but an attractive picture of the two babies can readily be created (sometimes from two separate photographs). We would be happy to provide names of artists prepared to do this.

**ELIZABETH BRYAN BARBARA READ** The Multiple Births Foundation, Queen Charlotte’s and Chelsea Hospital, Goldhawk Road, London W6 0XG

Intestinal dilatation in the fetus.

A. K. Garg and I. al Hifzi

Arch Dis Child Fetal Neonatal Ed 1995 73: F123
doi: 10.1136/fn.73.2.F123-a

Updated information and services can be found at:
http://fn.bmj.com/content/73/2/F123.2.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/