



specifying gestational age thresholds for resuscitation. However, guidelines of this nature potentially ignore other important prognostic factors.

In this talk I will examine the use of explicit prognosis-based guidelines for decision-making in intensive care. Is it possible and is it desirable to derive such guidelines? I outline and defend one potential practice framework based on the concept of 'gestational-age equivalence'.

Plenary Session 6—Paediatrics & Adolescents

132

PROGNOSIS-BASED GUIDELINES FOR TREATMENT LIMITATION DECISIONS IN NEWBORN INFANTS

D Wilkinson¹ *¹University of Adelaide*

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Decisions to withdraw or withhold life-sustaining treatment from newborn infants are common in neonatal intensive care units (NICUs). The majority of deaths in NICU follow such treatment limitation decisions. There are professional guidelines for end of life decision-making in NICUs, however, these guidelines have been criticised. Many existing guidelines provide only vague guidance. For example, they indicate that treatment may be withheld when it is not in the best interests of an infant, but provide little assistance for clinicians in determining when this is the case. Other guidelines provide very specific criteria, for example