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Subject: cardiovascular diseases / cancer / autism / other

Comparison of patient-controlled I: Educational and nurse-administered analgesia using intravenous I: Drug fentanyl I: Drug during labor P: Condition .

Preliminary observations have shown that fentanyl I: Drug citrate I: Drug , a potent narcotic, is helpful during labor without undue O: Adverse effects side O: Adverse effects effects O: Adverse effects . This randomized prospective investigation compared the patient-controlled administration of fentanyl I: Drug with that of administration by nurses on request. Eighty P: Sample size healthy P: Condition women P: Sex beginning at labor P: Condition (cervical dilation 4 cm) at term were assigned to receive fentanyl I: Drug intravenously by either patient-controlled administration (n=37) or nurse-administration on demand (n=43). Pain O: Pain intensity O: Pain measurements O: Pain during early labor revealed the degree of analgesia to be the same in both groups. The delay in setting up the infusion system and the short time between requesting analgesia and vaginal delivery were limitations with self-administration. Maternal O: Adverse effects oversedation O: Adverse effects and O: Adverse effects vomiting O: Adverse effects did not occur. Neonatal I: Drug naloxone I: Drug therapy was used infrequently, umbilical O: Physical serum O: Physical levels O: Physical of O: Physical fentanyl O: Physical were the same in both groups, and postnatal neuroadaptive testing revealed comparable results in both groups. Despite the usefulness of fentanyl I: Drug during labor, administration by the patient had no advantages over administration by the nurse in significantly reducing drug O: Mental use, improving O: Pain pain O: Pain relief O: Pain , or avoiding O: Adverse effects drowsiness O: Adverse effects .