JOINT EVENT

25th World Pediatrics Conference

&

6th International Conference on

Pediatric Critical Care and Emergency Medicine

October 18- 20, 2018 Warsaw, Poland

Workshop

Day 1

Pediatric Critical Care 2018, World Pediatrics 2018

Ana Maria Navio Serrano, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C4-014

25th World Pediatrics Conference
&
6th International Conference on
Pediatric Critical Care and Emergency Medicine

October 18- 20, 2018 Warsaw, Poland

Ana Maria Navio Serrano

University Hospital of Getafe, Spain

Pediatric ER

Objective: Emergency Physicians or Pediatricians which works in the ER, afraid of missing intracranial injuries, obtain computed tomographic (CT) imaging in children who sustain blunt head injury. Clinical criteria (NEXUS Head CT decision instrument) can reliably identify children with important injuries, while excluding injury, and the need for imaging in many patients, but this work requires validation.

Design and Method: We conducted a prospective observational study to validate the pediatric NEXUS Head CT decision instrument. The instrument requires children to meet seven criteria to achieve "low-risk" classification (no evidence of skull fracture, no scalp hematoma, no neurological abnormalities, normal alertness, normal behavior, no persistent vomiting, no coagulopathy). We examined the instrument's performance in identifying pediatric patients requiring neurological intervention, and those with important injuries evident on CT imaging, from among a cohort of 1,018 imaged children.

Results: The NEXUS Head CT decision instrument assigned high-risk status to 27 of 27 patients requiring neurological intervention (sensitivity, 100.0% [95% confidence interval [CI]: 78.9% – 100.0%]). The instrument assigned low-risk status to 330 of 991 children who did not require neurological intervention (specificity, 33.3% [95% CI: 29.0% - 36.3%]). None of the 330 lowrisk patients required neurological intervention (negative predictive value, 100.0% [95% CI: 98.1% - 100.0%]). The decision instrument assigned high-risk status to 48 of 49 children with significant intracranial injuries (sensitivity, 98.0% [95% CI: 83.6% - 99.9%]), and low-risk status to 329 of 969 children who did not have significant injuries (specificity, 34.0% [95% CI: 29.5% - 37.0%]). Significant injuries were absent in 329 of the 330 children assigned low-risk status (negative predictive value, 99.7% [95% CI: 97.4% - 100.0%]).

Conclusions: The NEXUS Head CT decision instrument reliably identified pediatric blunt head injury patients who required neurosurgical intervention, as well as those having significant injuries evident on CT imaging, while assigning low-risk status, and the potential to safely spare imaging in nearly one-third of the children

Biography

Dr. Ana Maria Navio Serrano has completed his PhD at the age of 32 years and Doctor of Medicine and Surgery at the age of 40 from University of Alcala. She is the Deputy of SEMES (Spanish Society of Emergency Medicine) for IFEM (International Federation of Emergency Medicine), Member of the Research Committee of the International Federation for Emergency Medicine, Deputy Emergency Medical Service of the University Hospital Moncloa, Coordinator of the Spanish Group of Shock in the Spanish Society of Emergency Medicine and holds many important positions in the field of Emergency Medicine in Spain. He has published more than 25 papers in reputed journals and has been serving as an editorial board member of repute.

navio.ana@gmail.com

Notes:

JOINT EVENT

25th World Pediatrics Conference

&

6th International Conference on

Pediatric Critical Care and Emergency Medicine

October 18- 20, 2018 Warsaw, Poland

Scientific Tracks & Abstracts

Day 1

Pediatric Critical Care 2018, World Pediatrics 2018

SESSIONS

Pediatric Cardiology

Chair: Amar Mohanrao Taksande, Jawaharlal Nehru Medical College, DMIMS, India
Co-Chair: Ana Maria Navio Serrano, University Hospital of Getafe, Spain

SESSION INTRODUCTION

Title: **Title: Incidence of congenital heart disease among hospital live birth in rural hospital**
Revat Meshram, Jawaharlal Nehru Medical College, DMIMS, India

Title: **Title: Anthropometric profiles of congenital heart disease in children**
Yash Dalal, Jawaharlal Nehru Medical College, DMIMS, India

Title: **Title: Neonatal foot length: An alternative predictor of low birth weight babies in rural India**
Zeeshan Patel, Jawaharlal Nehru Medical College, DMIMS, India

Title: **Title: Nucleated red blood cells as marker of perinatal asphyxia**
Ayush Shrivastava, Jawaharlal Nehru Medical College, DMIMS, India

Revat Meshram, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C4-014

Incidence of congenital heart disease among hospital live birth in rural hospital

Revat Meshram
Jawaharlal Nehru Medical College, DMIMS, India

Background: Congenital heart disease (CHD) is the most common congenital anomaly in newborns. It has already been recognized as one of the important cause of neonatal mortality and morbidity.

Aim: Aim of this study is to evaluate the incidence and pattern of CHD among newborns of Central India.

Materials & Methods: This was a prospective hospital-based study conducted in the Neonatology Unit of Pediatric Department at Acharya Vinoba Bhave Rural Hospital (AVBRH), Sawangi, Wardha, from April 2012 to May 2014. Measurements of oxygen saturation (SpO2) were performed on the all four limb by pulse oximeter on day 1 life of all newborns. All suspected neonates were investigated with blood pressure, roentgenograms, electrocardiograms, and echocardiography and were followed up for a period of 3 months.

Results: During the study period, there were 6695 live born neonates at AVBR Hospital. The incidence of CHD observed was 20.16 per thousand live births. Atrial Septal Defect was the commonest lesion found in 34.07% cases, ventricular septal defect in 27.40%, patent ductus arteriosus in 21.48%. The commonest cyanotic CHD detected was transposition of great arteries in 3.70%. Some associated non-cardiac anomalies like Down's syndrome, polydactyl, cleft palate and cataract were found.

Conclusion: The incidence of CHD among live births in Central India is greater than reported in the studies from other part of countries. ASD was the commonest CHD in this study.

Biography

Revat Meshram is working as an Associate Professor in the Dept. of Pediatrics at Jawaharlal Nehru Medical College (JNMC), DMIMS, Sawangi. He has completed his Residency at Government Medical College, Aurangabad. He got Fellowship in Intensive Care at KEM Hospital. He has published over 15 papers in national and international journals and is the author of several pediatrics titles. He is a Life Member of Indian Academy of Pediatrics. He is also a Peer Reviewer of international journals like *Journal of Pediatrics*, and *Journal of Pediatric Intensive Care*, etc.

rjmeshram@yahoo.com

Notes:

Yash R Dalal, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C4-014

Anthropometric profiles of congenital heart disease in children

Yash R Dalal
Jawaharlal Nehru Medical College, DMIMS, India

Background: Congenital heart disease is often associated with malnutrition and failure to thrive in children. The prediction factors of growth deficit and nutrition status in children with congenital heart diseases remain unclear.

Aim: To determine the nutritional status of children with congenital heart disease.

Methods: A cross-sectional study was carried out in children aged 0-5 years old with CHD in AVBRH hospital. All patients underwent an anthropometric evaluation (weight, length and head circumference) at presentation. Undernutrition, failure to thrive (FTT) and microcephaly were determined according to WHO, weight-for-length, weight-for-age, length-for-age, head circumference-for-age z-score <-2SD accordingly.

Results: We had total of 125 patients, 80 patients with acyanotic and 45 patients with cyanotic lesions. VSD was found to be the most common acyanotic disease and TOF was found to be the most common cyanotic CHD. Prevalence of undernutrition in CHD was 62%, with 35% severe undernutrition. FTT was found in 72%, and microcephaly in 28% patients. In acyanotic, weight was affected more than length.

Conclusion: Children with CHD are frequently undernourished, irrespective of the nature of cardiac defect. FTT was found higher in acyanotic lesions. Acyanotic heart diseases were found to be more common than cyanotic disease.

Biography

Yash R Dalal has completed his MBBS at Grant Government Medical College and Sir J J Group of Hospitals, at Maharashtra University of Health Sciences, Mumbai. He is currently pursuing his Post-graduation in the Department of Pediatrics, at Jawaharlal Nehru Medical College at Datta Meghe Institute of Medical Sciences, Sawangi(Meghe), Wardha, Maharashtra.

dalayash92@gmail.com

Notes:

Patel Zeeshan Jameel, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C4-014

Neonatal foot length: An alternative predictor of low birth weight babies in rural India

Patel Zeeshan Jameel
Jawaharlal Nehru Medical College, DMIMS, India

Background: Birth weight is an important parameter and a determinant factor regarding perinatal morbidity and mortality. However, in rural area of developing countries, weighing facility may not be available for all home deliveries, where an alternative parameter like foot length may be considered in place of birth weight.

Aim: The present study was undertaken to find out the best simple anthropometric parameter for identifying low birth weight (LBW) babies.

Methods: This was hospital-based cross-sectional study. Participants were newborn babies born at AVBRH hospital, Sawangi (Meghe), Wardha. All consecutive full-term, single ton, live born babies were included and anthropometric measurements carried out within 48 hours after birth.

Results: Out of 520 newborn babies, there were 267 male and 253 female babies. Foot length (FL) attained the highest correlation with birth weight (r=0.715) while mid arm circumference (MAC) attained the lowest (r=0.355). FL had the highest coefficient of determination (r2 value=0.511). Receiver operating curve (ROC) analysis was done to identify the optimal cut-off points of these anthropometric measures separately for LBW babies. The best discrimination of LBW, as detected by Area under curve (AUC), was obtained by FL (AUC=0.909, 95% CI 0.0133-0.93538) followed by length (AUC=0.89, 95% CI 0.87642-0.92969). Length of 49 cm, head circumference (HC) of 33 cm, MAC of 9.5 cm, and chest circumference (CC) of 30 cm and FL of 8 cm were the corresponding cut-off values with the best combination of sensitivity and specificity for identifying LBW babies.

Conclusion: FL appears to be better indicators for picking up LBW babies. This parameter can be used at community level by health workers for early detection of LBW babies.

Biography

Patel Zeeshan Jameel has completed his MBBS at Kasturba Medical College-Manipal University, Manipal. He is pursuing his Post-graduation in the Department of Pediatrics, in Jawaharlal Nehru Medical College at Datta Meghe Institute of Medical Sciences, Sawangi (Meghe), Wardha, Maharashtra.

zeeshan1311@gmail.com

Notes:

Ayush Shrivastava, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C4-014

Nucleated red blood cells as marker of perinatal asphyxia

Ayush Shrivastava
Jawaharlal Nehru Medical College, DMIMS, India

World Health Organization (WHO) has defined perinatal asphyxia as a failure to initiate and sustain breathing at birth. Hypoxic ischemic encephalopathy (HIE) is one of the most common complications in an asphyxiated neonate because of its serious long term neuromotor sequelae among the survivors. Nucleated red blood cells (NRBC) count in umbilical cord of newborns has been suggested as a sign of birth asphyxia. As the present markers are not accurate in diagnosis and assessing the severity of fetal asphyxia, this study was undertaken to find the values of NRBCs in normal and asphyxiated neonates and the correlation of NRBCs with birth asphyxia. 80 neonates with asphyxia along with 80 healthy newborns were undertaken for two years study period. Maternal and neonatal information was recorded followed by clinical and laboratory evaluation. An NRBC level was determined per hundred white blood cells (WBC). Post discharge, immediate follow-up of asphyxiated infants was performed. Neonates were divided into two groups, with favorable and unfavorable outcome based on discharge or death. We observed that NRBC count with more than 10 per hundred WBC per cubic millimeter, had sensitivity of 88.75% and specificity of 100% in predicting complications of asphyxia. We demonstrate that NRBC per hundred WBC can be used as prognostic marker for neonatal asphyxia, which in combination with the severity of asphyxia can be co-related with high infant mortality, immediate outcome and complications of asphyxia.

Biography

Ayush Shrivastava has completed his MD at Datta Meghe Institute of Medical Science (Deemed University). He is working as a Senior Resident and intrested in research projects. He is involved in pediatrics clinical practice since 2015. He has more than three years of undergraduate teaching experience. He has attended more than 50 conferences and workshops in India, organized and presented posters in national and international conferences.

ayushrivastava@gmail.com

Notes:

JOINT EVENT

25th World Pediatrics Conference

&

6th International Conference on

Pediatric Critical Care and Emergency Medicine

October 18- 20, 2018 Warsaw, Poland

Workshop

Day 2

Pediatric Critical Care 2018, World Pediatrics 2018

Maaike Plieger, J Pediatr Care 2018, Volume 4
DOI: 10.21767/2471-805X-C4-014

25th World Pediatrics Conference
&
6th International Conference on
Pediatric Critical Care and Emergency Medicine

October 18- 20, 2018 Warsaw, Poland

Maaike Plieger

Oslo University Hospital, FK, Norway

My six month in Africa

The Presentation is about my work in Malawi, I worked there for 6 months. On the only Pediatric Intensive Care there is in Malawi in Blantyre. It opened last year July, and is build by the money of Madonna, who visit us last July. Project Goals were Breathing, Circulation, Hygiene, Communication, Materials, Recovery, Patient care, Personal projects. and FK. My personal projects were Chichewa class, Handy(wo)man, Sharing, Adoption, Health teaching locals, Combined twin, Pocketbook ICU nurses, Poetry. My job was teaching the nurses bedside on everything. We have 6 ventilated beds on PICU and there was a lot to teach the nurses at so I could share my knowledge. I went there being in a Norweigen project, By Oslo University Hospital

Biography

Maaike Plieger is a senior nurse and has completed her graduation in Pediatric Intensive Care nursing in 2002 from University Medical Center, Utrecht and Neonatal care nursing in 1991from Sophia Hospital Zwolle she was a teaching Nurse In QUEENS Mercy James Blantyre, Malawi and was Working in Holland for 42 years mostly with Pediatric care, the last 18years she worked in Utrecht on a PICU.

maaike.plieger@gmail.com

Notes: