

Joint Meeting on
2nd Annual Conference on
Pediatric Nursing and Healthcare
&
23rd World Nutrition & Pediatrics Healthcare Conference
June 17-18, 2019 Dubai, UAE



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Khaled Soliman Balah

Saudi German Hospital, UAE

Pediatric sedation

Pediatric sedation for diagnostic and therapeutic procedures (pediatric procedural sedation) is an evolving, growing and dynamic field of pediatric practice in any hospital that cares for children. It is practiced by a diverse group of practitioners in an expanding variety of clinical settings. The aim of sedation during diagnostic and therapeutic procedures in children is not only to control behavior and movement to allow safe performance of procedures but in addition to minimize physical pain and discomfort to control anxiety, minimize psychological trauma and maximize amnesia. Pharmacologic and non-pharmacologic interventions that consider the child's developmental status and the clinical circumstances are often required to meet these goals. The increased availability of short-acting sedatives along with accurate noninvasive monitoring and improved sedation training programs has enabled effective and safe management of sedation and analgesia outside the operating room. Among the challenges that must be addressed are the development of standardized definitions of outcomes, particularly with respect to what constitutes satisfactory sedation and what is an adverse event. Unified guidelines would encourage consistent care across specialties.

Biography

Khaled Soliman Balah is working as Associate Professor of Anesthesia from Ain Shams University and also Head of Anesthesia in the Department of Saudi German Hospital at Dubai. He has published 7 postdoctoral studies in the field of anesthesia.

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Non-invasive respiratory support of neonates: The non-traumatic way forward!

Karthikeyan Gengaimuthu

International Modern Hospital, UAE

The quality of care in a Neonatal Intensive Care Unit (NICU) is judged by the standards of respiratory care the babies receive in the unit and the bedside care therein is given by the surrogate mothers of the tiny tot in the baby cot (incubator) read the NICU sisters. Appropriate and up to date technologies of respiratory support are the aces up the sleeves of the neonatologists that ensure intact survival of premature babies against the odds of barotraumas, volutrauma, bio-trauma etc. The level of escalation of respiratory support of neonates extends from oxygen therapy to continuous distending airway pressure devices, surfactant, nasal positive pressure ventilation, intubation and ventilation (including high frequency oscillation) and Extra-Corporeal Membrane Oxygenation (ECMO). Keeping the lungs expanded to prevent atelectrauma is a key strategy in neonates as this conserves surfactant and this support starts from the delivery room for premature babies. Disruptions of airway mucosal integrity and mucociliary function have deleterious consequences and hence gentle strategy of respiratory support avoiding intubation to the extent possible is advocated. High Flow Nasal Cannula oxygen (HFNC) therapy aims to minimize even the nasal mucosal injury that can happen with the current nasal respiratory support devices. Although the threshold for surfactant therapy varies between NICUs, the earlier is better and the aim is to keep the FiO_2 below 0.3 or 0.4. The INSURE (INTubate, Surfactant and Extubate) was evolved earlier to minimize the duration of intubation needed to administer surfactant. Earlier in this decade even this has been replaced by the Minimally Invasive Surfactant Therapy (MIST) wherein surfactant is administered using a no intubation technique. Dubai has a published report on MIST in our NICU recently. The evidence base and meta-analysis have attested to the superiority of non-invasive respiratory support strategies and the initial follow up data available in the literature is encouraging.

Biography

Karthikeyan Gengaimuthu is a Senior Consultant Neonatologist currently working in International Modern Hospital, Dubai. He has completed his MBBS from Madurai Kamaraj University, Madurai and MD in Pediatrics from JIPMER, Pondicherry.

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Change in health practices and knowledge due to intervention considering co-variables and changes in health attitude, subjective norm and self-efficacy in Limpopo Province, South Africa

Shapule Modjadji and MJ Themane

University of Limpopo, South Africa

The current research study investigates change in health practices and knowledge due to intervention considering co-variables and changes in health attitude, subjective norm and self-efficacy. A sample of 324 students from rural primary schools in Dikgale village participated in the study. A questionnaire was used to collect data. The main findings of the study includes; 1. Students in the experiment condition did not reflect more health related practices ($F(1,315)=0.20$; $p>0.887$) considering co-variables and changes in health attitude, subjective norm and self-efficacy. 2. Students in the experiment condition reflected more health related knowledge ($F(1,315)=115.72$; $p<0.001$) considering co-variables and changes in health attitude, subjective norm and self-efficacy. In addition, 53.8% of the differences between both groups seem related to the intervention. The results suggest that even if there can be changes in knowledge due to intervention, healthy practices may be difficult to change. Further interventions should be in place in communities like Dikgale because knowledge alone cannot decrease the prevalence of NCDs.

Biography

Shapule Modjadji is finalising PhD which is being currently edited for final submission with the University of Limpopo in South Africa. Also, she is currently working on producing two papers from this study. She have attended International Conference of Maths, Science and Technology education (ISTE) arranged by UNISA in 2013, Wits International Conference of Language and Literacy Education in August 2016.

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Grow up with a healthy smile: Insight of pediatric dentistry- A recent concept

Kuldip Shah

Cherish Child Dental Care, India

Journey of thousand miles starts with a single step likewise journey of life starts with infancy. So starting from infancy to childhood to adolescence, there is an important role of a person who takes care of good oral hygiene throughout this journey, is a pediatric dentist. By being an age-specific specialty, pediatric dentistry encompasses disciplines such as behavior guidance, care of the medically and developmentally compromised and differently abled patient, supervision of orofacial growth and development, caries prevention, sedation, pharmacological management and hospital dentistry, as well as other traditional fields of dentistry. Good pedodontic practice never starts at clinic but it starts at home with proper brushing, patient education, diet counselling and motivation. In the beginning pediatric dentistry was mainly concerned with extraction and restorations. The trend changed from extraction to preservations. Presently the concept of pediatric dental practice is prevention and concentrating on minimal invasion. Any curative treatment provided should be minimally invasive, preferably nonsurgical and conserve tooth structure as much as possible. In addition, an inadequate and unsatisfactory dental treatment during childhood can permanently damage the entire masticatory apparatus of the child leaving him with many dental problems commonly encountered in today's adult population. Long lasting beneficial effects also can result when the seeds for future dental health are planted early in life. Oral health needs of children who are the bright future of our globe have to be upraised. Children are same all over the world. Languages, customs and religions may differ, but the motto grow up with a healthy smile remains allover and forever.

Biography

Kuldip Shah has completed his BDS from Rajasthan University of Health Sciences and Post-graduation in Pedodontics and Preventive Dentistry from Pacific University. He is currently working as a Practitioner at Cherish Child Dental Care. He has published more than 10 papers in reputed journals.

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A study to assess the effectiveness of planned teaching program on knowledge regarding pulmonary tuberculosis among clients registered at district tuberculosis centre Pulwama Kashmir

Ola Asa'ad

Quality of Life & Primrose, Jordan

Obesity is one of the major nutrition-related disorders, and its rapid rise in the whole world has been paralleled with a dramatic shift from traditional, more nutritionally dense dietary patterns toward more energy-rich, unhealthy patterns. The importance of nutrition in prevention and treatment of obesity has gained much attention from public health professionals. The etiology of obesity is multifactorial and involves complex interplays between dietary factors and various 'internal' (e.g., genomic, epigenomic, and metabolic profiles) or external (e.g. lifestyle) exposures. The past 10 years have witnessed speedy advances in research of genomics, which has made great strides in detection of genetic variants associated with body weight regulation and obesity. In addition, emerging data have shown that the genetic variants may interact with dietary factors in relation to obesity and weight change. Moreover, recent studies on other global characteristics of the human body, such as epigenomics and metabolomics, suggest more complex interplays may exist at multiple tiers in affecting individuals' susceptibility to obesity, and a concept of 'personalized nutrition' has been proposed to integrate these new advances with traditional nutrition research. The root of obesity etiology is imbalance between dietary energy intake and energy expenditure. Human evolution has favored a preference for energy-dense and fatty foods, as a consequence of exposure to ancestral famine. This leaves humans susceptible to modern obesogenic environments regarding rise of energy intakes and subsequent elevation of obesity risk. Data from the National Health and Nutrition Examination Survey have shown a marked upward shift of energy intake, increasing by 7% in men and 22% in women from 1971-1974 to 1999-2000, in parallel with a rapid increment of obesity in the same period of time.

Biography

Ola Asa'ad is a clinical dietitian and master practitioner in eating disorders and obesity with 16 yrs of experience. She holds Bachelor degree in Nutrition & Dietetics from the University Of Jordan and Masters degree from UCL university/London in Eating Disorders& Obesity. She is the Founder and owner of Quality of Life nutrition and well-being Center working with a wonderful team of 4 dietitians to make a change in people's lives. Also, She is the Founder of Primrose health food shop changing the notion of fast ,nutritious yet delicious meals in addition to providing free meals for charities as a sub-feeding suppliers.

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Neonatal nursing

S K Mohanasundari

All India Institute of Medical Sciences- Jodhpur, India

Neonatal nursing is a subspecialty of nursing. Neonatal nursing generally encompasses care for those infants who experience problems shortly after birth, but it also encompasses care for infants who experience long-term problems related to their prematurity or illness after birth. A few neonatal nurses may care for infants up to about 2 years of age. Most neonatal nurses care for infants from the time of birth until they are discharged from the hospital. Healthcare institutions have varying entry-level requirements for neonatal nurses. Neonatal nurses are Registered Nurses (RNs). Some countries or institutions may also require a midwifery qualification. Some institutions may accept newly graduated RNs who have passed the NCLEX exam; others may require additional experience working in adult-health or medical/surgical nursing. Some countries offer postgraduate degrees in neonatal nursing and various doctorates. A nurse practitioner may be required to hold a postgraduate degree. The National Association of Neonatal Nurses recommends two years' experience working in a NICU before taking graduate classes. All nurses working in a birthing centre have an important role in assessing the newborn immediately after birth. There are four different levels of neonatal nursery where a neonatal nurse might work. Such as Level I – It consists of caring for healthy newborns, Level II - provides intermediate or special care for premature or ill newborns, Level III- the Neonatal intensive-care unit (NICU), treats newborns who cannot be treated in the other levels and are in need of high technology to survive, such as breathing and feeding tubes, and Level IV- includes all the skills of the level III but involves the extensive care the most critically and complex newborns. There have been some major changes in the Neonatal Care over the past 120 years. Some of these changes include the invention of the incubator, changes in respiratory care, and the development of surfactants. Duties of a neonatal nurse usually include supplying vital nutrients to newborns, changing feeding tubes, administering medication, observing vital signs, performing intubations and using monitoring devices. In the common situation where premature and sick newborns' lungs are not fully developed, they must be certain infants are breathing and maturing properly. All nurses working in a birthing centre have an important role in assessing the newborn immediately after birth. Neonatal nurses work together with upper-level nurses and physicians to facilitate treatment plans and examinations. Neonatal nurses can also work with speech-language pathologists who specialise in the assessment and treatment of feeding, swallowing and communication in preterm infants. They have regular interaction with patients' families, therefore are required to educate parents or relative on the infant's condition and prepare care instructions after the infant is discharged from the hospital.

Biography

S K Mohanasundari is currently pursuing PhD in INC and working in College of Nursing as Faculty in AIIMS Jodhpur, India. She has published more than 40 articles in various national and international journals and published one book (*Entrance Guide for Nurses to Succeed*). She is the Member of Editorial and Review Board of three national and two international journals and Life Member of four associations such as TNAI, NRSI, IANN and NNF. She received Best Lecturer Award from Tayma General Hospital, Saudi Arabia. She has worked as an Assistant Professor in private nursing colleges in India, also worked in MOH Saudi Arabia as a Nurse Educator (2013 to 2014) and later worked in All India Institute of Medical Sciences Rishikesh, India. Presently she is working in College of Nursing as Faculty in All India Institute of Medical Sciences Jodhpur, India.

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Nutrition and obesity among children

Jane Darakjian

Longevity Medical Health Center, UAE

The modern technology ways of influence an importance on pediatric nutrition among toddlers, children's and teenagers health. A global public health crisis announced that this is the most common chronic disease of childhood affecting more than 38% of children source. Whether there is a connection of children's health education and prioritizing systems for their development can correlate with modern life for their wellness and wellbeing. The association between pediatric dietary sources and various diseases like obesity, diabetes, thyroid and risk factors is a complex process. The focus based on the essential nutrients strategy for children's at different types and levels. The role of nutrients intakes are reported to modify genetic susceptibility to diseases such as obesity, with the expectation that this would provide a scientific basis for cancer prevention via dietary modification. It is crucial for the controversies of increase risk of nutrients deficiency and obesity among young generation that leads to life serious health problems. The role of simple sugar at this point and more...!! Myths...!! The history and the concept of preventing the consequences of obesity growth and reversely effect of nutrients deficiency have been studied since 1976. The effective intervention strategies are being used to prevent and control obesity in children including a variety of interventions and governmental actions addressing obesity and the challenges ahead for managing this epidemic. Some case study will be covered and discussed about childhood obesity and whether exercise is associated to lower obesity and its consequences.

Biography

Jane Darakjian is a multi-lingual (Armenian, Arabic, English, French; Graduated pre- medicine BS degree from LAU (Lebanese American University which is affiliated with The States University of New-York. Obtained her (PhD) in Human Nutrition and Dietetics from medical University. Further she advanced in Functional nutrition and exercise therapist. Her first practice and experience was Hotel D'ieu French hospital in Beirut where and Rejuvenate Health Therapy clinic under supervision of Dr Tony Licha after she re-located to Dubai. Over 16 years she practiced the Head of the Clinical dietician Department covering: oncology, dyslipidemia, metabolic syndrome, chronic conditions, diabetes and much more. Recently she practice at Amwaj Polyclinic in the Wellness department as the head of the department.

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Assessment of knowledge, attitude and practices related to Type-2 diabetes mellitus and dietary intake among diabetic patients

Monika Suri

Nutriwell Clinic, India

Knowledge, attitude and practices affect the dietary intake and nutritional status. Dietary intake is considered one of the key factors in prevention and management of diabetes mellitus. The aim of this study was to assess the knowledge, attitude and practices and analyze the dietary intake of the type-2 diabetes mellitus patients living in Gurugram, Haryana. This was a cross-sectional study conducted on 138 type-2 diabetes mellitus patients attending OPD at two different diabetic centers in Gurugram city. Socio-economic status, duration of diabetes, blood pressure, fasting and post-prandial blood glucose levels, nutritional status and knowledge-attitude-practices of type-2 diabetes mellitus patients were studied. The study included 47% males and 53% females, majority of the patients (37%) were in the age group 46-50 years. Anthropometric assessment suggested that 49% subjects were in the pre-obese category. 45% males and 49% females had high waist-hip ratio. The mean \pm SD fasting and post-prandial blood glucose for males was 141.9 ± 39.2 mg/dl and 178.8 ± 46.7 mg/dl, respectively. The mean and post-prandial blood glucose for females was 152.1 ± 38.8 mg/dl and 199.1 ± 56.6 mg/dl, respectively. The blood pressure assessment revealed 74% males and 59% females in the pre-hypertensive category. Food and nutrient intake data revealed that the mean \pm SD of energy intake was 1470.7 ± 176.8 kcal and 1267.5 ± 102.4 kcal for males and females, respectively which was found to be 98% and 106% adequate for males and females, respectively. The protein intake for both males and females was inadequate at 77% and 80%, respectively. Dietary fiber intake was also inadequate at 69% and 80% for males and females, respectively. The intake of micronutrient magnesium was also inadequate at 77% and 89% for males and females, respectively. Data related to knowledge about diabetes revealed that 44% subjects had good knowledge scores and 53% subjects had average knowledge scores. The mean score of attitude of the subjects was 3.5 ± 3.6 on Likert scale thus indicating a positive attitude. The practices assessment suggested that 63% subjects had their medicines regularly, 41% subjects do physical exercise daily, and 68% subjects monitor blood glucose on regular basis (two-three times a month). The study revealed that friends and media played a crucial role as a source of dietary information. On the basis of the knowledge-attitude-practices of the subjects regarding diabetes, interventions may be planned.

Biography

Monika Suri, based in Gurgaon, India, have completed B.Sc. Life Sciences (1993–1996) from Govt. P.G. College, Gurgaon, Haryana, India (Awarded “Roll of Honour” by MDU, Rohtak for first position in state level science exhibition and distinction in botany and zoology), then M.Sc. (Dietetics and Food Service Management and aspires to pursue PhD from a recognized university. She holds CFN Certificate in Food and Nutrition, PGDBM (MBA) and Food safety certificate of competence (FSSAI).

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Nasser Mohamed

Sheikh Khalifa Medical City, UAE

Management of extravasation

Extravasation of medications during Peripheral Intravenous (PIV) therapy can result in harm to pediatric patients. These medications have physical and/or biologic factors that cause tissue damage. Extravasation injury is a common phenomenon in hospitals. Failure to detect and treat extravasation injury can lead to irreversible local injuries, tissue necrosis and malfunction of the affected tissue. Until now, it is largely unknown about incidence, risk factors and treatment outcomes of extravasation in pediatric patients. The aim of this presentation is to explore the risk factors, to detect early signs and symptoms of extravasation to react early with active management. Extravasation injuries are a common and challenging problem in hospitalized newborns. Accidental infusion leakage into the surrounding tissues in immature infants may frequently result in skin necrosis, with significant risk of functional and cosmetic impairment. Vesicant extravasation injuries can occur in patients receiving chemotherapy despite best efforts to prevent them. Most extravasation injuries are of Grades 1 & 2 and do not require extensive intervention to prevent long-term skin and soft tissue damage. Grade 3 & 4 injuries have a greater potential for skin necrosis, compartment syndrome and need for future plastic surgery, depending on the type of solution extravasated. Evidence suggests hyaluronidase irrigation for parenteral nutrition and calcium chloride extravasation is beneficial. The patients' information including age, gender, injection site, estimated volume of solution extravasated, patient symptoms, severity of extravasation injury, treatment methods, and outcomes must be documented. All extravasations are treated with physical, pharmacological and surgical intervention according to the grade of injuries in the most severe cases plastic surgeons are often summoned to assess the extent of the injury and the possibility for reconstruction. Systematic implementation of intervention can alleviate the extravasation injuries and improve the patients' outcome.

Learning Objective

- This presentation will highlighted on
- Risks factors of extravasation and how to avoid it
- Medications may cause extravasation
- Grads of extravasation
- Evaluation the signs and symptoms of a vesicant extravasation
- Documentations of extravasation progress and action of management and outcome
- Administer the FDA-approved vesicant extravasation treatments and antidotes.
- Antidote preparation and administration instruction
- Follow up patients with extravasation after management

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Biography

Nasser Mohamed has almost 30 years of experience as Neonatologist and Pediatric Intensivist. He has graduated MBChB in 1989 from Zagazig Faculty of Medicine, Egypt and did Residency program in Mataria Teaching Hospital, Egypt. He has obtained his Master's degree of Pediatrics in 1994 and then was moved to work in Kuwait where he spent 20 years working between NICU and PICU Mubark Al Kabeer University Hospital. In 2015 he joined Sheikh Khalifa Medical City PICU managed by Cleveland Clinic in Abu Dhabi as Pediatric Intensivist Specialist. He is a Senior Consultant of Pediatrics in Egypt and during this period he has participated in many of international pediatric conferences as speaker and he shared many of workshops in field of pediatric health care.

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Monika Kaushal

Emirates Specialty Hospital, UAE

A quality improvement approach to reduce infections in neonatal intensive care

Outcomes in neonatology has improved dramatically in the last 3 decades

Improved survival- associated with increasing short term and long term morbidity

Infections- important cause of morbidity and mortality

Majority of infections are potentially preventable

Early onset sepsis related to maternal and perinatal factors

NICU professionals have little control!

Late- 72 hrs / 7 days

Late onset usually HAI and linked to infection control measures

Controllable and potentially preventable

Reported Incidence – 15-50% depending on location and gestation

25% of VLBW in the NICHD network

Incidence falling in developed economies- eg:15% in Canada (2010/11) and drop from 38/1000 admissions to 20/1000 admissions in the UK 2006-2014

Gulf region – (2013-15) 56/1000 admissions

Seasonal variations have been described

To reduce the infection, we need to have policies in place.

- Hand hygiene policy
- Central line policy and bundles
- Isolation policies
- Antibiotic policies
- Cleaning and waste

We might have Disjoint between policy and care delivery

The metrics being used were nor accurate/fit for purpose

If we look at hand hygiene policy , it may happen:

- Policy in place

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- IC team audits showing high compliance
- But fly on the wall observation revealed a different story
- Non-compliance widespread
- Accessibility of hand gel at bedside was an issue
- Turnover of new staff – eg . Residents who were poorly

Oriented

- Hand hygiene of parents not monitored or enforced
- Mobile phone use in the clinical area
- Publicity poor

So we need to work on the missing gap and improve the compliance.

Similarly, for central line bundle it may have issues in any of the following.

- Bundles in place
- IC team reporting high compliance- Wrong metric being used
- Was a tick box exercise with no empowerment of nurses
- No standardisation
- Application of antiseptic and adherence to aseptic technique suspect
- Type of antiseptic used
- Multiple breaks in to the line
- Indefinite line duration

When we do quality improvement then we can have infection free NICU.

Biography

Monika Kaushal has completed her MBBS, MD Pediatrics, DM Neonatology from FRCPCH. This year faculty of Royal College of pediatrics and child health UK granted her the honor of status of Fellow of Royal College of Pediatrics and child health UK (FRCPCH). She is currently pursuing her MSC in Neonatology from Southampton University, UK.

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Respiratory distress syndrome in a nutshell

Akumtoshi

Indian Academy of Pediatrics, India

Respiratory Distress Syndrome (RDS) is an important cause of mortality and morbidity in preterm neonates. With the increasing number of preterm deliveries globally according to the World Health Organization, it is imperative to consider a safe place for delivery and a good obstetric care to start with. Antenatal steroids are helpful not only in reducing the risk of RDS but also reducing Necrotizing Enterocolitis (NEC) and intra ventricular hemorrhage which further improves the outcome of a preterm delivery. Delayed cord clamping is recommended as it reduces mortality in preterm newborns. Use of optimal oxygen and getting CPAP into the delivery room has improved the outcome and reduced the need for mechanical ventilation thus reducing the risk of Chronic Lung Disease (CLD). Timing the administration of surfactant is important to avoid mechanical ventilation. The increasing use of non-invasive ventilation has reduced ventilator induced lung injury and CLD. Many have embraced Heated Humidified High Flow Nasal Oxygen (HHHFNC) as an alternative to CPAP and its use has increased in view of its ease of use and lesser trauma. Caffeine facilitates early extubation in intubated preterms on ventilators and improves neuro developmental outcome. Adequate nutrition and proper temperature control starting from the point of delivery cannot be emphasized enough for this group of population.

Biography

Akumtoshi has completed his MBBS from Rajendra Institute of Medical Sciences, Ranchi and MD in Pediatrics from Assam Medical College. He is currently working as the Treasurer of Indian Academy of Pediatrics in the state of Nagaland, India and also the State Academic Coordinator for Neonatal Resuscitation Program and a Member-Scientific Committee in the East Zone Academy of Pediatrics, India.

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Feeding of preschool children in Vietnam: A study of parents' practices and associated factors

Loan Minh Do

Vietnam National Children's Hospital, Vietnam

Understanding parents' feeding control practices and their associations with various factors is useful for prevention of childhood obesity. Two cross-sectional studies were conducted in urban Dong Da (n=1364) and rural Ba Vi districts (n=1313) Hanoi, Vietnam. Child Feeding Questionnaire (CFQ) was used. Mothers reported the use of more restriction, pressure to eat and monitoring than the fathers. The measured child's Body Mass Index (BMI) and the mother's perception of the child's weight were negatively associated with pressure to eat and positively associated with monitoring. A positive association was found between restriction and the mother's perception of the child's weight. In the rural area, high consumption of fatty food, sweets and snacks was associated with high use of restriction and monitoring. The amount of food consumed was negatively associated with the use of pressure to eat. In the urban area, consumption of fatty food and sweets was positively correlated both with restriction and pressure to eat. Monitoring was negatively associated with consumption of fatty food and snacks and positively with the amount of food. Higher education of the mothers was associated with higher use of monitoring, restriction (in the urban area) and pressure to eat (in the rural area). Feeding practices in Vietnam differed between mothers and fathers and between urban and rural areas. This implies that parental roles as well as socio-demographic factors should be considered when designing programs for prevention of childhood overweight and obesity.

Biography

Loan Minh Do is currently working as a Pediatrician at Vietnam National Children's Hospital and also Director of Direction of Healthcare Activities Center. She has completed her Medicine Doctor's degree (PhD) at University of Gothenburg, Sweden.

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Pediatric airway management

Nasser Mohamed and Ezzat Elshahat Mohameda
Sheikh Khalifa Medical City, UAE

Airway management is an important skill for all medical staff to practice, particularly within difficult scenarios. To address this, we will create this workshop of airway management for introducing advanced airway techniques to all medical staff (physician, residents nurses and fellows) Emergency airway management is associated with a high complication rate. Evaluating the patient prior to airway management is important to identify patients with increased risk of failed airways pediatric airway management should be systematic and well planned. This workshop will describe the steps in appropriate airway management these steps include clinical assessment, preparation of equipment and staff, and a progression through a series of interventions. A good foundation of basic skills, such as understanding of pediatric airway-anatomy, head positioning, and correct bag-valve-mask or Bag-mask Ventilation (BVM), are necessary for appropriate airway management. The majority of patients requiring Endotracheal Intubation (ETI) can be successfully intubated with Rapid Sequence Intubation (RSI). A difficult airway may occasionally be encountered and the medical staff must have alternative methods for the support of ventilation and oxygenation if RSI failed Video laryngoscopes are claimed to improve airway management. Several studies showed an equal or better glottic view using the Glidescope compared with direct laryngoscopy in adults and in paediatric patients. Many case reports also described successful intubation in patients with a difficult airway.

Learning Objectives

At the conclusion of this educational workshop, participants will be able to apply a thorough understanding and practical knowledge of the basics of airway assessment in your clinical practice recognizes the signs of potentially difficult intubation and airway management. Develop a plan for dealing with a known difficult airway. Discuss indications for various airway management devices. Develop effective management strategies to deal with challenging airway scenarios. Demonstrate working knowledge and practice of a variety of airway management devices (oropharyngeal tube - Nasopharyngeal tube - Laryngeal mask airway -Endo tracheal tube - Ambu bag - video laryngoscop)

Biography

Nasser Mohamed has almost 30 years of experience as Neonatologist and Pediatric Intensivist. He has graduated MBChB in 1989 from Zagazig Faculty of Medicine, Egypt and did Residency program in Maternal Teaching Hospital, Egypt. He has obtained his Master's degree of Pediatrics in 1994 and then was moved to work in Kuwait where he spent 20 years working between NICU and PICU Mubarak Al Kabeer University Hospital. In 2015 he joined Sheikh Khalifa Medical City PICU managed by Cleveland Clinic in Abu Dhabi as Pediatric Intensivist Specialist. He is a Senior Consultant of Pediatrics in Egypt and during this period he has participated in many of international pediatric conferences as speaker and he shared many of workshops in field of pediatric health care.

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Handling obesity epidemic: Through psychosocial intervention

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In today's world, one of the most grappling concerns with respect to health issues is obesity and especially pediatrics obesity. There have been cases where the causes for overweight were medical reason but the intervention which really made the difference was use of eclectic approach. In this approach, holistic health is taken care off by involving all the stakeholders related to the obese individual. According to WHO, obesity is a nutritional health issue that has excessive storage of energy in the form of fat as per height, weight, race and gender. Obesity can lead to various other health problems like diabetes, heart disease, high blood pressure etc. Though people have been trying out numerous ways of controlling/reducing weight but the fight against obesity has become a major challenge for children, adults and health practitioners worldwide. This research article aims to understand the bio-psychosocial causes and consequences of the obesity that can help to create an effective approach for the health professionals to handle current obesity epidemic.

Biography

Komal Verma is currently working as the Head of Amity Institute of Behavioral and Allied Sciences. She has published more than 25 papers in reputed journals and has been serving as an Editorial Board Member of repute.

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Effectiveness of immersive virtual reality therapy on pain and anxiety among children undergoes painful procedures in UMAID hospital

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Introduction: Virtual reality (VR) is a computer technology that creates an artificial 3-dimensional simulated environment. Virtual reality consists of a head-mounted display and a thick pair of goggles that are connected to either a computer or a cell phone. Although originally designed for entertainment purposes, the potential use of VR in the medical field has recently been explored. Experimental trials using VR in therapy for anxiety or posttraumatic stress disorder and for coping with pain demonstrate potential for this technology. Distraction is a common non-pharmacologic technique used by health care professionals to manage and attenuate anxiety, and possibly pain, during painful procedures in pediatric patients. Both passive distraction (e.g., watching television, listening to a book) and active distraction (e.g., interactive toys, electronic games) have been extensively studied and cause a decrease in pain and anxiety. Virtual reality might offer even more distraction, as it completely immerses the patient in another world and involves multiple senses.

Method: This study is conducted to assess the effectiveness of immersive virtual reality therapy on pain and anxiety among 60 children aged between 3 years to 12 years undergoing various painful procedures in UMAID Hospital, Jodhpur, India. Post-test only designs were adopted. The invasive procedure includes collecting blood samples, venipuncture, IM injection and SC injections. Ethical permission was obtained from institutional ethical committee and informed consent was obtained from children above 7 years and from parents of children below 7 years. Randomly children were assigned to control group and experimental group; 30 in each group. The children in control group received standard care (toys and verbal distraction, etc.) during invasive procedure and they were assessed for pain and anxiety level after 60 seconds of procedure by using numerical visual pain scale and Wong Baker facial expression scale. Children in the experimental group given head-mounted virtual reality display connected to smart phone (played 3D video) during invasive procedures and allowed to play the video for 5 minutes before the procedure and until 60 seconds after the procedure. The child pain and anxiety was observed during the time of procedure through Wong Baker pain scale and after the procedure children were asked to describe the level of pain and anxiety through numerical visual pain and anxiety scale for further validation.

Result: The result showed that children in the experimental group experienced less pain and anxiety than the children in the control group. There is positive correlation exists between pain and anxiety level. The age and type of procedure has significant association with level of pain. The age, sex and type of procedure had significant association with level of anxiety.

Conclusion: VR distraction appears to be most effective for children with the pain during invasive procedure. VR is thought to reduce pain and anxiety by directing children's attention into the virtual world, leaving less attention available to process incoming neural signals from pain receptors. This solution can be easily applied by nurses in their clinical practice.

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Biography

S K Mohanasundari is currently pursuing PhD in INC and working in College of Nursing as Faculty in AIIMS Jodhpur, India. She has published more than 40 articles in various national and international journals and published one book (*Entrance Guide for Nurses to Succeed*). She is the Member of Editorial and Review Board of three national and two international journals and Life Member of four associations such as TNAI, NRSI, IANN and NNF. She received Best Lecturer Award from Tayma General Hospital, Saudi Arabia. She has worked as an Assistant Professor in private nursing colleges in India, also worked in MOH Saudi Arabia as a Nurse Educator (2013 to 2014) and later worked in All India Institute of Medical Sciences Rishikesh, India. Presently she is working in College of Nursing as Faculty in All India Institute of Medical Sciences Jodhpur, India.

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Special nutritional needs of children with malignancies

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Malnutrition is an unspecific term used to define an inadequate nutritional condition. It is characterized by either a deficiency or an excess of energy with measurable adverse effects on clinical outcome. Malnutrition describes the consequences of insufficient protein-energy intake. An adequate protein-energy balance is a prerequisite for age-appropriate growth and maintenance. Malnutrition also comprises circumstances of elevated energy supply resulting in overnutrition with an increase in adipose tissue. Even though malnutrition has been defined or described in many ways, no consensus exists regarding a specific definition to identify children at risk. The WHO recommends the weight-for-height index to assess the nutritional status of children and adolescents. However, it is proposed that a loss in body weight of 5% constitutes acute malnutrition and a height-for-age value below the 5th percentile may reflect chronic undernourishment in children. Ironically, many children suffering from cancer do not meet these criteria. Particularly those with large solid abdominal masses (e.g. embryonal neoplasms such as neuroblastoma, hepatoblastoma, or Wilms tumor) may present with normal weight despite severe malnutrition. Nutritional depletion may furthermore be masked in children by edema due to corticosteroid treatment. Even if no gold standard definition for undernourishment in children exists, concise definitions are needed for the institution of preventive policies. We provide a critical review of the current state of research and knowledge related to the nutritional management in childhood cancer.

Biography

Marwa Bebars has completed her Masters degree in Pediatrics from Zagazig University and Post-doctoral studies in Pediatric Oncology from Cairo University School of Medicine. She is a Member of Royal College of Pediatric and Child Health. She is currently working as a Senior Specialist in Dubai Hospital Tertiary Referral Hospital and also published more 15 papers in reputed.

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Study to assess the effectiveness of planned health teaching programme regarding kangaroo mother care on knowledge, practice and attitude of mothers delivered in selected hospitals of Pune city

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Not all areas in the world have resources to provide technical intervention and health care workers for premature and low weight babies. continuous skin-to-skin contact with their low birth weight babies to keep them warm and to give exclusive breastfeeding as they needed.

Objectives

To assess knowledge, practice and attitude scores of mothers regarding the kangaroo mother care before the administration of planned health teaching.

1. To assess knowledge, practice and attitude scores of mothers regarding the kangaroo mother care after the administration of planned health teaching.
2. To compare the pre test score with post test score of knowledge, practice and attitude of mothers regarding the kangaroo mother care.
3. To find the association between selected demographic variable with post test score of knowledge, practice and attitude of mothers regarding the kangaroo mother care.

The research design selected for the present study was single group pre-test post-test quasi-experimental design. The study was conducted in the postnatal ward of selected hospital of Pune city. The samples were selected by non-probability purposive sampling technique. The sample size for the study consisted of 60 postnatal mothers with newborn. Sample were selected as per availability and fulfillment of the pre-set criteria. The tool contains four parts: Demographic data of the postnatal mothers. Semi- Structured Questionnaire. Attitude scale. Observational Check List. The reliability of the tool was established by using by Test-Retest method technique. Overall mean knowledge pretest score was 3.70 which was increase in post test to 10.13. Overall mean attitude pretest score was 42.98 which was increase in post test to 63.70. Overall mean practice pretest score was 8.15 which was increase in post test to 12.30. Education is the demographic variable which is significantly associated with knowledge scores. There is no demographic variable which is significantly associated with attitude score. There is no demographic variable which has significant association with practices score. The planned teaching significantly brought out improvement in the knowledge of post natal mother regarding kangaroo mother care.

Biography

Priyadarshani has completed her Master of Science in Pediatric Nursing from MUHS. She has 9 years of teaching experience at graduate and Post-Graduate levels.

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