

23rd World Congress on
PEDIATRICS, NEONATOLOGY & PRIMARY CARE
&
European Conclave on
NEONATOLOGY & PEDIATRICS
November 21-22, 2019 | Dubai, UAE



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Point of care ultrasound in NICU

Most of ultrasounds are in tertiary care setting with radiologist supported services available, not all of these settings have pediatric radiologists and most of these settings would not be able to provide instantaneous service within minutes, however these patients are usually not mobile. To overcome these problems, the neonatologists should be performing point of care ultrasound at bed side to take quick decision. Machines have become smaller and portable, image quality has improved and cost has dramatically declined making inexpensive units available. Common problems in the NICU evaluated with sonography are: (1) Neuro – Screening for ICH and PVL – Monitoring evolution of ICH (including ICP) – Confirmation of prenatally suspected malformations or injuries – Evaluation for occult defects of the lower spine; (2) Renal/GU – Confirmation of prenatally suspected malformation, dysgenesis or obstruction – Assessment for obstruction of blood flow to or from the kidney in the setting of hypertension or hematuria – Suspicion for testicular torsion – Confirmation of bowel in inguinal hernia; (3) GI – Evaluation of biliary tree in the setting of cholestasis; (4) fECHO/TNE – PDA significance – Response to inotropic agents; (5) Umbilical line tip placement – Reduction in radiation exposure; (6) Bladder catheterization or tap; (7) Pleural effusion drainage; (8) PICC and PIV placement; (9) Increased ICH requiring LP; and (10) ETT placement. When neonatologist is performing the ultrasound the positive things are that he has the knowledge of the patient's clinical history and needs, can rapidly return of information that can inform acute management, can have access optimized for non-mobile patients (timing, portable) and ultrasound has lower radiation exposure for line, tube placement as compared to X-ray. But the problems are that most of us lack of training in imaging, lack of knowledge of anatomy, lack of knowledge on physics of ultrasound, lack of technical knowledge regarding the machine, loss of control by radiologist (QI, reporting, billing), shortage of access to machine and dearth of technical support/service. To overcome this, we should get trained in point of care of ultrasound and save our little ones by timely management.

Biography

Monika Kaushal has extensive experience and several publications in journals which are indexed both nationally and internationally indexed journals. She is currently undertaking MSc in Neonatology from Southampton University, UK. She is honored with Fellow of Royal College of Pediatrics and Child Health, UK (FRCPCH).