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Monika Kaushal

Emirates Specialty Hospital, UAE

Supportive care of the sick neonate

Neonates are the future of the society and care of the neonates in the first few days of life is extremely unique. The little ones who have some health problems right after birth need special care in special units like NICU or SCUBU. To take care of these babies especially those who need help for their breathing we need not only especial unit, but especial infrastructures, equipment's and trained medical professional's doctors and nurses. Nurses are back bone of the neonatal care. We need to focus on the supportive care which would be required by the sick neonates. Monitoring is most effective tool for efficient ventilation especially in the first few hours. A skilled nurse's feel good or bad factor on newborn's clinical picture is to be taken as the most crucial factor for deciding management strategies for the day. It will provide early evidence of potentially dangerous conditions- gas trapping and hyperinflation help to determine optimal PEEP, give immediate feedback on the effects of changes in ventilator parameters and the real-time monitoring would reduce the need for many ancillary tests such as chest X-ray, blood gas analysis, thus decreasing the cost of health care. This will allows better control of some variables. Irrespective of the technique or mode of ventilation chosen, the nursing principles are to identify the most appropriate device, technique and strategy to achieve and maintain adequate pulmonary gas exchange, minimize the risk of lung injury/recognition and prevention of VALI (Ventilator Associated Lung Injury), reduce newborn Work of Breathing (WOB) and Optimize newborn comfort for appropriate oxygenation and appropriate ventilation. Gas transport depends on ventilation, perfusion, hemoglobin and oxygen binding. Surfactant production depends on glucose, oxygen and other nutrition. Long term neurodevelopmental outcome is dependent on maintenance of normal oxygen, BP, glucose, nutrition, developmental care. Family support minimizes stress and optimizes outcomes. Monitoring will include appearance, comfort, color, heart rate, capillary refill time, respiratory rate, chest expansion/retraction, synchrony, urine output, abdomen, feeding, Central nervous system, pain, breastfeeding, social, emotional and financial. Supportive care would include positioning, physiotherapy, prevention of nosocomial infection, surveillance of flora, provision of in-utero like milieu, minimizing oxygen demand, schedule care activities at one go-club together approach softly and gently, humidification and pulmonary hygiene and suctioning, ABG monitoring, fluid and nutritional support, sedation, analgesia and paralysis, weaning, site and type of IV access, documentation, follow up care, emotional support and good communications.

Biography

Monika Kaushal has completed her MBBS, MD Pediatrics, DM Neonatology from FRCPC. She has several publications in journals which are indexed both nationally and internationally indexed journals. She has a great passion for research, teaching and dissemination of knowledge. She is currently pursuing MSc in Neonatology from Southampton University, UK.

sandeepmonica_1@rediffmail.com