



Clinical Pediatrics Congress

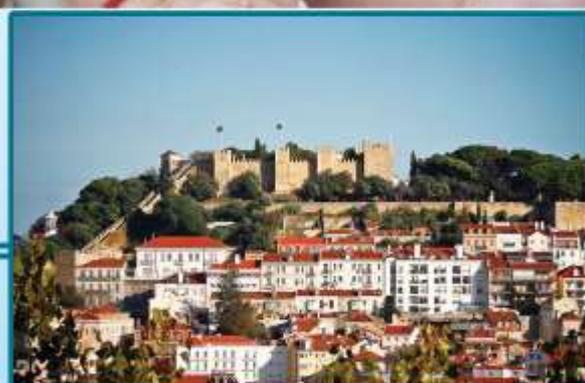
The World Congress on Clinical Pediatrics

during November 12-13, 2018

in Lisbon, Portugal

Conference Theme:

Current Evolution of Latest Theories and Therapies to Save a Child



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INTRODUCTION:

It is a great pleasure and an honour to extend to you a warm invitation to attend the World Congress on Clinical Pediatrics, to be held November 12 – 13, 2018 in Lisbon, Portugal. We sincerely welcome all the eminent researchers, students and delegates to take part in this upcoming conference to witness invaluable scientific discussions and contribute to the future revolutions in the field of Pediatrics. Clinical Pediatrics Congress will be sorted out around the theme *“Current Evolution of Latest Theories and Therapies to Save a Child”*.

Clinical Pediatrics Congress provides two days robust discussions on theories and therapies related to diagnosis, prevention and management of pediatric diseases as well as explore new ideas and concepts on a global scale and the topics include pediatric immunology, pediatric hematology and oncology, pediatric allergy, neonatology, pediatric cardiology, pediatric neurology, pediatric psychology and pediatric emergencies. The conference also welcomes the participation of Presidents, CEO's, Delegates and industrial executives from Pediatric Pharma and Health care sectors making the conference a perfect platform to network, share views and knowledge through interactive keynote, plenary, poster and B2B discussions.



Lisbon: The City of Seven Hills

Theme: Current Evolution of Latest Theories and
Therapies to Save a Child

<https://clinicalpediatrics.pediatricconferences.com/>

AGENDA:

DAY-1	
PROGRAM OUTLINE	
08:00-09:00	Registration
09:00-09:15	Inaugural Session
09:15-09:45	Keynote/ Plenary talk: 1 (Academia)
09:45-10:15	Keynote/ Plenary talk: 2 (Industry)
10:15-10:45	Keynote/ Plenary talk: 3 (Exhibitor/Sponsor slot)
10:45-11:00	Coffee break/ Networking
11:00-13:00	Oral Presentations and Panel Discussions
13:00-14:00	Lunch break/ Networking
14:00-14:30	Sponsor/ Exhibitors presentations
14:30-16:00	Oral Presentations and Panel Discussions
16:00-16:15	Coffee break/ Networking
16:15-17:00	Workshops/ YRF/ Posters/ Video Presentations
17:00-17:30	Sponsor/ Exhibitors presentations
17:30-18:00	Certificate Distribution & Day 1 conclusion Remarks



DAY-2	
PROGRAM OUTLINE	
08:00-09:00	Registration
09:00-09:15	Inaugural Session
09:15-09:45	Keynote/ Plenary talk: 1 (Academia/Industry)
09:45-10:15	Keynote/ Plenary talk: 3 (Exhibitor/Sponsor slot
10:15-10:45	Workshops/ Symposium
10:45-11:00	Coffee break/ Networking
11:00-13:00	Oral Presentations and Panel Discussions
13:00-14:00	Lunch break/ Networking
14:00-14:30	Sponsor/ Exhibitors presentations
14:30-16:00	Oral Presentations and Panel Discussions
16:00-16:15	Coffee break/ Networking
16:15-17:00	YRF/ Posters/ Video Presentations
17:00-17:15	Certificate Distribution & Day 2 conclusion Remarks

AWARDS & CLOSING CEREMONY



Day 1

November 12, 2018

Opening Ceremony

Registrations

KEYNOTE PRESENTATIONS

Title: Functional Variability Among Hospitalist: Optimizing Performance and Outcomes

Rabi F. Sulayman, Advocate Children's Hospital, USA

Title: Diagnosis and Management of ADHD in Primary Care Pediatrics

Sharon Daley, Cape Cod Healthcare, USA

SPEAKER SLOT Available

Break

ORAL PRESENTATIONS

Title: Developing a priority communication protocol(PCP) for inter-professional communication(IPC) in pediatric departments

So Lim Park, Asan Medical Center Children's Hospital, South Korea

Title: Extra-intestinal symptoms of antibiotic-associated diarrhea in children

Ploskireva Antonina, Central Research Institute of Epidemiology, Russia

Title: The pharyngeal inflammation etiology in children

Elena Radtsig, Pirogov Russian national research medical university, Russia

Title: Constipation can be Crohn's disease

Dipali Shah, West Middlesex University Hospital, UK

Title: The phonatory disorders in speaking and pre-speaking children

Elena Radtsig, Pirogov Russian national research medical university, Russia

Break

SPEAKER SLOT Available

SPEAKER SLOT Available

Day 2

November 13, 2018

<i>Title:</i> PFAPA and recurrent aphthous stomatitis caused by <i>Enterobius vermicularis</i> : clinical and microbiological evidence and effective treatment with mebendazole
Lino Polese, University of Padova, Italy
<i>Title:</i> Use of an ionized salt nasal solution (ESTERI-FLU®) in asthmatics with high respiratory infection and its impact on inspiratory and spiratory flow
Eduardo Antonio Lara-Pérez, Mexico
<i>SPEAKER SLOT Available</i>
Break
<i>Title:</i> Association of Breastfeeding Practices and Selected Clinical Outcomes of Patients aged 3 months to 2 years old Diagnosed with PCAP C in a Tertiary Government Hospital in Manila from January 2013- January 2016
Charisse B. Pulmano, Ospital ng Maynila Medical Center, Philippines
<i>Title:</i> A Pilot Study on the Effectiveness of Basic Emergency Obstetric and Newborn Care (BEmONC) Training Done at a Tertiary Hospital in Philippines From January 2015 to December 2016
Azenith L. Tammang, Tertiary Hospital, Philippines
<i>Title:</i> Short term Outcome Of Cardiopulmonary Resuscitation at a Tertiary Care Center In Pakistan
Sidra Ishaque, Aga Khan University Hospital, Pakistan
<i>Title:</i> Virtual Reality (VR) Technology in the Absence of General Anaesthesia during Radiotherapy Procedure for Paediatric Oncology Patients
Eng. Faisal Ashour, National Guard Health Affairs- Jeddah, Saudi Arabia
<i>SPEAKER SLOT Available</i>
Break
POSTER PRESENTATIONS
<i>Title:</i> Effects of implementing PFCC(Patient/family Centered Care) on Pediatrics Inpatient Units
Sun Jung Hyun, Asan Medical Center, South Korea
<i>Title:</i> The nasopharyngeal tonsil in children with and without congenital cleft lip and palate (CCLP) in different childhood periods
Elena Radtsig, Pirogov Russian national research medical unversity, Russia
<i>Limited POSTER Slots Available</i>
<i>YRF Slots Available(STUDENTS Oral Presentation)</i>

Abstract Submissions Open

<https://clinicalpediatrics.pediatricsconferences.com/abstract-submission.php>

SCIENTIFIC SESSIONS:

- General Pediatrics & Clinical Pediatrics
- Critical Care for New Born
- Behavioural & Developmental Pediatrics
- Child Abuse
- Neonatology & Perinatology
- Pediatric Immune & Allergic Disorders
- Gastroenterology, Hepatology & Nutrition
- Pediatric Rehabilitation
- Impact of Genetics in Pediatrics
- Pediatric Hematology & Oncology
- Pediatric Cardiology and Cardiac Surgery
- Pediatric Pulmonology
- Pediatric Otolaryngology / Otorhinolaryngology
- Pediatric Neurology & Neurosurgery
- Pediatric Urology & Nephrology Therapies
- Pediatric Endocrinology
- Pediatric Dentistry
- Ortho Pediatrics
- Pediatric Rheumatology
- Pediatric Dermatology
- Perinatal Vaccination
- Pediatric Clinical Case Reports



Children are the living messages we send to a time we will not see

— John F. Kennedy, 35th President of the United States

KEYNOTES TALK #1



Rabi F. Sulayman

Advocate Children's Hospital, USA

Title: Functional Variability among Hospitalist: Optimizing Performance and Outcomes

Background: Health care delivery teams led by hospitalist have been promoted as the best model to provide inpatient care. Most hospitals in the USA utilize this model expecting to improve safety, increase associate and patient satisfaction, decrease length of stay and reduce cost. There are multiple reports in the literature which confirm the advantages and benefits of this model. There is, however, a growing body of evidence disputing these claims and highlighting the negative impact of this model on patient care.

Objectives: Find out a possible explanation for these conflicting reports, determine whether the flaws are in the model itself or the way the model functions, and propose several interventions to optimize performance.

Methods: We developed a functional profile for hospitalists covering medical-surgical units in a teaching environment where a resident is part of the team, and non-teaching environment where there are no residents. The profile was developed based on a blinded observation of the hospitalists during their shift hours and oral interviews with various members of the health care team. After completing the initial observation, the study was repeated. This time the hospitalist was informed that they were being observed.

Results: There were significant differences in how the hospitalist functioned on teaching units when compared to hospitalists on non-teaching units and between employed and non-employed hospitalists. Hospitalists on teaching units and those who were employed were less likely to provide consistent, ongoing assessments of patients during rounds, less likely to be physically on the unit after the rounds are completed to address nurses' and patients' concerns, and more likely to rely on the residents' evaluation and telephone communications. Handoffs were more likely to be unstructured and communication with referring physicians was poor. Hospitalists were judged to be overconfident, relied on memory to manage patients, and seldom used electronic decision support systems. There was a significant change in behavior after the hospitalists became aware of the observation. All Hospitalists examined and assessed the patients regularly and consistently. Communication with team members improved dramatically. Many hospitalists exhibited a low interest in teaching, and some exhibited poor teaching skills. Upon review of the literature, it became evident that the conflicting reports were largely due to a significant variability in function, driven by the level of expertise, experience, job expectations and requirements, and employment models which could create conflicts of interest monitoring improved performances.

Conclusion: Variability in hospitalists' performance is due to variability in function. This variability in function is the result of several factors, many of which are not controlled by the hospitalists. While hospitalist behavior is not necessarily a cause for medical error, behavior could play a key role in preventing errors.

Biography:

Dr. Rabi F. Sulayman, born and brought up in Lebanon and earned his medical degree from the American University of Beirut. Then completed his Pediatric residency at Boston's Children's Hospital in Boston at the same he was appointed as an instructor at Harvard Medical School. He finished the Pediatric Cardiology fellowship in 1975 from the University of Chicago and in 1979 joined the Department of Pediatrics at Advocate Christ Medical Center and Rush Medical School. Currently, he is the Chair of the Department of Pediatrics at Advocate Hope Children's Hospital on the campus of Advocate Christ Medical Center in Oak Lawn, IL. Dr. Sulayman is a fellow of the American Academy of Pediatrics as well as a member of the Chicago Medical Society, Illinois Medical Society and American College of Physicians Executives

KEYNOTES TALK #2



Sharon F. Daley

Cape Cod Hospital, USA

Title: Diagnosis and Management of ADHD in Primary Care Pediatrics

Introduction: School and behavior problems are common in children and many kids are referred to pediatricians for evaluation of possible ADHD. I have developed a systematic way to diagnose and manage ADHD in the busy general pediatric office setting within a framework of three visits.

Visit #1 Not all kids who wiggle have ADHD! Differential diagnosis of inattention and school problems includes many conditions other than ADHD which must be considered, such as learning disability, hearing loss, intellectual disability, anxiety, autism spectrum disorders, conduct disorder, and oppositional defiant disorder. Past medical history, family and social history play a role. It is also important to discover a child's strengths at the initial visit. Conclude the visit with a plan to obtain information from parents, teachers, and other adults who interact with a child, and use a validated tool such as the Vanderbilt survey.

Visit #2 Review data, make a diagnosis, and discuss treatment options, including behavioral approaches, medications, and educational accommodation. Create an individualized treatment plan with target outcomes.

Visit #3 Use a questionnaire to track progress over time and monitor effectiveness of treatment, including medication effects and possible side effects. Reinforce parent education and behavior strategies. Review educational accommodations and make adjustments to the plan as necessary. Provide parents with information about community resources.

Continue reassessment at regular intervals using the model of the third visit.

Biography:

Dr. Daley graduated from Boston University School of Medicine and completed her pediatric residency at the Naval Regional Medical Center Portsmouth, VA. She is a board-certified pediatrician and a fellow of the American Academy of Pediatrics. After serving as a medical officer in the United States Navy, she entered private practice. She is currently a pediatrician at Cape Cod Healthcare and former chief of Pediatrics for Cape Cod Hospital in Massachusetts.

1 KEYNOTE SLOT LEFT

SPEAKER SESSIONS:

Title: Developing a priority communication protocol (PCP) for inter-professional communication (IPC) in Pediatric departments

So Lim Park, Asan Medical Center Children's Hospital, South Korea

This study aims to develop the PCP to enhance nurses-physicians cooperation by establishing a reporting guideline based on the severity of pediatric patients. The importance of IPC among health care professionals is well-known, however unproductive IPC leads an information gap and inter-professional tensions, interrupt workflow and potentially caus medical error. While most researchers studied to set up a standardized framework for IPC and priority reporting system, any protocol studies have not been performed in Korea until now. We developed the PCP that combines the pediatric early warning score(PEWS) manual after categorizing priorities by performing a survey of all pages on the pediatric wards at our AMCCH in 2017. The PCP has been proven by four pediatric physicians and six nurses specialized in pediatrics using the Content Validity Index (CVI=0.86) to validate each question. The PCP is designed to classify the priorities in notifying inpatient's situation and giving call backs on four categories. This study was done on 94 nurses and 9 physicians using the questionnaire, Korean Version of Nurse-Physician Collaboration Scale (K-NPCS) consists of 27 items in three areas, before and after applying the protocol. Overall, the mean value of pre & post K-NPCS data decrease positive feedback. Both the nurses' sharing of patient information ($t=2.879$, $p =0.005$) and the physicians' cooperativeness ($p =0.008$) increase with statistically significant values. This study to demonstrate the safety and effectiveness of the PCP will contribute to the design of the protocol, tailored intervention and improvement IPC delivering safe and high quality pediatrics care.

Title: Extra-intestinal symptoms of antibiotic-associated diarrhea in children

Ploskireva Antonina, Central Research Institute of Epidemiology, Russia

OBJECTIVES: Antibiotic-associated diarrhea (AAD) are associated with high morbidity, mortality, and health care costs. The aim of this study was to establish the clinical features and extra-intestinal symptoms of antibiotic-associated diarrhea in children.

METHODS: This study was conducted on 200 patients which was treated in second infection hospital in Moscow with acute pneumonia. The age of patients was from 3 months to 13 years. All patients were evaluated for symptoms of antibiotic-associated diarrhea (diarrhea, vomiting, dyspepsia, stomatitis, abdominal pain) and extra-intestinal symptoms (skin, nervous system, development of inflammatory changes in the external genitals) within a month after antibiotic therapy. All patients were treated with antibiotics and received probiotics (Lactobacillus acidophilus, Bifidobacterium infantis, Enterococcus faecium).

RESULTS: AAD symptoms were diagnosed in 13% of patients despite probiotic therapy. Stomach pain (32.8%), dyspepsia (22.4%), bad breath (17.2%), flatulence (17.2%), stomatitis (10.3%) and constipation (1.7%) were diagnosed among the symptoms of gastrointestinal tract lesions, which were associated with antibacterial therapy. Dry skin was in 15.5% of patients, diaper rash-3.4%, brittle nails-15.5%, peeling skin-3.4% of patients, increased irritability in 17.2%, inflammatory changes in the external genitals – in 1.7% of patients.

CONCLUSION: Antibiotic-associated diarrhea is accompanied by extra-intestinal symptoms- pathology of the skin, nails, external genitals.

Title: The Pharyngeal Inflammation Etiology in Children

Elena Radtsig, Pirogov Russian national research medical university, Russia

The indication for systemic antibiotic prescription in tonsillopharyngitis patients is β -hemolytic Streptococcus A (β hGAS) infection. In ambulance the frequency of systemic antibiotic drugs (SAD) usage is pretty much more than β hGAS determination frequency. That's why the aim of our research was the pharyngeal inflammation etiology updating. 20 patients with acute tonsillopharyngitis (ATF) (11) and chronic tonsillitis aggravation (CTA) (9) were under our observation. The Streptatest and complex microbiological (bacteriological and virological) examination were done in all cases. The rhino-, adeno-, RS-, parainfluenzae, metapneumo-, herpes simplex, cytomegalo-, Epstein-Barr viruses were chosen for detection. The 11 patients with ATF were in the age from 1 to 15 years old (the mean age $4,27 \pm 0,7$), the girls and boys correlation was 8:1. The 9 patients with CTA were in the age from 11 to 17 (the mean age $15,9 \pm 0,8$), the girls and boys correlation was 4:7. The Streptatest results were negative in 90% cases (in all cases of CTA and in 9 from 11 patients with ATF). The bacteriological investigation have confirmed only 1 case (5%) of β hGAS ATF, in another 5% (1 case) was revealed Streptococcus mitis (false-positive Streptatest). The etiology of CTA was bacterial (non- β hGAS) in most (7 from 9) cases and bacterial-viral (herpes-viruses) in other 2 cases. The most often etiology of ATF was viral (non-herpes-viruses) (6 from 11 cases) and bacterial (3 cases from 11) and viral-bacterial (2 cases from 11). Only 1 case of β hGAS ATF was confirmed. According our data the necessity of SAD is 5%.

Title: Constipation can be Crohn's disease

Dipali Shah, West Middlesex University hospital, United Kingdom

Background: Crohn's disease is one of the most important chronic diseases that affect children and adolescents. In addition to the common symptoms (diarrhoea, rectal bleeding, and abdominal pain), rarely children with large bowel involvement can present with constipation as the presenting symptom.

Case: A 13 year old girl presented with fever, rash, joint pains, rectal bleeding on couple of occasion and malaise for 10 days. She had on-going constipation. Her examination revealed pallor, erythema nodosum over shins, clubbing, and perianal skin tags. The rest of the systemic examination was unremarkable. Her CRP and ESR were sky-high. Her Faecal calprotectin was >6000 mg/Kg (0 – 50 mg/Kg). Small Bowel MRI showed colitis affecting the sigmoid and distal descending colon. The terminal ileum was also thick-walled and mildly inflamed: Upper GI endoscopy and colonoscopy was suggestive of chronic IBD (Crohn's disease) she was treated with IV Methyl prednisolone and IV Antibiotics and her symptoms improved. She was discharged home on oral prednisolone and metronidazole with outpatients follow up.

Conclusion: Abdominal pain, rectal bleeding, and diarrhoea are usual symptoms of inflammatory bowel disease, constipation is an unusual presentation

Title: The phonatory disorders in speaking and pre-speaking children

Elena Radtsig, Russian National Research Medical University, Russia

The main tool for interpersonal relationships is speech. It's coincide closely with voice quality. The main aim of our investigation was the estimation frequency and reasons of phonatory disorders (PD) in speaking and pre-speaking children. 438 children in the age from 1 month to 17 years old were under our estimation. The ENT-endoscopy and voice quality estimation were performed in all cases. Different PD were revealed in 120 children (27,4%), boys are predominated (52,5%). One parameter of voice was changed in most cases (92,6%) (isolated disorder) but in 7,4% cases - two voice parameters (multidisorder). Patients/parents have complained on voice quality in 79 % cases only. The leading disturbance was tone quality disorder (75,8% in total, dysphonia in 75,2% and aphonia in 0,6%), the next one (15,8%)- resonance disorder (hyponasality in all cases), the loudness alteration in 0,8%. The multidisorders were "tone quality and resonance disorder" (5,8%) and "tone quality and loudness disorder" (1,6%). Most PD were revealed in speaking patients (26%). In all cases pre-speaking PD (1,4%) congenital organic pathology was revealed. The most common dysphonia reason was vocal nodules, the leading reason of hyponasality- adenoid hypertrophy and allergic rhinitis. Alert the fact hearing loss identification in patient with tone quality and loudness disorder (sensoroneural and conductive in 1 case of each). So PD is not rare (27,4%) and prevail in speaking children. According our data the PD was revealed in non-complaining children in 21% so the doctors and teachers should pay more attention on kids' voice quality.

Title: PFAPA and recurrent aphthous stomatitis caused by *Enterobius vermicularis*: Clinical and microbiological evidence and effective treatment with mebendazole

Lino Polese, University of Padova, Italy

The etiology of periodic fever, aphthous stomatitis, pharyngitis and cervical adenitis (PFAPA) syndrome as well as that of recurrent aphthous stomatitis (RAS) are as yet unknown. The life cycle of *Enterobius vermicularis* could explain the cyclical recurrent attacks characterizing the two diseases. In fact the reproductive cycle of the nematode, from the time the eggs are ingested, the larvae mature in the small intestine, and adult forms appear in the colon, takes approximately 15-40 days, like the interval of PFAPA attacks. When an adult female leaves the cecum, migrates to the rectal area and crawls out of the anus to lay eggs on the skin of the perineum, the cycle begins again: the child scratches and re-infects himself by bringing his hands to the mouth or by inhaling or swallowing the eggs. At that point, the eggs come into contact with the tonsils and with the oral mucosa unleashing an auto-inflammatory reaction. Five consecutive children with PFAPA and 3 children with RAS were investigated for clinical and microbiological signs of *E. vermicularis*. Nematode infection was found by tape test or direct visualization in all the patients. The patients (and their families) were then treated with 100 mg of Mebendazole, repeated weekly for 2 months, and during over 6 months follow-up have remained symptom-free. Tonsils of patients with PFAPA, that presented whitish marks even during remission phases, turned to normal after treatment. Scraping samples of the tonsils and aphthae of the subjects studied resulted negative. The data outlined here support the hypothesis that *E. vermicularis* is involved in the etiology of PFAPA and RAS. While an oral localization of the infection seems improbable, the characteristic lesions could derive from a parasite-induced immune-inflammatory reaction. The present findings prompt to look for pinworms infestation in PFAPA and RAS patients with tape test and treat consequently.

Title: Use of an Ionized Salt Nasal Solution (Esteri-Flu®) In Asthmatics with high Respiratory Infection and Its Impact on Inspiratory and Spiratory Flow

Eduardo Antonio Lara Perez, North America

Introduction: ARIA has not yet implemented the use of an ionized nasal saline solution (Esteri-Flu®) to manage rhinitis in asthmatic school children with poor control, especially due to recurrent infections of the airways.

Justification: To test the impact of Esteri-Flu® in asthmatic school children with recurrent infections without diagnosis of Rhinitis and its effect on flow nasal inspiratory (FNI) and peak expiratory flow (PEF).

Hypothesis: Esteri-Flu® decreases recurrent infections of asthmatic school children and has an impact on the improvement of flows.

Material: Excel Sheet, Detecto® Scale, Truzone® Flow meter (PEF), flow nasal inspiratory (FNI) , flow meter of MD instruments.

Method: Initial evaluation and same variables for 4 months: number of infections per month, as well as FNI and PEF.

Statistical analysis: square chi with Yates correction, Mann-Whitney U test, Wilcoxon rank and sums test and Student t test with a significance level of 0.05

Discussion: Esteri-Flu® has a beneficial effect on infections and FIM and PEF of asthmatics in a constant, progressive way after 4 months of treatment without adverse reactions.

Conclusions: Esteri-flu® is very effective, innocuous and prevents infections, facilitating the control and improvement of flows in asthmatics.

Recommendations: Ester i-Flu® would be of great benefit to be integrated into the ARIA guidelines.

TITLE: Association of Breastfeeding Practices and Selected Clinical Outcomes of Patients aged 3 months to 2 years old Diagnosed with PCAP C in a Tertiary Government Hospital in Manila from January 2013- January 2016

Charisse B. Pulmano, Ospital ng Maynila Medical Center, Philippines

Pneumonia continues to be a significant cause of infant and childhood morbidity and mortality in the Philippines. In the Philippines, pneumonia still continues to be one of the leading causes of mortality and morbidity among infants. With this as a social burden, various strategies have been implemented to decrease childhood morbidity and mortality which is congruent to Millenium Development Goals. In line with this, the World Health Organization, strongly advocates the importance of exclusive breastfeeding for the first six months of life. Supplemental breast feeding is not recommended until at least age two and exclusive breastfeeding may be continued thereafter. In local setting, the Department of Health have launched a campaign entitled "Breast feeding TSEK: Tama, Sapat, at Exclusibo". This program has been implemented and warrants strict compliance to reduce childhood mortality from evitable diseases. In line with this, the author wants to determine the association of breastfeeding practices and selected clinical outcomes of the PCAP C patients aged 3 months to 2 years in a tertiary government hospital from January 2013- January 2016. Main outcomes were identified as to length of Hospital Stay (3-5 days, 6-10 days, >10 days), disposition (Discharged improved, Mortality), presence of Complications such as sepsis, pneumothorax, pleural effusion, empyema, or warranting intubation (with/without) among others. This study used a retrospective cohort design gathering data from records of patients admitted in a tertiary hospital in a given set period. Plan of analysis used percentage, risk ratio/ chi square test of association. From this study, it was concluded that exclusive breastfeeding can significantly lower the risk of complications of pneumonia and mostly patient dispositions are markedly improved. In fact, it was found that the risk of moderate to long hospitalization, risk of having complications, and risk of dying are 2.91 (95%CI: 1.91, 4.43) and 3.05 (95%CI:1.86, 5.04), 3.33 (95%CI:2.36, 4.70), and 2.23 (1.19, 4.20) times higher, respectively, among mixed fed patients compared to breastfed patients.

Title: A Pilot Study on the Effectiveness of Basic Emergency Obstetric and Newborn Care (BEmONC) Training Done at a Tertiary Hospital in Philippines From January 2015 to December 2016

Azenith L. Tammang, Tertiary Hospital, Philippines

Background: The Philippines is struggling to avert maternal and neonatal mortality and morbidity due to childbirth complications requiring emergency obstetric and neonatal care. The conduct of BEmONC training for health providers is a strategy towards this end.

Objective: The study assessed the effectiveness of BEmONC trainings at a tertiary hospital from January 2015 to December 2016.

Design: A longitudinal study with pretest-posttest research design that measured knowledge-based mastery at immediate post-course and six months after the training

Subjects: 609 BEmONC participants composed of two groups- Group A: 443 all midwives trainees; Group B: 166 trainees trained as teams (61 physicians, 52 nurses and 53 midwives)

Research Methodology: Convenience sampling method that applied Kirkpatrick's model and used the standard pre- post-test questionnaires and 6-months post evaluation Form to assess participants' learning and application of skills/knowledge gained. Frequencies, percentages, range, mean + SD, median, and mode were used for descriptive analysis, while t-test and chi-square tests were used for statistical significance at $p < 0.05$.

Results: 91% of Group A and 55% of Group B were satisfied with the course. The pre-and posttest scores of participants showed increased level of knowledge. Only 13 facilities passed post-evaluation, while 5 failed. OB-related referral significantly decreased in 12 facilities (derived t -value=2.355 vs tabular t =2.145; $p=0.034$) before and after the training. Poor performance of essential newborn care was the major barrier for favorable outcome of BEmONC training, including among others, absence of birth plan, shifting schedule, emergency numbers, waste management, emergency lights, and unavailability of basic equipment and sanitized delivery and recovery rooms.

Conclusion: BEmONC participants were predominantly female, midwives, aged between 41 to 50 years old and in service for 1 to 10 years, has never attended previous BEmONC trainings. Post-training assessment is incomparable to pre-training due to difference of assessment tools that were used, therefore further statistical analysis were descriptive. However, readiness of participants' facilities and favorable training outcomes are hampered by barriers such as poor performance of essential newborn care, and absence of basic necessities, equipment, and sanitized delivery and recovery rooms, among others.

Title: Virtual Reality (VR) Technology in the Absence of General Anaesthesia during Radiotherapy Procedure for Paediatric Oncology Patients

Eng. Faisal Ashour, King Saud bin Abdulaziz University for Health Sciences, Saudi Arabia

VR is a three-dimensional (3D) computer-generated environment that enables the user to explore and interact within a different environmental perspective. It could be in the form of a realistic-artificial environment or a 3D imaging that is presented to the user as a real atmosphere with made-up information. The VR has been considered as a non-pharmacologic form of analgesia through exerting attention processes on the body's intricate pain system. It does so through profoundly immersing the body and mind by delivering enough sensory information to the extent where it suspends any disbelief that one is in a virtual environment. The aim of the study is to eliminate the General Anaesthesia (GA) procedure used on paediatric oncology patients undergoing multiple fractions of Radiotherapy. We aimed to utilise the VR technology as a replacement for the GA. Typically, the radiotherapy session under GA takes around 30 minutes from the machine time and that session can be repeated daily for several weeks. As a result, VR Technology was an excellent alternative in most of the patients treated with radiotherapy for non-Head/Brain Tumours. There were significant reductions on the number of the GA sessions. That reductions have a great impact on reducing side effect of GA and save more time on the Radiotherapy machine that can be used to treat more patients.

Title: Short term Outcome of Cardiopulmonary Resuscitation at a Tertiary Care Center in Pakistan

Sidra Ishaque, Aga Khan University Hospital Karachi, Pakistan

Introduction: Cardiopulmonary resuscitation (CPR) is a series of lifesaving actions that improve the chance of survival following cardiac arrest. There is limited data regarding the frequency and outcome of in-hospital pediatric cardiopulmonary resuscitation from developing countries.

Aim: To assess the short term outcome of CPR in children at a Tertiary Care Hospital from Pakistan and to compare with previous outcome before implementation of RRT and PALS training program.

Methods: A Prospective record review conducted at the Aga Khan University Hospital, Karachi from July 2012 to June 2013. Children between 1 month to 14 years of age, who developed in hospital cardiac arrest (IHCA) and require CPR, were included in the study. Data collection was reported according to Utstein style. The outcome were sustained return of spontaneous circulation (initial survival) and hospital discharge (final survival)

Results: A total of 89 Cardiopulmonary resuscitation were performed. Incidence of CPR was 0.85% for all admissions; (8.5 CPR/1000 admissions). Return of spontaneous circulation (ROSC) was achieved in 44% (n=26) and 24% (n=16) patients were alive at time of discharge. Our data suggested that CPR of <20 min duration was associated with better outcome in sustained ROSC and survival at discharge. (p <0.001). On comparison with previous study conducted in same centre before implementation of PALS and RRT, we observed better outcome in form of survival at discharge from 11% to 26% (p <0.001).

Conclusion: We observed that that less duration of CPR (< 20 minutes) is predictor for better outcome .Significant improvement in outcome of IHCA noted after implementation of PALS.

Title: Effects of implementing PFCC(Patient/family Centered Care) on Pediatrics Inpatient Units

Sun Jung Hyun, Asan Medical Center, South Korea

The purpose of study is to evaluate the changes of partnership after developing and applying various patient and family centered care planning system improvement activities to pediatrics inpatient units. This study applied various PFCC activities to doctors, nurses and caregivers of four general wards of pediatrics. Results of the questionnaire were surveyed three times in total pre test(2015), post test 1(2016) and post test 2(2017), using the 'partnership tool of pediatric nurses and patients'. The data were analyzed using ANOVA, Multiple Comparisons(Tukey-Kramer), repeated measures ANOVA. There were significant difference in nurse partnership(p=0.0063). Among the various areas, reciprocity(p=0.0053), professional knowledge(p=0.0254), sensitivity(p=0.0039) and communication(p=0.0455) were significant differences. Caregivers partnership was not statistically significant in pre(2015), post 1(2016) and post 2(2017) tests(p=0.716). Caregiver's partnership was overall means higher than other subjects(M±SD =4.28±0.45(pre), 4.37 ±0.55(post 1), 4.31±0.49(post 2)). Doctor's data was excluded due to a frequent change and discontinuity their participation. Patient and family centered care including pediatrics patients and their families as a whole crucial in nursing care for hospitalized children. However, due to the lack of concept recognition of PFCC in Korea, activities for implementing and fostering PFCC in inpatient setting was carried out for two years. As a result, the partnership in the nurses was significant but the caregiver's partnership was not significant. This seems to be a more rapid change in perceptions to healthcare providers than to the general person, and it is necessary to focus on longer-term effects and it will be necessary to continue the activities and research.

Title: The nasopharyngeal tonsil in children with and without congenital cleft lip and palate (CCLP) in different childhood periods

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The nasopharyngeal tonsil (NPT) pathology is one of most common disease in children especially preschool. The aim of our research was to compare the NPT size and inflammation frequency in children with and without CCLP. 219 patints with and 192 patints without CCLP were under our observation. The ENTendoscopic examination (with flexible optic in all CCLP and flexible and rigid optic in non-CCLP patients) was performed in all cases. The size NPT estimate like 1 grade (NPT1) (NPT cover to 1/3 vomer), 2 grade (NPT2) (NPT cover to 2/3 vomer) and 3 grade (NPT3) (NPT cover more than 2/3 vomer). The childhood periods were divided as infant (0-1 years), early age (1 -3 years), pre-school (3-7) and early-school (7-12 years). In infants NPT1 (with inflammation) was revealed in all CCLP and in 3,1% non-CCLP patients; NPT2 in 1% non-CCLP (no NPT2 in CCLP) and no NPT3 both in CCLP and non-CCLP patients. In early age NPT1 was revealed in 31% CCIP and 3,1% non-CCLP, NPT2 -14% CCLP and 5,2% non-CCLP and NPT3 in 10% CCLP and 2,6 % non-CCLP. In pre-school NPT1 -32% CCLP and 6,8% non-CCLP; NPT2 -14% CCLP and 20,3% non-CCLP; NPT3 -10% CCLP and 25,5% non-CCLP. In early-school NPT1 -25% CCLP and 8,8% non-CCLP; NPT2- 7,5% CCLp and 4,7% non-CCLP; NPT3- no one in CCLP and 9,4% non-CCLP. The frequency of NPT inflammation in CCLP children was 55% (1 month age)-77,5% (6 months age) before palatoplasty and decrease after it to 22% in pre-school and 17,5% in early-school periods.

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