



Proceedings of

Joint Meeting on

International Conference on

PEDIATRICS & NURSING AND HEALTHCARE

November 18-19, 2019 | Paris, France

Hosting Organization:

Inovine Conferences

2C Pecan Hill Drive Clinton, Mississippi, 39056 USA

Phone: +1-408-648-2233, contact@inovineconferences.org



DAY 1 NOVEMBER 18, 2019

MONCEAU I

08:00–08:45 – Registrations

08:45–09:00 – Opening Ceremony

KEYNOTE FORUM

09:00–09:40

Title : The Long-Term Effects of Workplace Bullying on Health Care

Catherine M. Griswold, Healthcare Educators & Leagal Nurse Consultants, Inc., USA



09:40–10:20

Title: Addressing pediatric weight status in clinic: The need is there but the tools are not

Jennifer Burns Katafigiotis, Weight Wellness Center and WWC KIDS, USA



10:20–11:00

Title:Paulinian Nurses in Clinical Practice as Blueprint towards development of Paulinian Nurses Residency Program

Jennifer Joy R. Olivar, Nancy A. Aguila, St. Paul University Manila, Philippines



Networking and Refreshments Break: 11:00-11:15

SESSIONS

Neonatal/Pediatric Intensive & Critical Care | Pediatric Immunology & Infectious Diseases | Nursing Management | Clinical Nursing | Cancer and Tumour Nursing | Pediatric Nutrition & Diet | Pediatric Trauma & Depression | Pediatric Oncology | Types of Nursing Education | Women Health Nursing | Nurse Practitioner

Session Chair: Jennifer Burns Katafigiotis, Weight Wellness Center and WWC KIDS, USA

Session Chair: Catherine M. Griswold, Healthcare Educators & Leagal Nurse Consultants, Inc., USA

11:15–11:40	Title: The potential of SEPs recordings to address Neurodevelopmental disorders in children <i>Sergio Zanini, Scientific Institute Eugenio Medea, Italy</i>
11:40–12:05	Title: Expectation of physiotherapy intervention to a child with brain tumor, cerebral palsy and blindness <i>Aikaterini Ziaka, Physio4you.gr, Greece</i>
12:05–12:30	Title: When a Child is Hemorrhaging from a Peripheral Trauma, Consider the Improvisational Tourniquet <i>Paul Patrick Rega, University of Toledo, USA</i>
12:30–12:55	Title: Primary Immunodeficiencies: Bringing Education and Awareness to Healthcare Professionals Worldwide <i>Rachel Anne Colletta, Immune Globulin National Society, USA</i>

GROUP PHOTO

Lunch Break: 12:55-14:00

14:00–14:25	Title: Life satisfaction among Swedish women after mastectomy with or without reconstruction <i>Pranee C. Lundberg, Uppsala University, Sweden</i>
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14:25–15:00	Title: Rain and Pediatric Respiratory Infections
	<i>Hetal Antani, Omega Edwards, Sanitas Hospitals, Tanzania</i>
15:00–15:25	Title: Giving Back to Move Forward: New Graduate Nurse-Lead Change Innovations in Health Care Settings
	<i>Cathy Velasquez, Indiana Wesleyan University, USA</i>
<i>Networking and Refreshments Break: 15:25-15:40</i>	
15:40–16:05	Title: Empowering nurses to identifying delirium in ventilated patients in Intensive Care Unit
	<i>Elisabeta Ioana Hiriscu, Iuliu Hațieganu University of Medicine and Pharmacy, Romania</i>
16:05–16:30	Title: Neonatal Respiratory distress syndrome-a review
	<i>Akumtoshi, Zion hospital and research centre, India</i>
16:30–16:55	Title: Advancing Global Nursing Leadership through Knowledge Translation: Engaging St. Luke's Nurses to Be the Next Generation's World Healthcare Professionals
	<i>Maria Martina Geraldine Q. Dimalibot, St. Luke's Medical Center, Philippines</i>
16:55–17:20	"Title: Nursing Leadership : Empowering Patients Through Partnership"
	<i>Natacha Persopoulos, Medical Centre Talin, Canada</i>
17:20–17:45	Title: The Burden of System Failure Resulting in Cases of Abandoned Patients in Healthcare Facilities on Nursing Practice: The Nigeria Experience
	<i>Ali Sarah Aricha, Lagos University Teaching Hospital, Nigeria</i>

Panel Discussion

DAY 2 NOVEMBER 19, 2019

MONCEAU

KEYNOTE FORUM

09:00–09:40

Title : Transcultural Health Care: It is much more than you may think

Amy E. Clarke, Diplomat Specialty Infusion, USA



09:40–10:20

Title: Academic Preparation in Short-Term Humanitarian Healthcare

Victoria Carlson-Oehlers, MSOE School of Nursing, USA



10:20–11:00

Title: Risk of urinary tract infection in Infants and children with acute Bronchiolitis

Mohamed A Hendaus, Sidra Medicine, Qatar



SESSIONS

Neonatal/Pediatric Intensive & Critical Care | Pediatric Immunology & Infectious Diseases | Nursing Management | Clinical Nursing | Cancer and Tumour Nursing | Pediatric Nutrition & Diet | Pediatric Trauma & Depression | Pediatric Oncology | Types of Nursing Education | Women Health Nursing | Nurse Practitioner

Session Chair: Amy E. Clarke, Diplomat Specialty Infusion, USA

Session Chair: Rachel Anne Colletta, Immune Globulin National Society, USA

11:00–11:25	Title: Irukandji syndrome: A big thing from a little sting – the challenges for emergency services in regional south-east Queensland
	<i>Danielle Jocumsen, University of the Sunshine Coast, Australia</i>
11:25–11:50	Title: EPIC: A Mnemonic to Familiarize Advance Practice Nurses with the Evidence-Based Practice Process in the Primary Care Setting
	<i>Tammy Stewart-Dixon, Grambling State University, USA</i>
11:50–12:15	Title: Identifying the impact of practice environment on nurse burnout using conventional and multilevel regression models
	<i>Li Yuan, Sichuan University, China</i>
12:15–12:35	Title: Title: An Empirical Study of PICC Related Venous Thrombosis Risk Assessment Tool in Cancer Patients
	<i>Feng Yue, Sichuan University, China</i>
12:35–13:00	Title: Spectrum of cases in juvenile Dermatomyositis (JDM)
	<i>Ebtisam Saleh Khawaja, Tripoli children hospital, Libya</i>

Lunch Break: 13:00-14:00

14:00–14:25	Title: Interruptions in a Pediatric Outpatient Setting
	<i>Lin Henry C, Doernbecher Children's Hospital, USA</i>
14:25–14:55	Title: An Assessment for Diagnostic and Therapeutic Modalities For Management Of Pediatric Iron Deficiency Anemia In Saudi Arabia: A Crossover Study
	<i>Hadi J. Al Sulayyim, King Saud bin Abdulaziz University for Health Sciences, Saudi Arabia</i>
14:55–15:20	Title: Mothers' knowledge, attitude and practice towards the prevention and home-based management of diarrheal disease Among under-five children in Dire Dawa, Eastern Ethiopia, 2016: a cross-sectional study
	<i>Abdilahe Sharifnur Sharifabdilah, Haramaya University, Ethiopia</i>

Networking and Refreshments Break: 15:20-15:35

VIDEO PRESENTATION

15:45–16:45	Title: Social Media and Adolescent Mental Health: Depression, Bullying and Suicidal Risk in Teens
	<i>Jessica Durbin, Indiana State University, USA</i>

POSTER PRESENTATIONS @ 15:45-16:45

Poster Judge: Rachel Anne Colletta, Immune Globulin National Society, USA

DC 001	Title: Growth of Infants Accompanying Their Mothers in Prison: Nutritional Intervention
	<i>Amal A. Fathalla, Menoufia University, Egypt</i>
DC 003	Title: Infants' Response to Painful and Non-Painful Stimuli in Hospitalized Neonatal Intensive Care Units
	<i>Omayma M. Okby, Menoufia University, Egypt</i>
DC 004	Title: Vitamin D receptor gene (FokI, TaqI, BsmI, and ApaI) polymorphisms in children with urinary tract infection
	<i>Arshnoos Sarkhosh Afshar, Qazvin Children Hospital, Iran</i>
DC 005	Title: Improvement of nurses and physicians perspectives on pain management in Neonatal Intensive Care Unit following participatory action research
	<i>Nasrin Mehrnough, Ardabil University of Medical Sciences, Iran</i>

B2B Networking & Panel Discussion

Awards & Closing Ceremony



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KEYNOTE FORUM

Day 1



Catherine M. Griswold

Healthcare Educators & Legal Nurse Consultants, Inc., USA

The Long-Term Effects of Workplace Bullying on Health Care

The *Me to Movement* brought internationally attention to the long-term and pervasive issues of harassment and abuse in the workplace. As the limelight dimmed many workplace victims continue to experience harassment, sabotage, bullying, and microaggressions in the workplace. It is estimated that 35 percent of employees have been bullied in the workplace (via Glassdoor).

Bullying Behavior has been defined as behaviors intended to bring harm to its victims (Jex, Burnfield, Clark, Guidroz, & Yugo, 2010). Additionally, bullying is repetitive abuse in which victims suffer verbal abuse, threats, and humiliation or intimidating behaviors (Katrinli, Atabay, Gunay, & Cangarli, 2010).

Workplace bullying has been linked to physical and mental health issues for victims of abuse, harassment, and bullying. Organizations have failed to aggressively end the culture of bullying in the workplace despite the cost to employees and the organization. Bullies tend to get promoted while the victims leave in a state of distress.

Griswold (2014) and Cooper argue that in order to create a positive and bullying free workplace firm plans should be in place within health care organizations to gain understanding about the “types, sources, and frequency of *bullying behaviors*” (Cooper, 2007, para. 2; Cooper, Walker, Askew, Robinson, & McNair, 2011).

This workshop aims to help participants develop assessment and intervention tools to reverse the toxic cultures in health care and develop safe reporting spaces for victims. The workshop goal is to create comprehensive holistic strategies to increase safe and healthy work environments.

References:

1. Bullying in the workplace: Reversing a culture [Issue brief]. (2007). Silver Spring, MD: Center for American Nurses.
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6. Katrinli, A., Atabay, G., Gunay, G., & Cangarli, B. G. (2010). Nurses' perceptions of individual and organizational political reasons for horizontal peer bullying. *Nursing Ethics*, 17(5), 614-627. <https://doi.org/10.1177/0969733010368748>

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Biography:

Catherine M. Griswold has extensive background in nursing administration and teaching in nursing education. Additionally, she has a proven track record of leadership within several organizations. Her doctoral research was focused on the high attrition rates of nursing students with a retention plan called The Umbrella Model of Nursing Student Retention; Summer Immersion Program (©2014). This model was used as the framework for the Nursing Pathways program under the HRSA grant. Griswold has published many articles and publications, and presented at several local and national conferences. Her doctoral research is focused on the high attrition rates of nursing students with a retention plan called The Umbrella Model of Nursing Student Retention; Summer Immersion Program (©2014). She has vast experiences with legal ethical issues in healthcare, psychiatric mental health nursing, workplace violence/safety, and patient care.

hcedcon@msn.com

Notes:



Jennifer Burns Katafigiotis

MS, Founder & CEO Weight Wellness Center and WWC KIDS, USA

Addressing pediatric weight status in clinic: The need is there but the tools are not

An excess in the amount of calories consumed, compared with the amount of calories expended is fueling an epidemic in overweight and obesity in the American family – specifically American children. Screening for obesity is endorsed by the US Preventive Services Task Force (USPSTF) and American Academy of Pediatrics (AAP). The AAP recommends screening begin at age 2 years, the USPSTF recommends screening begin at age 6 years and older.

Age, gender and activity level appropriate caloric needs in children change frequently and pediatric healthcare providers need to include delivery of appropriate nutrition information as part of their standard of care. Screening for trends in weight gain as well as the prevalence of overweight and obesity in children needs to be reviewed at each encounter. Weight management treatment should be started when the trend in increasing weight surpasses the trend in increasing height.

Despite the urgent need for weight related interventions, pediatric healthcare providers and support staff have been slow to confront this problem. Lack of knowledge and skills to assess and counsel pediatric patients with overweight and obesity, along with time constraints are the main barriers to implementation of a nutrition education and weight management protocol in clinic. Additionally, high overhead costs and low reimbursement of obesity interventions are of concern.

The need to advance nutrition education in the training of allied health care professionals as well as pediatric clinic staff to conduct screenings, assessments and prevention visits and increase the number of contact hours to improve weight measure outcomes is paramount to the reversal of the increasing weight status of American children. The development of a weight management protocol that is easy to implement, age appropriate, evidence based, includes staff training, ongoing support, provides education materials and includes the use of new technologies such as EMR portals and telemedicine to facilitate weight management is needed.

References:

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Biography:

Jennifer Burns Katafigiotis is setting a new standard for how to combat the overweight and obesity epidemic plaguing our children. Her commitment to childhood nutrition education is changing the way pediatric physicians address weight status through nutrition education and behavior change. She holds an M.S. in Nutrition Education and Food Science, and believes strongly in the paying it forward; mentoring undergraduate and graduate students and teaching at the University level. Jennifer has spent the majority of her career in medical weight management and has recently been recognized by the International Forum on Advancements in Healthcare as a Top 50 Healthcare Company for recognition of WWC KIDS contribution to healthcare.

jennifer@wwckids.com / katafigiotij@montclair.edu

Notes:



Nancy A. Aguila

St. Paul University Manila, Philippines

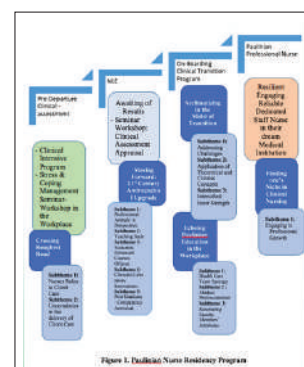


Jennifer Joy R. Olivar

St. Paul University Manila, Philippines

Paulinian Nurses in Clinical Practice as Blueprint towards development of Paulinian Nurses Residency Program

New nursing graduates are expected to adapt well in the changing health care environment especially having gone through ASEAN standardization and a shift to outcome-based education, this study sought to describe the lived experiences of Paulinian Nurses in the Clinical practice to develop a blueprint for new Paulinian nurses that will enable to facilitate their entry into the health care industry. Fifteen Paulinian nurses from batches 2013 to 2017 were interviewed to surface their initial clinical experiences as they transitioned from nursing students to staff nurses. After a textual analysis integrated within a descriptive phenomenological research design, the study revealed five (5) themes and fourteen (14) subthemes. The first theme is crossing the roughest road with the following subthemes: Nurse's role in client care and uncertainties in delivering client care. Second theme, moving forward to the 21st century, the subthemes are: professional attitude in perspective, teaching styles, sustain enhanced courses offered, clinical and laboratory innovations and post-graduate competency appraisals. Third Theme is acclimatizing in the midst of transition. The subthemes are: addressing challenges, application of theoretical and clinical concepts, intensifying inner strength. Fourth theme is echoing the Paulinian education in the workplace. The following subthemes were drawn: health-care team synergy, marked professionalism, and resonating faculty members attributes. The Fifth theme is finding one's niche in clinical nursing with engaging in professional growth as a subtheme. The subthemes are voices of clinical instructors that were cross-referenced with said themes to develop the program blueprint which was presented to three (3) Nursing Administrators. To conclude this study presented the developed Paulinian Nurse Residency program as it starts from the Paulinian Pre-departure Clinical Assessment, taking of Nurse Licensure Examination (NLE), On-boarding Clinical Transition Program finally reaching their destination as a Paulinian Professional Nurse.



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Biography:

Jennifer Joy R. Olivar, is the current Dean of the College of Nursing and Allied Health Sciences of St. Paul University Manila. Research interest are in the fields of education, wholistic health, leadership and management. Formerly the pioneer patient care staff educator team leader of Asian Hospital and served as consultant for Nursing Staff Development and training of the same institution before joining the academe in 2004. Before assuming the Deanship in 2016, she held varied positions in the university which included, Chairperson of the Graduate program and Chairperson of Clinical Program in Nursing. Also she served as the Director for the Strategic Turn-Around Program of the University from 2014 – 2016. Formerly a Nurse Trainer 3 of St. Luke's Medical Center Quezon City under the Training and Development department of the Human Resources Division from 1998 to 2001. At present her work as Dean includes being mentor and research adviser to masteral and doctoral students. Recently she was invited to be the resource speaker in Malang, Indonesia during the 4th International Conference on Nursing with the theme "Innovation and Future Direction in Chronic Care Nursing: Utilization of Research and Technology in clinical practice.

jolivar@spumanila.edu.ph

Biography:

Nancy Aguila currently the Chairperson for Academics and Clinical of the College of Nursing and Allied Health Sciences of St. Paul University Manila while completing her degree on Doctor of Philosophy in Nursing Education major in Leadership and Management. She is the Former Director for Health Services of the university. As the Chairperson, she is responsible for the planning, organizing, and directing the design, implementation and evaluation of the curricular and co-curricular activities of the degree program to ensure that the program and its objectives are aligned to the vision and mission of St. Paul University Manila. Likewise, as the former Health Services Director, her team was able to come up a collaborative research entitled, The Preventive Medical Examinations for Asymptomatic Adults.

maguila@spumanila.edu.ph

Notes:



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SCIENTIFIC TRACKS & ABSTRACTS

Day 1

Day 1 November 18, 2019

Sessions:

Physical Therapy Science | Sports & Physiotherapy | Physical Activity | Advancement in Physiotherapy | Rehabilitation Methods | Experimental techniques in Physiotherapies | Physical Medicine & Rehabilitation | Artificial Physiotherapy Methods

Session Chair: Jennifer Burns Katafigiotis, Weight Wellness Center and WWC KIDS, USA

Session Co-Chair: Catherine M. Griswold, Healthcare Educators & Legal Nurse Consultants, Inc., USA

Session Introduction

Title: The potential of SEPs recordings to address Neurodevelopmental disorders in children

Sergio Zanini, Scientific Institute Eugenio Medea, Italy

Title: Expectation of physiotherapy intervention to a child with brain tumor, cerebral palsy and blindness

Aikaterini Ziaka, Physio4you.gr, Greece

Title: When a Child is Hemorrhaging from a Peripheral Trauma, Consider the Improvisational Tourniquet

Paul Patrick Rega, University of Toledo, USA

Title: Primary Immunodeficiencies: Bringing Education and Awareness to Healthcare Professionals Worldwide

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Title: The Burden of System Failure Resulting in Cases of Abandoned Patients in Healthcare Facilities on Nursing Practice: The Nigeria Experience

Ali Sarah Aricha, Lagos University Teaching Hospital, Nigeria

The potential of SEPs recordings to address Neurodevelopmental disorders in children

Sergio Zanini

Scientific Institute Eugenio Medea, Italy

The pathophysiology of several clinical conditions in humans presents with abnormal brain cortical excitation levels. This is potentially due to either reduced cortical excitability (e.g. all conditions of depressed consciousness) or enhanced cortical excitability (e.g. migraine, epilepsy, and dystonia). We can measure the level of cortical excitability by means of different techniques; some of them are invasive, several others are not. Here we will consider the potential of somatosensory evoked potentials (SEPs) as: 1) their use is very common in ordinary clinical activity, 2) technicians are largely independent in recording acquisition, 3) their analysis and interpretation are quite fast, 4) the technology required is economic, and 5) they are extremely well tolerated by children. In order to be useful for wide clinical research in developmental age, any technique has to fulfil these criteria, and SEPs do so. Preliminary applications of SEPs recording in different neurodevelopmental disorders will be presented (mental retardation, autism, ADHD). The potential of SEPs recordings for addressing the underlying pathophysiology of these disorders on the one hand, and for targeting pharmacological treatments and for monitoring the efficacy for rehabilitation interventions, on the other one, will be discussed.

Biography:



sergio.zanini@lanostrafamiglia.it

Notes:

Expectation of physiotherapy intervention to a child with brain tumor, cerebral palsy and blindness

Aikaterini Ziaka

Physio4you.gr, Greece

Brain tumor in childhood is very hard to be dealt with. The whole situation demands great deal of patience and perseverance from parents to treating doctors. It also depends on the type of tumor and the condition of the child itself. Relapses are also very common and can be fatal for a patient's life. In the present case study we examine the course of a 4 years old child, named Irene, who was diagnosed with brain tumor at the age of 8 months. The tumor is near the optic chiasm, which caused blindness. Irene learned to walk at the age of 18mths after physiotherapy sessions but at that point she relapsed. She had an hemorrhagic stroke which caused her right spastic hemiplegia and as a result she lost the ability to walk. She had an operation and after that chemotherapy treatment. Since the beginning in order to make Irene stand on her feet again, we had a very close cooperation with her parents and her doctors to continue physiotherapy sessions during the chemotherapy treatment. The physiotherapy based on the NDT method and uses her hands very well in any activity she needs. Our therapeutic procedure was aimed for her to be a child but without any risk of her life, because of her vision luck. We focused on teaching her how, what and when to do daily activities. Therefore in future she could be like any other blind child but cheerful and happy. And we succeed on that! Today she can deal with her walking perfectly and she understands the importance of physiotherapy. We are very proud of her!

Biography:



Aikaterini Ziaka has completed her bachelor degree on Physiotherapy at Alexandreio Technological Educational Institute of Thessaloniki (A.T.E.I.Th.). She completed her MSc at University of Thessaly and her research was "The differentiation of postural control by manipulating visual perception through prism adaptation". She is a pediatric therapist over 28 years period and she specialized in NDT-Bobath method. She has been at A.T.E.I.Th. as lab assistant professor in neurorehabilitation for 11 years. She completed her studies on Orthopedic Manipulative Therapy Diploma in 2016 and she is an OMT therapist since. She had many publications and she always remains informed on neurorehabilitation. She owns a physiotherapy lab, named Physio4you, since 2012. From the beginning of her career she was exclusively devoted to children and their deficits. She is married with 2 children.

Ziaka@physio4you.gr

Notes:

When a Child is Hemorrhaging from a Peripheral Trauma, Consider the Improvisational Tourniquet

Paul Patrick Rega

University of Toledo, United States

Statement of the problem: Children are often intentional, accidental, or collateral victims of peripheral penetrating trauma. Commercial tourniquets have proven their efficacy in adult cases and a recent study indicates their value in the pediatric population. However, commercial tourniquets may be unavailable to civilian first responders during a mass casualty event. There is limited advocacy for improvisational tourniquets due to a paucity of evidence-based research. The purpose of this presentation is to describe a university's efforts to improve awareness regarding improvisational tourniquets to diverse civilian communities.

Methodology: Over the space of two years, a multi-pronged strategy that incorporated improvisational tourniquets was developed: 1. Research; 2. Formal and informal commercial/improvisational tourniquet education; 3. Just-In-Time training with improvisational tourniquets; 4. Active shooter gaming that incorporated improvisational tourniquet application as a "survival" objective.

Findings: 1. Research concluded that, testing multiple devices, a simple phone receiver and a necktie were the most effective improvisational tourniquets in curtailing fluid loss in a hemorrhage model. 2. Anti-hemorrhage training, including improvisational tourniquet education, maintained a flexibility and brevity that, over 2.5 years, trained nearly 2,500 faculty, students and staff. This training has 2019 been exported to teach children in an Arizona summer camp (n= 60) as well as high school students in New York (n= 80). 3. To improve "Just-In-Time" improvisational tourniquet training, a QR code linked in real time to a twenty-second video was created as a feasible emergency option in public access venues; 4. An active assailant board game that included tourniquet education was designed and tested. Out of 62 players, 97.6% felt more confident in applying an improvisational tourniquet.

Conclusion and significance: The improvisational tourniquet technique should be employed to stop a severe peripheral hemorrhage when nothing else is available and the procedure should be taught to the public while research is on-going.

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Biography:



Paul Rega MD, FACEP has been an emergency physician for thirty-four years. During his career, he was board-certified in both Emergency Medicine and Pediatric Emergency Medicine. He has lectured and developed courses and exercises regionally, nationally, and internationally on Disaster Medicine. He is the author of many peer-reviewed articles plus book chapters on diverse subjects: Pandemics, disasters, acupuncture, hyperbaric oxygen therapy, EMS, psychosis, and emergency medicine techniques. Rega, as Assistant Professor, is currently associated with the College of Health and Human Services and the Department of Emergency Medicine at the University of Toledo. He has developed, co-developed, and/or taught courses on pandemics, disasters, HAZMAT, environmental and occupational health, and global health. Dr. Rega's integration of simulation medicine into emergency medicine and public health, has furthered the education of MPH candidates, PA, Medical, Nursing, Pharmacy, and UT undergraduates.

Paul.Reg@utoledo.edu

Primary Immunodeficiencies: Bringing Education and Awareness to Healthcare Professionals Worldwide

Rachel Anne Colletta

Immune Globulin National Society, USA

Primary immunodeficiencies are a group of over 360 disease states which result from the inability of the natural immune system to protect the body from infection. These diseases are generally due to genetic mutations and can affect both the male and female population. Characterized by recurrent, chronic infections, diagnosis of these diseases can be difficult, in part due to lack of awareness. It is estimated that approximately six million people worldwide have a primary immune deficiency, yet only 20% of these people have been diagnosed. Studies have shown that there can be a delay of up to twelve years in diagnosis of these diseases. It is critical to educate healthcare professionals about the warning signs of primary immunodeficiencies so that diagnosis can be made, and treatment can begin. There is no cure for primary immunodeficiencies, however, treatment can slow the progression of organ damage associated with these diseases as well as improve the quality of life for patients.

Biography:



Rachel Colletta has been practicing nursing for over thirty years with experience in the areas of home care, home infusion, medical devices, life sciences, and nursing education. She graduated from a nursing diploma program and then went on to receive her BSN from Walden University. She holds several certifications in the areas of infusion therapy, immunoglobulin therapy, and vascular access. Rachel believes strongly that education leads to positive patient outcomes, and has been committed to the education of patients and healthcare professionals throughout her career.

rachelcolletta@acell.com

Notes:

Life satisfaction among Swedish women after mastectomy with or without reconstruction**Pranee C. Lundberg**

Uppsala University, Sweden

Breast cancer is the most common type of cancer in Swedish women. The aim of this study was to describe the life satisfaction among Swedish women after mastectomy with/ without reconstruction. A qualitative study with semi-structured interviews was conducted. The criteria were women of age 18 years or more, without mental diseases, having breast cancer diagnoses since 1-3 years, having undergone mastectomy with/without reconstruction, and being willing to participate. Eighteen women with and without reconstruction living in Uppsala, Gävle and Falun participated. They received by post information about the study and their rights. An interview guide concerned experiences of life and functions after operation with open-ended questions was developed and tested with three women fulfilling the inclusion criteria but not participating. All participants were interviewed in their homes during 30-75 minutes after having returned the consent letter. The interviews were audio recorded and transcribed verbatim. The data were subjected to content analysis. Five categories emerged: (i) feeling of fear, worry and anxiety, (ii) embarrassment of body image and loss of femininity, (iii) appreciating life more than before, (iv) support from family, friends and health care professionals, and (v) need of information and follow-up care. Psychological distress affected the women and reminded them about their disease. They felt that their body images had limited their daily lives. Some felt that they had become women again after their breast reconstructions but some of them were not satisfied with the results of their reconstruction. They had received support from their families and from healthcare professionals, and perceived their lives positively. Some women mentioned inadequate information and lack of follow-up from healthcare professionals. They felt great need of information and support after completed treatment. Therefore, it is important that healthcare professionals be aware of their patients' feelings and their needs of information and follow-up.

Recent Publications:

1. Abdollahzadeh F, Moradi N, Pakpour V, et al. (2014) Un-met supportive care needs of Iranian breast cancer patients. *Asian Pacific Journal of Cancer prevention* 15(9): 3933-3938.
2. Bagheri M, Mazaheri M. (2015) Body image and quality of life in female patients with breast cancer and healthy women. *Journal of Midwifery & Reproductive Health* 3(1): 285-292.
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4. Koçan S, Gürsoy A. (2016) Body image of women with breast cancer after mastectomy: A qualitative research. *Journal of Breast Health* 12: 145-150.
5. Paterson C, Lengacher CA, Donovan KA, Kip KE & Tofthagen CS. (2016) Body image in younger breast cancer survivors: A systematic review. *Cancer Nursing* 39(1): E39-E58.

Biography:

Pranee C. Lundberg received her PhD from Luleå University, Sweden. She is Associate Professor at the Department of Public Health and Caring Sciences, Uppsala University, Sweden. She has published more than 40 articles in international scientific journals in areas such as reproductive health, cancer, chronic diseases, occupational health, and religion and culture, and she has been a reviewer for several international journals.

pranee.lundberg@pubcare.uu.se

Rain and Pediatric Respiratory Infections

Hetal Antani

Sanitas Hospitals Limited, Tanzania

Introduction: Medical research and publications elucidating an association between rain and respiratory infection is notably scarce in western medical literature. The impact of rain on pediatric respiratory infection is often not taught or even discussed as a part of western medical education. However, rain and its impact on health is common knowledge in South Asian countries – especially India.

Aim of this Presentation: The aim of this presentation is to highlight the current scientific findings that support an association between rain and respiratory infection. Non-scientific shared beliefs will also be discussed.

Methods: Relevant articles were identified using PubMed. Other evidence not necessarily identified through rigorous scientific research (commonly held beliefs, wives' tales, and social myths) was also reviewed – including the common approaches used to prevent and treat infections. Such information was obtained via informal interviews and through online review of Indian newspapers and magazines.

Findings: Few (if any) research is focused on elucidating the association of rain and pediatric viral respiratory infections. Work done by researchers at MIT in 2015, using a high-speed camera, may have shed light (for the first time) on how rain drops aerosolize respiratory viruses found in soil.² Their findings have sparked interest and new research is now in progress. Examples include understanding the relationship of infection and the concentration of virus found in soil, rain's ability to remove particulate matter from the air⁴ – just to name a few.

Discussion: The link between rain and respiratory infections is common knowledge in many parts of the world. Prevention and treatment methods also abound. Western medicine has begun to apply rigorous scientific methods to further uncover this interesting link. We may learn that the sweet aroma of rain may not be so sweet after all.

Recent Publications:

1. Gutiérrez RA, Buchy P. Contaminated Soil and Transmission of Influenza Virus (H5N1). *Emerging Infectious Diseases*. 2012;18(9):1530-1531.
2. *Journal Nature Communications*. January 14, 2015.
3. Denny F. W. Jr. The Clinical Impact of Human Respiratory Virus Infections. *American Journal of Respiratory and Critical Care Medicine*. 1995;152(4, part 2):S4-12.
4. Influence of different weather events on concentrations of particulate matter with different sizes in Lanzhou, China. *J Environ Sci (China)*. 2012;24(4):665-74.
5. Seinfeld, John; Spyros Pandis (2006). *Atmospheric Chemistry and Physics: From Air Pollution to Climate Change* (Second ed.). Hoboken, New Jersey: John Wiley & Sons, Inc
6. Joung, Y. S. et al. Bioaerosol generation by raindrops on soil. *Nat. Commun.* 8, 14668 doi: 10.1038/ncomms14668 (2017).

Biography:



Rain and Pediatric Respiratory Infections

Omega Edwards

Sanitas Hospitals Limited, Tanzania

Introduction: Medical research and publications elucidating an association between rain and respiratory infection is notably scarce in western medical literature. The impact of rain on pediatric respiratory infection is often not taught or even discussed as a part of western medical education. However, rain and its impact on health is common knowledge in South Asian countries – especially India.

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Recent Publications:

1. Gutiérrez RA, Buchy P. Contaminated Soil and Transmission of Influenza Virus (H5N1). *Emerging Infectious Diseases*. 2012;18(9):1530-1531.
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5. Seinfeld, John; Spyros Pandis (2006). *Atmospheric Chemistry and Physics: From Air Pollution to Climate Change* (Second ed.). Hoboken, New Jersey: John Wiley & Sons, Inc
6. Joung, Y. S. et al. Bioaerosol generation by raindrops on soil. *Nat. Commun.* 8, 14668 doi: 10.1038/ncomms14668 (2017).

Biography:



Omega Edwards, M.D. is an American Missionary who is the Chief Medical Officer at Sanitas Hospital in Dar es Salaam, Tanzania. He has been instrumental in helping Sanitas Hospital achieve a 4 out of 5 star rating from the Tanzanian government and his efforts have also contributed to the hospital receiving several prestigious international awards. Edwards earned his B.S. from Cornell University and his M.D. from the State University of New York Health Sciences Center at Brooklyn. He was a Chief Resident and completed his Infectious Diseases Fellowship at Brown University. He is a Diplomate of the American Board of Internal Medicine. When he is not overseeing the hospital, he is an assistant coach and the team physician for the Tanzania National Basketball Team. Dr. Edwards is 18 years married and has four children.

omegaedwards@gmail.com

Giving Back to Move Forward: New Graduate Nurse-Lead Change Innovations in Health Care Settings

Cathy Velasquez

Indiana Wesleyan University, USA

Background: New graduate Registered Nurses (RNs) face unique challenges during the role transition experience (IOM, 2010) including high performance expectations in health care settings, including high patient acuity, and increased accountability for nursing quality indicators (Trepanier, Early, Ulrich & Cherry, 2012).

Purpose: This project will evaluate administrative impacts of innovation of new graduate Nurses with a Residency Program model designed to exceptionally support new graduate RNs during the post-academic entry to clinical practice.

Intervention: Using the Johns Hopkins Nursing Evidence-Based Practice Model and Guidelines (Newhouse, Dearholt, Poe, Pugh & White, 2007) supporting evidence-based innovations, an NRP model was developed addressing the need for providing strategic transitional academic to clinical practice support while focusing on organizational goals, nursing sensitive indicators, and demonstrating sustainable practice and policy changes.

Theoretical Framework: Roger's Diffusion of Innovations Theory (1962) provided the framework for adopting this innovation. Nursing leaders acquire knowledge to become early adopters of this model. Engagement of new graduate RNs occurs through participation, and retention of this market reinforces the innovation and organizational return on the initial investment. Confirmation is achieved with positive stakeholder interactions and improvements to patient care quality, supporting continual adoption of the innovation.

Evaluation: Defines and explores metrics of successful Residency programs, impacts of participant-led evidence-based practice projects for innovative patient care practices, and a review of outcomes for nursing quality indicators.

Implications: Implementing a NRP has improved the quality of the new graduate RN experience. impacted Nursing quality indicators, and resulted in numerous policy and practice changes. Roger's theory provides an effective framework for continual adoption of this NRP model.

Recent Publications:

1. Institute of Medicine (2010). The future of nursing: leading change, advancing health. Retrieved: January 29, 2013 from <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>
2. Newhouse, R., Dearholt, S., Poe, S., Pugh L., & White, K. (2007). *Johns Hopkins Nursing evidence-based practice model and guidelines*. Indianapolis: Sigma Theta Tau International
3. Rogers, E. (1962). *Diffusion of innovations*. Glencoe: Free Press.
4. Trepanier, S., Early, S., Ulrich, B., & Cherry, B. (2012). New graduate nurse residency program: A cost-benefit analysis based on turnover and contract labor use. *Nursing Economics*, July-August 2012, Vol. 30 (4).

Biography:



Cathy Velasquez is a champion for advancing administrative Nursing practices and expert in forming evidence-based structures that promoting high quality health care and access for under-served and at-risk patient populations. With an earned Doctoral degree in Nursing Practice from Regis University in Denver, Colorado, U.S.A., Dr. Velasquez, is currently an Assistant Professor at the School of Nursing at Indiana Wesleyan University, Marion, Indiana, U.S.A, teaching masters and doctoral students and research project management. In 2009, Dr. Velasquez created a program of research to improve the quality of administrative operations for new graduate nurses practicing within hospital settings. The resulting Residency program is among the first in the U.S. A. to have achieved prestigious accreditation by the Commission on Collegiate Nursing Education in conjunction with the U.S. Dept. of Education, in 2013. Her research has been presented nationally and internationally, and is published in peer reviewed Nursing administration journals.

cathern.velasquez@indwes.edu

Empowering nurses to identifying delirium in ventilated patients in Intensive Care Unit

Elisabeta Ioana Hiriscu

Iuliu Hațieganu University of Medicine and Pharmacy, Romania

Statement of the Problem: Delirium is an acute disorder of cognitive functions characterized by the presence of delusional episodes. In patients admitted in Intensive Care Unit (ICU) the cognitive dysfunction is mainly related to the multisystemic disorders or comorbidities, use of medication, as well as to mechanical ventilation [1-2]. Following extubating, the patients may acquire a long-term cognitive dysfunction that ranges from mild to severe cognitive impairment [3]. Routinely applying confusion assessment method in intensive care unit (CAM-ICU) helps healthcare professionals to early identify and implement appropriate measures that may limit the effects of delirium in ventilated patients [4-5]. The purpose of this study is the identification of the delirium in ventilated patients performed by the ICU registered nurses using the CAM-ICU assessment tool.

Methodology & Theoretical Orientation: The first step was to assess the level of consciousness using the Richmond Agitation-Sedation Scale (RASS). The second step was to assess delirium in ventilated patients by using CAM-ICU within pre-established sedation windows. This assessment comprises four criteria: acute change or fluctuating course of the basic mental status, inattention, altered level of consciousness and disorganized thinking. Both assessment tools have been translated and adapted in Romanian language.

Findings: The incidence of delirium was 51.6% (N = 16 patients from total participants N = 31). The mixed subtype of delirium had a highest incidence within the sample (50%) and the duration of the delirious episodes was higher than in the hyper- or hypoactive subtypes. The duration of mechanical ventilation, the length staying in ICU (number of days), and the severity score of the pathologies, APACHE II, are independent variables associated with the onset of delirium.

Conclusion & Significance: The mechanical ventilation is considered a major factor for delirium. The delirium assessment using the CAM-ICU can be performed and assumed by the registered nurses as one of the autonomous interventions that define the profile of the ICU nurse [4].

Recent Publications:

1. Arumugam S, El-Menyar A, Al-Hassani A, Strandvik G, Asim M, Mekkodithal A, et al. (2017) Delirium in the intensive care unit. J Emerg Trauma Shock 10(1):37-46.
2. Kotfis K, Marra A, Ely EW (2018) ICU delirium — a diagnostic and therapeutic challenge in the intensive care unit. Anaesthesiol Intensive Ther. 50(2):160-167.

Metoda de evaluare a stării de confuzie pentru ATI (CAM-ICU) – Fișa de lucru

CARACTERISTICA 1. Schimbarea acută sau evoluția fluctuantă a stărilor mentale	Scor	Se bifează	
A prezentat pacientul un status mental diferit față de starea mentală de bază? SAC	DA în orice dintre întrebări	☐	
A prezentat pacientul modificări fluctuante ale stării mentale în ultimele 24 de ore (modificări evidențiate prin variații ale scadelor care măsoară nivelul de sedare/compoziție (RASS) / SAS, GCS) sau comportare cu evaluare anterioră a delirului?			
CARACTERISTICA 2. Lipsa atenției			
Testul de atenție la literă Instrucțiuni: Spuneți pacientului: „O să vă citesc 10 litere. De fiecare dată când auziți litera <<A>>, ridicați-ți de mână”. Căpăt literă din scrierile lui cu un sunet normal, la distanță de 3 secunde între ele: S A V E N A H A A R T U U C A S A B L A N C A U U A B A D B A D A A Y *Se consideră eroare când pacientul nu strânge mână la litera <<A>> sau când strânge mână la o literă diferită de <<A>>	Un număr de erori > 2	☐	
CARACTERISTICA 3. Alterarea stării de conștiență			
Prezentă dacă scorul RASS actual este oricare altul decât vigili și calm (zero)	RASS altul decât zero	☐	
CARACTERISTICA 4. Gândirea dezorganizată			
Întrebări cu Da sau Nu 1. Poate pluti o piatră pe apă? 2. Sunt (trăiesc) pești în mână? 3. Un kilogram chinezesc mai mult decât două kilograme? 4. Se poate folosi cinașul pentru a ține un cui? Se consideră eroare atunci când pacientul răspunde incorect la o întrebare. Comandă Spuneți pacientului: „Ridicați prima degete (ridicați 2 degete în timp ce pacientul). Acum faceți același lucru cu celelalte mâini” (nu repetați numărul de degete) * Dacă pacientul este incapabil să miște mâna dreaptă, pasul a doua parte a comenzii, rugați: „Mă așteaptă un deget” Se consideră o eroare dacă pacientul nu poate executa întreaga comandă.	Numărul corect de erori > 1	☐	
Per Total CAM-ICU Caracteristica 1 + 3 (obligatorie) + 2 sau 4 prezente = CAM-ICU pozitiv			Criterii îndeplinite → CAM-ICU Pozitiv (delirium prezent) Criterii neîndeplinite → CAM-ICU Negativ (fără delirium)

Figure 1: CAM-ICU worksheet used for delirium assessment in ventilated patients (translated and culturally adapted in Romanian language)

3. Ely EW, Gautam S, Margolin R, Francis J, May L, Speroff T, et al. (2001) The impact of delirium in the intensive unit care on hospital length of stay. *Intensive Care Med.* 27(12):1892-1900.
4. Bulic D, Bennett M, Rodgers H, Nourse M, Rubie P, Looi JC et al. (2017) Delirium After Mechanical Ventilation in Intensive Care Units: The Cognitive and Psychosocial Assessment (CAPA) Study Protocol. *JMIR Res Protoc* 6(2):e31. doi: 10.2196/resprot.6660.
5. Jeon K, Jeong B, Ko MG, Nam J, Yoo H, Chung CR et al. (2016) Impact of delirium on weaning from mechanical ventilation in medical patients. *Respirology* 21(2):313-20.

Biography:



Elisabeta Ioana Hiriscau conducted the process of translation and cultural adaptation of the CAM-ICU Manual training in Romanian language under the supervision of Prof. Dr. Wesley Ely and his team from Vanderbilt University, USA. She also developed and implemented with the nursing students and nursing staff the CAM-ICU Comprehensive Assessment Sheet for monitoring the ICU patients identified with delirium. She has expertise in psychological evaluations, competences in clinical ethics and research ethics, and she is actively involved in nursing research projects and translational research aimed to improve the health of the patients in clinical settings.

ioanahiriscau@gmail.com

Notes:

Neonatal Respiratory distress syndrome-a review

Akumtoshi

Zion hospital and research centre, 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 enter colitis (NEC) and Intraventricular 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 of 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 neurodevelopmental outcome. Adequate nutrition and proper temperature control starting from the point of delivery cannot be emphasized enough for this group of population.

Biography:



Akumtoshi is a pediatrician working in Zion hospital and research centre Nagaland since 2013. She has worked in Christian institute of health sciences and research Nagaland from 2010 to 2013. She is Observer CMC Vellore in 2010.

akumtoshi@gmail.com

Notes:

Advancing Global Nursing Leadership through Knowledge Translation: Engaging St. Luke's Nurses to Be the Next Generation's World Healthcare Professionals

Maria Martina Geraldine Q. Dimalibot

St. Luke's Medical Center, Philippines

St. Luke's Medical Center is taking the contemporary leadership in raising the standards of nursing care through knowledge translation founded on the stronger pillars of the profession: research-based practice and outcome-based education. As a framework, the combined structures of research and education put together the variables of systems management into an to operationalize clinical advancement into an excellent patient care service. Over the years, we have been generating considerable evidence-based data to turn the tides in improving health outcomes. In fact, four of the five research key performance indicators had achieved an increased variance from 2015 to 2018 (mentoring, 321.5%; forum, 200%; quality improvement projects, 60%; presentations, 31.6%).

Among the significant steps that St. Luke's had initiated are the following:

1. Providing opportunities for personal and professional development.
2. Redesigning the on-boarding training program for newly hired nurses.
3. Assigning Clinical Unit-Based Educators.
4. Enhancing performance evaluation of associates with monetary benefits.
5. Other Staff Qualification and Education platforms include structured Preceptorship and Mentorship as well as Coaching Programs for high potential associates.
6. Cultivating research and quality improvement culture
7. Provision of a positive practice environment

Anchored by research-based practice and outcome-based education, St. Luke's Nurses are envisioned to transform as data-driven leaders with the capacity to leverage world-class clinical competence in the international arena of nursing practice. Hence, St. Luke's Medical Center continues to move to the forefront to lead the creation of a brand of global nursing leadership that is truly compassionate and innovative world- class Filipino, engaging St. Luke's Nurses to be the Next Generation's World Health Professionals!

Recent Publications:

1. Stéphanie Sidorkiewicz, Alexandre Malmartel, Lea Prevost, Henri Partouche, Juliette Pinot, Armelle Grangé-Cabane, Céline Buffel du Vaure, and Serge Gilberg
2. Patient-Physician Agreement in Reporting and Prioritizing Existing Chronic Conditions, *Ann Fam Med* September/October 2019 17:396-402; doi:10.1370/afm.2444
3. McGill University Health Center, Huitième rapport : LE PATIENT PARTENAIRE, *Santé en devenir*, 2015
4. OIIQ, LE PATIENT PARTENAIRE, UN LEVIER PUISSANT POUR FAVORISER LA COLLABORATION, *Symposium de la Collaboration en Santé*, 2017.
5. « Le Programme Partenaires de soins : pour une pratique performante, empreinte d'humanité », *Le Bulletin du CPASS*, numéro 3, mai 2013, p. 4- 6.
6. Programme Partenaires de Soins, Rapport final remis à Santé Canada dans le cadre du Programme de contributions pour les politiques en matière de soins de santé (PCPMSS), Juin 2013, https://medecine.umontreal.ca/wp-content/uploads/sites/8/programme_partenaires-de_soins.pdf

Biography:



Maria Martina Geraldine Quisumbing-Dimalibot known to friends and colleagues graduated from St Paul College Manila in 1990 and was awarded Most Outstanding Nursing Student. In that same year she was a candidate for Ten Outstanding students in the Philippines. She obtained her PhD in Nursing Education from ST Paul University Manila in 2015. She was awarded as one of the 100 Most Influential Filipino women in the World by the Filipino Women's Network (FWN), a non profit, non partisan International advocacy organization based in San Francisco, USA. The award was given on 14 September 2018 in St. Pancras Renaissance Hotel in London. Gigi was honored in the "Builder" Award Category. As a Builder she has demonstrated exceptional Organizational impact in a large workplace environment, displayed deep passion for a cause through a collaborative initiatives or alliances with institutions, corporations or non-profit organizations on behalf of her own company, demonstrated high potential and skill with measurable results in government and private organizations and higher educational Institutions. Her many accomplishments include being COMELEC Commissioner of the Philippine Nurses Association (PNA) and currently serving in the Board of Governors for Zones 4 and 5. She has been involved in various charitable. She also Lead the Nursing Care group of St Luke's Medical Center, Global City in being accredited as the First Hospital in the Philippines to be "Pathway to Excellence Designated Hospital" by ANCC in 2018.

mmgqdimlibot@stlukes.com.ph, gigiqd@yahoo.com

Notes:

Nursing Leadership: Empowering Patients Through Partnership

Nacacha Persopoulos

Medical Centre Talin, Canada

A study assessing the agreement between patients and healthcare practitioners concerning priorities of care determined a huge discrepancy exists between what they consider to be medically necessary. The healthcare system is a compartmentalized, complex terrain to navigate that is difficult to access and its coordination has proven to be dissatisfactory to patients. The patient and his family remain the common denominators of their health management. Moreover, as humans, we can only control and change ourselves and what we are responsible for. For these reasons, the patient is indubitably the best and only person capable of putting the pieces of the puzzle together in a coherent, adapted manner. Of course, transforming the system is met with some resistance due to deep-rooted professional identity amongst various practitioners. However, nurses play a pivotal role in empowering patients to engage themselves deeply in their care, to make informed and adapted decisions as well as navigating the system confidently. The innovative nurse/patient approach is elevated from the building blocks of the nursing profession: assessment, teaching and caring, and requires owning our autonomy and knowledge to redefine our practice, take our place and be recognized for our contribution to health care. We listen to, assess and follow our patients using nursing process. We share our knowledge and assist in making informed choices adapted to the patients' desires, thus improving his engagement exponentially. This approach dramatically reduces ER visits and promotes better overall health and reduces stress related to health management. As a result, the strain on the healthcare system is reduced. We create more desirable working conditions and maximise our professional potential, resulting in excellence of the nursing practice. As a shared responsibility, leadership must be extended to its full potential through all interdependent domains of healthcare because together we can transform the system and our health.

Recent Publications:

1. Stéphanie Sidorkiewicz, Alexandre Malmartel, Lea Prevost, Henri Partouche, Juliette Pinot, Armelle Grangé-Cabane, Céline Buffel du Vaure, and Serge Gilberg
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4. OIIQ, LE PATIENT PARTENAIRE, UN LEVIER PUISSANT POUR FAVORISER LA COLLABORATION, Symposium de la Collaboration en Santé, 2017.
5. http://fr.slideshare.net/CPASS_UdeM/bulletin-du-cpass-numro-3-mai-2013-44609505 "Le Programme Partenaires de soins : pour une pratique performante, empreinte d'humanité », Le Bulletin du CPASS, numéro 3, mai 2013, p. 4- 6.

Biography:



My passion for nursing and medicine was sparked five years ago, when my son was born with a complex heart malformation which required immediate intervention at birth and open-heart surgery at just five weeks old. The controlled chaos of the Neonatal Intensive Care Unit and the staff's unrelenting efforts towards these tiny patients fascinated me and led me to complete my nursing studies. Now, as a Registered Nurse, my passion for medicine never ceases to grow and evolve, pushing me to continually develop my knowledge and skills providing the best possible care for my patients. Having seen both the professional and personal side of healthcare enables me to understand my patients and their families as well as providing valuable insight, support and of course the highest quality care. I have spoken at conferences for the Montreal Children's Hospital Foundation, I have participated in the Téléthon Opération Enfant Soleil benefiting sick children, as well as given guest lectures to nursing students in their psychiatry segment.

npersopoulos@live.ca

The Burden of System Failure Resulting in Cases of Abandoned Patients in Healthcare Facilities on Nursing Practice: The Nigeria Experience

Ali Sarah Aricha

Lagos University Teaching Hospital, Nigeria

Unarguably, the healthcare sector of any economy, including the underdeveloped, developing and developed economies, forms the bedrock of any nation's growth and development. A range of factors affect the performance and delivery of professional nursing care in the Nigerian health care system. The gamut running from inadequate health facilities, poor management of human resources, inappropriate health care financing, shortage and inadequate supply of drugs and health care providers, illiteracy, religious bias and political influence to complete ignorance on the part of the patient of their constitutional rights as citizens which has led to the incidences of abandoned patients in our health care facilities. These factors in turn have significant effects on the practice of the nursing profession in the country. This research picks out system failures which results in cases of abandoned patients in the Nigerian Health System, and the concomitant effects on nursing practice both in the private and public sectors. Well-structured questionnaires would be randomly distributed among nursing practitioners in health sectors in Lagos and other major cities in Nigeria. The responses would be analyzed and based on the results, recommendation would be made on building a framework for implementing a sustainable health care system in order to reduce mortality rate, citizens' distrust in the healthcare system and increase professionalism in the nursing practice in Nigeria.

Biography:



alisaraharicha@gmail.com

Notes:



Joint Meeting on

INTERNATIONAL CONFERENCE ON
Pediatrics & Nursing and Healthcare

NOVEMBER 18-19, 2019 | PARIS, FRANCE



KEYNOTE FORUM

Day 2



Amy E. Clarke
Diplomat Specialty Infusion, USA

Transcultural Health Care: It is much more than you may think

The populations that nurses work with are more diverse than ever before. As nurse,s we must create a care paradigm that is respectful, non-judgmental, and sets our patients up to feel heard, valued, and safe. Culturally competent care not only encompasses race, ethnicity, language, religion, and cultural identity, it also must take into account age, sexual orientation, and gender identity. Our population is aging rapidly, and nurses as well as other health care workers can negatively impact outcomes by treating our patients in an ageist manner. What is ageism? What are the ramifications of ageism in healthcare? We also know that the nurses as a group are getting older and ageism in the workplace can also have negative consequences. We will also be looking at how to appropriately ensure that our interactions with the LGBTQ community is such that the environment we create encourages this group to continue to seek out healthcare. The LGBTQ community suffers from higher incidence of depression as well as other health related issues, in part due to a reluctance to seek care. There are also lesser known members of this community who may be further marginalized and pushed away from seeking care through inappropriate interaction and spaces that are not set up to accommodate gender preferences and gender identity. To navigate these waters, we must first examine our own thoughts, biases, and potential barriers to providing culturally competent care. When considering the major tenant of several nursing theories, the art and science of nursing is to create a space that allows patients to thrive and achieve their best health based on their wants, needs, and expectations. The concept of transcultural health care is global in scale and nurses can provide beneficial leadership and guidance in the healthcare space to ensure we achieve this very relevant need.

References:

1. Clarke, A.E., Lima, H (2012). "IG Therapy for the Home-Based Patient: Administration and Delivery Methods Considerations". Infusion, November/December 2012. Vol. 18, No. 6.
2. Clarke A, et al. Immunoglobulin therapy standards of practice: clinical guidelines and implementation. Pharmacy Practice News website. cmezone.com/cu181/pdf/CU181.pdf. Published June 2018. Accessed February 27, 2019; Immunoglobulin National Society.
3. Clarke A, et al. Immunoglobulin therapy standards of practice: clinical guidelines and implementation. Infusion. nhia.org/documents/INFUSION_Sept_Oct_Immunoglobulin_Therapy_Standards.pdf. Published September/October 2018.
4. Immunoglobulin therapy standards of practice, 2nd edition. ig-ns.org/product/ig-therapy-standards-of-practice/.

Biography:

Amy Clarke is a registered nurse and has been in the specialty and home infusion space since 1994. Ms. Clarke has a passion for immune globulin therapy having done over 2000 intravenous and subcutaneous infusions to date. Working with home infusion pharmacy in the 1990's it became quickly evident that IVIG was often not well understood by nursing staff, pharmacies, payers, and in many instances the physicians themselves. Amy has provided multiple presentations on IVIG and SCIG selection and administration specifics, including CE presentations for the National Home Infusion Association (NHIA); Infusion Nurses Society (INS); GBS/CIDP Foundation International, the College of Allergy, Asthma, and Immunology, and the Immunoglobulin National Society (IgNS). Amy is currently Director of Nursing Clinical Program Services for Diplomat Pharmacy's Specialty Infusion Group and is the IgNS president emeritus for the 2016-2018 term and contributed to the Ig Therapy Standards of Practice

aclarke@diplomat.is



Victoria Carlson-Oehlers

MSOE School of Nursing, USA

Academic Preparation in Short-Term Humanitarian Healthcare

Statement of the Problem: There has been a great increase in the number of undergraduate students who participate in short-term international programs that provide healthcare in developing countries. These programs offer the unique experience of international service learning and cultural awareness. Recent literature asserts that participant preparation is critical to enhancing the experience for both participants and residents of host countries. As academic programming focuses more on international experiences for undergraduates, a serious debate exists on how these programs are ethically educating students to prepare them for participation in short-term international humanitarian experiences. The author teaches a university course designed to prepare students for their first short-term experience. The course introduces students to the concept of transcultural healthcare and other important topics such as ethics. The author has conducted a study of undergraduate students to determine the efficacy of this course in preparing them to conduct one-week humanitarian healthcare missions in Central America.

Methodology & Theoretical Orientation: This study explores student perception changes based upon the intervention of taking this well-designed preparatory course. Participants taking such a course are more likely to understand the culture of the host country, demonstrate character, and develop a strong rapport with residents of the host country. The author's methodology consists of a mixed-method survey design with a control group that examines the perceptions of students participating in a short-term humanitarian experience. The control group consists of students who did not enroll the course, versus the intervention group that did enroll in this course. The results of this research also indicate that the theoretical framework of Servant Leadership, which is instrumental in overall structure of this course, has great value in preparing undergraduate students for short-term international humanitarian healthcare missions.

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3. Carlson-Oehlers, V., et al. (2017). Implementation of a Global Humanitarian Outreach Experience by Partnering Engineering, Business, and High-Tech Nursing Education with a Non-Governmental Organization. In *Proceedings of the IEEE Global Humanitarian Technology Conference*. Pp. 811-816. Piscataway, New Jersey: IEEE Operations Center.

Biography:

Victoria Carlson-Oehlers earned her master's and doctoral degrees from the University of Wisconsin-Madison. Her areas of expertise include international healthcare, pediatrics, and community health. She is an experienced nurse educator with more than 10 years of experience in academic settings. Additionally, she has over 30 years of nursing experience and has been a certified advanced practice nurse for over 25 years. Her doctoral degree focused on leadership, organizational systems, and healthcare policy. She has initiated and developed academic programs that include short term-humanitarian experiences and academic curriculum development in global health and international health systems. Her practice roles in leadership, management, and international healthcare experience extend to the academic setting in program and curriculum development.

carlsonoehle@msoe.edu



Mohamed A Hendaus
Sidra Medicine, Qatar

Risk of urinary tract infection in Infants and children with acute Bronchiolitis

Objectives: To estimate the prevalence of urinary tract infection in infants and children with bronchiolitis.

Methods: A retrospective cross-sectional study involving patients zero to 24 months of age who were hospitalized with acute bronchiolitis was conducted.

Results: A total of 835 pediatric patients with acute bronchiolitis were admitted to the pediatric ward between January 2010 and December 2012. The mean ($\pm$ SD) age at diagnosis was 3.47 ± 2.99 months. There were 325 (39%) girls and 510 (61%) boys. For the purpose of data analysis, the patient population was divided into three groups: group 1 included children hospitalized with respiratory syncytial virus (RSV) bronchiolitis; group 2 included children hospitalized with clinical bronchiolitis with no virus detected; and group 3 included children hospitalized with clinical bronchiolitis due to a respiratory virus other than RSV. Results revealed that urinary tract infection was present in 10% of patients, and was most common in group 3 (13.4%) followed by group 2 (9.7%), and was least common in group 1 (6%) ($P=0.030$).

Conclusions: The possibility of a urinary tract infection should be considered in a febrile child with a diagnosis of bronchiolitis, particularly if the trigger is a respiratory virus other than RSV.

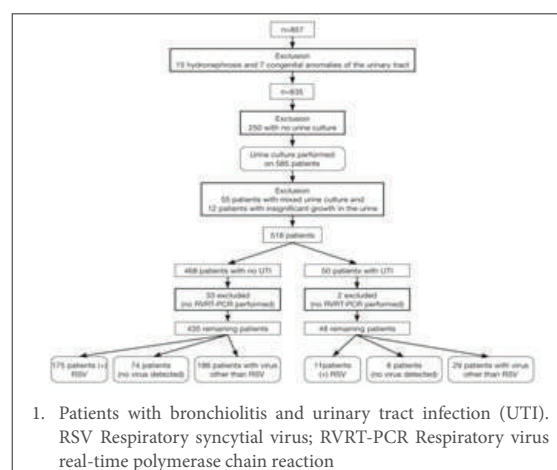
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Biotherapy:

Hendaus is a senior consultant in academic general pediatrics and a member of the pediatric residency program core faculty at Sidra Medicine and Hamad Medical Corporation in Qatar. He received his training at the University of Illinois at Chicago Medical College and at Mount Sinai Hospital. He is a Diplomate of the American Board of Pediatrics, a Diplomate of the American Board of Medical Specialties, a Lebanese Medical Board certified and a Fellow of the American Academy of Pediatrics. In terms of research and publications, he has conducted and taken the lead in novel research across a variety of areas concerning pediatrics. The most prominent contributions have centered on barriers of breastfeeding, prevalence of breastfeeding in Qatar, oral health, clinical practice guidelines, perception towards medical school clerkships and the consequences and risks that affect infants and children with acute bronchiolitis

mhendaus@yahoo.com



Joint Meeting on

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SCIENTIFIC TRACKS & ABSTRACTS

Day 2

Day 1 November 19, 2019

Sessions:

**Neonatal/Pediatric Intensive & Critical Care | Pediatric Immunology & Infectious Diseases
| Nursing Management | Clinical Nursing | Cancer and Tumour Nursing | Pediatric
Nutrition & Diet | Pediatric Trauma & Depression | Pediatric Oncology | Types of Nursing
Education | Women Health Nursing | Nurse Practitioner**

Session Chair: Amy E. Clarke, Diplomat Specialty Infusion, USA

Session Co-Chair: Rachel Anne Colletta, Immune Globulin National Society, USA

Session Introduction

Title: Irukandji syndrome: A big thing from a little sting – the challenges for emergency services in regional south-east Queensland

Danielle Jocumsen, University of the Sunshine Coast, Australia

Title: EPIC: A Mnemonic to Familiarize Advance Practice Nurses with the Evidence-Based Practice Process in the Primary Care Setting

Tammy Stewart-Dixon, Grambling State University, USA

Title: Identifying the impact of practice environment on nurse burnout using conventional and multilevel regression models

Li Yuan, Sichuan University, China

Title: Title: An Empirical Study of PICC Related Venous Thrombosis Risk Assessment Tool in Cancer Patients

Feng Yue, Sichuan University, China

Title: Spectrum of cases in juvenile Dermatomyositis (JDM)

Ebtisam Saleh Khawaja, Tripoli children hospital, Libya

Title: Interruptions in a Pediatric Outpatient Setting

Lin Henry C, Doernbecher Children's Hospital, USA

Title: An Assessment for Diagnostic and Therapeutic Modalities For Management Of Pediatric Iron Deficiency Anemia In Saudi Arabia: A Crossectional Study

Hadi J. Al Sulayyim, King Saud bin Abdulaziz University for Health Sciences, Saudi Arabia

Title: Mothers' knowledge, attitude and practice towards the prevention and home-based management of diarrheal disease Among under-five children in Dire Dawa, Eastern Ethiopia, 2016: a cross-sectional study

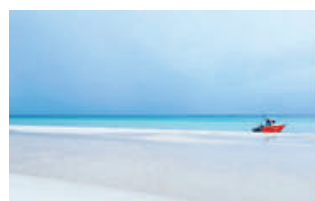
Abdilahe Sharifnur Sharifabdilah, Haramaya University, Ethiopia

Irukandji syndrome: A big thing from a little sting – the challenges for emergency services in regional south-east Queensland

Danielle Jocumsen

University of the Sunshine Coast, Australia

Increased sea temperatures during the monsoonal months in Queensland Australia has seen a significant rise in *Carukia Barnesi* Irukandji jellyfish. Previously these marine stingers were only located as far south as central Queensland. However, warmer sea temperatures have driven them to the southern waters of Fraser Island and Hervey Bay. Fraser Island is the largest sand island in the world and attracts four and a half million visitors each year (Fraser Coast regional Council 2018).



Pristine Fraser Island



Irukandji Jellyfish
ABC News 2019

Current challenges: The only way to access Fraser Island is by boat or sea plane and environmental conditions such as high winds, rough seas and high tides are causing interruptions in evacuation off of the island resulting in treatment delays for patients experiencing symptoms of Irukandji syndrome (IS). Signs of IS suggest an underlying catecholamine storm with research demonstrating that *Carukia barnesi* venom causes a significant rise in adrenaline/noradrenaline serum levels (Rathbone et al. 2017). Patients were reported to experience hypertensive crisis, severe muscle pain, chest and abdominal pain, vomiting, tachycardia and pulmonary oedema (Rathbone et al. 2017).

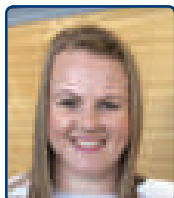
Treatment: Currently the Australian Resuscitation Council (2010) recommends dousing stings with vinegar followed by ice as first aid for jellyfish stings. At present there is little evidence to support this and first aid treatment of other marine stings is immersion of the affected body part in warm water (Little, Fitzpatrick & Seymore 2016). Magnesium Sulphate is being used in Queensland Hospitals to treat the severity of IS (Rathbone et al. 2017). Two studies found using magnesium sulphate alongside opiate analgesia was required as magnesium sulphate alone did not attribute for break through pain (Rathbone et al. 2017; Rathbone, Quinn & Rashford 2013). However, magnesium sulphate is not available as a treatment option whilst the patient remains on Fraser Island.

Conclusion: More research is required in this area as an extensive search of the literature found two current articles on treatment and management of IS and as Queensland begins its warmer months, the Irukandji jellyfish begin the migration south for summer.

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Biography:



Danielle Jocumsen is a University Lecturer and Clinical Nurse working at the University of Sunshine Coast and Hervey Bay Hospital. She has a Masters of Emergency nursing and Endorsements in Rural and Remote Health, Immunisations and Child Health. She has a passion for Emergency Nursing. Her research focusses on access block and overcrowding in regional emergency departments.

danielle.jocumsen@bigpond.com

Notes:

Interruptions in a Pediatric Outpatient Setting

Lin Henry C

Doernbecher Children's Hospital, USA

Background: Interruptions can impact the flow of conversation and possibly the quality of care. The objective of this study was to describe interruptions in the pediatric outpatient care setting and to determine their influence on perceived physician communication, patient satisfaction and completion of provided physician instructions.

Methods: An observational study was performed at the Children's Hospital of Philadelphia, Pediatric Gastroenterology outpatient clinic from February 2016 to August 2016. Participants had their clinic visit video recorded and these recordings were reviewed for interruptions. Types of interruptions were divided into 3 main categories: Visit Associated, Pediatric Associated, and Unanticipated. Caregivers also completed a survey on perception about the clinic visit.

Results: 81 subjects had their clinic visit video recorded. There were 35 new patient visits and 46 follow-up visits. There was an average of 8.39 interruptions per visit and an average rate of 3.11 minutes per interruption. The median time to first interruption instance was 81 seconds. Pediatric Associated interruptions were the most common category of interruptions (54.9%). The top three types of interruptions were talking, crying or yelling by the patient or sibling (255), asking for clarification (172), and telephone or pager distraction (79). The Patient was found to be the most frequent interrupter during the clinic visit (344), followed by the Provider (140), and then the Caregiver (123). The impact of interruptions on the clinic visit was assessed by caregiver satisfaction with the communication, caregiver perception of quality of communication, and caregiver instruction completion rate. In clinic visits with a high interruption rate (<10 min/int), there was a significantly lower instruction completion rate compared to visits with a lower interruption rate (>20 min/int).

Discussion: Interruptions occur at a varying rate during the visit. The potential impact of interruptions could be related to retention of physician instructions which in turn affects the quality of care provided. Focused strategies to minimize interruptions would be helpful as well as an improved understanding of the effect of interruptions on the clinical visit.

Biography:



Henry Lin is a pediatric gastroenterologist at Doernbecher Children's Hospital where he serves as the Division Head. He completed his fellowship training in pediatric gastroenterology at the Children's Hospital of Philadelphia. He enjoys working with children and their families and is committed to providing high quality medical care to children in Oregon. Dr. Lin has worked with patients and various medical organizations to develop strategies to improve access to healthcare. His research focus is on physician-caregiver-patient communication strategies and the impact on outcomes. He is passionate about teaching medical students and trainees. In his spare time, Dr. Lin enjoys rock climbing, barefoot running, and trying new recipes.

linhe@ohsu.edu

An Assessment for Diagnostic and Therapeutic Modalities For Management Of Pediatric Iron Deficiency Anemia In Saudi Arabia: A Crossectional Study

Hadi J. Al Sulayyim

King Saud bin Abdulaziz University for Health Sciences, Saudi Arabia

This study aims to assess the diagnostic criteria and therapeutic modalities for pediatric IDA employed by physicians in a major public healthcare facility in Riyadh, Saudi Arabia.

Factor	N (%)	Univariate analysis		Multivariate analysis	
		B (95% CI)	p	B (95% CI)	p
Professional qualification					
Pediatric hematologist	8(5.4)	14.98(6.81,23.15)	< 0.0001	13.71(2.48,24.95)	0.017
Pediatrician	77(52.4)	2.87(−1.02,6.77)	0.15	1.77(−6.05,9.59)	0.66
Family medicine	12(8.2)	2.69(−4.20,9.58)	0.44	2.66(−4.30,9.58)	0.45
General practitioner	50(34)	1		1	
Type of current work setting					
Tertiary	76(51.7)	3.63(−0.03,7.28)	0.05	1.26(−6.40,8.92)	0.75
Primary	71(48.3)	1		1	

Outcomes: Wide variability was observed in IDA diagnosis and therapy practices. For nutritional IDA, only 15.6% recommended no other laboratory tests in addition to CBC. The majority preferred treatment with ferrous sulfate (77.6%) divided into two doses (57.1%), but the total daily elemental iron doses varied widely from 2 to 6 mg/kg. For intravenous iron, 42.9% recommended iron dextran, 32.7% iron sucrose, and 13.4% would continue oral iron. Of all assessed factors, median score was significantly highest in pediatric hematologists compared with pediatricians, family medicine specialists and GPs; $p=0.007$, and those work in tertiary care compared with those in primary care; $p=0.043$. However, in multivariate robust regression analysis, overall score was only significantly associated with professional qualification.

Biography:



My previous affiliation I was Clinical Lab and Blood Bank Specialist. Now I have master degree in Epidemiology and Biostatistics am working in the infection prevention and control department(Head of the department), Khubash General Hospital, Najran, Saudi Arabia.

hadialsleem@hotmail.com

Notes:

EPIC: A Mnemonic to Familiarize Advance Practice Nurses with the Evidence-Based Practice Process in the Primary Care Setting

Tammy Stewart-Dixon

Grambling State University, USA

Based on the current literature, Evidenced-Based Practice (EBP) is the epitome of changing healthcare delivery. EBP undergirds the Quadruple Aims established by the Institute for Healthcare Improvement, which addresses (1) improving patient experiences of care, (2) improving health populations, (3) reducing per capita cost of health care and (4) improving work experiences to minimize burnout among healthcare providers. Melynk (2018) asserts “EBP is the secret sauce to enable us to get to that quadruple aim.” Initially the EBP movement began decades ago within the medical professional and has expanded to other professions, including nursing. Black, Balneaves, Garossino, Puyat, and Qian (2015), validates the concept of patient outcomes improvement in nursing practice accomplished by an evidence-based approach. Clinical Decision-Making integrates the systematic application of up-to-date best practice from research studies that are methodologically sound, clinicians’ proficiency, and patient beliefs and preferences. Evidence-based practice (EBP) is noted to improve patient safety and health care outcomes, while reducing healthcare expenditures, and minimizing deviation in patient results. Several EBP Models have been adopted and consist of John Hopkins Nursing, Stetler, IOWA. Rossworm and Larrabee’s Model for Change, and ACE Star Model of Knowledge Transformation. Innumerable challenges have been observed in the transformation process of the EBP movement; consequently, perceiving advance practice nurses and other health care professionals’ deficiency of familiarity and skills to applying the EBP process within the primary care setting. Although several EBP models exist, the various models adopted have a common thread. Since there is a common thread among the EBP models, developing a mnemonic that captures the essence of the EBP process could close the gap in comprehending the relevance of evidence-based practices. The EPIC mnemonic addresses (1) E-Evidence Query Engagement, (2) P-Practice that is current and Patient/Population-Focused, (3) I- Integration of evidence that is patient/population focused among up-to-date practices, Intervention design, and Implementation strategies, and (4) C-Critiquing the data (outcomes) to Change Care delivery. Nurses have oftentimes applied mnemonics to gain knowledge, deepen concepts, and develop skills; applying the mnemonic EPIC has the potential to enhance the familiarity of EBP process among advance practice nurses in the primary care setting.

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Biography:



dixont@gram.edu

Identifying the impact of practice environment on nurse burnout using conventional and multilevel regression models**Li Yuan**

Sichuan University, China

This study aimed to identify the impact of unit-level nursing practice environments on dimensions of occupational burnout among Chinese nurses and to demonstrate the superiority of multilevel logistic regression models over conventional models in analyzing sample data. A proportionate stratified sampling method was applied in this cross-sectional study that included 1,178 registered nurses (RNs) from nine clinical units of West China Hospital. Nurse-reported information was obtained using the Practice Environment Scale of the Nursing Work Index and the Maslach Burnout Inventory. RNs working in the emergency room and the psychiatric unit rated their practice environments as relatively inferior to others' practice environments. Approximately 40% of the respondents reported experiencing emotional exhaustion and depersonalization. The multivariate logistic regression models indicated that the unit-level dynamics of the practice environment significantly influenced the dimensions of nurse burnout. In addition, our results illustrated the advantage of multilevel modeling over the conventional modeling for handling hierarchical data in terms of the accuracy of the estimates and the goodness-of-fit of the model. These findings underscore the importance of measures aimed at enhancing nursing practice environments to prevent RNs from experiencing feelings of burnout and of considering multilevel analysis in future nursing research.

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Biography:

Li Yuan has accomplished her Master degree in July 2019 from the West China School of Nursing and now is furthering her P.h.D study. She always gets great passion for improving the health and wellbeing of humans. She attended and presented many presentations at international conferences.

635179867@qq.com

An Empirical Study of PICC Related Venous Thrombosis Risk Assessment Tool in Cancer Patients**Feng Yue**

Sichuan University, China

Objective: PICC-VT (Peripherally inserted central catheter-related venous thrombosis) occurs frequently in the indwelling process, and there was no generally accepted PICC-VT risk assessment tool in China. We sought to preliminarily assess the validity of a PICC-VT risk assessment tool(PICC-VT RAT) developed by our team.

Methods: We undertook a prospective study among 143 patients from a Chinese hospital.

Results: Of these 143 patients, 36 developed PICC-VT, including 4 symptomatic venous thromboses and 32 asymptomatic thromboses. 52.78% PICC-VT occurred within 1 week, while 38.89% occurred in the second week, and 8.33% in the third week. The area under the ROC curve (AUC) of PICC-VT RAT was 0.925 ($P=0.001$, 95%CI:[0.861-0.988]). The optimal diagnostic threshold was 6.5 points, and the sensitivity was 91.67%, the specificity was 85.05%, the positive predictive value was 67.35%, and the negative predictive value was 96.91%. Cancer patients were scored from 2 to 12 points using PICC-VT RAT, 49 cases had a score higher than 6.5 points. The risk of thrombosis of high-risk patients was 21.102 (RR=21.102, $P<0.05$, 95%CI: [6.814-65.346]) times higher than that of low-risk patients.

Conclusion: Our study preliminarily suggests that this PICC-VT risk assessment tool is an effective tool to assess the risk of PICC-VT among Chinese patients. However, future studies with larger samples and variety types of tumors are needed.

Recent Publications:

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Biography:

Yue Feng has completed her Master Degree at the age of 25 from Sichuan University and has published several papers in reputed journals. She is studying on her PhD at Sichuan University now.

feng_scu@163.com

Spectrum of cases in juvenile Dermatomyositis (JDM)

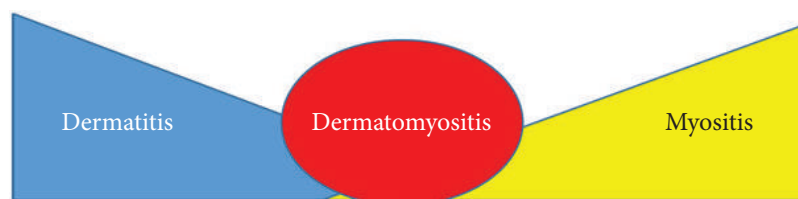
Ebtisam Saleh Khawaja

Tripoli children hospital, Libya

Objective:

1. To raise awareness about JDM
2. To explore different presentations in JDM
3. How to approach a case of JDM

Contents: Cases (Clinical characteristic and diagnosis of different Cases of Libyan children with JDM follow up at rheumatology department since 2011 - 2019 on Tripoli children hospital / LIBYA)



Diagnosis:

Juvenile Dermatomyositis is a rare, potentially life-threatening systemic autoimmune vasculopathy of the skin and muscle. The most common pediatric inflammatory myopathy (85%) causing symmetric proximal weakness and a characteristic skin rash (heliotrope, Gottron papules, ulcer, scar and calcinosis). It affects about 3 in 1 million children each year, F: M ratio 2: 1 bimodal age distribution (ages 5-9 year and 10-14 year)

In 1975, Bohan and peter proposed a diagnostic criterion for JDM

1. Symmetrical weakness of the proximal muscles
2. Characteristic cutaneous changes: heliotrope, per orbital edema, Gottron papules
3. Elevation of serum muscle enzymes
4. EMG show characteristics of myopathy
5. Muscle biopsy: inflammation and or vasculitis

Outlines of management the main treatment of JDM: Corticosteroids (1-2 mg/kg per day) initially used to induce remission over 4-6 weeks with a slow taper. Weaning may take 2 years. Many of patient fail to respond adequately to corticosteroids and require additional immunosuppressive medication as IVIG, methotrexate, cyclosporine, rituximab)

International PRINTO group: To facilitate the follow-up of children with JDM, recently, the international PRINTO group – (Pediatric Rheumatology International Trials Organization)- reviewed the measures indicated to evaluate the treatment of the disease and recommended the following: 1) global disease assessment by the physician 2) evaluation of muscle strength 3) global assessment of disease activity 4) global well-being assessment by the parents 5) functional capacity 6) health-related quality of life. All those have discriminative capacity, internal consistency, good validity and are easy to use

Conclusion: JDM presented with different spectrum of cases Dermatitis, myositis and both

Dermatomyositis

- Overlap syndrome: JDM overlap with many CT disease as SLE scleroderma, JIA
- Early diagnosis and aggressive treatment directed at achieving rapid and complete control of muscle inflammation is highly successful in minimizing the long term sequel of JDM, including calcinosis

Recent Publications:

1. Ross E Petty, Ronald M. Laxer, Carol B. Lindsley, Lucy R. Wedderburn (2016) Textbook of PEDIATRIC RHEUMATOLOGY SEVENTH EDITION ISBN:978-0-323-24145-8.

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Clinical Research:

1. I entered a research project in the Special Care Baby Unit about Metabolic disorders in Infant of Diabetic Mothers in Aljala maternity hospital 2007
2. Camptodactyly-Arthropathy-Coxa Vara-Pericarditis Syndrome: Important Differential for Juvenile Idiopathic Arthritis: A Report of Ten Cases (Tripolitana Medical Journal; 2014, Vol. 3, No. 2, pp. 94-98) MOJ Orthopedics & Rheumatology
3. Early-Onset Childhood Sarcoidosis, Manifesting as Juvenile Idiopathic Arthritis: A Case Report (MOJ Orthopedics & Rheumatology November 29,2016)
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5. Clinico-Epidemiological Profile of Children with Henoch-Schonlein Purpura at Tripoli Children's Hospital SM J Arthritis Res. 2018; 2(1): 1006.
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Biography:



Ebtisam Saleh Khawaja is a Pediatric specialist (general, Rheumatology) at Tripoli Children's Hospital – Libya. Wide experience in pediatrics for 29 Years. Teaching staff (Assistant professor for undergraduate Medical students in the University of Tripoli since 30/6/2018. I got MBBCH (Faculty of Medicine, Al Fatah University, Tripoli- Libya in 1988). I got Diploma of Child Health Care in 1991 Arab Faculty of Medicine, Benghazi- Libya. I got Libyan medical board of Pediatrics, 29/1/2011, in Tripoli- Libya. I am Lecturer at University of Tripoli since 26/3/2015- 30/6/2018. I am Assistant professor at University of Tripoli since 30/6/2018. I attended many pediatrics general and rheumatology conferences and courses in my country and (PReS and Euler) in Spain, Slovenia, Paris, Cape Town, Tunisia, and Egypt (from 2012 to 2018). Course in research Methodology 15/5/2014

ebtisamkawaja@yahoo.com

Notes:

Mothers' knowledge, attitude and practice towards the prevention and home-based management of diarrheal disease Among under-five children in dire dawa, Eastern Ethiopia, 2016: a cross-sectional study**Abdilahe Sharifnur Sharifabdilah**

Haramaya University, Ethiopia

Diarrhea remains the 2nd leading cause of death among children under 5 globally. It kills more young children than AIDS. It would have been prevented by simple home management using oral rehydration therapy. Mothers play a central role in its management and prevention. So, the main objective of this study was to assess mothers' knowledge, attitude & practice in prevention & home-based management of diarrheal disease among under-five children in Dire Dawa, Eastern Ethiopia. Institutional based cross-sectional study was conducted from March 15–April 14, 2016, in Dire dawa, among 295 Mothers who had under-five child with diarrhea in the last 2 weeks using simple random sampling method. Mothers were interviewed face to face by using pretested, standard structured questionnaire. Using descriptive statistical analysis, the result of our study revealed that from total 295 mothers, around two-thirds (65.2%) of them had good knowledge, but more than half of mothers (54.9%) had a negative attitude towards home-based management and prevention of diarrhea among under-five children. Regarding the attitude of the mothers, 58% had poor practice towards home-based management and prevention of diarrhea among under-five children. The finding of our study showed that the attitude and practice of mothers were unsatisfactory about the prevention and home-based management of under-five diarrheal diseases. Therefore, we recommended Health education for mothers, to create a positive attitude and practice towards the better prevention and management of under 5 diarrheal diseases.

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Biography:

Abdilahe Sharifnur is the head of health and social affairs office at Degahbur city, Ethiopia and lecturer at Jijiga University College of health and medical science. He worked for Doctors without borders /MSF and jijiga referral hospital as a clinical nurse. Educational background he took his first degree in clinical nursing from Haramaya University and his second degree from Ethiopian Civil Service University, Addis Ababa, Ethiopia. He was awarded a gold medal by Haramaya University as he stood first in his whole class with CGPA of 3.82 out of 4. Then he made great accomplishment afterwards by expanding his role from outstanding clinical nurse to young leader in health sector, teacher and researcher in the field of clinical nursing. He is committed to solve practical community health problems, like reducing child mortality rate in Ethiopia, in doing so he likes to engage in research communities by attending workshops, conferences, to learn from wide range of experienced scholars in pursuit to enhance his knowledge as well as to share his ideas.

aalabayt@gmail.com**Notes:**

Healthcare Providers' Observation towards Pregnant Mothers' Healthcare Seeking Behaviour

Fisseha Shiferie Tadesse

Addis Continental Institute of Public Health, Ethiopia

Statement of the problem: The use of healthcare services by women plays an important role in determining the health of women during pregnancy, childbirth and even after delivery. Reproductive healthcare is important for the survival and well-being of the mother and her child. Every woman needs to be aware of the danger signs that occur during pregnancy, as complications can be unpredictable. These danger signs include vaginal bleeding, severe headache, vision problems, high fever, swollen hands/ face, and reduced fetal movement.

Objective/purpose of the study: The objective of this study was to understand the perception of healthcare providers about pregnant mothers' healthcare seeking behaviour.

Methodology: This study was part of a larger cluster-randomized control trial (cRCT) that examined the effects of a combined package of enhanced nutrition and infection control interventions among pregnant women in Amhara region in Ethiopia on birth outcomes such as preterm birth and low birthweight. Data was collected through in-depth interview (IDI) with healthcare providers.

Findings: Most pregnant women were aware of the causes of giving birth to small babies but significant others were found to be highly attached to local beliefs. For instance, they believed that giving birth to small babies could be due to punishment from God, visiting people who are mourning and touching a dead body while pregnant and 'shotellay' (an RH incompatibility). This study has also found out that they had no/little knowledge about nutritional requirements during pregnancy.

Conclusion: Although some of the pregnant women were aware about some complications of pregnancy and nutritional requirements during pregnancy but in general knowledge among most of the women was found to be inadequate.

Recommendation: Women should receive health education about pregnancy including outcomes, danger signs during pregnancy, nutrition and family planning, as well as other services when they visit an ANC clinic.

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Biography:



Fisseha Shiferie is an Epidemiologist and Pharmacologist. He has completed his masters in public health (MPH) from École des Hautes Études en Santé Publique (EHESP), France and his masters in Pharmacology (MPharm) from Addis Ababa University, Ethiopia. He has been working in various organizations including Non-governmental organizations, Governmental universities and private research institutions as Lecturer, Study coordinator, Monitoring & Evaluation manager and currently as a Research Associate. He has published some research works alone and with other international scholars. Currently he is working in Addis Continental Institute of Public Health (ACIPH) as a Research Associate in one of the biggest clinical trials in Africa focused on maternal and child health. The trial is being conducted in Amhara region, Ethiopia by ACIPH and Harvard Medical School and it is funded by Bill and Melinda Gates Foundation.

fshiferie21@gmail.com



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VIDEO PRESENTATION

Day 2

Social Media and Adolescent Mental Health: Depression, Bullying and Suicidal Risk in Teens

Jessica L Durbin

Indiana State University, USA

Background: Social media use has become increasingly popular among teens and adolescents during the past decade. Technologic advancements have led to an increase in Internet use and virtual communication through computers, cellphones, and tablets. The prevalence of social media use is leading to an increased understanding of the risks associated with it. Approximately 92% of teens state that they use the Internet daily, and 71% use at least two different types of social media sites. Several studies indicate that signs and symptoms of depression may be related to prolonged use of social networking sites, such as Facebook, and that low self-esteem may be associated with certain social networking activities. Furthermore, studies indicate overall social media use, emotional investment in social media, and night time-specific social media use were associated with higher levels of anxiety and depression, risk for self-harming behaviors, suicide risk, lower self-esteem, and poorer sleep quality in adolescents ages.

Purpose / Goal: The use of social media can have negative mental health consequences on the adolescent population and in severe cases lead to depression, suicide ideation, attempts and completion. It is important across disciplines as healthcare providers, school social workers and counselors, parents, teachers, and the adolescent population itself to be aware of these effects and to take precautions in order to prevent these negative outcomes. Having knowledge of the risk factors, detrimental effects of use and investing in ways to appropriately intervene is paramount to healthy outcomes for our adolescent population.

Conclusion: The findings from this literature review have practical value for healthcare providers, parents, and teachers. An important role for all includes becoming familiar with the different types of social media outlets and the usage of these sites, as well as length of time spent using social media by the adolescent population they care for. Knowing these sites are outlets for adolescents to send and receive different information about themselves to friends as well as strangers. Parents and teachers should be aware that profiles on these sites are open for the public to see unless there is a privacy setting that is manually set up. Another important role is to include routine screenings to assess the risk of depression associated with social media use. Tools could be developed to help providers engage in conversations that inquire about online contacts, incidence of being cyberbullied, and assessing the time spent on social media.

When precautions and screening are in place there is a better chance of combating the negative effects of social media. Further research is needed to identify adolescents that are at a higher risk for negative consequences of social media and provide strategies that will allow them to avoid or manage the risks. Further research could also focus on the amount adolescents are invested in their social networking and less focus on how they are using their social networking sites. In addition, further guidance is needed for healthcare providers and parents on the appropriate social media use with adolescents.

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Biography:



I am a Family Nurse Practitioner skilled in acute care and family practice. I am currently an Assistant Professor and the FNP Program Director in the Advanced Practice Nursing Department at Indiana State University. My nursing background was neonatal intensive care, pediatric and adult trauma. I have over 10 years clinical experience as a Family Nurse Practitioner in urgent care and hospice, and 9 years of teaching in the graduate nursing program at ISU. I have published multiple articles on Adolescent health issues and presented at local, regional, national and international conferences on the topic of social media use and risks in the adolescent population.

Jessica.Durbin@indstate.edu

Notes:



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POSTERS

Growth of Infants Accompanying Their Mothers in Prison: Nutritional Intervention

Amal A. Fathalla

Menoufia University, Egypt

Infants who accompanied their mothers in prison were vulnerable to consequences of malnutrition. So, nutritional intervention program for those infants who deprived from outdoor facilities is a subject of interest. Therefore, the purpose of this study was to assess the effect of nutritional intervention on growth of infants accompanying their mothers in prison. A quasi-experimental design was used (Pre and posttest). The study was conducted in Egypt Qanater Women's Prison. A convenience sample of 30 mother accompanying their infants in the above- mentioned setting was included. Three instruments were used: a structured interview questionnaire, an observational checklist and anthropometric measurements. The findings of this study revealed that infant growth improved after implementation of the nutritional intervention. In addition, there were statistically significant differences regarding mother's knowledge and practices observed on posttest than on pretest. As well as, there were positive correlation between mother's knowledge, practices and infant growth. The study concluded that mother's gained more knowledge and had better practices on posttest following the adherence of the nutritional intervention. In addition, their infants had better growth after implementation of the nutritional intervention. Therefore, it was recommended that nurse's officers should provide periodical nutritional intervention to prisoned mother's in order to sustain their infants growth. Special provisions must be in place to ensure that the child's rights are promoted and protected whilst in prison. Child welfare rather than prison authorities should have primary responsibility for making decisions regarding children in prison and specialists in social work and child development should supervise their care.

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Biography:



Amal Abdelrazik Fathalla has her expertise in pediatric nursing. She has BSc in Nursing science, Menoufiya University, 2000, by grade very good, Intern, 2001, by grade very good, Master degree in Pediatric Nursing in 2009, with total score excellent, Doctorate degree in Pediatric Nursing in 2013, and Assistance professor degree in pediatric nursing 2019, Faculty of Nursing, Menoufiya University. She is Teaching the course of general pediatric nursing and pediatric critical care for third year faculty of nursing, Menoufiya University. Also she is teaching for postgraduate students. She published many researches in pediatric nursing, active participation in many conference as the 5th International Nursing Conference of Faculty of Nursing, Menoufia University Titled: "*Towards Advanced Nursing Practice*" that was hold on 4th and 5th April 2017 and the 1th International Nursing and Primary Healthcare Conference, at Hyatt Regency, Dubai, UAE. That was hold on 1st – 3rd of November 2016. She is an active member of the Egyptian Society of child Neuropsychology (ESCNP). She is participating in all activities of Society since 2014. Participating in all activities of Society whether conference and workshops. she has published more than 12 papers in reputed journals.

Hassan4337@gmail.com

Vitamin D receptor gene (FokI, TaqI, BsmI, and ApaI) polymorphisms in children with urinary tract infection

Arshnoos Sarkhosh Afshar

Qazvin Children Hospital, Iran

Background: Little is known about the genetic background of urinary tract infection in children.

Objective: This study was conducted to determine the relationship between vitamin D receptor gene Fok I and ApaI polymorphisms and urinary tract infection in children.

Material and methods: The present study compared 60 children with UTI (case group) and 60 healthy children (control group) in terms of vitamin D receptor gene polymorphisms. The methods of DNA extraction and polymerase chain reaction and the restriction fragment length polymorphism were employed to conduct the genetics analysis.

Results: There was a significant difference between case and control groups in terms of vitamin D receptor gene ApaI polymorphism ($P < 0.05$). The risk of urinary tract infection in vitamin D receptor Aa, and aa genotypes was significantly higher than that in control group ($P < 0.05$). The frequency of Allele A in case group was more than control group ($p < 0.05$). There was no significant difference between the two groups regarding vitamin D receptor gene FokI polymorphism ($p > 0.05$). Also, a significant difference was found between acute pyelonephritis and lower urinary tract infection group in terms of vitamin D receptor gene ApaI polymorphism ($P < 0.05$). There was no significant difference between first UTI attack group and more than once UTI attack group in terms of vitamin D receptor gene polymorphisms.

Conclusion: This study showed that there is a relationship between vitamin D receptor gene ApaI polymorphism and urinary tract infection in children. It seems that this polymorphism may play a role in pathogenesis of the UTI.

Biography:



arshnoos.sarkhosh@gmail.com

Notes:

Improvement of nurses and physicians perspectives on pain management in Neonatal Intensive Care Unit following participatory action research

Nasrin Mehrnough

Ardabil University of Medical Sciences, Iran

Despite growing knowledge about pain assessment and intervention, neonatal infant pain remains a challenge to neonatal care providers because these infants cannot speak and advocate for themselves. The aim of this study was to improve of nurses and physicians perspectives on pain management in the neonatal intensive care unit following participatory action research in Alavi educational – health center. The present study was conducted using two main cycles of action research with the participation of 35 persons involved (nurses, doctors) in the care of neonates. Every cycle has four phases "identify and planning, implementation, reflection and evaluation". In the first phase, identify the current status, data was collected and analyzed in different ways. Quantitative and qualitative methods including questionnaire, interview, focus group discussions, steering group meetings and field notes were used for data collection. The questionnaire was completed by nurses in NICU in identifying phase of action research as well as the final evaluation. In qualitative method, four focus group discussions with nurses and 10 individual interviews with doctors were conducted. Content analysis approach was used to analyze the data obtained in focus group discussions and interviews. In the second phase, after identifying the current status and offer different solutions by the participants, change program was designed with the participation of groups involved. In the third phase, program designed for 6 months was conducted in the neonatal intensive care unit. In the fourth stage, in each operating cycle during program execution was conducted to determine the weaknesses and strengths of change program and reform it in second cycle of action research with the participation of groups that were involved in the study. Final evaluation after completion of the operational cycle and with the participation of members involved in the study was performed. At this phase, as the first phase, qualitative and quantitative data were collected after the change with the participation of groups involved. Data were analyzed. The results of data analysis in the final evaluation showed that most nurses felt that pain in infants is well managed (88%) and all the nurses knew oral sucrose as an effective non-pharmacological method to manage pain in infants. The analysis of qualitative data in the final evaluation study showed two themes of "comfort" and "improvement" in pain management in the neonatal intensive care unit. Integration of quantitative and qualitative findings of the final evaluation showed changes in neonatal pain management, infant development care, personnel satisfaction and institutionalize the management of pain. The results of the study indicate positive experiences of the participants about implementation of pain management in the neonatal intensive care unit. The study showed that pain management problems in the NICU can be reduced, without imposing high costs, by forming multidisciplinary teams and involving them in the process of neonatal pain management. It is very important to note that improving the quality of services and care in the NICU is not solely linked to this department. It requires the support and cooperation of all hospital departments and health care system.

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Biography:



Nasrin Mehrnoush is PhD of nursing and faculty member in Ardabil University of Medical Sciences in Iran. She has a history of ten years of work as a nurse in the neonatal ward. She is active in the field of neonatal pain. She has published several papers in reputed journals about neonatal pain.

na.mehrnoush@gmail.com

Notes:

Infants' Response to Painful and Non-Painful Stimuli in Hospitalized Neonatal Intensive Care Units

Maha E. Khalifa¹, Omayma M. Okby², Doaa E. Abo Zaied³

^{1,2}Professor of Pediatric Nursing, Egypt

³Lecturer of Pediatric Nursing, Egypt

^{1,2&3}Faculty of Nursing Menoufia University, Egypt

Neonates frequently experience pain as a result of diagnostic or therapeutic interventions or as a result of a disease process. Neonates may suffer immediate or long-term consequences of unrelieved pain. Accurate assessment of pain is essential to provide adequate management. Observation scales, which include physiological and behavioral responses to pain, are available to aid consistent pain management. . Aim of this study was to assess the effect of hospitalization on infants' behavioral, physiological and hormonal response to painful (venipuncture) and non- painful (human touch) stimulus.

Settings: This study was conducted at neonatal intensive care units at Menoufia University Hospital at Mansheat Sultan village in Menouf city and El- Gameai EL-Sharea for Neonate at Shebin El- Kom city, Egypt.

Design: A descriptive comparative design was utilized.

Sample: A convenient sample of 50 neonates was selected to carry out this study.

Tools: Observational checklist was used to assess neonatal response to painful and non-painful stimuli. And blood analysis was done to assess neonatal hormonal response for the pain.

Results: The study revealed that there were highly statistical significant differences between all behavioral indicators of pain on admission and after 72 hours in neonates exposed to painful stimuli. Moreover, a non statistical significant difference was found between all physiological indicators of pain in preterm and term neonates during exposure to painful and non painful stimuli on admission and after 72 hours. Also, there were highly statistical significant positive correlations between total score of behavioral and physiological indicators of pain and cortisol level at am and pm. After 72 hours of admission, pre-term and term infants had more behavioral, physiological and hormonal problems when exposed to painful and non painful stimuli than immediately on admission. A positive correlation was found between behavioral, physiological and hormonal indicators of pain on admission and after 72 hours.

Recommendations: Routine assessment for pain should be done while performing painful procedure for pre-terms or term infants at NICU. Nursing care provided to preterm and term infants should include exposure to comforting touch through performing routine massage and kangaroo care.

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Biography:



Omayma Mahmoud Oky Azb, Professor of Pediatric Nursing, Faculty of Nursing, Menoufia University, Egyptian. Employment Career: Instructor in Pediatric Nursing Department, Faculty of Nursing Menoufia University, 1990-1995. Assistant lecturer in Pediatric Nursing Department, Faculty of Nursing Menoufia University, 1995- April 2001. lecturer in Pediatric Nursing Department, Faculty of Nursing Menoufia University, April 2001- 2012. Association professor in Pediatric Nursing Department, Faculty of Nursing Menoufia University, April 2012- 2018. Professor in Pediatric Nursing Department, Faculty of Nursing Menoufia University, November 2018 until Now.

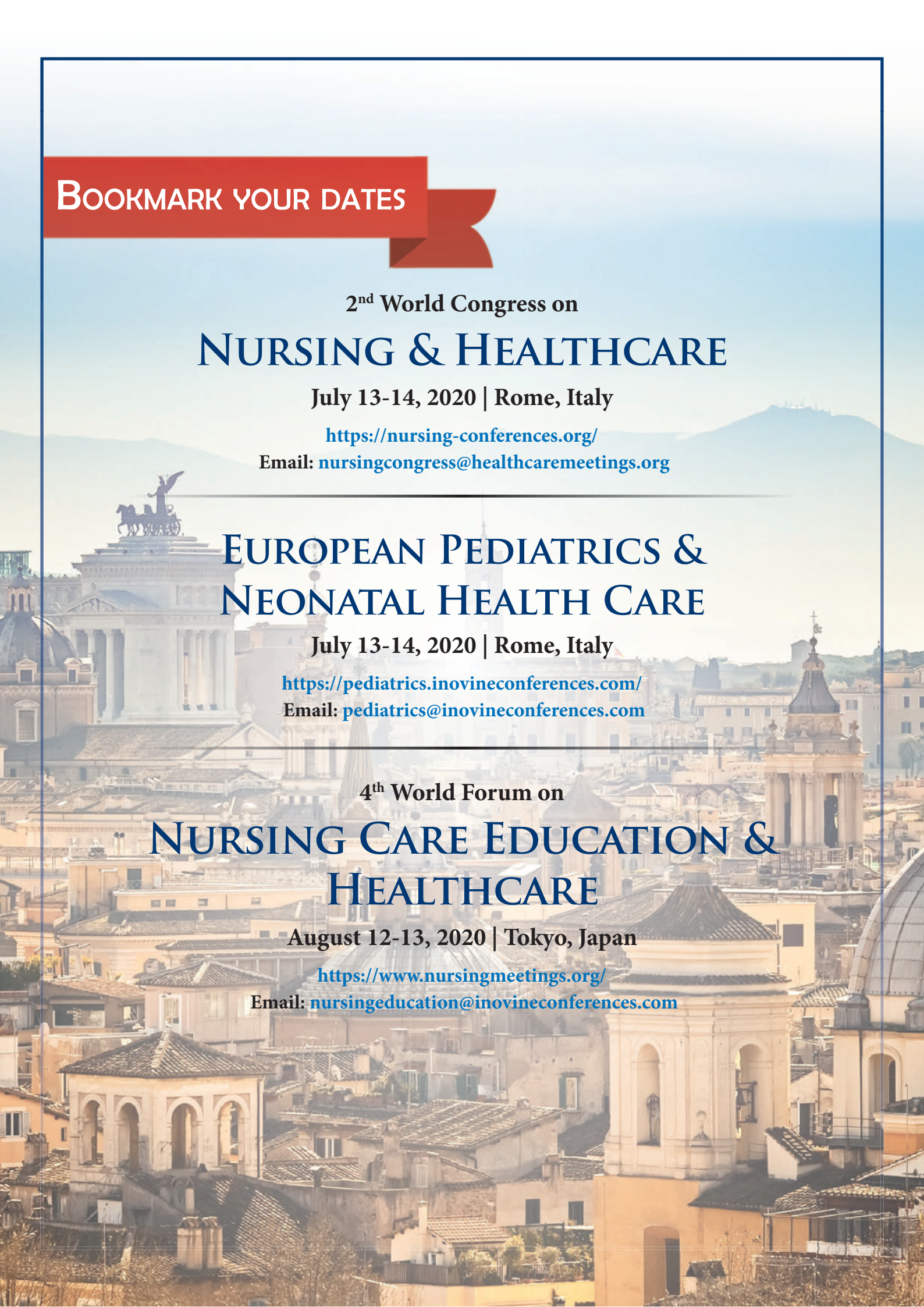
omaymaokby@yahoo.com

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