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*Rainbow Children Hospital, India***Chosing right inotropes in Neonatology - Where do we stand?**

Shock is defined as decrease in oxygen supply to tissues. In neonates hypotension is normally taken as synonymous with shock but it's not true. One has to understand a difference between pressure and flow. Flow is more important than pressure for maintaining organ perfusion but not an easy job to measure in each baby. Blood pressure on the other hand is easy to measure and follow. In preterm neonates in first 48 hours of life when left to right shunt is happening through the foramen ovale and ductus arteriosus, left ventricular output does not truly determines the organ supply. Superior vena cava flows have been validated in first 48 hours of life to determine organ perfusion. Thus learning functional echocardiography can help a neonatologist in managing sick baby with shock. Another controversy exists pertaining to choosing

inotropes in management of neonatal shock. Understanding pathophysiology is one of the most important steps in managing neonate with shock. Recently few bed side tools like functional echocardiography and Near infrared spectroscopy (NIRS) have come up as promising tools in managing shock.

Speaker Biography

Naveen Parkash Gupta has done neonatal training in form of DNB Neonatology from Sir Ganga Ram Hospital, Delhi. He has done fellowship in Neonatal Perinatal Medicine from British Columbia Children Hospital, Vancouver, Canada. He was in charge of Neonatal Unit at Max Supersepeciality Hosptial, Patparganj from March 2011 to October 2017 where he was running neonatal fellowship program. He is presently a Senior Consultant in Department of Neonatology at Rainbow Children Hospital, Delhi. Their unit is one of largest level III NICU in Delhi (30 bedded). He has written many review articles and chapters in text books.

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