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November 28-29, 2018 | Dubai, UAE

Stephanie Wellington, Pediatrics and Clinical Pediatrics 2018
& Nursing Practice 2018, Volume 22
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5 Steps to keep burnout at bay and restore energy to live and lead for in today's medical arena

Stephanie Wellington
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The conversation in the medical community has shifted to include workplace dissatisfaction, burnout and the increasing suicide rates across professions. Medical professionals are charged with the task of caring for patients and their families with demands for increased productivity with limited staff and resources. Who cares for the caregiver? The professional is stretched from the financial stress of debt from student loans and family responsibilities. It is evident that a career healthcare is not as coveted as it once was.

As more women entering medical school, we are entering an age where the model of hierarchy and competition are more destructive than constructive. The competitive model breeds comparisons among physicians which contributes to a lack of self-confidence and the 'not good enough' syndrome. Women physicians, attempting to find their place in this system, leave behind the natural gifts she must share with her patients and the medical community. Distress mounts as a woman physician tries to define herself in medicine while balancing other roles in her life.

Speaker Biography

Stephanie Wellington received her medical degree at The Ohio State University College of Medicine and completed Pediatric Residency and Neonatal Fellowship training at New York University School of Medicine. Her passion for teaching, the wellbeing of others, and the desire to support NICU families guided her to compliment her medical career with becoming a certified professional coach from the Institute for Professional Excellence in Coaching (iPEC). Wellington is the founder of Nurturing MDs, a sacred space where medical professionals embrace the life skills and strategies for a life and medical career that satisfies your soul. She is a speaker, coach, and workshop facilitator and created Lessons in Life and Medicine, a core curriculum for medical professionals to own their value, recognize their strengths and balance their life.

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Notes:

Carmen Maria Carrero Gonzalez et al., Pediatrics and Clinical Pediatrics 2018
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Effect of Vitamin A, Zinc and Multivitamin supplementation on the nutritional status and retinol serum values in school-age children

Carmen Maria Carrero Gonzalez, Carmen Carrero, Jorymar Leal, Pablo Ortega, Alexander Parody, Marilyn Montilla, Leandro Sierra, Amelec Viloria, Tito Crissien Borrero and **Noel Varela**
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Micronutrient deficiency or "Hidden Hunger" represents the most widespread form of malnutrition in the world. The aim of this study was to evaluate the effect of supplementation with Vitamin A as a single dose, Zinc and Vitamin A + Zinc on nutritional status, and on serum retinol and zinc levels in schoolchildren. A database total of 80 schoolchildren (girls=47 and boys=33) were evaluated about the effect of supplementation with vitamin A (VA), Zinc (Zn) and VA + Zn on nutritional anthropometric status, and on serum retinol and zinc values. Serum retinol concentrations were determined by HPLC, according to Bieri method, considering 30 lg/dL normal VA; serum zinc was analyzed by Flame Atomic Absorption Spectrometry, considering < 0.72 lg/dL normal zinc and < 0.05 was considered. The deficiency of the nutritional consumption of zinc was high in the students, contrary to the consumption of vitamin A which was normal. The observed prevalence of DVA was 6.25%, RDVA 23.75% and DZn 97.50%. The isolated or combined supplementation of vitamin A and Zinc contributes to the maintenance of the anthropometric state; however, they are ineffective in the cases of low consumption of these nutrients to reach optimum circulating values.

Speaker Biography

Carmen Maria Carrero Gonzalez, Ph.D. in health sciences (PhD) mentioned research, at the age of 51 years of the Zulia University Venezuela with 7 publications in indexed journals 2 chapters of books, Professor of Child Nutrition in the Simon Bolivar University of Barranquilla Colombia.

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Notes:

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Tariq Rushdi Mohieldeen Alsafadi, Pediatrics and Clinical Pediatrics 2018 & Nursing Practice 2018, Volume 22
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The effect of platelet transfusions on the mortality in Neonatal Intensive Care Unit

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Background: Platelet transfusions (PTs) currently are the only available treatment to thrombocytopenic neonates at risk of bleeding. There is much evidence indicates that increasing number of platelet transfusions administered to thrombocytopenic neonates increasing the mortality rate, but this association is controversial.

Aims: The main aim of this study is to reveal if PTs increase the mortality in Neonatal Intensive Care Unit (NICU). Secondary outcomes include: 1. To identify most common causes and hemorrhagic manifestations of thrombocytopenic patients who received platelets. 2. Platelets count and mean platelets volume (MPV) changes after PTs. Design: Retrospective cohort study. Setting: NICU at maternity and children hospital.

Materials and Methods: Records review of all thrombocytopenic neonates who received PTs at any time during NICU stay from January 2006 till December 2014.

Statistical Analysis: Binary logistic regression. Results: A total of 756 PTs were given to 150 thrombocytopenic patients. PTs didn't significantly increase the mortality (OR: 1.067, CI: 0.967-1.178). Giving platelets to thrombocytopenic neonates at risk of bleeding with necrotizing enterocolitis (NEC) ≥2 significantly decreased the mortality (OR: 0.16 CI: 0.033-0.85). Mechanical ventilation >2 days because of respiratory failure decreased the mortality (OR: 0.117, CI: 0.02-0.65). The most common cause of thrombocytopenia that led to PT was proven sepsis. The most common hemorrhagic manifestation was intraventricular hemorrhage (IVH). The median increment of platelets count after 162 PTs was 46.5. MPV after 126 PTs tended to decrease by a median of 0.74 fL (femtolitre).

Conclusion: Giving PTs to thrombocytopenic neonates at risk of bleeding didn't increase the mortality. PT may decrease the mortality in thrombocytopenic neonates at risk of bleeding with NEC ≥ 2.

Speaker Biography

Tariq Rushdi Mohieldeen Alsafadi has completed his neonatology fellowship at the age of 32 years from king abdulaziz university, Saudi Arabia. He is a neonatology consultant in East Jeddah hospital, KSA. He has 4 publications in international journals.

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Notes:

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Association between rs3833912/rs16944 haplotypes and risk for Cerebral Palsy in Mexican children

Juan Antonio Gonzalez-Barrios, Sofia Torres-Merino, Hayde Nallely Moreno-Sandoval, Maria del Rocio Thompson-Bonilla, Josselyn Alejandra Orendain Leon, Eduardo Gomez-Conde, Bertha Alicia Leon-Chavez and **Daniel Martinez-Fong**
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Background: Perinatal asphyxia in the neonatal brain triggers a robust inflammatory response in which nitric oxide (NO) generation plays a hazardous role. Increased levels of NO can be maintained by the activity of inducible NO synthase (NOS2A) on its own or activated by IL-1beta (IL-1β) gene transcription and positive back stimulation of the NOS2 (CCTTT)n microsatellite by IL-1β, thus potentiating brain injury after ischemic perinatal asphyxia. We investigated whether the risk for cerebral palsy (CP) increases when an expansion of the -2.5 kb (CCTTT)n microsatellite in the NOS2A gene and a single nucleotide polymorphism (SNP) in -C511T of the IL- IL-1β gene promoter occurs in patients after perinatal hypoxic-ischemic encephalopathy.

Methods: Genomic DNA was purified from peripheral leukocytes of 48 patients with CP and of 57 healthy control children. IL-1β SNP genotypes were established using a real-time PCR technique and fluorogenic probes and were validated by restriction fragment length polymorphism (RFLP) analysis using the AvaI restriction enzyme. The length of the CCTTTn microsatellite in the NOS2 gene promoter was determined by automated sequencing.

Results: The 14-repeat long allele of the CCTTTn NOS2A microsatellite was present in 27% of CP patients vs 12.3 % of controls, showing an odds ratio (OR)=2.6531 and 95 % confidence interval (CI) = 0.9612–7.3232, P < 0.0469. The -511 TT genotype frequency showed an OR = 2.6325 (95% CI = 1.1348–6.1066), P = 0.0189. Interestingly, the haplotype CCTTT14/TT showed an OR =9.561; 95 %, CI = 1.1321–80.753; P = 0.0164.

Conclusions: The haplotype (CCTTT)14/TT, formed by the expansion of the-2.5 kb (CCTTT)n microsatellite in the NOS2A gene promoter and the -511 CαT SNP of the IL-1β gene promoter, might be a useful marker to identify patients who are at high risk for developing CP after hypoxic ischemic encephalopathy.

Speaker Biography

Juan Antonio Gonzalez Barrios is a highly professional Medical Doctor, Cellular and Molecular Neurobiologist and a Health System Manager at Mexico. He completed his bachelor's degree in National Polytechnic Institute, Mexico City, Mexico. He completed his MSc. Degree and PhD. Degree in Cellular and Molecular Neurobiology at Center for Research and Advances Studies, Mexico City, Mexico. He completed his Master's in Health System Management at National Autonomous University of Mexico, Mexico City, Mexico. He is currently serving as Head of Genomic Medicine Laboratory, Regional Hospital "October 1st, Mexico City, Mexico.

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E-Poster

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Cold therapy for narcissistic Personality Disorder and depression

Sam Vaknin
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Cold therapy is based on two premises: (1) That narcissistic disorders are actually forms of complex post-traumatic conditions; and (2) That narcissists are the outcomes of arrested development and attachment dysfunctions. Consequently, Cold therapy borrows techniques from child psychology and from treatment modalities used to deal with PTSD.

Cold therapy consists of the re-traumatization of the narcissistic client in a hostile, non-holding environment which resembles the ambience of the original trauma. The adult patient successfully tackles this second round of hurt and thus resolves early childhood conflicts and achieves closure

rendering his now maladaptive narcissistic defenses redundant, unnecessary, and obsolete.

Cold therapy makes use of proprietary techniques such as erasure (suppressing the client's speech and free expression and gaining clinical information and insights from his reactions to being so stifled). Other techniques include: grandiosity reframing, guided imagery, negative iteration, other-scoring, happiness map, mirroring, escalation, role play, assimilative confabulation, hypervigilant referencing, and re-parenting.

Speaker Biography

Sam Vaknin is Visiting Professor of Psychology, Southern Federal University, Rostov-on-Don, Russia and Professor of Finance and Psychology in CIAPS, Author of Malignant Self-love: Narcissism Revisited and other books about personality disorders.

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Acute Pneumonia: A new look at the old problem

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Treatment of acute pneumonia(AP) in recent decades focused solely on antibiotic therapy, does not include pathogenetic, specific methods of assistance and repeats the principles of treatment of other inflammatory diseases. Moreover, according to existing therapeutic and preventive recommendations, it is possible to assume that the AP is a specific form of inflammation. Existing approaches to the treatment of AP are in stark contrast with the following well known facts.

1. AP is not contagious specific disease.

2. Approval, the priority role of specific pathogens in the etiology of AP have no absolute evidence, for the vast majority of these patients were cured and cure without clarifying the etiology of the disease. Cause a significant increase in septic complications AP, contrary to expectations, on the background of total pneumococcal vaccination remains without a reasoned explanation.

3. The etiology of AP is represented by many non-specific bacteria.These microorganisms are found as a rule among the symbionts of healthy people.

Reducing the effectiveness of antimicrobial drugs, the emergence and the increasing number of antibiotic-resistant pathogens and a gradual increase in the frequency of purulent complications attach importance and urgency to the solution of this problem. The first step in this decision is a revision of ideas about the nature and mechanisms of AP. This work has been done and tested in a clinical setting in the years 1976-1984 in Novokuznetsk State Institute for postgraduate doctors (USSR,Russia). The basis of the new doctrine AP was based on the following scientific medical axioms, already having previous scientific justification.

1. The body's response to any stimulus, including the initiation of inflammation, is highly individual and unique.

2. The basis for the inflammatory transformation of the body tissue is a vascular reaction with a specific stage sequence.

3. Small and large circles of blood circulation have not only a direct anatomical connection, but also an inverse functional interdependence.

4.Among the nonspecific forms of inflammation, AP is the only process occurring in the system of lesser circulation.

5.The same medical procedure can have different effects on inflammation in the small or big circles of blood circulation.

Following private studies were additionally performed:

1.Experimental model of AP (4 series of experiments, 44 animals) obtaining a model of pleural complications (certificate for invention No 1631574, A1,1 November 1990,USSR).

2.X-ray examination 56 lung anatomical preparations with different forms of the AP, taken from the dead patients.

3. Record comparative rheopulmonography before and after performing medical procedures (36 patients).

4.Analysis of the observation and treatment of 994 children with AP and its various destructive and pleural complications. The revised treatment guidelines were applied in 203 patients in the initial period of aggressive forms of AP. The received results allow to speak about possibility of the guaranteed prevention of suppurative and destructive complications of the disease.

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Clostridium difficile: Environmental controls and testing methodology redesign to reduce incidence in an acute care setting

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Clostridium difficile was discovered in 1935, but it was not recognized as a cause of antibiotic associated diarrhea until 1974 when a "clindamycin-associated colitis" was identified. Research beginning in 1978 determined the following: (1) cytotoxin assay as the preferred method for diagnosis; (2) clindamycin was the common inducing agent; (3) identified toxin A ("enterotoxin") and toxin B ("cytotoxin"); (4) confirmed the age-associated risk; (5) identified acute and chronic care facilities are high risk; and (6) established oral vancomycin as the treatment of choice.

During the 21st century a more rapid detection method was developed, the real-time polymerase chain reaction (PCR) test. With the advent of the PCR test, the specificity and sensitivity were maintained, but the turnaround of the diagnostic test result was measured in hours as compared to days for a cell cytotoxicity test via tissue culture. Combined with patient symptoms, providers could confirm presence of the genetic code for C. difficile toxins from stool samples through use of the PCR test. This provided clinicians with a rapid, specific and sensitive diagnostic test to prescribe definitive antimicrobial treatment versus empiric antimicrobial treatment to patients.

There is no single recommended testing methodology or algorithm for C. difficile currently. When our hospital converted to the use the C. difficile PCR test as a single diagnostic tool, we saw an increase in the number of healthcare associated test results reported due to the C difficile PCR test. With the potential for increased utilization of antimicrobials for colonization versus active disease, some hospitals have chosen to use a combination of antigen and toxin test methodologies with the PCR test reserved for discrepant test results.

Our hospital converted to the Cepheid Xpert C. difficile assay (Sunnyvale, CA) in December 2011 as the primary method for C. difficile identification. With the increased sensitivity and specificity of the test results, the hospital reported an increase in healthcare associated test results and utilization of antimicrobials. As a result, the infection control program in conjunction with the antimicrobial stewardship leaders developed an algorithm for testing that included the C. difficile antigen and toxin test (PCR test for discrepant results only), isolation and cleaning protocol during admission and at time of discharge. An educational program for the physicians, nursing and microbiology staff covered the Bristol stool chart and appropriate stool type for testing, discontinuation of stool softeners and laxatives for 48 hours, as well as the need for 3 loose, watery stools within a 24-hour period. The environmental cleaning protocol utilized a sporicidal disinfectant on all lateral surfaces, including the floors, during admission and at time of discharge. The use of the UVC machine was included at time of discharge to ensure the patient room was cleaned and disinfected for the next patient. The instances where Nursing units have more than one positive test results, the isolates are sent for DNA typing to determine if there was cross transmission among the patient population.

There was a seventy five percent (75%) reduction in the positive C diff test results with the new testing methodology. Infectious Disease physicians can call the Laboratory for specific requests not included in the testing algorithm.

A combination of a new testing methodology algorithm, automated notification of patient discharge, an environmental control program that includes a sporicidal disinfectant and the use of UVC at time of discharge has allowed our acute care facility to maintain this reduction consistently for the last nine months.

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Dignity in Death- Shared Decision making and promoting realistic Medicine

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Introduction: Shared decision making and respecting patients/ parents wishes regarding direction of care and more importantly 'place of care' is a key concept of realistic medicine. Admission to a paediatric intensive care unit is often both aggressive and invasive, with an aim for restorative therapy. Despite this, there is inevitably a small cohort of patients where re-orientation of care becomes most appropriate and withdrawing invasive treatment is in their best interest. The practice of reorientation of care has evolved through the years and involves close collaboration with a multidisciplinary team and with parents.

Objectives: To review current literature regarding re-orientation of care at home for children at the end of life, with an aim to develop a local guideline for implementation and practice for our local PICU.

Methods: An initial literature search was performed to identify UK current practice of re-orientation of care and acknowledgement of any existing guidance. A retrospective analysis of deaths that occurred in our critical care unit from 2010-2017 and identification of those who may have been applicable for re-orientation of care out-with the critical care environment was done. Thereafter, in collaboration with the paediatric palliative care team, a guideline and discharge checklist to implement in clinical practice was introduced.

Results: Between 2010 and 2017, throughout our hospital, 18 children utilised a service to allow death out-with the hospital setting; 15 had a haematological or oncological diagnosis, and 3 had a non-malignant diagnosis. Within the critical care unit, there were 76 deaths, 28 of these (37%) were identified as appropriate for re-orientation of care out-with the critical care environment; around 3 per year.

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Sustainable neonatal mortality reduction in a low-income setting is doomed if appropriate local technologies are neglected-A 22-years' lesson

Hippolite O Amadi
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General management of immediate needs of newborn babies for survival is not foreign to any culture in the world. A low-income country can be likened to a low-income household that may not have enough money to buy-in quality food; hence, for sustainable supply of good quality food, the family must not neglect growing possible foods within the home garden. International technology market is full of expensive foreign ideas that have drawn away the attention of low-income setting dwellers (LISD) from focusing on their improvable local technologies. LISDs are unable to buy sufficient number of these foreign technologies (FTs) to support their vast national requirements; they are unable to find sufficient funds to sustain the required expensive maintenance. Hence systems soon breakdown, neonatal mortality rate soars and they are back to the same old pressure. This is the vicious-cycle that has bedevilled some LISDs of the world and fairly responsible for their inability to achieve the MDG4 target in 25 years. Local-content inspired technologies (LCTs) are cheaper alternatives, locally available and maintainable by locals, easily produced in adequate quantities and can locally be improved upon as need demands. The 22-years' experience of our research group has allowed a comparative analyses of neonatal outcomes between unsustainable dependence on FTs and unattractive but sustainable application of LCTs in Nigeria. We used over ten neonatal centres covering all regions of Nigeria to study and devise LCTs for neonatal care. The LCTs were applied at our few centres while the FTs were practiced at the rest of Nigeria's neonatal centres during the last ten years of MDG4. Our LCTs included, amongst others: (1) the recycled incubator technology to create affordable alternative for incubator intervention, (2) definition of climate-induced neonatal 'evening-fever syndrome' (EFS) and synthesis of a nursery-building pattern that lowers climatic harsh impact on neonates, (3) the Handy-approach and initial-setpoint-algorithm temperature protocols that enabled patient-specific interactive technique for neonatal normotherm, (4) a low-cost Politeheart bubble-CPAP machine for neonatal respiratory support, etc. Our innovative applications ensured consistent availability of up to 18 LCTs functional incubators on national average as compared to average of 3 FTs at the end of MDG4. Early neonatal mortality for ELBW reduced by 80% for LCTs centres as compared to <1% at FTs centres; overall average facility-based NNMR reduced to 31/1000 at LCTs centres as against 245/1000 at LTs centres. Nigeria was unable to score any significant reduction in neonatal mortality during MDG4 let alone sustaining any gains as these were based on locally hard-to-sustain technologies at the Nigerian centres. LCTs could have provided the much needed reduction at a national scale if these were embraced. The world must encourage every low-income country to creatively innovate and improve on own local technologies to boost sustainable high survival rates.

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Atypical infantile presentation of HCM detected incidentally by POCUS in Pediatric practitioner office-based setting

Adib Salim
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Background: Point of care ultrasound (POCUS) modality offers a means of improving access to diagnosis and appropriate early treatment to achieve better quality of life.

POCUS is increasingly being performed by pediatric primary care in office-based practice and has applications throughout the spectrum of different pathologies, including cardiac applications (acute illness, pericardiac effusion, ventricular function and post-operative follow-up).

The skill is relatively easy acquired. However, the lack of exposure of this focused approach in most pediatric training programs in Italy remains a major obstacle.

Material and methods: Observational case of three months old infant presented with unexplained LV wall thickness detected incidentally by cardiac POCUS, which subsequently revealed to have Pompe disease.

POCUS cardiac examination performed by primary care pediatric practitioner in ambulatory-based setting practice.

Ventricular dimensions were obtained in the cardiac 4 chamber view (m-mode & 2 D recording).

Conclusions: Hypertrophic cardiomyopathy (HCM) is a genetically heterogeneous disorder with a large number of genes involved in disease causation (200 mutations in 10 genes).

Storage disorders and metabolic defects predominate in childhood HCM, and usually are recessive genetic defects, therefore, it is very important recognize particular echo-features of each HCM phenotype in order to plan the correct treatment and to improve patients' quality of life and survival.

POCUS in HCM setting may be used to enhance patient decision making regarding pursuit of targeted genetic panel testing.

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Exploring Nursing students' learning outcome from clinical experiences

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Clinical education forms a core component of nursing practice. However, theory-practice gap has been a long-term problem in education globally. The objective of the study was to explore perception of Omani students on their clinical learning outcome. Focus groups were used to obtain on students' views about their clinical learning outcome. A convenient sample of fifth- and fourth-year students from Sultan Qaboos University volunteered to participate in the study. A total of 37 participants were formed into 6 groups of 7 - 8 students. A content analysis of the transcribed responses of the groups were coded and categorized into qualitative data analysis. The findings of the study were categorized into four major themes: Nursing skills, Clinical time, Relationship and Alignment of nursing courses in the curriculum. The study supports a reform in clinical training practice and to develop more innovative and learner-centered approaches.

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Magnesium, the forgotten cation

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Objectives:

• To review the role of Mg+2 in the body.

• Review the Hypomagnesaemia, its causes, symptoms, and treatment.

• Set simple approach for hypomagnesaemia.

• Review Hypremagnesemia and its consequences

Mg+2 Hemostasis:

• Mg+2 is the 4th most common cation in the body and the 2nd most common intracellular cation.

• The kidney is a major regulator of total body Mg+2 homeostasis.

• Most of filtered Mg+2 reabsorbed by the thick ascending loop of Henle.

Hypomagnesemia is defined as a serum magnesium level less than 1.8 mg/dL (< 0.74 mmol/L)

Symptoms:

• Most patients are asymptomatic until the concentration of 1.2 mg/dL (0.49 mmol/L).

• Early symptoms are nonspecific and include lethargy and weakness.

• The prominent organ systems associated with Hypo Mg are the cardiovascular and neuromuscular.

• Muscle weakness.

• Positive Chevostek sign and Trousseau sign tetany, and generalized seizures.

Treatment of hypomagnesemia

Hypermagnesemia

Cases discussion

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Management of Neonatal Hydronephrosis

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Around 20% of pathology diagnosed by antenatal ultra sound are renal pathology, the commonest is dilated renal pelvis. But the question is "Is the hydronephrotic kidney considered to be obstructed, primarily because the tools we use to measure or define obstruction are misleading? Are we treating dilated images or managing true obstruction?". There is no single diagnostic test that is definitive for distinguishing obstructive from non-obstructive cases It is evident that obstructive uropathies are dynamic and unpredictable. In this presentation we will highlight the significance of antenatally diagnosed hydronephrosis and the ant natal and post-natal management of hydronephrosis.

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Early detection of Autism Spectrum Disorder

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Autism spectrum disorder is a problem that is widespread throughallcommunitiesandisshowingaremarkableincrease in prevalence. It is known that early intervention is of utmost importance for the prognosis of autistic children. Therefore, the early detection and increasing awareness amongst the public and the clinical practitioners at all levels is extremely important. This talk will go through the criteria of ASD, its early symptoms and signs and the updated recommendations of ASD screen.

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Psychological distress and coping strategies among nursing and medical laboratory science students at Fakeeh college for medical sciences

Abd Al-Hadi Hasan
Fakeeh College for Medical Sciences, Saudi Arabia

The aims of this study were to identify and compares levels and types of stressors as well as coping behaviors among nursing and Medical Laboratory Sciences (MLS) at baseline and at the end of the semester. Data were collected using a convenience sample of 126 nursing students and 160 MLS students. The results showed that ''teachers and nursing staff' 'and ''assignments and workload'' were the highest sources of stress among nursing and MLS students. But this was much higher among nursing students. In addition, lack of professional knowledge and skills were cited the least stressors among both students' groups. The most common coping behaviors used were adopted among nursing students were avoidance techniques at baseline compared with problem solving found in MLS students.

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The development of stroke code activation for inpatient hospital: How to prepare Nurses in action?

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A stroke code activation for in-hospital patients will be introduced at the National Guard Health Affairs (King Abdulaziz Medical City Riyadh, (KAMC), Kingdom of Saudi Arabia in order to address delays of identifying stroke on inpatient wards and communication barriers about the need of urgent medical intervention. Nurses play a significant role in activating a stroke code since they are the first to recognize stroke symptoms in the ward. Prior to the launching of the stroke code activation, developing departmental policies on criteria for stroke code activation and increasing awareness among nurses regarding prompt recognition of stroke symptoms in the ward are therefore imperative.

A stroke code activation pathway protocols for in patients was developed in order to facilitate a rapid process of assessing patient with a suspected stroke and to provide a timely administration of intravenous thrombolysis and thrombectomy treatments. Also, a Stroke Activation session and Fast Session (SAFE), a nursing education initiative was introduced and implemented in October 2017. It is a 30- minute daily protected session for nurses that underpin the following key concepts: a. What is a stroke code activation? b. What are the criteria for stroke code activation? c. How to recognize stroke symptoms using Face Arm Speech and Time (FAST) tool d. What is thrombolysis and thrombectomy therapy? e. What is the role of a nurse in the stroke code activation? It was facilitated by the nurse specialist and was held at the large auditorium to cater all KAMC nurses.

More than 1500 nurses are adequately trained, prepared and ready to facilitate the stroke code activation. The stroke code activation pathway protocol has been disseminated to all health allied professionals (nurses, physicians, and the multidisciplinary team) to inform the process. To date, a mock stroke code activation is planned to initiate in the units to refresh nurses' and physicians' facilitating and following the stroke thrombolysis pathway.

Education remains to be the cornerstone in preparing nurses in action the inpatient stroke code activation project. It is an exciting learning opportunity for all nurses to get involved in the hyperacute management of stroke care. It is an excellent example of empowering nurses to take into an advanced level of nursing expertise.

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Ketogenic Diet for Drug Resistant Epilepsy in Children

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Approximately 30% of patients with epilepsy are likely to have drug resistant epilepsy. In these patients treatment modalities other than medications becomes important such as epilepsy surgery, vagus nerve stimulator and Ketogenic diet. The Ketogenic diet is a special diet used for controlling seizures by switching the body's metabolism to a fat-based energy source rather than utilizing glucose. Ketogenic diet has shown to be effective and less toxic than the anti-seizure medications. Multiple studies have shown slightly more than half the children on the Ketogenic diet will have half of their seizures improve and about one-third will have more than 90% improvement in seizures. Recent studies suggest that the rigid standard Ketogenic diet may not always be needed and alternative Ketogenic diets like modified Atkins diet, low-glycemic index diet are been used. The diet is currently been used throughout the world and is gaining more popularity. The limiting factor in its use is usually due to lack of adequately trained dieticians. By increasing the awareness and establishing Ketogenic diet programs in the hospitals we can significantly help children who have severe epilepsy.

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No pass zone: Go towards the light

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A call light represents a patient need, the simplest requirement to reach a facial tissue to as complex as the necessity to be relieved with pain. Health care workers are critical in responding to these needs and thus patients are not to be considered interruptions in one's work. The no pass zone is a quality initiative that emphasizes patient is the reason why nurses are existent in the hospital. in this descriptive correlational study, the no pass zone is premised on provision of direct assistance to patient thus the need for help must be satisfied. The study has the following research questions: what is the degree of satisfaction and agreement of nurses and health care workers on the no pass zone program? what is the patient satisfaction rating on the following parameters: call bell response and courtesy of nurses? is there a relationship between patients and nurse's satisfaction rating? is there a relationship between nurses satisfaction and agreement in the no pass zone program? the researcher devised satisfaction survey tool have assessed the level of agreement and satisfaction of nurses in no pass zone initiative as to agreement and satisfaction using a four point-likert scale where 4 is strongly agree and very satisfactory, 3 agree and satisfactory, 2 fairly agree and fairly satisfactory, 1 do not agree and not satisfactory. The satisfaction rating was evaluated as very satisfied. The highest ratings were in the elements related to increasing awareness to safety and its integration in the daily routine of nurses, development of team work and improvement in the satisfaction of both patients and nurses and all were rated as very satisfactory. The agreement of nurses as to the no pass zone revealed a strong agreement. The highest ratings were likewise in the elements related to increasing awareness to safety and its integration in the daily routine of nurses and improvement in the satisfaction of both patients and nurses and were rated as very satisfactory. The rating on promptness of needs being attended reflects a very satisfactory rating with mean of 3.59 in a four point-likert scale. the findings revealed that patients evaluated the attention to needs as very satisfactory. Likewise, a rating of 3.78 on courtesy was noted. The correlation statistics show a moderate correlation between nurses and patients satisfaction rating. (r=0.06) correlation of nurses' satisfaction and agreement on the no pass zone initiative revealed a very high correlation. (r=0.98) The following conclusions are derived: The no pass zone initiative has been proven useful in addressing the needs of patients. The no pass zone increases cognizance of nurses in patient safety and prompt need provision. The following recommendations are proposed: roll out of the no pass zone initiative to all nursing units of the hospital. The need to have consistency in monitoring of the no pass zone standard script utilization is critical. random audits of the no pass zone implementation in piloted units. Future investigation on other nursing outcomes and its relationship with the program may be explored.

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