



GENERAL PEDIATRICS, ADOLESCENT MEDICINE AND NEONATOLOGY CONGRESS

December 12-13, 2018 | Abu Dhabi, UAE

DAY 1

Scientific Tracks & Abstracts

Day 1

SESSIONS

December 12, 2018

General Pediatrics | Neonatology | Pediatric Cardiology

Session Introduction

Session Chair

Badi Altasi
Valiant Clinic, UAE

Title: Medication errors in pediatric emergency settings

Hussein Ahmad Muad, Al Zahra Hospital, UAE

Title: Effect of probiotic food supplementation in enhancing CD4 cell profile and malnourished status of HIV infected adolescent children in a slum of Mumbai

Subhasree Ray, Corporate Dietitian Reliance Industries Limited, India

Title: Can MCA doppler predict mortality in fetuses with congenital hydrocephalus

Bahauddin Ibraheem, Women's Specialized Hospital, Saudi Arabia

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Hussein Ahmad Muad, Curr Pediatr Res 2018, Volume 22 | DOI: 10.4066/0971-9032-C3-008

MEDICATION ERRORS IN PEDIATRIC EMERGENCY SETTINGS

Hussein Ahmad Muad

Al Zahra Hospital, UAE

Medication errors are still one of the significant challenging problems that affect patient safety around the world. It is shown in the literature that pediatric patients are at high risk for the medication errors, especially in the emergency setting, ED, PICU, and NICU. Medication errors could occur in many occasions such as; choosing the medication, writing the prescription, deciding which formula to be used, dispensing the medication, and administering the drug. Apparently, the drug dosing error is higher in the pediatric patients due to lack of standardization of dosage according to the age variation, incorrect weight, and wrong calculation. It is observed, particularly in emergency situations, that medication errors are more frequent because of the verbal orders, physician involvement in many simultaneous tasks, lack of medication verification by the pharmacist, human-related factors such as fatigue and stress, look-alike sound-alike medication, and miscommunication related to language barriers. Enhancing the error reporting system to learn from experience in a blame-free culture is the cornerstone to eliminate the medication error or near miss to prevent harm reach the patients. Also, there are many interventions such as; Computerized Physician Order Entry (CPOE), conducting safety walk around to help the leaders in learning from the first-line clinical staff, continuous education for the nurses and physicians regarding patient safety, color-coded prefilled syringe, and precalculated doses depending on length-based tape (Broselow tape). Overall, it is evidence that it is worth for the organizations to invest in patient safety which will enhance the health outcomes.

BIOGRAPHY

Hussein Ahmad Muad is a pediatrician and neonatologist at Al Zahra Hospital, UAE. He graduated from Damascus University, then completed training in Pediatric and Neonatology in Syria to become a board certified. He achieved his fellowship and membership from International Society for Quality in Healthcare ISQua. He pursued MSc in healthcare management from the Royal College of Surgeons in Ireland RCSI. He had a certificate in Quality and Safety from the Institute for Health Improvement (IHI). He has a particular interest and skills in healthcare quality, patient safety, clinical audit, research, and global projects that are improving health outcomes.

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Subhasree Ray, Curr Pediatr Res 2018, Volume 22 | DOI: 10.4066/0971-9032-C3-008

EFFECT OF PROBIOTIC FOOD SUPPLEMENTATION IN ENHANCING CD4 CELL PROFILE AND MALNOURISHED STATUS OF HIV INFECTED ADOLESCENT CHILDREN IN A SLUM OF MUMBAI

Subhasree Ray

Reliance Industries Limited, India

Human Immunodeficiency Virus (HIV) infection results in gastro-intestinal damage, microbial translocation and immune activation which are associated with decreasing CD4 cell count and persistent abdominal distress. The disease also leads to malnourished conditions like stunting, wasting and growth retardation especially in adolescent population. According to several research studies, probiotic food supplementation has been demonstrated promising result in improving CD4 cell profile and health status in children living with HIV. The current observational prospective study has included 20 malnourished adolescent children (12 boys and 8 girls), aged from 14-16 years, who were supplemented with a local probiotic yogurt (*Lactobacillus bifidus*) every day for 6 months along with their regular diet at a social service centre of a slum in Mumbai city, India. CD4 cell profile, height, weight and BMI were recorded and compared at the baseline and at the 6th month. The children were on regular Antiretroviral (ARV) medication. The result revealed an increase of 0.22 cells/ μ L/day (95% CI; 0.10-0.46, $P=0.003$) in 15 children and 0.28 cells/ μ L/day (95% CI; 0.17-0.38, $P=<0.001$) in 5 children respectively. The weight has been increased by 68% in 11 children and by 65% in 9 children respectively. The height has been increased by 51% in 13 children and by 53% in 7 children respectively. There was no case of drop out during the intervention. The study has shown that the probiotic yogurt supplementation is significantly associated with enhanced CD4 cell profile and malnourished status of the adolescent children living with HIV. The study encourages inclusion of probiotic foods in the daily diet of the adolescent children living with HIV to prevent malnutrition, promote growth and boost immunity by enhancing CD4 cell profile.

BIOGRAPHY

Subhasree Ray is a final year PhD scholar from the department of Food Science & Nutrition, SNDT Women's University, Mumbai, India. She is currently working as the Corporate Dietitian of Reliance Industries Limited and heading the Nutrition department of the company. She is a lifetime member of Probiotic Association of India, Indian Dietetic Association and Nutrition Society of India. Her research areas include ketogenic diet therapy, dietary management of neurodegenerative diseases, medical nutrition therapy, public health nutrition, food chemistry, probiotics, food toxicology, corporate wellness, food toxicology, paediatric nutrition and nutrigenomics. She has published 16 research articles so far in National and International journals. She has presented 12 research papers in various conferences worldwide as a young researcher. She is working as a clinical nutritionist since 2010 and worked with UNICEF and national government in managing severe acute malnutrition in remote villages of India. She has also worked as an advisor for several organizations in developing their nutrition policies.

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Bahauddin Ibraheem Sallout, Curr Pediatr Res 2018, Volume 22 | DOI: 10.4066/0971-9032-C3-008

CAN MCA DOPPLER PREDICT MORTALITY IN FOETUSES WITH CONGENITAL HYDROCEPHALUS

Bahauddin Ibraheem Sallout

Women's Specialized Hospital, Saudi Arabia

The objective of this study is to investigate the impact of abnormal middle cerebral artery (MCA) Doppler on the perinatal mortality in fetuses with congenital hydrocephalus (CH).

Methods: A prospective study of all fetuses with CH who delivered at our hospital over a period of 7 years. Data were obtained from the ultrasound, Labor room and intensive neonatal care unit (NICU) database. The Perinatal mortality rates were evaluated in relation to the following measures, associated congenital anomalies, cortical mantle thickness (CMT), and MCA Doppler abnormalities (absent or reversed diastole). The main outcome measure was perinatal mortality rate in relation to MCA Doppler changes.

Results: A total of 85 cases of CH were diagnosed and managed. The birth prevalence of CH was 2.44 per 1000 live births. On one hand, the perinatal mortality rate was higher in those fetuses with non-isolated hydrocephalus, (37.25% (19/51) versus (35.29% (12/34, $p=0.854$ and in those cases with CMT <10 mm, 38.78% (19/49) versus 33.33% (12/36) in those with CMT >10 mm, $p=0.607$. On the other hand, the perinatal mortality rate was significantly higher in those fetuses with abnormal MCA Doppler, (100% (13/13) versus 25% (18/72), OR=78.0, 95% CI (5.52–44085124.60), $p<0.001$.

Conclusions: Abnormal fetal MCA Doppler (absent or reversed diastole) appears to be a poor prognostic indicator with significantly high perinatal mortality in fetuses with CH.

BIOGRAPHY

Bahauddin Ibraheem Sallout is a certified with Maternal-Fetal Medicine (MFM) consultant from university of Ottawa, Canada, with American Specialty in Ultrasound in Obstetrics and Gynecology. He have special training in fetal echocardiograph and 3D/4D sonography. He developed the ultrasound unit and established the MFM department, and currently, the medical director for the Women's Specialized Hospital, King Fahad Medical City, Riyadh, Saudi Arabia. He has 15 publications in the field of obstetrics ultrasound and fetal medicine, and he participated and presented in many international and local conferences.

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DAY 2

Scientific Tracks & Abstracts

Day 2

SESSIONS

December 13, 2018

Pediatric Oncology | Pediatric Surgery | Psychiatry & Neurodevelopmental Pediatrics

Session Introduction

Session Chair

Jumana Al-Aama
King Abdulaziz
University, Saudi Arabia

Title: Exploring the experience of communication in the care of children with palliative care needs: The perspectives of family carers, physicians and nurses in Jordan

Maha Atout, Philadelphia University, Jordan

Title: Neonatal follow-up program: Local experience

Badr Sobaih, King Khalid University Hospital, Saudi Arabia

Title: Pediatric acute respiratory distress syndrome (PARDS)

Mohammed Salah Gonaim, Tawam Hospital, UAE

Title: Neurodevelopment outcome of extremely and very Preterm children at School age: Associated perinatal risk factors

E Tsekoura, Asklepieion General Hospital, Greece

Title: Hemangioma in head and neck

Maryam Ali AlQaydi, Tawam Hospital, UAE

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Maha Atout et al., Curr Pediatr Res 2018, Volume 22 | DOI: 10.4066/0971-9032-C3-008

EXPLORING THE EXPERIENCE OF COMMUNICATION IN THE CARE OF CHILDREN WITH PALLIATIVE CARE NEEDS: THE PERSPECTIVES OF FAMILY CARERS, PHYSICIANS AND NURSES IN JORDAN

Maha Atout¹, Pippa Hemingway² and Jane Seymour³

¹Philadelphia University, Amman, Jordan

²University of Nottingham, Queen's Medical Centre, UK

³University of Sheffield, UK

Background: Despite having limited access to specialist palliative care, countries can successfully satisfy palliative care needs by ensuring all health professionals are properly trained and educated in their respective roles. To ensure that adequate care is provided for children with palliative needs in all healthcare settings, adequate training and support for care professionals is essential, even in cases where minimal specialist services are offered. Effective communication is a fundamental element in ensuring the quality of care provided to children with palliative care needs and has a considerable effect on the well-being of children as well as their relatives and care professionals. Nonetheless, a broad overview of the existing literature reveals that nurses often feel inadequately trained or prepared in terms of the communication skills needed to deal with the difficult situations. They often lack the confidence to communicate properly with parents or to deal with difficult questions or issues of conflict. Whilst this seems to echo studies previously conducted across a range of countries worldwide, research shows that countries with an Arab culture face slightly different issues in terms of disclosing serious prognoses to families. The current study is the first to examine communication between children, parents, and health professionals, in the care of children with non-malignant life-threatening and life-limiting illnesses in Jordan, and in particular the cultural and spiritual context that affects this communication.

Purpose and objectives: The purpose of the current study is to explore the experience of communication in the care of children with palliative care needs, from the perspective of physicians, nurses, and mothers in Jordan. In this paper, the findings concerning mothers' experiences will be presented.

BIOGRAPHY

Maha Atout completed her PhD from the University of Nottingham in 2017. She works as an assistant professor at the Philadelphia University of Jordan. She has experience in working with children with life-threatening and life-limiting illnesses led to her interest in understanding communication between children with life-threatening conditions and their parents and health-care professionals. Her PhD work is focused on investigating communication in the care of children with palliative care needs from the perspectives of Jordanian mothers, physicians, and nurses. She has published several papers in this field. She is also interested in investigating parental experiences of decision making at the end of life for children with life-threatening and life-limiting conditions. Currently, she is investigating children's awareness of death, a subject that is largely neglected in the literature. During her training in the University of Nottingham, she gained solid foundation in qualitative and mixed method research. She had presented in several international conferences and became increasingly productive in disseminating the findings of her research.

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Badr Sobaih, Curr Pediatr Res 2018, Volume 22 | DOI: 10.4066/0971-9032-C3-008

NEONATAL FOLLOW-UP PROGRAM (NFP): LOCAL EXPERIENCE

Badr Sobaih

King Saud University, Saudi Arabia

The aim of the present project is to obtain a better understanding of neonatal follow-up program and promoting it to all pediatricians. To accomplish this, the presentation provides our practice at NICU of King Khalid Hospital in Riyadh since the year 2000

Introduction: Neonatal follow-up program (NFP) is becoming the cornerstone of standard, high quality care provided to newborns at risk of future neurodevelopmental delay. It is an early intervention program needed to improve neonatal outcome.

King Khalid University Hospital (KKUH) experience: Neonatal follow-up program at King Khalid University Hospital (KKUH) started on December 1999 as the first program in Saudi Arabia. It is run by the neonatal intensive care unit (NICU) and designed based on Winnipeg, Manitoba model. We adopted discharge planning system based on American Academy of Pediatrics (AAP) guidelines.

Goals and Aims of NFP:

1. Early detection of any deviation from normal child development in the future and hence starting early intervention
2. Family education and support
3. Training of medical professionals
4. NICU performance monitor
5. Facilitating research

Conclusion: Neonatal follow-up programs are the best tools (up-to-date) available for proper neurodevelopmental evaluation and follow-up of high-risk infants who are increasing in numbers. Each neonatal intensive care unit should have its own program, or, collaborate with other big units to develop a referral program that can cover all these units. Resources are the major obstacles in developing NFP, but this should not prevent us from proceeding according to our own available resources. Means and ways to overcome financial issues should be entertained by both professionals and policy makers. The ultimate aim is to prevent developmental delay and ensure healthy future for at risk neonates.

BIOGRAPHY

Badr Hasan Sobaih was the associate professor and consultant Neonatologist. He was the head of the NICU. He was also the Head of Neonatal Follow-up clinics at King Khalid University Hospital since 1999. He was the head of CLABSI reduction team at KKUH-NICU Since 2016. He was the head of the breast feeding Committee from 2014-2016. He was the permanent presenter and lecturer for postgraduate preparatory courses in pediatrics in Al-Habib center on yearly bases. His research publications were on Influence of some recent advances on the morbidity and survival of extremely low birth weight infants (ELBW) at King Khalid University Hospital in Riyadh. Curr Pediatr Res, 2002.

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GENERAL PEDIATRICS, ADOLESCENT MEDICINE AND NEONATOLOGY CONGRESS

December 12 - 13, 2018 | Abu Dhabi, UAE

Mohamed Salah Ghonaim, Curr Pediatr Res 2018, Volume 22 | DOI: 10.4066/0971-9032-C3-008

PEDIATRICS ARDS (DEFINITION AND MANAGEMENT UPDATES)

Mohamed Salah Ghonaim

Pediatrics and PICU specialist, Tawam/Johns Hopkins Hospital, Al Ain / Abu Dhabi

The aim of the present presentation is to obtain a better understanding of the new updates of the current Pediatrics Respiratory Distress Syndrome (PARDS) definition and management.

Pediatric intensivists had to use the adult ARDS and ALI criteria on their pediatric patient due to lack of pediatric specific definition

In 2015 The Pediatric Acute Lung Injury Consensus Conference Group developed a taxonomy to define PARDS and made recommendations regarding treatment and research priorities after 8 meetings over 2 years

The experts developed and voted on a total of 151 recommendations addressing the definition, prevalence, ventilator support, etc.

The panel included specific criteria for age, Spo2, OI and OSI. They also developed a definition of (At Risk of PARDS)

The presentation will illustrate the most common causes of PARDS and the current evidence based management

BIOGRAPHY

Mohamed Ghonaim has completed Msc in Pediatrics, Cairo University, Egypt 2010 and MRCPCH from the Royal college of pediatrics and child health, UK 2015. Working as a PICU specialist since 2010 in Kuwait and UAE. He has published a Master (2010) and Medical Doctrate (2013) thesis in pediatrics in reputed journals.

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Maryam A L Qaydi, Curr Pediatr Res 2018, Volume 22 | DOI: 10.4066/0971-9032-C3-008

HEMANGIOMA IN HEAD AND NECK

Maryam A L Qaydi

Tawam Hospital, UAE

The most common tumors of infancy and early childhood are hemangiomas, 60% arise in head and neck. Hemangiomas are sub-divided into two categories based on their clinical behavior and histology to infantile hemangioma and congenital hemangioma. The symptoms of hemangioma include stridor and recurrent croup. The more accurate investigation is by MRI. The management of hemangioma include observation, medical (Propranolol and steroid) and surgical. Propranolol is the new treatment for hemangioma with good results. There are some indications and contraindications for usage of propranolol. Hypoglycemia may be the most common serious complication in children treated with propranolol for hemangioma. The most common complications of hemangioma are ulceration occurring in upto 13% of lesions.

BIOGRAPHY

Maryam A L Qaydi completed her PhD from Faculty of Medicine and Health Sciences, UAE University, United Arab Emirates in 2009. She had successfully passed the final clinical/oral examination in Otorhinolaryngology, Head and Neck Surgery held in Riyadh, Kingdom of Saudi Arabia on 6/12/2015 and was awarded The Saudi Board in Otorhinolaryngology, Head and Neck Surgery (SB-ORL). She passed the European otolaryngology head and neck written and oral exam in November 2016. She is working in Tawam Hospital as ENT Specialist and she is also the ENT Residency Programme Director in Tawam Hospital since 1/1/2018.

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