



WFPICCS Newsletter

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NEWS FROM OCEANIA

6TH WORLD CONGRESS ON PEDIATRIC CRITICAL CARE -SYDNEY, 2011



as poster presentations. When submitting your abstract, please consider which of the following themes is most relevant for your submission:

Themes for Submission

Circulation
Breathing
Infection and Immunity
Injury
The Brain
Psychosocial
Hormones and Feeding
New Technologies
Education

Delegates who are interested in presenting at the Congress are encouraged to visit the [PCC 2011 website](http://www.pcc2011.com) for further details on abstract submission guidelines.

Congress provisional program is now available!

Contacts

DavidS1@chw.edu.au or
tinakendrick@optusnet.com.au
Co-chairs of the congress

More information at: www.pcc2011.com

October 1st 2010 **Deadline abstract submission**

10 December 2010 Deadline for Early Bird special rate

Pre Congress Workshops and Meetings

6th World Congress on Pediatric Critical Care

If you wish to contact Dr Jonathan Egan, please email JonE@chw.edu.au

If you wish to consider a pre congress meeting, please contact Margaret Maling mmaling@arinex.com.au

The PCC 2011 International Scientific Program Committee invites you to submit original clinical or scientific abstracts, for consideration for presentation at the World Congress. In addition to original research, we encourage you to submit interesting and relevant cases.

The top 10-20% of accepted abstracts will be oral presentations, and the remainder will be presented

NEWS FROM THE BOARD

We suggest visit the Pediatric Sepsis Initiative (www.wfpiccs.org/sepsis/guidelines/index.php)

under the title Guidelines Part 1: Management of hemodynamic support'.

SPECIAL SEPSIS NEWS

A Key to Understanding Sepsis and its Treatment

A key to understanding sepsis may lie in a new definition of sepsis. Sepsis is not an infection, it is not a response to an infection, and it is not the presence of toxins in the blood. Sepsis is the resulting response to those toxins. With SIRS considered as the precursor of sepsis, then sepsis would be a systemic inflammatory response to toxins building up in the blood.

Since the most frustrating aspect of sepsis is its heterogeneity, perhaps sepsis itself is not heterogeneous, but rather the causes of sepsis are heterogeneous. Sepsis is triggered by an initial insult, either infection or trauma (burns, surgery). Gram-negative sepsis and Gram-positive sepsis may be misnomers; Gram-negative-triggered sepsis and Gram-positive-triggered sepsis may actually be the more appropriate designations. In addition, surgery and burn victims generally experience a drop in blood pressure that affects the gut's normal barrier function, allowing the translocation of bacteria and its toxins.

However, regardless of which infection is involved in the sepsis cascade, the clinician must be able to treat two related but separate problems: the infection and the sepsis. While the causes are widely heterogeneous, they could all result in one and the same condition: toxins (specifically, endotoxin) building up in the blood. The normal removal of endotoxin, preventing its build-up, is via HDL cholesterol. In ICUs and burn units, HDL levels drop off very rapidly and the average level is typically very low. In ICU patients, it was found that HDL is the only significant protective factor against sepsis.

Armed with the new definition and understanding of sepsis, clinicians can now adequately manage it by treating sepsis independently of the source infection, monitoring the patient's HDL levels, and increasing those levels as needed if possible.

NEWS FROM EUROPE



The 3rd Congress of the
EUROPEAN ACADEMY OF PAEDIATRIC SOCIETIES
EAPS

October 23-26, 2010, Copenhagen, Denmark

The 21st ESPNIC Medical & Nursing Annual Congress at the European Academy of Paediatrics which will be held on October, 23 – 26, 2010; Copenhagen, Denmark during the 3rd Congress of the European Academy of Paediatric Societies (EAPS). This congress is organized by the European Society for Paediatric Research (ESPR), the European Academy of Paediatrics (EAP) and the European Society of Paediatric and Neonatal Intensive Care (ESPNIC).

Uniquely, the EAPS Congress combines interest for paediatricians from primary care, general paediatric practice and specialty practice with a programme for intensive care and general paediatric nursing. It combines presentations from laboratory practice through to community

paediatrics and present some of the best international speakers in a comprehensive range of areas designed to stimulate maximal interest. The current rhythm of ESPNIC congresses is to have a “family” nursing and physicians’ congress every two years and a joint congress with ESPR and EAP the other years. This gives the opportunity to promote ESPNIC activities towards all European Paediatricians, while keeping our specificities. The “family” ESPNIC meeting will be held in Hannover in 2011 (November 2-5).

The scientific event promoted by ESPNIC is the Eurydice II study which explores how children die in European PICUs. This was launched in 2009 over a year period. In 2003, Eurydice I showed major differences in the decision making

process of End of life among European countries. Broadly parents were more involved in the decision making-process in Northern European PICUs. With Eurydice II we have explored whether these differences are still persisting. The pattern of death of more than 400 hundred children who died in 74 European

NEWS FROM LATIN AMERICA

There are many advances in the development of pediatric and neonatal critical care nursing occurring in Latin America. The perspective of having new organizations provides us an opportunity through which we can support and motivate our colleagues to achieve the goal of excellence in the provision of pediatric nursing care to children and their families.

In 2009, most of Latin-American countries conducted their national congresses on Pediatric Intensive Care being reserved 2010 to the ***X Latin-American Congress on Pediatric Intensive Care*** (April 26 – 30), which was held in Guatemala. Speakers from most of Latin-American countries were included in the scientific program having more than 600 physicians, nurses and respiratory therapist in the audience. Aside of the overseas invited speakers (from Europe, USA, Canada and Australia), there were some board members of the WFPCCS as well as the Chairman of the next WFPCCS World).

It was defined that SLACIP would hold a Pre-Congress Meeting in Sidney (2011), in accordance what was done in all previous world Congresses. This kind of activity intends stimulate colleagues from Latin-American countries to attend the world congress. A small

NEWS FROM NORTH AMERICA

The **Society of Critical Care Medicine (SCCM)** held its Annual Educational Conference in Miami Beach, January 2010. The next Annual

PICUs was studied. The study is now closed and we are currently analyzing the results. This is the first scientific study fully granted by ESPNIC. Strict rules to apply for a grant were elaborated by the scientific committee. ESPNIC developed strong educational initiatives around Europe

For Brazil we have an improvement of nursing affiliations to the AMIB (Associação de Medicina Intensiva Brasileira). The launch of a Brazilian Association of Critical Care Nurses is in full preparation. The 1st Simposio Argentino Brasileiro de Enfermeria en Cuidados Criticos was organized in Cordoba Argentina, this meeting addressed adult and pediatric critical care nursing. The plan is to have the next meeting in Porto Allegro, Brazil in 2012

committee was elected to organize this pre-congress meeting, Pedro Celiny Garcia (Brazil-celiny@puhrs.br) as the Chair person, Bettina Von Dessauer (Chile), Santiago Campos (Ecuador) and Norberto Freddi (Brazil).

The next ***XI Latin-American Congress on Pediatric Intensive Care*** will be held in Sao Paulo having Dr. Eduardo Troster as the Chairman as well as the President of SLACIP for the next two years.

The next **Ibero-American Congress** will be held in Cartagena de Indias (Colombia); November 2011. This congress is sponsored by the World Federation of Critical Care. Similar to the congress organized in Argentina (2005), there will be a pediatric track line in the scientific session having Dr. Cassalet and other Colombian colleagues, organizing these sessions.

Educational Conference to be held in San Diego, CA in January 2011.

Course Development: Pediatric Fundamentals of Critical Care Support course (P-FCCS):



were successfully and have had over 700 individuals take part in the course since its inception in July 2008.

The Society of Critical Care Medicine (SCCM) started offering the Pediatric Fundamental Critical Care Support (P-FCCS) course in 2008.

The goal of this curriculum is to introduce principles important in the initial care of critically ill or injured pediatric patients to physicians, nurses and other healthcare providers who are not skilled in pediatric critical care but who must care for such a patient in anticipation of the arrival of a pediatric intensivist or pending transfer of the patient to a more suitable facility.

In conjunction with the American College of Critical Care, the Society of Critical Care Medicine and the American Academy of Pediatrics, a Task Force has been working on a revision and update to the: **GUIDELINES FOR THE DETERMINATION OF BRAIN DEATH IN INFANTS AND CHILDREN: AN UPDATE OF THE TASK FORCE RECOMMENDATIONS.** This is anticipated to be published by the end of 2010.

American Association of Critical Care Nurses (AACN): National Teaching Institute (NTI) - AACN's annual educational conference- was held in Washington, DC, in May 2010 and had its

largest attendance with over 8000 participants, excluding vendors and exhibitors.

Healthy Work Environment Team Assessment tool launched by AACN in collaboration with VitalSmarts (free tool): www.hweteamtool.org "Preceptor Challenge" and "End-of-Life Care" elearning programs released for individual user purchase in addition to the existing institutional purchase option: www.aacn.org/e-learning

Announced AACN Impact Research Grant of up to \$50,000 per year to address gaps in acute and/or critical care clinical research: <http://www.aacn.org/wd/practice/content/grant-cc.pcms?pid=1&&menu=practice>

Beacon Award for Excellence criteria has been updated. For more details see at: <http://www.aacn.org/wd/beaconapps/content/mainpage.pcms?menu=beaconapps>

Kristine Peterson became President of AACN on 7/1/10. Her Presidential theme is "Stand Tall": **Stand Tall** means to recognize the unique and indispensable role nurses play. Recognize it, understand it, articulate it, own it, accept responsibility for it, and celebrate it.

NTI 2011 will be held in Chicago (April 30th - May 5th)

NEWS FROM ASIA

The Malaysian Society of Intensive Care, only a year-old, held its inaugural scientific meeting from 31st July to 1st August, 2010. The congress had separate pediatric symposia and plenary sessions and was well attended with around 1100 participants. Speakers were invited from the United Kingdom, Australia, India and Hong Kong. This meeting was significant as the attendance reflected the growing importance of critical care in the country. The Deputy Minister of Health who officiated the opening ceremony promised to look into increasing critical care beds in the country as well as increasing training opportunities for intensivists.

NEWS FROM AFRICA

South Africa

Professor Dave Woods in Cape Town has started working on the development of a basic self-learning course in paediatric critical care. He

Meetings coming up

16th Congress of the Asia Pacific Association of Critical Care Medicine will be held from 7-9 October, 2010 in the Philippines. This meeting will also have a pediatric strand and pediatric intensivists from the region have been invited to speak.

Singapore-ANZICS Intensive Care Forum 2011 will be organized by the Singapore Society of Intensive Care (SSIC), an affiliate member of WFPICCS. This meeting will be held from the 22-24 April, 2011 in Singapore and is a collaborative effort between SSIC and ANZICS

has extensive experience in the development and implementation of these courses (neonates, HIV disease, perinatal maternal



care etc), and this is an exciting development with significant potential.

There has been extensive development of emergency services, and considerable roll out of the MIMMS and HMIMMS course (particularly related to the World Cup event). Much of this has been lead by Professor Lee Wallis – Head of Western cape Emergency and Ambulance Services - Emergency Medicine. He has also been very active in the development of the African Emergency Medicine Society. The Emergency Medicine Society of South Africa has been very active with annual congresses focussing on the provision of emergency medical services in developing countries.

There is increasing interest in the use of Kangaroo Mother Care and CPAP in the neonatal period. Use of Kangaroo care together with CPAP has reduced the need for ventilation, and the development of Necrotizing enterocolitis substantially. The group at Tygerberg Hospital in Cape Town (with Prof Johan Smith) have been doing a lot of work in this regard, and they are available to share their expertise.

Minette Coetzee – Assoc professor and lead of the Child Nurse Practice Development and Training Unit at the UCT School of Child and **Zambia**

Dr Somwe wa Somwe a general paediatrician in Lusaka has been working to import the APLS (UK) course into Zambia. Physicians from Mauritius (and anaesthetist) and Botswana have **Kenya**

Some outstanding research work is being undertaken in Kenya. Professor Mike English and others have focused on the processes of developing and implementing appropriate protocols and systems to ensure that children receive appropriate care. Professor Kath **Namibia**

The Namibian government has undertaken the development of a cardiothoracic service in Windhoek. This service is being developed in **Malawi**

Excellent work has been done over the years at Blantyre Hospital in Malawi. Professor Liz Moulyneux (Professor of Paediatrics and Emergency Medicine at the University of Malawi and Queen Elizabeth Hospital, **Botswana**

There is a group of emergency medicine physicians from the USA who are working in Botswana, and we have had some contact

Adolescent Health and Red Cross Children's Hospital, has continued to develop and implement the Postgraduate diplomas in both Child Nursing and Critical care Nursing (Child) offered at University of Cape Town. These courses have attracted trainees from South Africa, but also from Kenya and other African countries.

The ETAT (Emergency Triage and treatment) course has been implemented in several sites in South Africa. The course has been somewhat adapted to the needs of South Africa, and has been well received so far.

A ventilation workshop was run in Cape Town by Peter Rimensberger in February 2010. That was enthusiastically received and the ventilator companies have agreed to support similar workshops in various parts of South Africa. These could potentially be taken to other areas if there is ongoing interest.

The Critical Care Society of Southern Africa continues to Annual Congresses and Refresher courses. These all contain a significant component of paediatric critical care and this is a wonderful opportunity to spread the discipline in the region.

trained as APLS instructors, and may be able to introduce the courses in their region.

Maitland and others have continued research work on malaria, and interesting projects on the resuscitation of children with septic shock; particularly protocols for the resuscitation of children with malnutrition.

conjunction with the Cardiothoracic services in Cape Town. Currently they are sending nurses for training in paediatric cardiac intensive care.

Blantyre, now retired) and her team have developed structures and systems to provide excellent care to sick children in the context of extremely limited resources.

and discussions about the development of appropriate resuscitation protocols for malnourished children in that environment.

