

Aide memoire of the initial meeting of African Paediatric Critical Care Practitioners

08 August 2008

Venue: CTICC

At the conclusion of the Annual CCSSA and SATS Conference hosted in Cape Town between 4 and 8 August 2008

Attendance list attached

Prof Andrew Argent welcomed delegates to this first meeting of an association of professionals that work with critically ill children in the African region. He reiterated that we were talking about critical care of children – this is defined as the care of any child (or neonate) with a life threatening illness, injury or after major surgery. While this care can be rendered in *intensive care* facilities, this is not the only setting in which critical care is administered. PICU facilities are not available in many settings in the region.

The purpose of the association was twofold:

Firstly, to improve communication - This would enable us to articulate together both the needs and possibilities of working together to assist one another. Working together will help us work out what we can do and this in turn will help us to access resources and funding for improving the care of critically ill children

Secondly, to link with the World Federation of Paediatric Intensive and Critical Care Societies -

Andrew thanked Dr Tex Kissoon from Canada and also a WFPICCS executive board member, for his commitment to this endeavour and assistance in funding doctor and nurse delegates from numerous African countries to attend the conference and this meeting.

Andrew then asked each country delegation to present a brief overview of the situation in their country.

Zambia

Dr Somwe wa Somwe a general paediatrician in Lusaka
Sr Gertrude Kamwe, RN in Lusaka Hospital, PICU

Dr Wa Somwe reported that there are 350 paediatric beds + 60 neonates

They have about 30 admissions a day

They run three areas of Critical care: Adult; child and neonates

Nursing situation: Only 30% of nursing posts are filled

In the hospital the ration of RN to child patient is between 1:25 and 1:50

In paediatric ICU between 1:5 and 1:10

The PICU has 9 nurses 4 RNs and 5 Auxillaries

Medical Situation There are no intensivists. One paediatrician and one anaesthetist who see children in the PICU

Paediatric specific training: Dr Samoya has done the APLS course

Opportunities: Zimbabwe have guidelines, including admission criteria, that they will share with Zambia

Challenges:

- Require training for Critical care – both nurses and doctors
- Training in resuscitation 25% of children die in the first 24 after admission
 - 60% die within 48 hours
- Equipment no blood gas analysis
- No lab support
- Unreliable drug supplies
- No portable X-ray facility
- Clinical skills eroded

Malawi

Prof Elizabeth Molineux

Sr Elestina Kayange

Sr Martha NG'ambi-Katete

Summary:

This team are based at the Queen Elizabeth Central Hospital in Blantyre. Paediatrics is part of the 1200 bedded hospital. Of these approximately 200 are for children There is a general ICU with 4 beds, no PICU. The earlier conference discussion entitled “Who gets the bed?” raised a pertinent question for this setting.

Nursing situation: in paediatrics Nurse: patient ratio is 1:30. There are 3 RNs in the whole department and most of the nursing cadre are enrolled nurses. Nurse allocation is decided by the chief hospital matron for the whole hospital and so nurses are moved annually throughout the hospital. This makes it difficult to sustain and create an experienced paediatric nursing team. No nursing staff have paediatric or ICU training

IMCI trained: the clinical officers in the department are IMCI trained

Other training: ETAT –Emergency Triage Assessment and Treatment is taught within the hospital especially the accident and emergency unit.

Medical Situation:

Clinicians: 8 postgraduate doctors training in paediatrics, 3 interns (change every 3 months)

Paediatric specific training: Paediatricians: 6

Specialist paediatricians: 1 but all practice general paediatrics with an interest in a particular specialty e.g. A&E or TB or HIV or neonates

PLS: We teach ETAT

APLS: 3 are instructors for APLS in Europe but have not taught it locally as have concentrated on ETAT

Other trained: 3 clinical officers

Strengths and Opportunities:

Research Unit with internationally recognised research output
Paediatric Nutrition expertise
Weekly training sessions
Established paediatric grand rounds (hand over of whole paediatric situation)
Well organised emergency unit
Substantial research in progress

Challenges: Few nurses and none paediatrics or ICU trained: only 1 RN in the ICU

Specialty training is recently established and the paediatric department relies on external help for postgraduate trainees to obtain adequate exposure to and experience in subspecialties of paediatrics.

Zimbabwe

Dr IE Pazvakavambwa
Sr Rose Mangara

Summary: These delegates are at the Parirenyatwa hospital and from the University of Zimbabwe medical school where Dr Pazvakavambwa is the head of Paediatrics and paediatric cardiology.

In Harare there are two paediatric clinical settings: Parirenyatwa (4 paediatric wards and a high care unit) and Harare Hospital. Between these there are 1000 paediatric beds

There is a 4-5 bedded surgical ICU at Harare Hospital but unfortunately the NICU has had to be closed.

Nursing situation: Posts filled:

Current Nurse: patient ratio -

Current PICU Nurse :patient ratio -

Available Training: Undergraduate

Post graduate: ICU

Paediatrics

PICU

IMCI

PLS

Medical Situation: paediatricians:

Paediatric specific training:

Sub-specialties

Specialist paediatricians:

PLS:

APLS:

other trained:

Opportunities: 5 new ventilators and monitors
Existing written protocols and norms
A ICU nurse training course that includes PICU

Challenges: The loss of infra structure
The greatest challenge is nursing

Needs: Research
Nurses
Training

Anything to add?

Rwanda

Dr
Sr

Summary Dr. is a Wits graduate, currently working at King Faizal Hospital in Kigali.
The are 2 South African trained paediatricians and one RN working there.
There are 150 paediatrics beds in the hospital. 1 ICU with 2 paediatrics beds
There is also a Neonatal Unit with 4 ventilators and 3 CPAP machines. Here there is usually 1 nurse to 3 ventilated babies. This is the only neonatal facility in the country. There are 4 hospitals.

Nursing situation:

Medical Situation The are 2 South African trained paediatricians and one RN working there

Paediatric specific training: Two paediatricians

Sub-specialties:

Specialist paediatricians:

PLS:

APLS:

other trained:

Opportunities:

Challenges:

- Refusing critically ill neonates! 4 neonatal ventilators available for a population of 9 million people.
- There are two paediatricians that do rounds in the ICU
Sr Lillian has training in ICU no one else is ICU trained.

- Some skills training exists;
- Volunteers who come to do cardiac surgery

Needs: APLS

Getting sponsorship for conferences, these are a great learning opportunity.

Uganda: Dr Robert Opika Opoka
Dr Jamir Mugalu
Nakalala Naome Kilama

Summary: Uganda has a three tiered public Health system

Nursing situation: Nurses available but none trained in critical care. No curriculum for critical care in nurses training

Medical Situation

All of the physicians working in emergency care have no specialised training in emergency or critical care. We work purely out of interest

Paediatric specific training:

No critical care training available in the country. There is only training for general paediatricians

Opportunities:

Critical care is a virgin field in Uganda despite the great need for it. There is great opportunity for development in this area.

Many nurses and Doctors are available and willing to take this up as a career path.

Challenges:

- No PICU
- An existing Triage system
- Nurses: undergraduate training, but no Paediatrics nor ICU Nursing
- Staffing is a real challenge
- Technical Assistance
- Organisational support – protocols and processes
- Research

Training is a big problem, so this association is a good idea.

Persons selected to represent Uganda on the steering committee

1. Dr Robert Opika Opoka
2. Sr Nakalala Naome Kilama

Kenya

Dr
Sr

Summary: In Kenya the IMR has progressively improved from 123/1000 to 115/1000
It is 77/1000

In the last 8 years Nairobi Hospital successes include PALS and APLS, but it is difficult to reach everywhere. ETAD and ETAD + have also been run and certainly made a difference to emergency treatment and decreased mortality by 16%

Nursing situation:

Medical Situation

Paediatric specific training:

Opportunities:

Challenges:

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Namibia

Dr Johan Baard
Sr

Summary: In Windhoek, Namibia there are 2 hospitals, one is a tertiary.

There is a general ICU with 8 beds and two consultants

Paediatrics: 2 general wards in secondary care hospitals

2 neonatal units 20 babies in one kangaroo care unit

In Windhoek, there is one NICU and an oncology unit

Nursing situation:

Medical Situation

Paediatric specific training:

Opportunities:

- making contact with GSH and doing adult cardiac surgery, nil paed done yet.
- No medical school but a college of nursing

- Challenges: Nursing training, paediatrics and Neonatal care
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Mozambique

Dr
Sr

Summary Maputo has 1 referral hospital with a 4 bedded and 2 ventilators for a 900 paediatric beds

Nursing situation:

Medical Situation

Paediatric specific training:

Opportunities:

Challenges:

- Need training and Protocols

South Africa

Prof Andrew Argent
Minette Coetzee RN PhD

Summary PICU services are very patchy. These range from centers like Cape Town to rural and secondary hospital care. The infant mortality rate varies from 5: 100 000 to 55:100 000 in other areas

Nursing situation:

Medical Situation

Paediatric specific training:

Opportunities:

Challenges:

Available training options

The meeting then heard from a number of people about available training options

1. Dave Woods – Retired professor of Neonatology, currently distance education materials producer and entrepreneur., gave an overview of the Perinatal

- Education Programme (PEP). Also of newer materials related to child health and HIV in children that were web based and accessible to health professionals.
2. Elizabeth Molyneux – Professor of Paediatrics and Emergency Medicine at the University of Malawi and Queen Elizabeth Hospital, Blantyre, gave an overview of ETAD and ETADplus → Emergency Triage Assessment and Treatment – a WHO course for managing paediatric emergency at a first referral hospital
 3. Lee Wallis – Head of Western cape Emergency and Ambulance Services - Emergency Medicine, spoke about emergency response training.
Explaining the need for APLS- if you have reasonable amounts of equipment PHPLS is pre-hospital PLS - This includes the essentials of trauma and emergency management before getting to hospital. There is generic core content and also disaster management included.
 4. Johan Smith, described his involvement with training at 3 different levels
 - 4.1. USANA – organisation representing the best interests of babies and infants. Include the rights of the newborn.
 - 4.2. Hippocrates (vice-chair) Paediatric and Neonatal knowledge transfer
 - 4.3. University of Stellenbosch paediatrics Department
 5. Andrew Argent – Assoc Professor and Director of the Red Cross Children's Hospital PICU described PLS and APLS training.
 6. Minette Coetzee – Assoc professor and lead of the Child Nurse Practice Development and Training Unit at the UCT School of Child and Adolescent Health and Red Cross Children's Hospital, described the Postgraduate diplomas in both Child Nursing and Critical care Nursing (Child) offered at University of Cape Town.

Conclusions and Plans:

That Communication would be established between delegates by:

1. Compiling a database of attendees for circulation.
2. Gather and circulate information about services
3. Establish a working group of one medical doctor and one nurse from each country to work together on establishing an association of countries

Tex Kissoon had the last word and encouraged delegates by saying that even amidst severe resource constraints, we all had the shared goal of doing the best we can for critically ill children.