5th World Congress on Pediatric Critical Care
JUNE 24-28, 2007, GENEVA, SWITZERLAND

The Congress for Critical Care:
• From Birth to Adolescence
• From Illness to Recovery
• From Surgery to Postoperative Care
• From Disaster to World Health

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## SCIENTIFIC PROGRAM

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The World Federation of Pediatric Intensive and Critical Care Societies (WFPICCS) was established in Paris in September 1997. It arose from the vision of several world leaders in the field of pediatric critical care who saw the opportunity to combine international expertise, experience and influence to improve the outcomes of children suffering from life threatening illness and injury.

It was recognized that, by connecting national societies into an international network, they could achieve more than any one nation working alone. They envisioned a global community that would further research and distribute knowledge needed to care for these children. Working together, the Federation can set priorities, provide resources to pursue new knowledge and link working groups around the world to build on current research. It can also host forums for discussion on how these research findings can be adapted and implemented to provide options for practitioners in a range of settings around the world.

WFPICCS is committed to a global environment in which all children have access to intensive and critical care of the highest standard. With this in mind, WFPICCS has defined its mission as exclusively educational, scientific and charitable in nature. It exists to find ways of improving the care of critically ill children throughout the world, and make that knowledge available to those who care for the children.

Currently, WFPICCS has over 25 national, international and regional member societies representing over 10,000 pediatric and neonatal critical care physicians, nurses and allied health care workers. The spirit of the Federation is embedded in the close relationship and working together with colleagues around the world to achieve our mission.

As a collective body, WFPICCS has achieved several milestones since its beginning. The 5th World Congress in Geneva is an example of our ongoing series of successful congresses that have gathered colleagues from all corners of the world to share knowledge and advance the pediatric and neonatal critical care specialties. In between, various regional educational meetings have been organised, supported or sponsored by the Federation. Our website www.wfpiccs.org has become a venue for discussion and debate on professional issues. The Sepsis Initiative, a worldwide campaign to decrease the burden and ravage of sepsis in children, is now online at our website. The journal Pediatric Critical Care Medicine is the Federation's official journal. The journal covers a full range of scientific content. Additionally, the journal includes abstracts of selected articles published in Chinese, French, Italian, Japanese, Portuguese and Spanish translations - making news of advances in the field available to pediatric and neonatal intensive and critical care practitioners worldwide.

WFPICCS continues to take care of critically sick children and their families by reaching out and collaborating internationally with pediatric and neonatal critical care professionals.
Dear Colleagues,

The World Federation of Pediatric Intensive and Critical Care Societies (WFPICCS) warmly welcomes you to our 5th World Congress in Geneva.

WFPICCS is committed to a global environment in which all children have access to intensive and critical care of the highest standard. With this in mind, WFPICCS has defined its mission as exclusively educational, scientific and charitable in nature. It exists to find ways of improving the care of critically ill children and their families throughout the world, and make that knowledge available to those who care for the children.

We are delighted with your presence at our congress. Exchanging your knowledge and experience advances the understanding of pediatric critical care practice, education, management, and research. In fact, it is you who make a difference and contribute to the “Dialogue of the World”.

Enjoy the atmosphere of this global gathering of all those devoted to the prevention, cure and care of critically ill children and their families throughout the world.

Edwin van der Voort Jos Latour
WFPICCS President WFPICCS Vice-President
Nursing Affairs

The city of Geneva is proud to host the 5th World Congress on Pediatric Critical Care and I am pleased to welcome you to our beautiful city, which will guarantee you a pleasant and relaxing stay during the congress.

Geneva, home of many international organizations such as the WHO and the Red Cross, has a historical tradition of humanitarian concern and involvement. The Organizing Committee’s aim in this multicultural setting was to facilitate a “Dialogue around the World”. For the varied educational and scientific program we have been able to bring together a high-quality expert community from all over the world that will share and exchange personal experience of pediatric critical care in a global perspective and will guarantee you a high-profile educational experience.

It is a special pleasure for me to have, for a first time in the history of the World Congress in Pediatric Critical Care, a special trackline devoted to a major global issue of concern, i.e. International Child Health worldwide. In our daily ICU world, characterized by high technology dependency, we tend to forget personal needs of the child, the parents, as well as the basic needs for global child survival. I hope that you will take with you something of this spirit of global thinking on Child Health when you go back to your units in a few days time.

But while you are here, please do not forgot to take the chance to participate actively in this “Dialogue around the World” during the major scientific sessions, many interactive meetings and case discussions, as well as during the conference party on the beautiful lakeside.

Peter C. Rimensberger
Congress Chairman and President of the Congress Organizing Committee

WELCOME TO GENEVA

Edwin van der Voort Jos Latour
WFPICCS President WFPICCS Vice-President
Nursing Affairs
On behalf of the European Society of Paediatric and Neonatal Intensive Care – ESPNIC - we are pleased to welcome you and your colleagues to the 5th World Congress on Pediatric Critical Care in Geneva.

After Rotterdam in 1996, the World Congress on Pediatric Critical Care will be located in Europe for the second time. ESPNIC is honored to be the hosting society of this important event in the field of paediatric and neonatal intensive care.

ESPNIC, with over 800 medical and nursing members, is dedicated to improving the quality of paediatric and neonatal intensive care as well as to the exchange of knowledge through research and education in all relevant fields. Therefore ESPNIC is pleased to offer the ESPNIC Awards to the best medical and nursing papers and posters presented at this event.

The 5th World Congress on Pediatric Critical Care under the motto ‘Dialogue around the World’ will be an excellent opportunity to network with your international colleagues in order to share your professional experience, ideas and knowledge in a global perspective. Besides the professional aspects, you will have the opportunity to meet a lot of old friends and also to make new ones.

With this in mind, we wish you an educational and pleasant time in Geneva.

**ESPNIC - INTENSIVE CARE WITHOUT BORDERS**

Denis Devictor
ESPNIC Medical President

Irene Harth
ESPNIC Nursing Representative
OFFICIAL SPONSORING AND SOCIETY SUPPORT

Official Sponsoring
University Hospital of Geneva (HUG)
Swiss Center for International Health (SCIH)
Children’s Hospital of Pittsburgh (Heart Center)

Hosted by:
European Society of Paediatric and Neonatal Intensive Care (ESPNIC)

Endorsed by:
American Academy of Pediatrics (AAP)
Australian College of Critical Care Nurses (ACCCN)
Asociacion Mexicana de Enfermeria en Urgencias (AMEU)
Australian and New Zealand Intensive Care Society (ANZICS - Paediatric Division)
British Association of Critical Care Nurses (BACCN)
Canadian Association of Critical Care Nurses (CACCN)
Canadian Pediatric Critical Care Network (CPCCN)
Critical Care Society of Southern Africa
Deutsche Gesellschaft für Fachkrankenpflege und Funktionsdienste e.V. (DGF)
Deutscher Rat für Wiederbelebung im Kindesalter e.V. (dr. wiki)
European federation of Critical Care Nursing Associations (EfCCNa)
European Resuscitation Council (ERC)
European Society of Paediatric and Neonatal Intensive Care (ESPNIC)
Groupe Francophone de Réanimation et Urgences Pédiatriques (GFRUP)
German Society of Neonatal and Pediatric Intensive Care (GNPI)
Irish Paediatric Anaesthesia and Critical Care Society (IPACCS)
IPOKRaTES Nursing
Indian Society of Critical Care Medicine (ISCCM - Pediatric Section)
Japanese Society of Pediatric Intensive and Critical Care
Paediatric Section of the Polish Society of Anaesthesiology and Intensive Therapy
PICU-Nurse-International
Pneumology Study Group of the Italian Society of Neonatology
Polish Society of Anaesthesiology and Intensive Therapy
Sociedad Argentina de Terapia Intensiva (SATI)
Spanish Society of Pediatric Critical Care (SECIP)
Sociedad Española de Enfermería Intensiva y Unidades Coronarias (SEEIUC)
Sociedad Iberoamericana de Información Científica (SIIC)
Italian Society of Neonatology (SIN)
Société des Infirmiers et Infirmières de Soins Intensifs (SIZ)
Latin-American Society of Pediatric Intensive Care (SLACIP)
Brazilian Society of Pediatric Nursing (SOBEP)
Sri Lankan Society of Critical Care and Emergency Medicine
Swiss Society of Intensive Care Medicine
Swiss Society of Neonatology
Swiss Society of Pediatrics
Swiss Society of Pediatric Anesthesia
Swiss Society of Pediatric Surgery
Turkish Society of Pediatric Emergency Medicine and Intensive Care
World Federation of Critical Care Nurses (WFCCN)
Working Group on Paediatric Cardiac Intensive Care of the Association for European Paediatric Cardiology (WGPCIC)
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Denis Devictor
Irene Harth
Jos Latour
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Howard Zucker (WHO, Switzerland)
CME ACCREDITATION by the EACCME

(European Accreditation Council for Continuing Medical Education, Institution of the UEMS) are given for:

1) 5th World Congress on Pediatric Critical Care
2) Paediatric Cardiac Intensive Care Postgraduate Course (PCICS/WGPIC)
3) 8th European Postgraduate Course on Neonatal and Pediatric Intensive Care

1) The 5th World Congress on Pediatric Critical Care is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net.

The 5th World Congress on Pediatric Critical Care is designated for a maximum of 24 hours of European external CME credits. Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

EACCME credits are recognized by the American Medical Association towards the Physician’s Recognition Award (PRA). To convert EACCME credit to AMA PRA category 1 credit, contact the AMA.

Number of hours:
The EACCME has granted 24 European CME credits (ECMEC) to the congress
The Swiss Neonatal Society has granted 32 credits to the congress
The Swiss Society of Intensive Care Medicine has granted 20 credits to the congress

2) The Paediatric Cardiac Intensive Care Postgraduate Course (preconference course of the 5th World Congress on Pediatric Critical Care) is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net.

The Paediatric Cardiac Intensive Care Postgraduate Course is designated for a maximum of 12 hours of European external CME credits.

Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity."

EACCME credits are recognized by the American Medical Association towards the Physician’s Recognition Award (PRA). To convert EACCME credit to AMA PRA category 1 credit, contact the AMA.

Number of hours:
The EACCME has granted 12 European CME credits (ECMEC) to the course.

3) The 8th European Postgraduate Course on Neonatal and Pediatric Intensive Care (preconference course of the 5th World Congress on Pediatric Critical Care) is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net.

The Paediatric Cardiac Intensive Care Postgraduate Course is designated for a maximum of 9 hours of European external CME credits. Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

EACCME credits are recognized by the American Medical Association towards the Physician’s Recognition Award (PRA). To convert EACCME credit to AMA PRA category 1 credit, contact the AMA.

Number of hours:
The EACCME has granted 9 European CME credits (ECMEC) to the course
The Swiss Society of Emergency and Resuscitation Medicine has granted 6 CME Credits to the course
The Swiss Society of Anaesthesiology and Resuscitation has granted 9.5 CME Credits to the course
The Swiss Society of Intensive Care has granted 10 CME Credits to the course
The Swiss Society of Neonatology has granted 16 CME Credits to the course
The Swiss Society of Paediatrics has granted 9.5 CME Credits to the course
PRE-CONFERENCE, POST-GRADUATE COURSES AND SPECIAL MEETINGS

PG1  8th European Postgraduate Course in Neonatal and Pediatric Intensive Care  
June 23, 14.00 - 18.00 and June 24, 08.30 - 16.30  
Palexpo Congress Center - Room D (CME accredited, registration required)

PG2  Pediatric Cardiac Intensive Care Postgraduate Course (organized by PCICS and WGPCIC)  
June 23, 13.00 - 17.30 and June 24, 09.00 - 16.45  
Palexpo Congress Center - Rooms F and G (CME accredited, registration required)

PG3  Simposio Pre - Congreso de Intensivistas Pediátricos de Habla Española y Portuguesa  
June 24, 08.00 - 17.00  
Palexpo Congress Center - Room I (Free, registration required)

M1  International Collaborative Research in Pediatric Intensive Care  
June 24, 08.00 - 16.30  
Palexpo Congress Center - Room E (Free, registration required)

N5  ESPNIC Nursing Post Graduate Course  
June 24, 08.45 - 16.30  
Children’s Hospital, University Hospital of Geneva - Auditorium (registration required)

N7  Symposium Infirmier de Langue Française  
24 Juin, 08.45 - 16.30  
Département de l’Enfant et de l’Adolescent, Hôpitaux Universitaires de Genève - salle 0-547  
inscription obligatoire

N8  Simpósio Pré-Congresso Enfermeiros de Língua Espanhola e Portuguesa  
Simposio Pre-Congreso Enfermería de habla Hispano – Portuguesa  
24 de junho / 24 de Junio, 08.45 - 16.30  
Children’s Hospital, University Hospital of Geneva - Room 7-501 (registration required)

S1  Simposio Latino de Cuidados Intensivos Cardíacos Pediátricos  
25 de Junio, 14.30 - 18.30  
Palexpo Congress Center - Room I (Free, registration required)
PRE-Congress, Post-Graduate COURSES and Simulation Sessions

PG1 8th European Postgraduate Course in Neonatal and Pediatric Intensive Care

DATES: June 23 – 24  PLACE: Palexpo Congress Center  ROOM: D

Scientific Committee

Bendicht Wagner (Chairman), Denis Devictor, Niranj Kissoon, Thomas Riedel, Peter Rimensberger, Sunit Singh, Robert Tasker

Venue

Palexpo, Geneva, Switzerland: Saturday, June 23, 2007, 14.00 and end Sunday, June 24, 2007, 16.30

Educational Credits

Accredited by the European Accreditation Council for Continuing Medical Education (EACCME) for 9 hrs of European external CME credits that are recognized by the American Medical Association.

National CME Credits: Swiss Society of Emergency and Resuscitation Medicine (6 hrs), Swiss Society of Anesthesiology and Resuscitation (9.5 hrs), Swiss Society of Intensive Care (10 hrs), Swiss Society of Neonatology (16 hrs), and Swiss Society of Pediatrics (9.5 hrs)

Aims and Objectives of the Course

• The course will focus on the continuum of intensive care support from preclinical settings to tertiary care facilities. It will on the one hand discuss the intensivist’s view of emergency medicine, triage and transportation of the critically ill or injured neonate and child. On the other hand it will teach initiation of maximal intensive care support in the specialized unit.

• The course will cover the most relevant topics in intensive care medicine in the form of very concise overview lectures. Discussion rounds will allow for debates and interactions between presenters and delegates.

By the end of the course the participant should

• apply PALS and Pediatric ATLS from an intensivist’s point of view.

• know the different needs in preclinical settings, during transport, in emergency rooms and specialized units, and should anticipate the difficulties at the various interfaces.

• recognize, monitor and treat life-threatening non-specific organ insufficiencies such as respiratory failure, shock and coma.

• know how to implement as early as possible etiology-specific treatments such as in sepsis, trauma, airway disease, intoxication and so on.

Saturday 14.00 - 16.00 Outreach Intensive Care

14.00 - 14.10 Introduction

14.10 - 14.30 The Pediatric Intensive Care Unit and Pediatric Emergency Department Interface

14.30 - 15.00 Pediatric Transport: Epidemiology and Special Needs

15.00 - 15.30 Neonatal Transport: Epidemiology and Special Needs

15.30 - 15.45 The in-hospital Fast Response Team

15.45 - 16.00 Discussion: Jean-Louis Chabernaud, France; Niranj Kissoon, Canada; Robert Tasker, UK and Robert Henning, Australia

16.00 - 16.30 Coffee Break

16.30 - 18.00 Circulatory Failure in Preclinical and Hospital Settings

Chair: Robert Tasker, UK

Chair: John Arnold, USA

14.00 - 15.00 Aims and Objectives of the Course

Bendicht Wagner, Switzerland

15.00 - 16.00 Continuum of Critical Illness in Children and Need of a Team Concept

Niranj Kissoon, Canada

16.00 - 17.00 Collaboration and Communication during Treatment on Transport, in ER and into ICU

14.00 - 15.00 What Diseases or Injuries of the Infant/Child?

Robert Henning, Australia

15.00 - 16.00 What Special Transport Needs?

Jean-Louis Chabernaud, France

16.00 - 17.00 What Special Transport Needs?

Robert Tasker, UK

15.45 - 16.00 Effectiveness

Task, Organization and Equipment

16.30 - 16.55 Management of Cardiogenic Shock

Fluids, Drugs, Mechanical Support

Desmond Bohn, Canada

16.55 - 17.20 Sepsis Guidelines

Presentation/Discussion of New Guidelines

Joseph Cercillo, USA

Including Neonatal Sepsis

Etiology-driven Early Treatment

Specific Aspects of Neonatal Sepsis (incl. Prematurity)
17:20 – 17:45  Sepsis management in tropical regions
   Empiric antimicrobial treatment
   Specific diagnosis / treatments
   e.g. Malaria, Dengue-fever
   Charles Newton, Kenya

17:45 – 18:00  Discussion  Desmond Bohn, Canada, Joseph Carcillo, USA, Charles Newton, Kenya

Sunday
08:30 – 10:30  Respiratory failure in preclinical and hospital settings  Chair: Peter Rimensperge, CH

08:30 – 08:50  The essence in basic respiratory support
   Including respiratory mechanics and waveform interpretation, lung recruitment maneuvers, and pt synchronisation
   John Arnold, USA

08:50 – 09:10  Upper airway obstruction
   Intubation in less than ideal situations.
   Etiology specific aspects and treatments: epiglottitis, laryngitis, bacterial tracheitis, foreign body aspiration
   Andrew Argent, South Africa

09:10 – 09:30  Management of life threatening lower airway obstruction
   Bronchiolitis
   Severe asthma
   Niranjan Kissoon, Canada

09:30 – 09:55  Treatment of severe postnatal respiratory failure
   RDS incl. extreme prematurity, MAS, CDH
   Laurent Storme, France

09:55 – 10:15  Non-conventional treatments of pediatric severe respiratory failure
   HFO, NO, surfactant, ECMO
   John Arnold, USA

10:15 – 10:30  Discussion  John Arnold, USA, Niranjan Kissoon, Canada, Andrew Argent, South Africa, Laurent Storme, France

10:30 – 11:00  Coffee-Break

11.00 – 13.00  The seriously injured child in preclinical and hospital settings  Chair: Andrew Argent, South Africa

11:00 – 11:30  (Pediatric) Trauma resuscitation/ATLS
   Trauma specific resuscitation in the field and ER
   Bertil Bouillon, Germany

11:30 – 11:55  Damage control
   Avoid trias: hypothermia, bleeds, acidosis
   Treat massive bleedings / When and how to delay surgery especially abdominal –pelvic trauma
   Victor Garcia, USA

11:55 – 12:15  Head trauma
   Guidelines and more
   Robert Henning, Australia

12:15 – 12:30  Chest injury
   Open chest resuscitation? Pneumothorax / Airway lacerations / Cardiovascular injuries
   Victor Garcia, USA

12:30 – 12:45  Intoxications
   Empiric decontaminations
   Selected specific measures
   Andrew Argent, South Africa

12:45 – 13:00  Discussion  Bertil Bouillon, Germany, Victor Garcia, USA, Robert Henning, Australia, Andrew Argent, South Africa

13:00 – 14:30  Lunch-Break

14.30 – 16.30  Then Intensivist’s view  Chair: Niranjan Kissoon, Canada

14:30 – 14:55  Neonatal advanced life support
   What works, what might not, what else might be needed very early into resuscitation (inotropes...?)
   JL Chabernaud, France

14:55 – 15:25  Pediatric advanced life support
   What works, what might not, what else might be needed very early into resuscitation?
   discuss life threatening dysrhythmias
   Vinay Nadkarni, USA

15:25 – 15:40  Temperature control in the critically ill
   What temperature goals in what situations?
   Bendicht Wagner, CH

15:40 – 16:10  Analgesia, sedation and muscle relaxation in critically ill neonates and children
   For pain control, intubation and invasive ventilation
   Dick Tibboel, NL

16:10 – 16:25  Discussion  JL Chabernaud, France, Vinay Nadkarni, USA, Dick Tibboel, Netherlands, Bendicht Wagner, CH

16:25 – 16:30  Closing note  Bendicht Wagner, CH
## PRE-CONFERENCE AND POST-GRADUATE COURSES

### PG2 - Pediatric Cardiac Intensive Care Postgraduate Course

**DATES:** June 23 – 24  
**PLACE:** Palexpo Congress Center  
**ROOMS:** F - G

Organized by PCICS & AEPC’s Working Group on Pediatric Cardiac Intensive Care (WGPCIC) - pre-conference course of the 5th World Congress on Pediatric Critical Care

Accredited by the European Accreditation Council for Continuing Medical Education (EACCME) for 12 hrs of European external CME credits. EACCME credits are recognized by the American Medical Association towards the Physician’s Recognition Award (PRA). To convert EACCME credit to AMA PRA category 1 credit, contact the AMA.

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<th>SATURDAY 23.06.2007</th>
<th>Room F</th>
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<tr>
<td><strong>13.00</strong></td>
<td><strong>WELCOME</strong></td>
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<td><strong>13.05-14.00</strong></td>
<td><strong>PLENARY 1</strong></td>
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</table>
| Mechanical circulatory support  
Chairs: Duncan Macrae (UK), and Allan Goldman (USA)  
ECMO - A European perspective  
Allan Goldman (UK)  
VAD - Berlin Heart experience  
Brigitte Stiller (Germany)  
Development of a biocompatible implantable pediatric continuous flow pump  
Victor Morell (USA) |  |  |
| **14.00-15.30** | **SYMPOSIUM 1** | **WORKSHOP** |
| The Borderline LV  
Chairs: Eduardo Da Cruz, (USA), David Wessel (USA)  
Classic Norwood or RV-PA or Fetal intervention?  
David Wessel (USA)  
EFE resection: Postoperative management  
Ravi Thiagarajan (USA)  
Hybrid procedures  
Dietmar Schranz (Germany)  
Stage 2 after hybrid approaches  
Tim Feltes (USA)  
Discussion | VAD and ECMO WORKSHOP - supported by BerlinHeart multiple stations (20 min. each)  
1. The different components of the BerlinHeart, EXCOR:  
Become familiar with different pumps, cannulae and driving units. Robert Halfmann, Ali Kilic (Germany)  
2. Troubleshooting, optimizing the machine and pump-exchange.  
Learn how to clamp and exchange pumps within less than 1-minute and learn to optimize the driving pressures and –times. Ulrich Schweigmann (Austria), Hans-Gert Pfeil (Germany)  
3. Managing complex ICU-cases:  
Learn how to decide whether there is need for LVAD or BiVAD and become familiar with medications and ICU-management while on EXCOR. Brigitte Stiller, Julia Lemmer (Germany)  
4. Coagulation and anticoagulation:  
Learn from pediatric hematologists the indications and interpretations not only of platelet function tests in the different age groups on EXCOR. Patti Massicotte, Holger Buchholz (Canada)  
5. What it takes to set up an ECMO service  
Allan Goldman (UK)  
6. Trouble shooting - War Stories - Hands on experience in dealing with ECMO emergencies air in the circuit  
Liz Smith (UK)  
Peter Lausson (USA) |  |  |
| **15.30-16.00** | **Coffee-Break** |  |
| **16.00-17.30** | **SYMPOSIUM 2** |  |
| CPB Update  
Chairs: Therese Giglia (USA), Evelyn Lechner (Germany)  
Surgical perspective  
Victor Morrell (USA)  
Coagulation and Anticoagulation  
Therese Giglia (USA)  
Blood conservation  
Cliff Morgan (UK) |  |  |
SUNDAY  
24.06.2007  
Room F

09.00-10.30 SYMPOSIUM 3
Safety
Chairs: Allan Goldman (UK), Peter Laussen (UK)
Safety: Defining moments
Allan Goldman (London UK)
Shipping: The Herald of Free Enterprise
Roger Portch (UK)
Civil Aviation: The Kegworth air crash
Trevor Dale (London, UK)
Boston Children’s Hospital
Peter Laussen (USA)
Discussion

10.30-11.00 Coffee-Break

11.00-12.30 SYMPOSIUM 4
Safety: Human factors
Chairs: Allan Goldman (UK), Peter Laussen (USA)
Human factors research in paediatric cardiac surgery
Marc de Leval (UK)
Airline crew-resource management in hospitals
Capt, Guy Hirst (UK)
Team training
Flt. Lt. Simon Stevens (UK)
Discussion

12.30-13.30 Lunch-Break

13.30-14.30 INDUSTRY SESSION sponsored by Somanetics and Tyco Healthcare
Non-invasive monitoring in paediatric cardiac intensive care
Chairs: Evelyn Lechner (Germany), Riccardo Munoz (USA)
Non-invasive cardiac output monitoring in paediatrics
Walter Knirsch Switzerland
Near-InfraRed Spectroscopy in Paediatrics
George Hofman (USA)

14.30-15.00 Coffee-Break

15.00-16.30 PLENARY 2
New agents in PCIC
Chairs: Alain Fraisse (France) and Anthony Chang (USA)
Levosimendan
Evelyn Lechner (Austria)
Neseritide
David Wessel, (USA)
Sildenafil and PDE5 inhibitors
Alain Fraisse (France)
Dexmedetomidine
Ricardo Munoz (USA)
Management of severe heart failure in PCIC
Anthony Chang (USA)

16.30–16.45 CLOSING REMARKS
Anthony Chang (USA), Eduardo Da Cruz (USA), Duncan Macrae (UK)
Este Simposio se desarrolla tradicionalmente el primer día del Congreso Mundial y es patrocinado por la “Sociedad Latinoamericana de Cuidados Intensivos Pediátricos”, SLACIP. La inscripción es gratuita. Las lenguas oficiales son el español y el portugués.

**Comité Organizador**
Bettina von Dessauer - Chile
Eduardo Schnitzler - Argentina
Francisco Cunha - Portugal
Francisco Ruza - España
Jesús Pulido - México
Pedro Celiny García - Brasil
Santiago Campos - Ecuador
Jesús López-Herce - España

**Colaboradores**
Aristides Baltodano - Costa Rica
Edgar Benito - Perú
Eduardo Troster - Brasil
Gabriel Cassalet - Colombia
Gregorio Weller - Argentina
Huniades Urbina - Venezuela
Jorge Salazar - Bolivia
Jorge Serda - Perú

**Fecha:** June 24
**Lugar:** Palexpo Congress Center
**Habitación:** I

**PROGRAMA**

08:00 - 08:30 **Recepción**: Colocación de los carteles

08:30 - 08:45 **Ceremonia de inauguración**: B. von Dessauer - Chile

08:45 - 10:00 **Mesa redonda**: Sepsis

*Coordinador:* E. Troster - Brasil

- Reanimación precoz: cuándo y cuánto
- Reanimación vigorosa y el pulmón
- Fármacos vasoactivos de primera línea: la mejor decisión para el paciente específico

**Colombia**: Jaime Forero - Colombia
**Brasil**: Ricardo Iramain - Paraguay
**México**: Ricardo Olivar - México
**Argentina**: Victor Olivar - México
**Paraguay**: Werner B. de Carvalho - Brasil
**Honduras**: Walter Moncada - Honduras

10:00 - 11:00 **Comunicaciones orales - sesión 1**

*Coordinadores:* Victor Olivar - México, Werner B. de Carvalho - Brasil

- Caracterización del cuidado intensivo pediátrico en Portugal
- Una clasificación previa a la UCI pediátrica
- Epidemiología y calidad del cuidado: estudio multicéntrico en Argentina
- Transporte interhospitalario de niños críticos en Portugal

**Portugal**: J Estrada - Portugal
**Uruguay**: O. Bello - Uruguay
**Argentina**: M.E. Ratto - Argentina
**Paraguay**: C.R. Mota - Paraguay

11:00 - 11:15 **Descanso y sesión de posters**

J. Pulido - México, E Schnitzler - Argentina, L. Moya - Guatemala, O. Bello - Uruguay, J Salazar - Bolivia

11:15 - 13:00 **Comunicaciones orales 2**

*Coordinadores:* J. López-Herce - España, P. Celiny García - Brasil, R. Iramain - Paraguay

- Asociación entre malnutrición y mortalidad en cuidados intensivos pediátricos
- Evaluación de la eficacia de una mezcla probiótica para reducir la incidencia y severidad de la enterocolitis necrotizante en prematuros de bajo peso
- Valores de ferritina en niños con sepsis grave y shock séptico
- Depuración extrarrenal continua venovenosa en niños críticos
- Evaluación de la sedación por el índice bispectral, potenciales audioevocados y escalas clínicas
- Craniectomía descompresiva en el traumatismo craneal grave con hipertensión intracraneal refractaria en niños: Resultados inmediatos y seguimiento de 6 meses
- Parada cardiaca pediátrica en el hospital. Propuesta de estudio multicéntrico iberoamericano

**Brasil**: J. Forero - Colombia
**Colombia**: P. Celiny García - Brasil
**España**: E. Cidoncha - España
**Argentina**: M.J. Santiago - España
**Paraguay**: L. Alabano - Argentina
**España**: J. López-Herce - España
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<td><strong>Almuerzo y continuación sesión de posters</strong></td>
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<td>J. Sasbón - Argentina, L. Albano - Argentina, G. Weller - Argentina, W.B. de Carvalho - Brasil, A. Castillo - Chile, J. Pulido - México</td>
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<td>14:15 - 15:30</td>
<td><strong>Mesa redonda : Bioética</strong></td>
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<td>Coordinadora: B. von Dessauer - Chile</td>
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<td>- Limitación del esfuerzo terapéutico y la familia</td>
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<td>F. Ruza - España</td>
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<td>- Limitación del esfuerzo terapéutico en Portugal</td>
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<td>F. Cunha - Portugal</td>
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<td>- Limitación del esfuerzo terapéutico en Brasil</td>
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<td>J. Piva - Brasil</td>
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<td>15:30 - 15:45</td>
<td><strong>Descanso y sesión de posters</strong></td>
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<td>H. Urbina - Venezuela, J Forero - Colombia, J Serida - Perú, J. Sasbón - Argentina</td>
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<td>15:45 - 16:45</td>
<td><strong>Comunicaciones orales - sesión 3</strong></td>
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<td>Coordinadores: N Freddi - Brasil, A Baltodano - Costa Rica</td>
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<td>- El bromuro de ipratropio mejora la crisis asmática en niños atendidos en un servicio de urgencias</td>
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<td>R. Iramain - Paraguay</td>
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<td>- Efectos protectores de la hipotermia moderada en modelo de injuria pulmonar inducida por ventilación mecánica</td>
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<td>P. Cruces - Chile</td>
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<td>- Ventilación de alta frecuencia oscillatoria es eficaz en el tratamiento de hipercapnia grave refractaria</td>
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<td>A. Donoso - Chile</td>
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<td>- Eficacia del surfactante en la lesión pulmonar aguda</td>
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<td>R. Iramain - Paraguay</td>
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<td>16.45 - 17.00</td>
<td><strong>Resumen de carteles de cada país. La realidad de iberoamérica en 2007</strong></td>
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<td>17.00 - 17.25</td>
<td><strong>Ceremonia de clausura</strong></td>
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<td>LA HISTORIA</td>
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<td>B. von Dessauer - Chile, J. Sasbón - Argentina</td>
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Patrocinado por Phillips-Andove, Chile y Phillips, EEUU
## M1 - International Collaborative Research in Pediatric Intensive Care

**DATE:** June 24  
**PLACE:** Palexpo Congress Center  
**ROOM:** E

Join us for a whole day meeting to discuss and share ideas on national and international collaboration in PICU research including protocol development, authorship, site selection, ethical issues etc.

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<td>08.00 – 09.00</td>
<td>Registration</td>
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<tr>
<td>09.00 – 09.30</td>
<td>Problems and pitfalls in multi-center collaboration</td>
<td>Jamie Hutchinson</td>
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<td>09.30 – 11.00</td>
<td>Presentations by individual groups, including description of one study, to illustrate collaborative methods (Part 1)</td>
<td>Chair: Barry Wilkins</td>
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<td>09.30 – 09.45</td>
<td>PALISI Group</td>
<td>Adrienne Randolph</td>
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<td>09.45 – 10.00</td>
<td>WFPICCS Sepsis Initiative</td>
<td>Jo Carcillo</td>
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<td>CANADIAN CRITICAL CARE TRIALS GROUP</td>
<td>Jacques Lacroix</td>
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<td>10.00 – 10.15</td>
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<td>Jamie Hutchinson</td>
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<td>10.15 – 10.30</td>
<td>UK Paediatric Intensive Care Society Group</td>
<td>Rob Tasker</td>
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<td>10.30 – 10.45</td>
<td>Australia and New Zealand Intensive Care Society Paediatric Study Group</td>
<td>Michael Yung</td>
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<td>10.45 – 11.00</td>
<td>International Group on Mechanical Ventilation</td>
<td>Pilar Arias</td>
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<td>11.00 – 11.15</td>
<td>Tea / Coffee Break</td>
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<td>11.15 – 12.00</td>
<td>Part 2</td>
<td>Chair: To be notified</td>
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<td>11.15 – 11.30</td>
<td>Indian Group</td>
<td>Sunit Singhi</td>
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<td>11.30 – 11.45</td>
<td>ESPNIC</td>
<td>Denis DeVictor</td>
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<td>11.45 – 12.00</td>
<td>CPCCRN</td>
<td>Doug Willson</td>
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<td>12.00 – 12.30</td>
<td>Talk - Outcome Measures and Sample Size Calculations</td>
<td>Barry Wilkins</td>
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<td>12.30 – 13.00</td>
<td>Talk - Ethics – Multiple Ethics Review Boards, Guardianship Issues, Delayed Consent</td>
<td>Stephen Davis</td>
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<td>13.00 – 13.45</td>
<td>Lunch</td>
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<td>13.45 – 15.15</td>
<td>Short presentations and discussion:</td>
<td>Chair: Tex Kissoon</td>
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<td>1. Protocol Development</td>
<td>1. John Beca</td>
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<td>2. Site Selection</td>
<td>2. Martha Curley</td>
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<td>3. Web-based Data Entry</td>
<td>3. Mike Dean</td>
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<td>5. Research Co-ordinators</td>
<td>5. Debbie Long</td>
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<td>15.15 – 15.30</td>
<td>Tea / Coffee Break</td>
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<td>15.30 – 15.45</td>
<td>Open discussion – Research priorities for the next 5 years</td>
<td>Chair: Edwin van der Voort</td>
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<td>15.45 – 16.25</td>
<td>Panel discussion – various issues including</td>
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<td>• Observational Studies versus Clinical Trials</td>
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<td>• Statistical Resources</td>
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<td>And, most importantly, Where do we go from here?</td>
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<td>16.25</td>
<td>Closing Remarks</td>
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N5 - ESPNIC Nursing Post Graduate Course

DATE: June 24
PLACE: Hôpital de l'Enfant, University Hospital of Geneva
ROOM: Auditorium

Organizer:
Fiona Lynch BSc, MSc, President ESPNIC Nursing SC
ESPNIC Nursing: www.espnic.org

Faculty:
George Damhuis (The Netherlands), Marino Festa (Australia)
Odile Frauenfelder (The Netherlands), Nick Gosling (UK)
Sara Hanna (UK), Fiona Lynch (UK)

Content Description:
This seminar will adopt an interactive approach to exploring this issue and promote discussion between participants. Using a simulator mannequin, this PGC will create a “life like” situation to investigate the concept of ventilator support.
Managing the ventilatory support of the critically ill neonate/child is the cornerstone of nursing intervention in the NICU and PICU and an area where nurses lead and develop practice changes. Without evidence based practice how can nurses provide the best possible care for their patients? This post graduate course will offer the participants and problem solving approach to managing the patient requiring non-invasive ventilation, conventional and non-conventional ventilation. Using the up-to-date technology of patient simulators this course will create a realistic learning environment for the delegates.

Learning Outcomes:
1. Able to assessment of the neonate and child’s respiratory system
2. Explore the indications for instigation of NIV & principles of NIV.
3. Explore the indications for mechanical ventilation & principles.
4. Explore the indications for HFOV & principle
5. Pulling it all together understanding of the concept of the “Ventilation Bundle”; positioning, open lung techniques and suctioning

Date:
Sunday, 24.06.2007, 09’00 – 16’30 (Number of participants is limited to 60 persons!)

Program: Summary of Key Points
Respiratory assessment: Tools of assessment (Observation, Auscultation, C x-ray, Monitoring tools)
Non-invasive Ventilation: Principles of NIV, Modes and actions, Practical Issues for nurse and child
Conventional Ventilation: Principles of IVP, Modes and actions, Practical Issues for nurse and child
Non-conventional Ventilation: Principles of HFOV. Modes and actions, Practical Issues for nurse and child
Conclusion: Pulling all the knowledge together
Concepts of care of the ventilated child
Lessons to be learnt
Minimizing risk and the effect of human factors

This course is supported by unrestricted educational grants from:
University Hospital of Geneva, South Thames RETRIEVAL SERVICE, SLE Ltd, and VIASYS Healthcare
### N7 - Symposium Infirmier de Langue Française

**DATE:** June 24  
**Département de l’Enfant et de l’Adolescent**  
**University Hospital of Geneva, Rue Willy-Donzé 11, Geneva**  
**ROOM:** 0 - 547

**Partage de Connaissance et Vision pour le Futur**

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<td>Accueil, café et mot de bienvenue</td>
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<td>09:00 - 12:30</td>
<td>Aspects des soins infirmiers</td>
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<td>09:00 - 09:30</td>
<td>Aspiration endotrachéale et physiothérapie respiratoire aux soins intensifs, quelle évidence ?</td>
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<td>09:30 - 10:00</td>
<td>Monitoring continu des fonctions vitales : les informations essentielles à analyser pour la prise en charge du patient</td>
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<td>10:00 - 10:30</td>
<td>Pause café</td>
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<td>10:30 - 11:00</td>
<td>Traitements avec circulation extra corporelle : compétences infirmières spécifiques</td>
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<td>11:00 - 11:30</td>
<td>Plan catastrophe : le rôle de l’infirmière en soins intensifs</td>
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<td>11:30 - 12:00</td>
<td>Evaluation de la douleur et sédation aux soins intensifs pédiatriques : où en sommes-nous ?</td>
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<td>12:00 - 12:30</td>
<td>Utilisation de l’Entonox dans les gestes invasifs aux soins intensifs pédiatriques</td>
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<td>12:30 - 13:00</td>
<td>Déjeuner</td>
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<td>13:30 - 14:15</td>
<td>Table ronde : Procédé décisionnel en fin de vie</td>
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<td><strong>Modérateurs:</strong> Anne-Sylvie Ramelet (Australie) et Danielle Mathy (Suisse)</td>
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<td><strong>Participants:</strong> Franco Carnevale (Canada)</td>
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<td>Christelle Savin Piccard (Suisse)</td>
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<td>Denis Devictor (France)</td>
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<td>Michel Berner (Suisse)</td>
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<td>14:15 - 15:30</td>
<td>Forum de discussion : Formation en soins intensifs pédiatriques : différents modèles et perspectives</td>
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<td><strong>Modérateur:</strong> Danielle Mathy (Suisse)</td>
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<td>José Gaudreault (Canada)</td>
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<td>Marie-Josée Eusébio (Suisse)</td>
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<td>15:30 - 16:00</td>
<td>Pause café</td>
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<tr>
<td>16:00 - 16:30</td>
<td>Forum de discussion : Recherche infirmière : modèles existant et création d’un groupe de chercheurs francophones</td>
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<td><strong>Modérateurs:</strong> Franco Carnevale (Canada) et Anne-Sylvie Ramelet (Australie)</td>
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<tr>
<td>16:45</td>
<td>Transfer au Centre de Conférence, PALEXPO</td>
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Avec le support et la collaboration des Hôpitaux Universitaires de Genève, Département de l’Enfant et de l’Adolescent
### Versão em Português

#### Enfermagem em Cuidados Intensivos Pediátricos e Neonatais: Desenvolvimento da profissão e o estado da arte em Países Ibéricos e Latino-Americanos

<table>
<thead>
<tr>
<th>Horário</th>
<th>Título</th>
<th>Coordenador</th>
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<tbody>
<tr>
<td>9:00 - 10:00</td>
<td>O desenvolvimento de competências de enfermagem em cuidados intensivos pediátricos e neonatais.</td>
<td>Myriam Pettengill – Brasil</td>
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<tr>
<td></td>
<td>1. Aprendizagem ao longo da vida e a certificação de competências</td>
<td>1. Ana Paula França - Portugal</td>
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<td>2. A Formação profissional em cuidados intensivos pediátricos: as especializações</td>
<td>2. Denise M. Kusahara – Brasil</td>
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<td>3. Promovendo profissionalismo: a função das associações de enfermagem</td>
<td>3. Ariel Palácios - Argentina</td>
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<td>11:00 – 11:30</td>
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<tr>
<td>10:00 - 11:00</td>
<td>Criando um ambiente de prática mais saudável</td>
<td>Ariel Palácios-Argentina</td>
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<tr>
<td></td>
<td>1. Participação dos enfermeiros na tomada de decisão ética em cuidados intensivos pediátricos e neonatais.</td>
<td>1. Ana Paula França - Portugal</td>
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<td></td>
<td>2. Promoção de Segurança do paciente: diferenças entre países desenvolvidos e não desenvolvidos.</td>
<td>2. Denise M. Kusahara – Brasil</td>
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<td>3. O estado da arte do cuidado paliativo em UCIP</td>
<td>3. Antonio Martín-Perdiz - Espanha</td>
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<td>4. Mobbing and burnout em UCIP e UCIN</td>
<td>4. Myriam Pettengill- Brasil</td>
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<td>11:30 - 12:30</td>
<td>Cuidado centrado na família</td>
<td>Mavilde Pedreira - Brasil</td>
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<td>1. Promovendo a cultura do cuidado centrado na família</td>
<td>1. Denise M Kusahara - Brasil</td>
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<td>2. Presença da família na Parada Cardiorrespiratória</td>
<td>2. Ariel Palácios - Argentina</td>
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<td>4. Morte na unidade de cuidados intensivos pediátricos e neonatais</td>
<td>4. Antonia Martín-Perdiz-Espanha</td>
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<td>12:30 – 13:30</td>
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<td>13:30 – 15.00</td>
<td>Prática baseada em evidências, comunicação e transferência de conhecimento: realidades e perspectivas para países Ibéricos e Latino-Americanos</td>
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<td>Evidência e Experiência na prática clínica: compartilhando protocolos e resultados.</td>
<td>Ana Paula França – Portugal</td>
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<td>1. Higiene oral e pneumonia associada a VPM</td>
<td>1. Denise Kusahara - Brasil</td>
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<td>2. Cuidados com a pele e taxas de lesões em UCIP e UCIN</td>
<td>2. Ariel Palácios - Argentina</td>
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<td>3. Avaliação de dor e sedação e satisfação da criança e família com o cuidado</td>
<td>3 Antonio Martín-Perdiz – Espanha</td>
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<td>4. Manutenção de cateteres centrais e taxas de infecções</td>
<td>4. Ariel Palácios - Argentina</td>
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<td>15:30 - 16:30</td>
<td>Unir para transformar:</td>
<td>Denise Kusahara - Brasil</td>
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<td>Comunicação eficaz e transferência de conhecimentos entre enfermeiros de países de língua espanhola e portuguesa.</td>
<td>1. Ana Paula França - Portugal</td>
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<td>4. Mavilde Pedreira - Brasil</td>
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This course is supported by unrestricted educational grants from the University Hospital of Geneva
N8 – Simposio Pre · Congreso Enfermería de habla Hispano – Portuguesa

24 de junho de 2007 / 24 de Junio de 2007
Hôpital des Enfants, University Hospital of Geneva, Rue Willy-Donzé 11, Geneva

ROOM: 7 - 501

Comissão Científica / Comite Cientifico: Ariel Palácios (Argentina), Mavilde LG Pedreira (Brasil), Denise M Kusahara (Brasil), Paulina Cifuentes (Chile), Olga Poveda (Espanha/ España), Ana Paula França (Portugal)

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<tr>
<th>Temporada</th>
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<tr>
<td>9:00 - 10:00</td>
<td>Desarrollo de competencias de Enfermería en Cuidados Intensivos Pediátricos y Neonatales</td>
<td>Myriam Pettengill - Brasil</td>
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<td>1. Aprendizaje a lo largo de la vida y desarrollo de competencias profesionales</td>
<td>1. Ana Paula França - Portugal</td>
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<td>2. Formación de Enfermería en Cuidados Intensivos Pediátricos: la especialización</td>
<td>2. Denise M. Kusahara – Brasil</td>
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<td>3. Promoviendo el desarrollo profesional: Rol de las asociaciones de Enfermería en Cuidados Intensivos</td>
<td>3. Ariel Palacios - Argentina</td>
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<td>11:00 – 11:30</td>
<td>Pausa</td>
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<td>10:00 - 11:00</td>
<td>Creando ambientes de trabajo saludables</td>
<td>Ariel Palacios – Argentina</td>
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<td>1. Participación de Enfermería en la toma de decisiones éticas en Cuidados Intensivos</td>
<td>1. Ana Paula França - Portugal</td>
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<td>2. Seguridad del paciente: contraste entre países desarrollados y subdesarrollados</td>
<td>2. Mavilde Pedreira - Brasil</td>
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<td>3. Estado del arte en Cuidados Paliativos en UCIP y UCIN</td>
<td>3. Antonia Martín-Perdiz - España</td>
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<td>Mavilde Pedreira - Brasil</td>
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<td>1. Promoción de la cultura del cuidado centrado en la familia</td>
<td>1. Denise M Kusahara - Brasil</td>
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<td>2. Presencia de la familia durante las maniobras de RCP</td>
<td>2. Ariel Palacios - Argentina</td>
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<td>3. La familia en UCIP: acompañantes o espectadores</td>
<td>3. Myriam Pettengill - Brasil</td>
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<td>13:30 – 15.00</td>
<td>Enfermería Basada en la Evidencia</td>
<td>Ana Paula França – Portugal</td>
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<td>1. Cuidado oral y Neumonía asociada a ventilador</td>
<td>1. Denise Kusahara - Brasil</td>
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<td>2. Cuidados de la piel y tasas de úlceras por presión</td>
<td>2. Ariel Palacios - Argentina</td>
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<td>3. Dolor y sedación: Impacto del cuidado sobre la satisfacción del paciente y la familia</td>
<td>3 Antonia Martín-Perdiz - España</td>
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<td>4. Mantenimiento de vías centrales e infección asociada a catéteres</td>
<td>4. Ariel Palacios - Argentina</td>
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<td>15:00 – 15:30</td>
<td>Pausa</td>
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<td>15:30 - 16:30</td>
<td>Comunicación efectiva e intercambio de conocimiento entre enfermeros de países de habla Hispano - Portuguesa</td>
<td>Denise Kusahara - Brasil</td>
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<td>1. Ana Paula França - Portugal</td>
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<td>3. Antonia Martín-Perdiz - España</td>
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This course is supported by unrestricted educational grants from the University Hospital of Geneva
**S1 - Simposio Latino de Cuidados Intensivos Cardíacos Pediátricos**

**DATE:** June 25  
**PLACE:** Palexpo Congress Center  
**ROOM:** I

**Idioma oficial:** Español

**Patrocinado por:** World Federation of Pediatric Intensive and Critical Care Societies  
Working Group on Paediatric Cardiac Intensive Care of the Association for European Paediatric Cardiology  
European Society of Pediatric and Neonatal Intensive Care  
Sociedad Latino Americana de Cuidados Intensivos Pediátricos  
Sociedad Española de Cardiología Pediátrica y Cardiopatías Congénitas

**Organizado por:** Hospital de Niños de Pittsburgh-Pittsburgh, Estados Unidos de Norteamérica  
Hospital Pediátrico Universitario de Ginebra- Ginebra, Suiza  
Hospital General Universitario Gregorio Marañón- Madrid, España

**Financiado por:** Hospital de Niños de Pittsburgh-Pittsburgh, Estados Unidos de Norteamérica  
Hospital Pediátrico Universitario de Ginebra- Ginebra, Suiza

**Organizadores y moderadores:** Eduardo da Cruz, USA, Enrique Maroto, España, Ricardo Munoz, USA

| 14:30 - 14:35 | Introducción y bienvenida |  
| 14:35 - 15:00 | I. ASPECTOS GENERALES  
Utilidad de la ecografía cardíaca en los cuidados intensivos | Enrique Maroto, España  
15:00 - 15:25 | Conceptos básicos de cirugía cardíotorácica para el intensivista | Rubén Greco, España  
15:25 - 15:35 | Discusión |
| 15:35 - 16:00 | II. INSUFICIENCIA CIRCULATORIA  
Shock en el paciente cardíaco | Eduardo da Cruz, USA  
16:00 - 16:25 | Oxigenación de membrana Extracorporea (ECMO) y dispositivos de asistencia ventricular en el niño con insuficiencia cardíaca crítica | Victor Morell, USA  
16:25 - 16:35 | Discusión |
| 16:35 - 17:00 | III. PULMON Y CIRCULACION  
Hipertensión pulmonar aguda | Eduardo Da Cruz, USA  
17:00 - 17:25 | Conceptos esenciales de ventilación mecánica en el paciente cardíaco | Riccardo Munoz, USA  
17:25 - 17:35 | Discusión |
| 17:45 - 18:30 | Cocktail |
COMMITTEES AND SPECIAL GROUP MEETINGS

Friday June 22

**WFPICCS Board Meeting**
Room Davos (Crowne Plaza Hotel)
10.00 – 18.00

Saturday June 23

**WFPICCS Board Meeting**
Room Davos (Crowne Plaza Hotel)
08.00 – 18.00

**ESPNIC EC Joint Meeting**
Room E (Palexpo Congress Center)
16.00 – 17.00

Sunday June 24

**PCICS Business and Council Meeting**
Room H (Palexpo Congress Center)
12.30 – 15.00

Monday June 25

**ESPNIC SC Joint Meeting**
Room Leysin (Crowne Plaza Hotel)
07.30 – 08.45

**Editorial Board PCCM**
Room Nendaz (Crowne Plaza Hotel)
15.00 – 16.30

Tuesday June 26

**SickKids Toronto Fellows Reception**
Clin d’Oeil (Crowne Plaza Hotel)
18.45 – 20.15

Wednesday June 27

**Canadian Pediatric Critical Care Network**
Room I (Palexpo Congress Center)
13.30 – 15.00

**ESPNIC General Assembly**
Room A (Palexpo Congress Center)
17.00 – 18.30

**Asian Board Meeting**
Room I (Palexpo Congress Center)
17.00 – 18.30

Thursday June 28

**Groupe Européen: Central Congenital Hypoventilation Syndrome**
Room Nendaz (Crowne Plaza Hotel)
09.00 – 14.00

**WFPICCS General Assembly**
Room AB (Palexpo Congress Center)
12.15 – 13.15

Friday June 29

**WFPICCS Board Meeting**
Room Davos (Crowne Plaza Hotel)
08.00 – 12.00
INSTRUCTIONS FOR SPEAKERS AND AUTHORS

SPEAKERS’ ROOM (LEVEL 0):
Lecture rooms are equipped with a beamer and a laptop. The presentation will be uploaded to the main server in the Speaker’s Room and then forwarded accordingly to the laptop in each lecture room. You are encouraged to use a Power Point presentation. The supported formats are: PowerPoint Office 2003 or previous versions, saved in PC format. You will not be able to use your own laptop for your presentation!

You are kindly asked to hand over a CD Rom or USB Key to the Speakers’ Room the day before the presentation at the latest. The CD or USB key should be labelled with your name, the day and the session of your presentation.

To facilitate the process of uploading all presentations, we have set up a website which will be available 2 weeks before the congress. You will be contacted by e-mail by Dorier SA (our computer software partner-company) who will give you a personal log-in to enter and upload your presentation onto this website. Once your presentation has been uploaded onto the website, you will still be able to change or modify your slides.

POSTER PRESENTATION:
The schedule of your poster presentation (session and day) is indicated in the confirmation letter. Each poster is exposed for one day only in the exhibition area. One of the authors is kindly asked to stay by his/her poster during the poster walk session (afternoon) in which the abstract is scheduled. Please set-up your poster on the day of your presentation from 07.30 to 09.00 and remove it in the evening from 16.45 to 17.30. After 17.30, the remaining posters will be removed by the conference staff. In this case, no guarantee can be given that you will be able to recover your poster.

POSTER SIZE:
The maximum poster size is height 160 cm and width 90 cm

Make your poster easy to read by ensuring that the text and graphics on your poster are readable from a certain distance.

Posters must be fixed with scotch tape that will be provided directly at the panels. Staff will be available to assist you with the location and other on-site needs.

ORAL PRESENTATION:
The schedule of your oral presentation (session and day) is indicated in the confirmation letter. The time available for presentation is max. 10 minutes followed by 5 minutes of discussion.
Since the early 1980s, when the first use of prolonged per-laryngeal intubation of infants using polyvinyl chloride tubes allowed pediatric intensive care units to develop, the under-5 mortality rates of 21 countries in Europe, North America, Australasia and Asia that would go on to develop pediatric intensive care units fell from 29 per 1000 live births to 7 per 1000 live births. Pediatric intensive care was only partly responsible for these outcomes, and most of the reduction of child mortality in these countries occurred in the 50 years before. However 90% of the world’s children, the majority of whom live in developing countries and in poorer areas in countries with mixed economies, have not shared in this remarkable prosperity and progress.

Each year more than 10 million children die; 99% of these deaths occur in developing countries. In 2005 WHO and UNICEF developed a Child Survival strategy to address the high child mortality rates in many countries. This Child Survival strategy involves a series of technical interventions which, if implemented on a universal scale, were estimated to halve the numbers of child deaths. These technical interventions are strongly supported by evidence for effectiveness from controlled trials. However, it would be naive to believe that a handful of vaccines, antibiotics, vitamins, and treatment guidelines will reduce child mortality. The implementation gap in many countries exists because of broken health systems, deficiencies in quality, very limited human resources, poorly supported health institutions, and fundamentally child health being a low priority for many governments.

Worldwide there is a human resource crisis; a global deficit of health workers estimated at over 4.3 million. Human resources for health in low income countries face three fundamental challenges: chronic underinvestment in health systems and in people; migration of health workers away from the areas most in need; and HIV/AIDS. Chronic under-investment in health has resulted in substandard rural health facilities, shortages of drugs and equipment, inadequate wages and limited incentive for rural service, poorly supported district health services, low morale, closure of nursing colleges, and limited professional development. Large scale migration of doctors and nurses is occurring from rural to urban areas, from public to private sectors, from poor to rich countries, and away from academic careers in training institutions to better paid employment. In many countries HIV/AIDS has exacerbated this human resources crisis; by taking the lives of doctors and nurses; by increasing workloads and patient complexity; and through programs to provide life-saving ART, draining the human resources that would otherwise be used to treat childhood diarrhoea, pneumonia or malnutrition.

Research in child health is disproportionate to the burden of diseases. While $73 is spent on health research per disability adjusted life year lost for disease overall and $8.40 is spent on research into HIV, malaria and tuberculosis, only $0.51 per DALY is spent on research into acute respiratory infection, and $0.30 per DALY spent on diarrhoea. The investment in new vaccines through the Gates Foundation and other donors is most welcome, but there will be no “magic bullets” - concurrent investment in human resources and health systems are necessary for the optimal impact of new vaccines and technical interventions.

What can the global professional associations like World Federation of Pediatric Critical Care do to address the Millennium Challenge? There needs to be major strategic and long-term support given to educational institutions in developing countries; support for improving the quality of careers for health workers from developing countries; and increased sharing of information and innovation. WFPICCS is in a position for advocacy: for more appropriate cooperation between nations; more investment in child health in poorer countries; and for relevant health systems research. Educational self-sufficiency in rich countries is also necessary if the brain-drain from poor countries is to be stemmed. WFPICCS should avoid a “parallel project” approach, but contribute to integrated national, regional and global programs. The opportunities are substantial, but they will require serious investments of time, and an appropriate perspective.

The world can afford sufficient health workers, drugs, vaccines, technology, and quality health systems to save the lives of 5 million children each year. The estimated cost of this is an additional US$5.1 billion per year. Contrast this to the more than US$400 billion spent on the Iraq War, which from this perspective can be seen as the most tragic missed opportunity of a generation. A strong commitment to invest in the health of all peoples will go much further to create politically stable countries and prevent terrorist attacks than war-mongering. The question is therefore, if we know we can afford to save the lives of so many poor children, then why don’t we?

**Trevor Duke**

Associate Professor
Centre for International Child Health,
University of Melbourne
Intensive Care Unit, Royal Children’s Hospital, Melbourne
## MONDAY, JUNE 25, 2007 – DAY OF KNOWLEDGE

### TIME

<table>
<thead>
<tr>
<th>Time</th>
<th>Pulmonary (PULM)</th>
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<tr>
<td>08.00-08.45</td>
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<tr>
<td>09.00 - 10.30</td>
<td>B PULM PY 1</td>
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<tr>
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<td>Pediatric and Neonatal Respiratory Physiology: The Essentials for the Intensivist</td>
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<td>Chairs: John Kinsella, USA and Brian Kavanagh, Canada</td>
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<td>09.00 - 09.30</td>
<td>Essentials of Respiratory Physiology</td>
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<td>Martin Tobin, USA</td>
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<td>09.30 - 10.00</td>
<td>Essentials of Airway Physiology</td>
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<td>Alastair Hutchison, USA</td>
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<td>10.00 - 10.30</td>
<td>Cells and Maturation of the Lung</td>
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<td>Martin Post, Canada</td>
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<td>11.00 - 12.30</td>
<td>B PULM PY 2</td>
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<td>Acute Respiratory Failure Worldwide</td>
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<td>Chairs: Julio Farias, Argentina and Peter Rimensberger, Switzerland</td>
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<td>11.00 - 11.20</td>
<td>Mechanisms of Lung Injury in the NICU</td>
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<td>John Kinsella, USA</td>
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<td>11.20 - 11.40</td>
<td>Mechanisms of Lung Injury in the PICU</td>
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<td>Brian Kavanagh, Canada</td>
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<td>11.40 - 12.00</td>
<td>Acute Hypoxic Respiratory Failure - Epidemiology, Incidence and Outcome: The Chinese Experience</td>
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<td>Acute Respiratory Failure in PICU in Sweden</td>
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<td>Nina Gottberg, Sylvia Göthberg, Ann-Kristin Olsson, Hakon Kalmen, Owe Luhr, and Claes Frostell, Sweden</td>
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<td>12.15 - 12.30</td>
<td>Infants admitted to Pediatric Intensive Care with Acute Respiratory Failure in England and Wales: Deprivation, Ethnicity and Mortality</td>
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<td>Roger C. Parslow, Patricia A. McKinney, Elizabeth S. Draper and Roddy O'Donnell, UK</td>
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<td>12.45 - 14.15</td>
<td>B PULM/IND SYMP 1 INDUSTRY SYMPOSIUM sponsored by MAQUET and VIASYS HEALTHCARE</td>
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<td>Lung Recruitment: Tecnics and Tools</td>
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<td>Chairs: Peter Dargaville, Australia and Peter Rimensberger, Switzerland</td>
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<td>ORAL AND POSTER PRESENTATIONS</td>
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<td>13.30 - 15.00</td>
<td>POSTER WALKS (Exhibition Hall)</td>
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<td>P 1 Pulmonary: ALI and Lung Disease - Experimental</td>
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<td>P 2 Pulmonary: ALI and Mechanical Ventilation</td>
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<td>Facilitators: Jurg Hammer, Switzerland and Peter Dargaville, Australia</td>
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<td>P 3 Pulmonary: ALI – Epidemiology</td>
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<td>Facilitator: Julio Farias, Argentina</td>
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<td>15.15 - 16.45</td>
<td>F1 PULM ME 1</td>
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<td>Lung Function in the ICU: What I Measure and Why?</td>
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<td>Jung Hammer, Switzerland; Peter Dargaville, Australia</td>
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<td>15.15 - 16.15</td>
<td>B PULM ME 2</td>
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<td>Ventilation Strategies in Acute Lung Injury: What I should know and how do I implement this in my unit</td>
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<td>Introduction: Jefferson Piva, Brazil</td>
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<td>Panel: Peter Cox, Canada; Satoshi Nakagawa, Japan; Jefferson Piva, Brazil; Peter Rimensberger, Switzerland and Adrienne Randolph, USA</td>
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<td>15.15 - 16.45</td>
<td>MB FP 6 Lung Injury</td>
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<td>Chairs: Miriam Santschi, Canada and John Arnold, USA</td>
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<td>15.15 - 15.30</td>
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<td>Efficacy of Surfactant in Acute Lung Injury</td>
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<td>Ignacio Ricardo, Arnold John, Mesquita Mirta, Weber E, Paraguay</td>
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<td>15.30 - 15.45</td>
<td>FP 6.1.798</td>
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<td>No Evidence of Angiotensin Converting Enzyme Genotype Influencing Incidence of Acute Respiratory Distress Syndrome in Children</td>
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<td>Rachael S Robeko, Adrian Plunkett, KaiWah Li, Steve E Humphries, Mark J Peters, UK</td>
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<td>15.45 - 16.00</td>
<td>FP 6.1.295</td>
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<td>Risk Factors and Outcome of Acute Respiratory Distress Syndrome in Pediatric Cancer Patients</td>
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<td>Yen Wang, Joan Gion, Binu Li, Hong Ren, Jingyan Tang, China</td>
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<td>16.00 - 16.15</td>
<td>FP 6.1.803</td>
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<td>Positive Fluid Balance is Associated with Higher Mortality in Pediatric Patients with Acute Lung Injury (ALI)</td>
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<td>H.R. Horr, G.D. Church, L. Gildengorin, K Liu, M.A. Matthay, New Zealand</td>
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<td>16.15 - 16.30</td>
<td>FP 6.1.529</td>
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<td>Regional Lung Ventilation in Children with Scoliosis</td>
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<td>T.Iolster, C Amoretti, K Ravikumar, S Rajan, D White, R Ross Russell, UK</td>
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<td>16.30 - 16.45</td>
<td>FP 6.1.943</td>
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<td>Prediction of Prognosis by Measuring Fetal Lung Volume in Isolated Congenital Diaphragmatic Hernia at an ECMO Centre</td>
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<td>Schlaible I, Liersch F, Büsing K, Germany</td>
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## ORAL AND POSTER PRESENTATIONS

### ORAL PRESENTATIONS

#### 08.00 - 08.45

**TIME**

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#### 09.00 - 10.30

**E**

**CV SYM 1**

**Molecular Foundations of Pediatric Cardiovascular Disease**

Chairs: David Nelson, USA and Steven Schwartz, Canada

**Cellular and Molecular Aspects of Myocardial Contractile Dysfunction?**

Steven Schwarz, Canada

**The Molecular Genetics of Cardiomyopathy in Children?**

David Nelson, USA

**Polymorphisms that Modulate Cardiovascular Injury and Function**

Meredith Allen, USA

#### 11.00 - 12.30

**JU**

**CV SYM 1**

**Myocardial Dysfunction in Patients with Congenital Heart Disease**

Chairs: Maurice Beghetti, Switzerland and Alan Goldman, UK

**Right Ventricular Failure**

Steven Schwartz, Canada

**The Failing Single Ventricle**

Sarah Tabbutt, USA

**The Failing Fontan**

Lara Shekerdemian, Australia

#### 12.45 - 14.15

**C**

**CV/SEPSIS/IND SYMPOSIUM**

**INDUSTRY SYMPOSIUM**

**NIRS: A New Approach to Monitoring in the Critical Care Setting**

Chairs: Evelyn Lechner, Germany and Riccardo Munoz, USA

**NIRS and Safety in the PICU**

George M. Hoffman, USA

**NIRS from the Pediatric Cardiologist Perspective**

Anthony Chang, USA

#### 15.00 - 16.30

**F2**

**CV ME 1**

**Management of the Patient with a Functional Single Ventricle**

Chair: Sarah Tabbutt, USA

**Neonatal Single Ventricle Physiology**

Alan Goldman, UK

**The Glenn Circulation**

Anthony Chang, USA

**The Fontan Circulation**

Brigitte Stiller, Germany

#### 16.45 - 18.30

**D**

**CV HH 1**

**Mechanical Circulatory Support: From Bench- to Bed-side**

Salvatore Agati, Italy

### POSTER PRESENTATIONS

#### 13.30 - 15.00

**POSTER WALKS**

**P 4 Cardiovascular: Neonatal Cardiology**

Facilitators: Evelyn Lechner, Austria and Ravi Thiagarajan, USA

#### 15.15 - 16.45

**C**

**FP 1 Cardiovascular**

Chairs: Meredith Allen, USA and Steven Schwartz, Canada

15.15 - 15.30

**FP 1.1.91**

Catecholamine Regulation during Glucocorticoid Therapy in Mice Without Stress

Rana Sharara-Chami, Karel Pacak, Joseph Majzoub, USA

15.30 - 15.45

**FP 1.1.1365**

Tumour Necrosis Factor (TNF) -308 Promoter Polymorphism Influences Recovery Following Paediatric Cardiac Surgery


15.45 - 16.00

**FP 1.1.387**

Dexmedetomidine, a New Approach for the Acute Treatment of Supraventricular Tachyarrhythmias after Cardiac Surgery

Chrysostomou Constantinos, Shiderly Dana, Berry Donald, Morell Victor, Munoz Ricardo, USA

16.00 - 16.15

**FP 1.1.296**

Impact of Early and Aggressive Treatment with Amiodarone on the Therapeutic Success And Outcome in Patients with Postoperative Tachyarrhythmias

Hazen NA, Camphausen C, Kieciciglo D, Germany

16.15 - 16.30

**FP 1.1.493**

Evaluation of a Staged Therapy with Amiodarone and Hypothermia for Postoperative Junctional Ectopic Tachycardia

Kovacikova L, Skrak P, Dobos D, Zal nec M, Dakkak K, Slovak Republic

16.30 - 16.45

**FP 1.1.490**

Mechanical Circulatory Support: From Bench- to Bed-side

Salvatore Agati, Italy

**FP 1.1.491**

Mechanical Circulatory Support: From Bench- to Bed-side

Salvatore Agati, Italy
**MONDAY, JUNE 25, 2007 – DAY OF KNOWLEDGE**

### SEPSIS SYM 1

**Severe Sepsis and Multiple Organ Failure Pathophysiology**

Chairs: Kathryn Maitland, Kenya and Mark Peters, UK

**From Meningococcal Disease to Malaria and Dengue**
Mark Peters, UK

**IMCI and the WFPICCS Global Sepsis Initiative, Prats and Pitfalls**
Kathryn Maitland, Kenya

**The Sepsis Initiative**
Niranjan Kissoon, Canada

### SEPSIS SYM 2

**Severe Sepsis and Multiple Organ Failure Pathophysiology**

Chairs: Kathryn Maitland, Kenya and Mark Peters, UK

**Shock, Organ Failure and MOF**
Victor Olivar, Mexico

**CRISIS - Critical Illness Stress-Induced Immune Suppression**
Mark Peters, UK

**Thrombocytopenia-Associated MOF – From DIC to TTP**
Jan Hazelzet, The Netherlands

### SEPSIS IND 1

**INDUSTRY SYMPOSIUM**

**Procalcitonin - Contribution of a Biomarker for Improved Care in Critically Ill Paediatric Patients**
Chair: Joseph Carcillo, USA

**PCT-A useful Tool in the Pediatric Emergency Room**
Alain Gervaix, Switzerland

**PCT as a Diagnostic and Prognostic Marker in Pediatric Critical Care**
Martin Stocker, Switzerland

### SEPSIS ME 1

**Case Studies: ACCM/PALS Guidelines Managing Septic Shock: The First Hour**
Joseph Carcillo, USA and Pedro Celiny Garcia, Brazil

### SEPSIS ES 1

**Case Studies: ACCM/PALS Guidelines Managing Septic Shock: The First Hour**
Joseph Carcillo, USA and Pedro Celiny Garcia, Brazil

### ORAL AND POSTER PRESENTATIONS

**POSTER WALKS** (Exhibition Hall)

P 7 Sepsis: Septic Shock in Children
Facilitator: Brahm Goldstein, USA

P 8 Organ Failure: Organ Dysfunction
Facilitator: Francis Leclerc, France

P 11 Epidemiology: Infectious
Facilitator: Adrienne Randolph, USA

FP 7.1.7
Initial Plasma Interleukin-10 and Nitrates Levels among Children with Septic Shock as Poor Prognostic Parameters
Sriroj Suppanapongseel, Salwan Kishree, Jittlada Deemjanawong, Suchada Suppanapongseel, Nuanchan Phagphan, Thailand

FP 7.1.219
Is Fluid Responsiveness Predictible in Hypotensive Ventilated Children?
G Cambonie, F Ferragu, R Fesseau, C Millesi, Auteilien Jacquot, R Nader, JC Picaud, France

FP 7.1.36
Comparison of Two Fluid Regimens in the Management Of Septic Shock: A Prospective RCT
Indumathy Santhanam, Shanthi Sangareddi, Shekhar Venkataraman, Niranjan Kissoon, Kulandhai Kasthuri, India

FP 7.1.929
Aminophylline as a Second Line Diuretic in Critically Ill Paediatric Patients
Balasubramaniam V, Durairaj S, Padhye SB, Nichani S, UK

FP 7.1.879
Use of Low Dose Vasopressin in Children Requiring Mechanical Ventilation
PC Garcia, E Baldasso, J Piva, RG Branco, B Lisboa B, Cl, Almeida, LM Zorzela, L Xavier, Brazil

FP 7.1.213
Vasopression Infusion in Children: Impact on Hemodynamics, Hepatic and Renal Function
Naimet, Jetha, Helena Fndova, Brian W. McCrindle, Rebecca Gurofsky, Tilman Humpl, Canada

FP 7.1.839
Comparison of Two Fluid Regimens in the Management Of Septic Shock: A Prospective RCT
Indumathy Santhanam, Shanthi Sangareddi, Shekhar Venkataraman, Niranjan Kissoon, Kulandhai Kasthuri, India

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TIME | METABOLICS AND ENDOCRINOLOGY (MET)
--- | ---
08.00 - 08.45
09.00 - 10.30
F | MET PY 1
Chair: Jacques Lacroix, Canada
09.00 - 09.30
Cellular Bioenergetic Pathways
Xavier Leverve, France
09.30 - 10.00
Stress Response
Robert Tasker, UK
10.00 - 10.30
Necrosis and Apoptosis
Tolga F. Koroglu, Turkey
11.00 - 12.30
H | MET SYMP 1
Complex Physiopathological Interactions
Chairs: Philippe Jouvet, Canada and Jorge Sasbon, Argentina
11.00 - 11.30
Liver and Kidney
James Fortenberry, USA
11.30 - 12.00
Liver and Lung
Dominique Debray, France
12.00 - 12.30
Liver and Brain
Steffen Mitzner, Germany
12.45 - 14.15 | INDUSTRY SPONSORED LUNCH-SYMPOSIA (Room A, B, C)
15.15 - 16.45
F3 | MET ME 1
Diagnosis and Management of Metabolic Disease
Chair: Eduardo Schnitzler, Argentina
How do I Diagnose Metabolic Disease
Georg F. Hoffmann, Germany
How do I Manage Endogenous Intoxication
Philippe Jouvet, Canada
17.00 - 18.30
H | MET HH 1 sponsored by ORPHAN EUROPE
A New Approach to the Treatment of Acute Hyperammonaemia
Chair: Guillem Pintos-Morell, Spain
Case Discussions:
- Hyperammonaemia due to NAGS Deficiency
  Christian Bender, Germany
- Hyperammonaemia due to Organic Acidurias
  Suresh Vijay, UK

ORAL AND POSTER PRESENTATIONS
12.30 - 15.00
POSTER WALKS (Exhibition Hall)
P 8 Organ Failure: Organ Dysfunction
Facilitator: TBN

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MAQUET is proud to announce a revolutionary ventilation application: NAVA (Neurally Adjusted Ventilatory Assist) – a new option for SERVO-i.

This breakthrough technology employs Neurally Controlled Ventilation that allows the patient to control breathing patterns and tidal volumes. By using the same input signal as the diaphragm, SERVO-i provides respiratory unloading in synchrony with the patient’s respiratory efforts.

Experience the predictive power of neural monitoring. Obtain enhanced knowledge for informed clinical decisions to achieve optimal conditions for the patient.

SERVO-i with NAVA – Empowering human effort

### MONDAY, JUNE 25, 2007 – DAY OF KNOWLEDGE

#### NEUROLOGY (NEURO)

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<td>09.00 - 10.30</td>
<td>Brain Resuscitation</td>
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<td>09.00 - 09.30</td>
<td>Multi-center Canadian Hypothermia Trial in Traumatic Brain Injury</td>
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<td>09.30 - 10.00</td>
<td>Inflicted Childhood Neurotrauma</td>
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<td>Emergency Preservation and Resuscitation</td>
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<td>Brain Death: Science versus Cultural Perception</td>
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<td>17.00 - 18.30</td>
<td>Brain Preservation and Resuscitation from Bench to Bedside: A propos two cases</td>
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#### ORAL AND POSTER PRESENTATIONS

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<th>FP 5 Brain Injury</th>
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<td>13.45 - 14.00</td>
<td>FP 5.1.603</td>
<td>Predicting Outcome in Pediatric Traumatic Brain Injury with Electroencephalography (EEG) Synchrony</td>
<td>Vera Nenadovic, Jose-Luis Perez-Velazquez, Jamie Hutchison, Hospital For Sick Children, Toronto, Canada</td>
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<td>14.30 - 14.45</td>
<td>FP 5.1.802</td>
<td>Intensity of Care Delivered to Children with Severe Traumatic Brain Injury: Comparing Inflicted and Non-Inflicted Injuries</td>
<td>Anne-Marie Guenourov, Ashley Di Battista, Jennifer Lee, Neil Powe, Donald H. Shaffner, Hospital for Sick Children, Toronto, Canada</td>
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<td>14.45 - 15.00</td>
<td>FP 5.1.276</td>
<td>The Role and Mechanisms of IL-6, IL-8 and TNF-Alpha for Regulating Cerebral Hemodynamics In Term Infants with Hypoxic-Ischemic Encephalopathy</td>
<td>Jing Ju, Department of Neonatology &amp; NICU, Beijing Obstetrics and Gynecology ; Hospital Affiliated to Capital University of Medical Science, China</td>
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<td>15.15 - 16.45</td>
<td>A</td>
<td>NEURO ME 1</td>
<td>Brain Death: Science versus Cultural Perception</td>
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<td>17.00 - 18.30</td>
<td>JU</td>
<td>NEURO ES 1</td>
<td>Brain Preservation and Resuscitation from Bench to Bedside: A propos two cases</td>
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MONDAY, JUNE 25, 2007 – DAY OF KNOWLEDGE

**TIME**

**ORGANIZATION AND EMERGENCY (ORG)**

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<td>09.00 - 10.30</td>
<td>H 1000</td>
<td><strong>ORG PY 1</strong> Organization, Quality and Outcome</td>
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<td>Chairs: Alan Duncan, Australia and Eduardo Schnitzler, Argentina</td>
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<td>09.00 - 09.30</td>
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<td>Organization of Pediatric Critical Care: Is there one model?</td>
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<td>Geoffrey Barker, Canada</td>
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<td>09.30 - 09.50</td>
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<td>Optimal Organization for Clinical Research and Data Collection</td>
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<td>Bo Sun, China</td>
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<td>09.50 - 10.10</td>
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<td><strong>PICU</strong> Care - Does more care equate to better outcomes?</td>
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<td>Bernhard Frey, Switzerland</td>
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<td>10.10 - 10.30</td>
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<td>Fellow Training in the PICU - Does it affect outcome?</td>
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<td>Ann Thompson, USA</td>
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<td><strong>ORG SYMP 1</strong> Impact of Pre-hospital and Emergency Care on Outcomes</td>
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<td>Chairs: Monica Kleinman, USA and Suchitra Ranjit, India</td>
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<td>Septic Shock</td>
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<td>Niranjan Kissoon, Canada</td>
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<td>11.30 - 12.00</td>
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<td>Trauma Care</td>
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<td>Adrian Goh, Malaysia</td>
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<td>12.00 - 12.30</td>
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<td>Cardiac Arrest</td>
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<td>Vinay Nadkarni, USA</td>
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<td><strong>ORG ME 1</strong> Can we afford Critical Care?</td>
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<td>Introduction: Irene Chan, Singapore</td>
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<td>Panel: Jonathan Gillis, Australia; Tolga F. Koroglu, Turkey; Suchitra Ranjit, India and Bettina von Dessauer, Chile</td>
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<td>17.00 - 18.30</td>
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<td><strong>ORG ES 1</strong> The Continuum of Care - Pre-hospital, Emergency, Critical Care and Beyond the Double Doors</td>
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<td>Niranjan Kissoon, Canada</td>
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<td>Implementation of a Clinical Information System, the Nursing and Medical Perspective</td>
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<td>Jan Hazelzet, The Netherlands and Saskia de Reus, The Netherlands</td>
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<td>FP 2 Triage Pre-Hospital Care</td>
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<td>Chairs: Queen Mist, UK and Benedict Wagner, Switzerland</td>
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<td>Have Referring Hospital Staff Become Desksilled in Stabilising Critically Ill Paediatric Patients Due to the Introduction of a Specialised Retrieval Team?</td>
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<td>FP 2.1.807</td>
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<td>Impact of Pediatric Telemedicine Consultations on Diagnostic and Therapeutic Advice, and Parent Satisfaction</td>
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<td>Pediatric Specialty Teams vs. Non-Speciality Teams for the Interfacility Transport of Infants and Children with Cardiac Disease: A Multi-Center Study</td>
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<td>Impact of Pediatric Critical Care Telemedicine Consultations on Quality of Care</td>
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<td>Validation and Pitfalls of the Manchester Triage System for Pediatric Patients</td>
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<td>Urgent ICU Admission From Hospital Wards: The Impact of Code Blue</td>
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<td>Christopher S Parkinson, Heather Duncan, James Hutchison, Patricia Parkin, Joseph Beyene, Canada</td>
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<td>FP 8 Evaluation Indicators</td>
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<td>Chairs: Bernhard Frey, Switzerland and Phil Sargent, Australia</td>
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<td>P 5 Emergency Care: CPR</td>
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<td>Measurement of Quality Indicators in PICU: How Should We Collect Data on Unplanned Exubtations?</td>
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<td>Hand Hygiene Adherence Is Influenced by the Behavior of Role Models</td>
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<td>Hospital-Based Multidisciplinary Simulation as a Robust Tool to Successfully Implement Business Models of Quality Improvement into a Pediatric Intensive Care Unit</td>
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<td>Nosocomial Infections in a Pediatric Intensive Care Unit: Results of Ten-Year Prospective Surveillance (1996-2005)</td>
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<td>16.15 - 16.30</td>
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<td>FP 8.1.636</td>
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<td>Closing the Gap: An Audit of Medical Management in Paediatric Emergencies</td>
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<td>Pediatric Index of Mortality in Tertiary ICU in Brazil – Validation and Comparison between PIM and PIM-2</td>
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**Abbreviations:** BS = Breakfast Session, MS = Morning Session, PY = Plenary, SYMP = Symposium, ME = Meet the Expert, FP = Free Papers, P = Posters, ES = Evening Session, HH = Happy Hour Session, Rooms: JU = Jura, MS = Mont Blanc, SA = Salève, F1-F4 = Forum in Exhibition Hall
**MONDAY, JUNE 25, 2007 – DAY OF KNOWLEDGE**

**08.00-08.45**

**Room**

**09.00-10.30**

**SA NC PY 1**

The Essence of Nursing  
Chairs: Pang-Nuk Lan, Singapore and Jane Booth, South Africa

Evidence-based Nursing Care of Children in Acute Lung Injury  
Dirk Danschutter, Belgium

Family-centered Developmental Supportive Care  
Amy Nagorski Johnson, USA

Respiratory Care of the Ventilated Child  
Brenda Morrow, South Africa

**10.00-10.30**

**Room**

**11.00-12.30**

**SA NC SYMP 1**

Respiratory Care  
Chairs: Josee Gaudreault, Canada and Anton Meyer, The Netherlands

**MB ETHICS/NC SYMP 1**

End-of-life Care  
Chairs: Joke Wielenga, The Netherlands and Michel Berner, Switzerland

**11.00 - 12.00**

**SA NC SYMP 1**

Weaning Strategies  
Francisca Martens, Belgium

**MB ETHICS/NC SYMP 1**

Cultural Perspective on End-of-Life Care  
Edwin van der Voort, Netherlands

**11.00 - 11.30**

Pet and Play Therapy in PICU  
Myriam Pettengill, Brazil

**11.00 - 12.30**

**SA NC SYMP 1**

New Approaches in Noninvasive Ventilation  
Fiona Lynch, UK

**MB ETHICS/NC SYMP 1**

Withdrawal of Treatment in Family-centered Way  
Thomas Berger, Switzerland

**11.30 - 11.45**

Corneal Abrasions in Critically Ill Children Receiving Neuromuscular Blockade  
Susan M. Hamilton, Lauren R. Sonce, Kimberly Gauvreau, Bahram Rahmani, Carolyn Wu, Martha AG Curley, USA

**11.40 - 11.50**

**SA NC SYMP 1**

Suctioning – is there anything new out there?  
Bev Copnell, Australia

**MB ETHICS/NC SYMP 1**

Parental Priorities and Recommendations for End of Life Care  
Elaine Meyer, USA

**11.45 - 12.00**

Development of a Guideline for Safe Movement of Multiply Injured Children for Chest X-Ray  
Yvonne Howard, Chris Timmins, UK

**12.00-12.20**

**SA NC SYMP 1**

Role of Physiotherapy in ICU Weaning  
Brenda Morrow, South Africa

**MB ETHICS/NC SYMP 1**

Palliative Care for the Child  
Cynda Rushton, USA

**12.00 - 12.15**

**SA NC SYMP 1**

Oral Care Influence of Oropharyngeal and Tracheal Colonization of Mechanically Ventilated Children  
Kusahara DM, Peterlini MA, Pedreira MLG, Brazil

**12.00 - 14.15**

**INDUSTRY SPONSORED LUNCH SYMPOSIAS**  
(Room A, B, C)

**15.15 - 16.45**

**SA NC SYMP 1**

Long-term Patients in PICU  
Chairs: Monica Johansson, Sweden and Denise Kusahara, Brazil

Where should the Long-term Ventilated Child be cared? Home or Hospital?  
Jane Booth, South Africa

**15.45 - 16.15**

**SA NC SYMP 1**

Nursing Aspects  
Antonia Martin-Perdiz, Spain

**16.15 - 16.45**

**SA NC SYMP 1**

Prolonged ICU Stay and Psychosocial Functioning  
Myriam Pettengill, Brazil

**17.00 - 18.30**

**SA NC SYMP 1**

Pediatric Polytrauma: Case studies  
Patricia Moloney-Harmon, USA and Dirk Danschutter, Belgium

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### ORAL AND POSTER PRESENTATIONS

#### 13.30 - 15.00

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| 13.30 - 13.45 | JU   | FP 4 Ethics: The End of Life Care in the PICU, A Prospective Observational Study  
A. Vennick, F. Gauvin, C. Farrell, Belgium |
| 13.45 - 14.00 | JU   | FP 4 Ethics: Religious Origins of Parent Staff Disagreement Regarding Withdrawal of Intensive Care in Children  
Joe Bradley, Vic Larcher, UK |
| 14.00 - 14.15 | JU   | FP 4 Ethics: The Decision-Making Process of Parents Regarding Organ Donation of their Brain Dead Child  
R S Boussu, Brazil |
| 14.15 - 14.30 | JU   | FP 4 Ethics: Ethical Dilemmas: The Role and Benefit of Nursing Involvement  
Marva Beekmans, Canada |
| 14.30 - 14.45 | JU   | FP 4 Ethics: Moral Reasoning of PICU Nurses Taking Care of a Critically Ill Child: A Case Study  
B. Kornet-Stehouwer, M. Huítes, E. van der Voort, J. Heinjstek, J. Latour, The Netherlands |
| 14.45 - 15.00 | JU   | FP 4 Ethics: A Service Improvement Project for Bereaved Families on the Intensive Care  
N. Laing, Waddington H., UK |

#### 15.15 - 16.45

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<th>TIME</th>
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| 15.15 - 15.30 | G    | NFP 2 Ethics: Investigation of the Long Term Effects of 2 Saline Tonicitites & No Saline Instilled during Suction of the Endotracheal Tube  
McKinley, D., Kinney, S., Barrie, J., Thomas, S., Shann, F., Australia |
| 15.30 - 15.45 | G    | NFP 2 Ethics: Nasal Noninvasive Positive Pressure and Continuous Positive Airway Pressure Ventilation in Newborns  
S. Janmekovic, S. Grosek, L. Jeras, E. Kodran, S. Vehar, M. Petreska, MS. Michieli, Slovenia |
| 15.45 - 16.00 | G    | NFP 2 Ethics: Trained Nurses Using a Protocol Can Effectively Wean Children from Ventilation  
A. Ali, K. Theophilus, J. Martin, F. Reynolds, S. Cray, UK |
| 16.00 - 16.15 | G    | NFP 2 Ethics: Does the Use of a Moisture Chamber decrease the Incidence of Corneal Abrasions in Critically Ill Pediatric Patients?  
Lauren R Song, Susan M. Hamilton, Kimberly Gauveau, Marilyn Baird Merts, David G. Hunter, Martha AO Curley, USA |
| 16.15 - 16.30 | G    | NFP 2 Ethics: Assessment of Nursing Interventions directed to the Infection Control in NICU  
S. Kugugiu, N. Demirer, Turkey |
| 16.30 - 16.45 | G    | NFP 2 Ethics: Difficulties in Treatment of Extreme Fever in Critically Ill Children  
P. Taks, C. Kops, K. F.M. Joosten, E. Ista, The Netherlands |
MONDAY, JUNE 25, 2007 – DAY OF KNOWLEDGE

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<td>The Knowledge of Quality Management in Pediatric Critical Care Nursing</td>
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<td>09.00–09.30</td>
<td>Nightingale Metrics: Measuring Nursing Care that Impacts Patient Outcomes</td>
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<td>Martha Curley, USA</td>
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<td>09.30–10.00</td>
<td>Environmental Safety of Patient and Staff</td>
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<td>Defining Quality Indicators to Improve Practice</td>
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<td>Patricia Moloney-Harmon, USA</td>
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<td>Patient Safety</td>
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<td>Chairs: Ariel Palacios, Argentina and Maureen Madden, USA</td>
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<td>11.00–11.30</td>
<td>Paediatric Early Warning Assessment tool</td>
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<td>Quality of Pediatric Critical Care Nursing Education</td>
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<td>Caroline Haines, UK</td>
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<td>11.30–12.00</td>
<td>Adverse Events: The Error of Our Ways</td>
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<td>Mavilde Pedreira, Brazil</td>
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<td>12.00–12.30</td>
<td>Prevention of Medication Errors in PICU</td>
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<td>Post-Graduate Pathways for PICU and NICU Nurses</td>
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<td>Sharon Kinney, Australia</td>
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<td>Anonymous Medical Incident Report Forms in a Neonatal and Paediatric Intensive Care Unit</td>
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<td>Evelyne Karam, Christele Savin, Michel Berner, Switzerland</td>
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<td>15.45–16.00</td>
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<td>CRM-Training on a Pediatric Surgical Icu: A Flight Towards A Safer Environment</td>
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<td>A. van den Bos, C. Geertling, I. van T. Wout, M. van Dijk, J. Reuselaar, J.H. Poel,</td>
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<td>J. Giechler, D. Tibboel, The Netherlands</td>
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<td>Success of a National Paediatric Critical Care Collaborative in Reducing Central Line</td>
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<td>16.15–16.30</td>
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<td>Medication Administration Errors in Paediatric Intensive Care - An Observational Study</td>
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<td>A. Palacios, C. Astoul Bonorino, W. Cabrera, J. Latour, Argentina</td>
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<td>16.30–16.45</td>
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<td>Characteristics of Patients triggering a Paediatric Early Warning System (PEWs) in a</td>
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<td>Non-Traditional Care Practices: What Role Do They Play in the ICU? – Case Studies</td>
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<td>Panel: Maureen Madden, USA, Minette Coetzee, South Africa, Yuko Shiraishi, Japan, Tina</td>
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<td>Kendrick, Australia</td>
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<td>Implementation of a Clinical Information System, the Nursing and Medical Perspective</td>
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<td>Jan Hazelzet, The Netherlands; Saskia de Reus, The Netherlands</td>
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### ORAL AND POSTER PRESENTATIONS

**TIME:** 08.00-08.45  
**Room:** MB

| TIME          | MB ETHICS SYMP 1 | ETHICS throught the Continents  
|--------------|------------------|---------------------------------
| 09.00-10.30  | Introduction: Epidemiological Data  
|              | Edwin van der Voort, The Netherlands  
|              | Perspectives from the Continents  
|              | - North America: Robert Truog, USA  
|              | - Japan: Hirokazu Sakai, Japan  
|              | - India: Suchitra Ranjit, India  
|              | - South America: Jefferson Piva, Brazil  
|              | - Europe: Denis Devictor, France  
|              | - Africa: Andrew Argent, South Africa  

**TIME:** 11.00 - 12.30  
**Room:** MB

| TIME          | MB ETHICS/NC SYMP 1 | End-of-Life Care  
|--------------|---------------------|-----------------
| 11.00 - 11.30| Cultural Perspective on End-of-Life Care  
|              | Edwin van der Voort, The Netherlands  
| 11.30 - 12.10| Withdrawal of Treatment in Family-centered Way  
|              | Thomas Berger, Switzerland  
| 12.10 - 12.30| Palliative Care for the Child  
|              | Cynda Rushton, USA  

**TIME:** 12.45 - 14.15  
**Room:** MB

| TIME          | INDUSTRY SPONSORED LUNCH-SYMPOSIA (Room A, B, C)  
|--------------|---------------------------------------------------
| 13.30 - 14.00| FP 4 Ethics  
|              | Chairs: Denis Devictor, France and Jeffrey Burns, USA  
| 13.30 - 13.45| FP 4.1.475 End of Life Care in the Picu: A Prospective Observational Study  
|              | A. Verrijckt, F. Gauvin, C. Farrell, Belgium  
| 13.45 - 14.00| FP 4.1.475 Religious Origins of Parent Staff Disagreement Regarding Withdrawal of Intensive Care in Children  
|              | Joe Brierley, Vic Larcher, UK  
| 14.00 - 14.15| FP 4.1.149 The Decision-Making Process of Parents Regarding Organ Donation of their Brain Dead Child  
|              | Bousso, R S, Brazil  
| 14.15 - 14.30| FP 4.1.806 Ethical Dilemmas: The Role and Benefit of Nursing Involvement  
|              | Maryse Dagenaai, Canada  
| 14.30 - 14.45| FP 4.1.462 Moral Reasoning of Picu Nurses Taking Care of a Critically Ill Child: A Case Study  
|              | Koen Staphorste, E. Hufjes, M. van der Voort E, Heijstek J, Labour J, The Netherlands  
| 14.45 - 15.00| FP 4.1.680 A Service Improvement Project for Bereaved Families on the Intensive Care  
|              | Laing, N, Waddington, H, UK  

**TIME:** 15.00 - 16.45  
**Room:** MB

| TIME          | POSTER WALKS (Exhibition Hall)  
|--------------|---------------------------------
| 15.00 - 16.45| P 9 Ethics: End-of-Life Care  
|              | Facilitators: Thomas Berger, Switzerland and Robert Truog, USA  

**TIME:** 17.00 - 18.30  
**Room:** MB

| TIME          | MB ETHICS ES 1 | The Ethical Case of the Day: What would be your attitude?  
|--------------|----------------|----------------------------------------------------------
| 17.00 - 18.30| A Neonatal Case  
|              | Thomas Berger, Switzerland  

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Because Emily only has one chance to grow – give her the Nestlé Nutrition advantage

Fuel her growth with 100% whey peptides – and watch her grow

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• Stimulates growth of intestinal cells\(^2\)
• Reduced risk of bacterial translocation\(^2\)

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To learn more about Nestlé’s Paediatric products visit us at www.nestlenutrition.com
MONDAY, JUNE 25, 2007 – DAY OF KNOWLEDGE

**INTERNATIONAL CHILD HEALTH (ICH)**

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<td>ICH SYMP 1</td>
<td>Child Survival</td>
<td>Trevor Duke, Australia</td>
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<td>08.00 - 08.05</td>
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<td>Introduction</td>
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<td>A “Dialogue Around the World” on Child Survival</td>
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<td>Adrian Goh, Malaysia</td>
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<td>Sunil Singhi, India</td>
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<td>Jesus Pulido, Mexico</td>
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<td>09.55 - 10.20</td>
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<td>How can WHO Support National Efforts to Improve Child Survival?</td>
<td>Howard Zucker (WHO), Switzerland</td>
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<td>10.20 - 10.30</td>
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**ANESTHESIA / ANALGESIA**

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<td>17.00 - 18.30</td>
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<td>ICH/ORG HH 1</td>
<td>In collaboration with the Swiss Center for International Health (SCIH)</td>
<td>Geoffrey Barker (Kids Health International), Canada; Michel Berner, Switzerland; Denis Devictor (ESPNIC), France; Manfred Zahonka (SCIH), Switzerland</td>
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<td>17.00 - 18.30</td>
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<td>Pediatric Anesthesia SYMP 1</td>
<td>Update on Sedation and Analgesia</td>
<td>Walid Habre, Switzerland</td>
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## TUESDAY, JUNE 26, 2007 – DAY OF ART

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<td><strong>PULM MS 1</strong>&lt;br&gt;Chair: Brian Kavanagh, Canada&lt;br&gt;<strong>Basic Science: Inflammatory Cells in the Lung</strong>&lt;br&gt;Martin Post, Canada&lt;ref&gt;<strong>Anaesthesia/PULM BS 1</strong> sponsored by COOK&lt;br&gt;One-Lung Ventilation in Pediatric Surgery Utilizing an Endobronchial Blocker&lt;br&gt;Gregory Hammer, USA and Oliver Ross, UK&lt;/ref&gt;</td>
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<td>09.00-10.30</td>
<td><strong>MB PULM SYMP 1</strong>&lt;br&gt;<strong>Quality and Ventilation</strong>&lt;br&gt;Chairs: Jefferson Piva, Brazil and Martin Tobin, USA&lt;ref&gt;<strong>JU PULM SYMP 2</strong>&lt;br&gt;Airways in ICU&lt;br&gt;Chairs: Peter Cox, Canada and Praveen Khilnani, India&lt;/ref&gt;</td>
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<td>09.00-09.30</td>
<td><strong>An International Cross Sectional Study on Mechanical Ventilation: PALIVE 1</strong>&lt;br&gt;Philippe Jouvet and Miriam Santschi, Canada&lt;ref&gt;<strong>Severe Upper Airways Obstruction</strong>&lt;br&gt;Andrew Argent, South Africa&lt;/ref&gt;</td>
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<td>09.30-10.00</td>
<td><strong>Severity Assessment and Patient Outcome</strong>&lt;br&gt;Adrienne Randolph, USA&lt;ref&gt;<strong>Imaging and Visualization of the Tracheo-bronchial Tree</strong>&lt;br&gt;Quen Mok, UK&lt;/ref&gt;</td>
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<td><strong>The Ventilation Bundle in the PICU</strong>&lt;br&gt;Julio Fanas, Argentina&lt;ref&gt;<strong>Management of Tracheo-bronchial Pathologies</strong>&lt;br&gt;Alan Goldman, UK&lt;/ref&gt;</td>
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<td><strong>B PULM PY 3</strong>&lt;br&gt;<strong>Neonatal Ventilation</strong>&lt;br&gt;Chairs: Alastair Hutchison, USA and Anton van Kaam, The Netherlands&lt;ref&gt;<strong>11.30-12.00</strong>&lt;br&gt;<strong>Neonatal Experience of Improving Ventilation</strong>&lt;br&gt;Thomas Berger, Switzerland&lt;/ref&gt;</td>
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<td><strong>Physiology and Mechanics of Mechanical Ventilation</strong>&lt;br&gt;Peter Dargaville, Australia&lt;ref&gt;<strong>11.00-11.30</strong>&lt;br&gt;<strong>Physiology and Mechanics of Mechanical Ventilation</strong>&lt;br&gt;Peter Dargaville, Australia&lt;/ref&gt;</td>
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<td>11.30-12.00</td>
<td><strong>Neonatal Experience of Improving Ventilation</strong>&lt;br&gt;Thomas Berger, Switzerland&lt;ref&gt;<strong>11.30-12.00</strong>&lt;br&gt;<strong>Neonatal Experience of Improving Ventilation</strong>&lt;br&gt;Thomas Berger, Switzerland&lt;/ref&gt;</td>
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<tr>
<td>12.00-12.30</td>
<td><strong>New Ventilatory Modes and Assessment of Technology</strong>&lt;br&gt;Peter Rimensberger, Switzerland&lt;ref&gt;<strong>12.00-12.30</strong>&lt;br&gt;<strong>New Ventilatory Modes and Assessment of Technology</strong>&lt;br&gt;Peter Rimensberger, Switzerland&lt;/ref&gt;</td>
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<td>12.45-14.15</td>
<td><strong>B PULM/IND SYMP 2</strong>&lt;br&gt;<strong>INDUSTRY SYMPOSIUM</strong>&lt;br&gt;sponsored by MAQUET&lt;br&gt;<strong>Neurally Adjusted Ventilator Assist (NAVA)</strong>&lt;br&gt;Regulation and Control of Breathing&lt;br&gt;Alastair Hutchison, USA&lt;br&gt;Patient-ventilator Asynchrony - Implications for Weaning&lt;br&gt;TBN&lt;br&gt;NAVA - Neonatal and Pediatric Application&lt;br&gt;Jennifer Beck, Canada&lt;ref&gt;<strong>12.45 - 13.45</strong>&lt;br&gt;<strong>A PULM/IND SYMP 3</strong>&lt;br&gt;<strong>INDUSTRY SYMPOSIUM</strong>&lt;br&gt;sponsored by LINDE GAS THERAPEUTICS&lt;br&gt;<strong>Rational Use of Inhaled Nitric Oxide (iNO) in Children and Newborns</strong>&lt;br&gt;Maurice Beghetti, Switzerland and John Kinsella, USA&lt;/ref&gt;</td>
</tr>
<tr>
<td>13.45-14.15</td>
<td><strong>13.50 - 14.30</strong>&lt;br&gt;<strong>European Inhaled Nitric Oxide Registry</strong>&lt;br&gt;Chairs: Maurice Beghetti, Switzerland and John Kinsella, USA&lt;ref&gt;<strong>13.50 - 14.30</strong>&lt;br&gt;<strong>European Inhaled Nitric Oxide Registry</strong>&lt;br&gt;Chairs: Maurice Beghetti, Switzerland and John Kinsella, USA&lt;/ref&gt;</td>
</tr>
<tr>
<td>15.15 - 16.45</td>
<td><strong>F1 PULM ME 3</strong>&lt;br&gt;<strong>How I ventilate in Difficult Situations</strong>&lt;br&gt;<strong>How I ventilate the Asthmatic</strong>&lt;br&gt;Heather T. Keenan, USA and Jefferson Piva, Brazil&lt;br&gt;<strong>How I ventilate the Bronchiolitic</strong>&lt;br&gt;Federico Martinon-Torres, Spain and Julio Fanas, Argentina&lt;ref&gt;<strong>15.15 - 16.45</strong>&lt;br&gt;<strong>F1 PULM ME 3</strong>&lt;br&gt;<strong>How I ventilate in Difficult Situations</strong>&lt;br&gt;<strong>How I ventilate the Asthmatic</strong>&lt;br&gt;Heather T. Keenan, USA and Jefferson Piva, Brazil&lt;br&gt;<strong>How I ventilate the Bronchiolitic</strong>&lt;br&gt;Federico Martinon-Torres, Spain and Julio Fanas, Argentina&lt;/ref&gt;</td>
</tr>
<tr>
<td>17.00 - 18.00</td>
<td><strong>D PULM HH 1</strong> sponsored by SLE&lt;br&gt;<strong>The Open Lung Concept in the Neonate with both CMV and HFOV</strong>&lt;br&gt;Anton van Kaam, The Netherlands and Peter Rimensberger, Switzerland&lt;ref&gt;<strong>H PULM HH 2</strong> sponsored by MAQUET&lt;br&gt;<strong>Clinical Experience with NAVA in the Pediatric Patient</strong>&lt;br&gt;Karl-Erik Edberg, Sweden&lt;/ref&gt;</td>
</tr>
</tbody>
</table>

### Abbreviations:

BS = Breakfast Session, MS = Morning Session, SYMP = Symposium, ME = Meet the Expert, FP = Free Papers, P = Posters, ES = Evening Session, HH = Happy Hour Session; Rooms: JU = Jura; MB = Mont Blanc; SA = Salève; F1-F4 = Forum in Exhibition Hall
## ORAL AND POSTER PRESENTATIONS

### TIME

#### PULMONARY (PULM)

### Room

### POSTER WALKS (Exhibition Hall)

#### 13.30 - 15.00

**P 15 Pulmonary: Weaning and Extubation**  
Facilitator: Bettina von Dessauer, Chile and Miriam Santschi, Canada  
Facilitator: Jung Hammer, Switzerland

#### 15.15 - 16.45

**FP 13 Lung Exploration**  
Chairs: Jung Hammer, Switzerland and Philippe Jouvet, Canada

**FP 13.2.380**  
**Ultrasonography in the Diagnosis of Pneumonic Lung Onsolidation/Atlectasis in Children**  
Sabiha Haque-Lobbes, Germany

**FP 13.2.182**  
**Polymerase Chain Reaction for Respiratory Viruses in Pediatric Respiratory Tract Infections: A Systematic Review**  

**FP 13.2.99**  
**Ventilation Distribution of Healthy Infants Compared to Healthy Adult Subjects**  
Cavazzoni E, Dakin C, Schibler A, Australia

**FP 13.2.520**  
**Evaluation of a New Plethysmograph Calibration Method in Premature Infants with Different Respiratory Status**  
G Emeriaud, A Eberhard, P Baconnier, France

**FP 13.2.238**  
**Pressure Support Non-Invasive Ventilation for Respiratory Insufficiency in Severe Bronchiolitis**  
López-Guinea Alejandra, Casado-Flores Juan, García-Teresa Maria de los Angeles, Spain

**FP 13.2.131**  
**Surfactant Therapy for Acute Respiratory Failure in Children, a Systematic Review**  
Choong K, Duffet M, Cook D J., Canada

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### TUESDAY, JUNE 26, 2007 – DAY OF ART

**CARDIOVASCULAR (CV)**

<table>
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<th>TIME</th>
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<th>SESSION</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>08.00-08.45</td>
<td>A</td>
<td>CV MS 1</td>
<td>Fluid Management of the Patient with Congenital Heart Disease: Pharmacologic and Renal Replacement Therapies&lt;br&gt;Desmond Bohn, Canada and Jefferson Piva, Brazil</td>
</tr>
<tr>
<td>E</td>
<td>CV BS 1</td>
<td>New Options in Hemodynamic Management&lt;br&gt;Chair: Ralf Huth, Germany&lt;br&gt;Central Venous Oxygenation Monitoring - How I do it&lt;br&gt;Dirk Huber, Germany&lt;br&gt;Why Measure Cardiac Output in Critically Ill Children?&lt;br&gt;Joris Lemson, The Netherlands</td>
<td></td>
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<tr>
<td>09.00 - 10.30</td>
<td>A</td>
<td>CV PY 2</td>
<td>Treatment of the Failing Myocardium&lt;br&gt;Chair: Ralf Huth, Germany&lt;br&gt;Central Venous Oxygenation Monitoring - How I do it&lt;br&gt;Dirk Huber, Germany&lt;br&gt;Why Measure Cardiac Output in Critically Ill Children?&lt;br&gt;Joris Lemson, The Netherlands</td>
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<tr>
<td>10.00 - 10.30</td>
<td>A</td>
<td>CV SYMP 3</td>
<td>Acute Decompensated Heart Failure in the Pediatric ICU&lt;br&gt;Chairs: Anthony Chang, USA and Desmond Bohn, USA</td>
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<tr>
<td>11.00 - 12.30</td>
<td>H</td>
<td>CV SYMP 4</td>
<td>Post-Operative Myocardial Dysfunction&lt;br&gt;Chairs: Riccardo Munoz, USA and Michel Berner, Switzerland</td>
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<tr>
<td>12.00 - 12.30</td>
<td>A</td>
<td>CV SYMP 5</td>
<td>Management of Rhythm and Conduction Disorders&lt;br&gt;Eduardo da Cruz, Switzerland</td>
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<tr>
<td>12.45 - 14.15</td>
<td></td>
<td>INDUSTRY-SPONSORED SYMPOSIUM</td>
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<td>15.15 - 16.45</td>
<td>F2</td>
<td>CV ME 2</td>
<td>Hypoplastic Left Heart Syndrome: What do I do Pre- and Post-Operatively&lt;br&gt;Anthony Chang, USA; Alan Goldman, UK; Lara Shekerdemian, Australia and Sarah Tabbutt, USA</td>
</tr>
<tr>
<td>17.00 - 18.30</td>
<td></td>
<td>CV HH 2</td>
<td>Are New Hemodynamic Monitoring Tools Advantageous in Pediatric Critical Care?&lt;br&gt;Chairs: Joris Lemson, The Netherlands and Shane Tibby, UK</td>
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<td>G</td>
<td>CV/NEO/ORG HH 1</td>
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</table>

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**ORAL AND POSTER PRESENTATIONS**

### CARDIOVASCULAR (CV)

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<tr>
<td>15.15 - 16.45</td>
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</table>

**15.15 - 15.30**

**SA FP 11** Monitoring Cardiovascular Function
Chairs: Ricardo Munoz, USA and Shane Tibby, UK

**15.30 - 15.45**

**FP 11.2.827** Arterial pH is an Important Determinant of Cerebral Regional Oxyhemoglobin Saturation
J. Katz, S. Chakravarti, A. Mittnacht, K. Nguyen, U. Joashi, S. Srivastava, USA

**15.45 - 16.00**

**FP 11.2.896** Monitoring the Conjunctival pH, Carbon Dioxide, and Oxygen Tensions during Cardio-Pulmonary Bypass
Irwin K Weiss, Sherwin J Isenberg, David McArthur, USA

**16.00 - 16.15**

**FP 11.2.847** Are Adverse Social Circumstances Associated with Increased Risk of Rejection after Cardiac Transplant?
R Ramaia, T Lunnon Wood, J Wray, M Fenton, C Scott, C Carter, M Burch, UK

**16.15 - 16.30**

**FP 11.2.790** Preoperative Lymphopenia is a Predictor of Postoperative Adverse Outcomes in Children with Congenital Heart Disease
Adnan T. Bhutta, Antonio G. Cabrera, James G. Parker, Jeffery Gossett, Pippa Simpson, Xanith Ibrahim, Panthak Prodhan, Michiaki Imamura, Umesh Dyamenahalli, USA

**16.30 - 16.45**

**FP 11.2.65** Dexmedetomidine PK in Children after Cardiac Surgery
Anderson KJ, Potts A, Wasman G, New Zealand

**15.15 - 16.45**

**FP 11.2.801** Calcium Use During In-Hospital Pediatric CPR – A Report From the AHA National Registry of CPR
Vinay Srinivasan MD, Marilyn C. Morris MD, Scott M. Carey, Mark A. Heelfaer MD, Robert A. Begg MD, Vinay M. Nadkarni and the American Heart Association National Registry of CPR Investigators, USA

**FP 12.2.221** Monitoring Cerebral Blood Flow in Children after Cardiopulmonary Resuscitation
Susan Qian, MD, Yunjuan Li, MD, Xunmei Fan, MD, Lei Wang, MD, Hehui Yin, China

**FP 12.2.129** Quality of Chest Compressions with Two Hands versus One Hand Technique During Lone Rescuer Child CPR
Udassi JP, Haeque IU, Udassi S, Theriaque D, Shuster JJ, Zaritsky AL, USA

**FP 12.2.126** Two Thumbs Technique Provides Superior Quality Chest Compressions During Lone Rescuer Infant CPR
Udassi S, Haeque IU, Udassi JP, Theriaque D, Shuster JJ, Zaritsky AL, USA

**FP 12.2.292** Effects of the Gas Used in the Resuscitation of the Newborn on the Mesenteric Blood Flow
Adrian Ioan Toma, Dinu Florin Albu, Mihaela Scheiner, Romania

**FP 12.2.926** Effect of Cervical Spine Immobilization Technique on Advanced Airway Management in a High Fidelity Infant Simulation Model
Akira Nomaguchi, Louis Sartathi, Manal Kalis, Matthew Maltese, Aaron Donoghue, Roberta Hafes, Lisa Tyler, Kristy Arborgast, Dana Niles, Peter Buist, Mark Heelfaer, Vinay Nadkarni, USA

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# Tuesday, June 26, 2007 – Day of Art

## Time Schedule

### 08.00 - 08.45
- **C** SEPSIS MS 1
  - ACCM/AHA/PALS Guidelines for Hemodynamic Support of Septic Shock: After the First Hour.
  - Joseph Carcillo, USA
  - How can I apply these guidelines in my setting?
  - Suchitra Ranjit, India

### 09.00 - 10.30
- **C** SEPSIS PY 2
  - How do I improve Outcomes in my Patients with Sepsis and Septic Shock?
  - Chair: Joseph Carcillo, USA
  - 09.00 - 09.30
    - Time-sensitive Recognition and Reversal of Sepsis and Septic Shock with Adherence to ACCM Guidelines
    - Victor Olivar, Mexico
  - 09.30 - 10.00
    - Time-sensitive Source Control: Antibiotic Therapy and Nidus Removal
    - Peter Laussen, USA
  - 10.00 - 10.30
    - Holding Immune-suppressant Therapy in the Immune Suppressed
    - Nigel Klein, UK

### 10.00 - 11.00
- **C** SEPSIS SYMP 3
  - Assessing and Supporting Circulation
  - Chair: Shane Tibby, UK
  - 11.00 - 11.30
    - How I measure Cardiac Output and Regional Blood Flow
    - Shane Tibby, UK
  - 11.30 - 12.00
    - How I assess the Microcirculation
    - Christiaan Boerma, The Netherlands
  - 12.00 - 12.30
    - How I Save Limbs in Children with Purpura Fulminans
    - Quen Mok, UK

### 12.45 - 14.15
- **C** SEPSIS/IND SYMP 1 INDUSTRY-SPONSORED SYMPOSIUM
  - sponsored by COOK
  - The Management and Prevention of Catheter-Related Bloodstream Infections
  - Chair: Peter Laussen, USA
  - 12.45 - 13.15
    - Reduction of Bloodstream Infections Associated with Catheters in PICU: Stepwise Approach
    - Steve Scheinayder, USA
  - 13.15 - 13.45
    - Nursing Perspective
    - Hannah Forsfieferhorn, Germany
  - 13.45 - 14.15
    - The Preventative Role of Antimicrobial Catheters
    - Ralph Darouiche, USA

### 15.15 - 16.45
- **F** SEPSIS ME 2
  - Surviving Sepsis: Case Studies
  - Sunit Singhi, India
  - Niranjan Kissoon, Canada
  - Satoshi Nakagawa, Japan

### 17.00 - 18.30
- **E** SEPSIS HH 1
  - Reduction of Incidence of Central Venous Catheter Infection at Great Ormond Street Hospital for Children
  - Chair: Oliver Ross, UK
  - 17.00 - 17.30
    - Heparin-bonded Central Venous Lines Reduce Thrombotic and Infective Complications in Critically Ill Children
    - Christine Price, UK
  - 17.30 - 18.00
    - Use of Chlorhexidine Wipes on Central Venous Catheter Ports
    - James Soothill, UK
  - **SA** SEPSIS HH 2
    - Protein C in Critical Care
    - Chair: Jan Hazelzet, The Netherlands
    - 17.00 - 17.30
      - Protein C: Novel Aspects in the Protein C Pathway
        - Owen P. Smith, Ireland
    - 17.30 - 18.00
      - Protein C in Intensive Care
        - Alex Veldman, Germany
      - Protein C Treatment of VOD after Stem Cell Transplantation
        - Karl-Walter Sykora, Germany

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## ORAL AND POSTER PRESENTATIONS

### SEPSIS

#### TIME

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<th>13.30 - 15.00</th>
<th>POSTER WALKS (Exhibition Hall)</th>
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<td>P 20 Sepsis: Neonates Facilitator: Michel Berner, Switzerland</td>
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<tr>
<td></td>
<td>P 21 Sepsis: Diagnostics and Prognostics Facilitator: Jacques Lacroux, Canada</td>
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<td></td>
<td>P 22 Shock: Shock and Hypotension Facilitator: TBN</td>
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<tr>
<td></td>
<td>P 23 Organ Failure: Renal Failure and Support Facilitator: TBN</td>
<td></td>
</tr>
</tbody>
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#### 15.15 - 16.45

- **FP 15.2.871**
  - Adrenomedullin Polymorphism A-1984g and PICU Mortality
  - Rachel S Agbeko, Mark J Peters, UK

- **FP 15.2.869**
  - Genetic Variation in Endotoxin Recognition and the Development of the Systemic Inflammatory Response Syndrome in Critically Ill Children
  - Rachel S Agbeko, John Holloway, Katja J Fidler, John Pappachan, Peter Wilson, Rob Stephens, Nigel Klein, Mark J Peters, UK

- **FP 15.2.42**
  - Neutrophil CD64 Expression as Marker of Sepsis in Critically Ill Children and Neonates
  - Groselj-Grenc Mojca, Derganc Metka, Slovenia

- **FP 15.2.75**
  - Age-Dependent Influence of the CD14 -159 C >T Polymorphism on the Risk of Meningococcal Infection
  - A. Biebl, A. Mündlein, Z. Kazakbaeva, S. Heuberger, H. Drexel, R. Nickel, M. Kabesch, B. Simma, Austria

- **FP 15.2.166**
  - Immunopathology in Children with Severe Dengue Virus Infection
  - Tatty E. Setiati, Martijn D. Kofo, Albert T.A. Mainhuv, Penelope Koraka, Eric C.M. van Gorp, Agustinus Soemantri, Indonesia and The Netherlands

- **FP 15.2.519**
  - Erythropoietin Prevents Lymphocyte Apoptosis but Has no Effect on Survival in Experimental Sepsis
  - Tolga F. Koroglu, Osman Yilmaz, Kazim Tugyan, Husayin Baskin, Mehmet Yuksel, Dokuz Eylul, Turkey
## TUESDAY, JUNE 26, 2007 – DAY OF ART

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<th>Room</th>
<th>Title</th>
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<td>08.00-08.45</td>
<td>G MET MS 1</td>
<td>G</td>
<td>Liver Supports - Are they really useful?</td>
<td>Steffen Mitzner, Germany</td>
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<tr>
<td>09.00-10.30</td>
<td>E MET SYMP 2</td>
<td>E</td>
<td>Acute Renal Failure</td>
<td>Eduardo Troster, Brazil and TBN</td>
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<tr>
<td>09.00-09.30</td>
<td>Acute Renal Failure in NICU</td>
<td>E</td>
<td>Acute Liver Failure: Epidemiology around the World</td>
<td>Eduardo Schnitzler, Argentina</td>
</tr>
<tr>
<td>09.30-10.00</td>
<td>Acute Renal Failure in PICU</td>
<td>E</td>
<td>Hepatic Encephalopathy: Recent Advances in the Management</td>
<td>Denis Devictor, France</td>
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<tr>
<td>10.00-10.30</td>
<td>Acute Renal Failure in the Instable Patient: Recent Clinical Experience</td>
<td>E</td>
<td>Liver Dysfunction and Sepsis</td>
<td>Steffen Mitzner, Germany</td>
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<td>11.00-12.30</td>
<td>JU MET PY 2</td>
<td>JU</td>
<td>Metabolics and Nutrition in Critical Illness</td>
<td>Pedro Celiny Garcia, Brazil and Ann Thompson, USA</td>
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<tr>
<td>11.00-11.25</td>
<td>Glucose Control in the Critical Illness</td>
<td>JU</td>
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<td>Brian Kavanagh, Canada</td>
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<tr>
<td>11.25-12.05</td>
<td>Nutrition in the Critically-Ill Child: Basics and Beyond</td>
<td>JU</td>
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<td>George Briassoulis, Greece</td>
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<tr>
<td>12.05-12.30</td>
<td>Nutrition in the Critically-Ill Child: Monitoring</td>
<td>JU</td>
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<td>Koen Joosten, The Netherlands</td>
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<td>13.30-15.00</td>
<td>MB MET ME 2</td>
<td>MB</td>
<td>Liver Transplantation</td>
<td>Denis Devictor, France</td>
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<td>15.15-16.45</td>
<td>MB MET/IND 1</td>
<td>MB</td>
<td>INDUSTRY SESSION sponsored by GAMBRO</td>
<td>MARS Experience in Children</td>
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<td>17.00-18.30</td>
<td>MB MET ES 1</td>
<td>MB</td>
<td>Acute Renal Support - Case Discussion</td>
<td>Pablo Minches, Argentina</td>
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## Time: 13.30 - 15.00

### Room: SA

**FP 16 Metabolic Support / Homeostasis**  
Chairs: Ann Thompson, USA and Steffen Mitzner, Germany

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<tr>
<th>Time</th>
<th>Presentation</th>
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| 13.30 - 13.45 | High-Volume Haemofiltration in Children with Acute Liver Failure  
Laurent Chevret, Pierre Tissieres, Philippe Durand, Charlotte Michot, Denis Devictor, France |
| 13.45 - 14.00 | Experience of the Molecular Adsorbent Recirculating System on a Paediatric Intensive Care Unit (PICU)  
P Rajah, M O’Meara, J Sellors, and S M Whiteley, UK |
| 14.00 - 14.15 | 20 Years Experience with CRRT in Pediatric Patients with Multi-Organ Dysfunction Syndrome (MODS)  
Rödl S, Ring E, Zobel G, Austria |
| 14.15 - 14.30 | Evaluation of Circuit Lifespan in Children Receiving Continuous Renal Replacement Treatment  
Del Castillo, Jimenez, Cidoncha, Elena; Urbano, Javier; López-Hevia, Jesus; Mencia, Spain |
| 14.30 - 14.45 | Zinc Homeostasis in Pediatric Critical Illness  
Natalie Z. Cujanovich, Janet King, Hector R. Wong, USA |
| 14.45 - 15.00 | Liver Disease and Low Cardiac Output Following Fontan Operation  
D’Antiga L, Campisiwan S, Zancan L, Talenti E, Stellini G, Milanesi Ø, Italy |

### Poster Walks (Exhibition Hall)

**P 23 Organ Failure: Renal Failure and Support**  
Facilitator: Stuart Goldstein, USA

**P 28 Metabolics: Nutrition, Nutriments and Energy Expenditure in Critically Ill Children**  
Facilitator: Koen Joosten, The Netherlands
MetaVisionSuite: Clinical Information Systems for Critical Care

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- Enhanced care quality & decision making
- Improved resource management & cost containment
- Increased compliance with regulations & industry recommendations

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- User-defined boundary values to prevent excessive dosages
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- Integrated pediatric growth charts

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### TUESDAY, JUNE 26, 2007 – DAY OF ART

#### NEUROLOGY (NEURO)

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<td>Jamie Hutchison, Canada</td>
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<tr>
<td>09.00 - 10.30</td>
<td>Diabetic Ketoacidosis and Cerebral Oedema</td>
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<td>H</td>
<td>Chairs: Desmond Bohn, Canada and Robert Tasker, UK</td>
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<tr>
<td>09.00 - 09.30</td>
<td>Guidelines and Case Introduction</td>
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<td>Desmond Bohn, Canada and Robert Tasker, UK</td>
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<td>09.30 - 10.00</td>
<td>Fluid Management</td>
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<td>Desmond Bohn, Canada</td>
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<td>10.00 - 10.30</td>
<td>Survival and Hyperventilation</td>
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<td>Robert Tasker, UK</td>
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<td>11.00 - 12.30</td>
<td>Brain Resuscitation</td>
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<td>Chairs: Robert Clark, USA and Charles Newton, Kenya</td>
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<td>11.00 - 11.30</td>
<td>Cerebral Malaria</td>
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<td>Charles Newton, Kenya</td>
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<td>11.30 - 12.00</td>
<td>Pathobiology of Post-Resuscitation CNS Disease</td>
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<td>Robert Clark, USA</td>
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<td>12.00 - 12.30</td>
<td>Late Outcome after Traumatic Brain Injury</td>
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<td>Etienne Javouhey, France</td>
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#### INDUSTRY SPONSORED LUNCH-SYMPOSIA (Room A, B, C)

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<tr>
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<tr>
<td>13.30 - 15.00</td>
<td>POSTER WALKS (Exhibition Hall)</td>
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<tr>
<td></td>
<td>P 24 Neuroscience: Brain Injury Monitoring</td>
</tr>
<tr>
<td></td>
<td>Facilitator: George Hoffman, USA</td>
</tr>
<tr>
<td>15.15 - 16.45</td>
<td>A FP 12 CPR Management</td>
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<tr>
<td></td>
<td>Chair: Paolo Biban, Italy and Peter Weinstock, USA</td>
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<tr>
<td>15.15 - 15.30</td>
<td>Calcium Use During In-Hospital Pediatric CPR – A Report From the AHA National Registry of CPR</td>
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<tr>
<td></td>
<td>Vini Srinivasan MD, Marilyn C. Morris MD, Scott M. Carey, Mark A. Helfaer MD, Robert A. Berg MD, Vinay M. Nadkami and the American Heart Association National Registry of CPR Investigators, USA</td>
</tr>
<tr>
<td>15.30 - 15.45</td>
<td>Monitoring Cerebral Blood Flow in Children after Cardiopulmonary Resuscitation</td>
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<td></td>
<td>Sunyuan Li, MD, Xunmei Fan, MD, Lei Wang, MD, Hehua Yin, China</td>
</tr>
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<td>15.45 - 16.00</td>
<td>Quality of Chest Compressions with Two Hands versus One Hand Technique During Lone Rescuer Child CPR</td>
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<td>Udassi JP, Haque IU, Udassi S, Theriaque D, Shuster JJ, Zaitisky AI, USA</td>
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<tr>
<td>16.00 - 16.15</td>
<td>Two Thumbs Technique Provides Superior Quality Chest Compressions During Lone Rescuer Infant CPR</td>
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<td>16.15 - 16.30</td>
<td>Effects of the Gas Used in the Resuscitation of the Newborn on the Mesenteric Blood Flow</td>
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<td>Adrian Ioan Toma, Drina Florin Albu, Mihaela Scheiner, Romania</td>
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<td>16.30 - 16.45</td>
<td>Effect of Cervical Spine Immobilization Technique on Advanced Airway Management in a High Fidelity Infant Simulation Model</td>
</tr>
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<td>Akira Nishitaka, Linda Scartuff, Mandip Kalsi, Matthew Maltese, Aaron Donoghue, Roberta Hales, Lisa Tyler, Kristy Arboagast, Dana Niles, Peter Brust, Mark Helfaer, Vinay Nadkami, USA</td>
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### TUESDAY, JUNE 26, 2007 – DAY OF ART

<table>
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<tr>
<th>TIME</th>
<th>ORGANIZATION AND EMERGENCY (ORG)</th>
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</table>
| 08.00 - 08.45 | Room NI/ORG BS 1 sponsored by PICIS  
The Use of Information Technology in PICU, Medical and Nursing Perspective  
Jan Hazelzet, The Netherlands and Saskia de Reus, The Netherlands |
| 09.00 - 10.30 | Room F ORG PY 2  
Transport of the Critically Ill  
Chairs: Boris Blokhin, Russia and Robert Henning, Australia |
| 09.00 - 09.30 | Room F ORG PY 2  
Transport-related Issues - How to integrate it with PICU and PED  
Robert Henning, Australia |
| 09.30 - 09.50 | Room F ORG PY 2  
Transport-related Issues - Experience in Malaysia  
Adrian Goh, Malaysia |
| 09.50 - 10.10 | Room F ORG PY 2  
Transport-related Issues - Experience in Transportation of Pediatric Critical Care Patients in Russia  
Boris Blokhin, Russia |
| 10.10 - 10.30 | Room F ORG PY 2  
Acute Care in Mass Casualty  
Goonserka Chula, Sri Lanka |
| 11.00 - 12.30 | Room F ORG SYMP 3  
Acute Care Delivery Systems  
Chairs: Alan Duncan, Australia |
| 11.00 - 11.20 | Room F ORG SYMP 3  
Delivery of Acute Care - China  
Bo Sun, China |
| 11.20 - 11.40 | Room F ORG SYMP 3  
Delivery of Acute Care - Latin America  
Santiago Camps Miño, Ecuador |
| 11.40 - 12.00 | Room F ORG SYMP 3  
Delivery of Acute Care - Africa  
Nejla Ben Jaballah, Tunisia |
| 12.00 - 12.30 | Room F ORG SYMP 3  
Delivery of Acute Care - Reality vs Visions  
Trevor Duke, Australia |
| 12.45 - 14.15 | Room INDUSTRY SPONSORED LUNCH-SYMPOSIA (Room A, B, C) |
| 15.15 - 16.45 | Room F ORG ME 2  
Transport-related Issues  
Chair: Monica Kleinman, USA |
| 15.15 - 16.45 | Room E NI/ORG ME 1  
Meet the Journal Editors  
Pediatric Critical Care Medicine  
Patrick Kochanek  
Intensive Care Medicine  
Duncan Macrae  
Pediatric Intensive Care Nursing  
Franco Carnevale |
| 17.00 - 18.30 | Room G CV/NEO/ORG HH 1 sponsored by ORPHAN EUROPE  
New Paediatric Regulations with the Example of Ibuprofen in the NICU  
Chair: Michel Benne, Switzerland |
| 17.00 - 18.30 | Room JU NI/ORG HH 2 sponsored by iMDsoft  
Minimizing Errors Associated with Drug Administration in Pediatric Intensive Care Unit  
Gil Kadmon, Israel |

**Abbreviations:** BS = Breakfast Session, MS = Morning Session, PY = Plenary, SYMP = Symposium, ME = Meet the Expert, FP = Free Papers, P = Posters, ES = Evening Session, HH = Happy Hour Session; Rooms: JU = Jura; MB = Mont Blanc; SA = Salève; F1-F4 = Forum in Exhibition Hall
## ORAL AND POSTER PRESENTATIONS

### ORGANIZATION AND EMERGENCY (ORG)

**Room:** JU

**TIME**

13.30 - 15.00 **POSTER WALKS** (Exhibition Hall)

### ORAL PRESENTATIONS

#### JUNE 24 - 28, 2007, GENEVA, SWITZERLAND

### GENERAL INFORMATION

- **Website:** [WWW.PCC2007.COM](http://WWW.PCC2007.COM)
- **Email:** INFO@PCC2007.COM

### TENTATIVE PROGRAMMES

#### DAY 2

**TIME**

15.15 - 16.45 **H**

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<td>15.15 - 15.30</td>
<td><strong>FP 14</strong> Quality Evaluation&lt;br&gt;Chair: Bernhard Frei, Switzerland and TBN</td>
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<td>15.15 - 15.30</td>
<td><strong>FP 14.2.228</strong> Autopsy Adds Relevant Information in Picu Patients&lt;br&gt;Antonia von Dessauer, Luis Velozo, Fernando Bobenhoff, Jaminna Borgain, Carmen Benavente, Chile</td>
</tr>
<tr>
<td>15.30 - 15.45</td>
<td><strong>FP 14.2.787</strong> Correlation between Clinical Diagnosis and Autopsy/Post-mortem Examination Findings in Critically Ill Children Died in a Regional Paediatric Intensive Care Unit&lt;br&gt;Anil Narayanan, Kent Thorton and Paul Barnes, UK</td>
</tr>
<tr>
<td>15.45 - 16.00</td>
<td><strong>FP 14.2.806</strong> Physicians’ Adherence to the 2003 “Guidelines for the Acute Medical Management of Severe Traumatic Brain Injury in Infants, Children, and Adolescents”&lt;br&gt;Guangquan AM, Di Battista A, Zeltsman M, Jallo G, Rutka J, Shaffner D, Canada</td>
</tr>
<tr>
<td>16.00 - 16.15</td>
<td><strong>FP 14.2.501</strong> Interhospital Transfer Of Critically Ill And Injured Children: An Evaluation of Clinical Outcomes and Resource Utilization&lt;br&gt;FD Odetola, MM Davis, L Cohn, SJ Clark, USA</td>
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<td>16.15 - 16.30</td>
<td><strong>FP 14.2.118</strong> Influence of the Time of Transfer to Intensive Care Unit on Survival of Pediatric Oncologic Patients&lt;br&gt;Wojciech M Fendler, Andrzej J. Piotrowski, Poland</td>
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<tr>
<td>16.30 - 16.45</td>
<td><strong>FP 14.2.414</strong> National Health Service Cost of In-Hospital Paediatric Cardiac Arrest Calls&lt;br&gt;Heather Duncan, Adrienne McCabe, UK</td>
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<tr>
<td>15.15 - 15.30</td>
<td><strong>FP 12</strong> CPR Management&lt;br&gt;Chairs: Paolo Bilian, Italy and Peter Weinstock, USA</td>
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<tr>
<td>15.15 - 15.30</td>
<td><strong>FP 12.2.801</strong> Calcium Use During In-Hospital Pediatric CPR – A Report From the AHA National Registry of CPR&lt;br&gt;Vijay Sinivasan, Marilyn C. Morris, Scott M. Carey, Mark A. Helfaer, Robert A. Berg, Vinay M. Nadkami and the American Heart Association National Registry of CPR Investigators, USA</td>
</tr>
<tr>
<td>15.30 - 15.45</td>
<td><strong>FP 12.2.221</strong> Monitoring Cerebral Blood Flow in Children after Cardiopulmonary Resuscitation&lt;br&gt;Suyun Ulan, MD, Yunjuan Li, MD, Xunmei Fan, MD, Lei Wang, MD, Weihua Yin, China</td>
</tr>
<tr>
<td>15.45 - 16.00</td>
<td><strong>FP 12.2.126</strong> Quality of Chest Compressions with Two Hands versus One Hand Technique During Lone Rescuer Child CPR&lt;br&gt;Udassi JP, Haque IU, Udassi S, Theriaque D, Shuster JJ, Zantisky AL, USA</td>
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<td>16.00 - 16.15</td>
<td><strong>FP 12.2.129</strong> Two Thumbs Technique Provides Superior Quality Chest Compressions During Lone Rescuer Infant CPR&lt;br&gt;Udassi S, Haque IU, Udassi S, Theriaque D, Shuster JJ, Zantisky AL, USA</td>
</tr>
<tr>
<td>16.15 - 16.30</td>
<td><strong>FP 12.2.232</strong> Effects of the Gas Used in the Resuscitation of the Newborn on the Mesenteric Blood Flow&lt;br&gt;Adrian Ioan Toma, Dinu Florin Albu, Mihaela Scheiner, Romania</td>
</tr>
<tr>
<td>16.30 - 16.45</td>
<td><strong>FP 12.2.926</strong> Effect of Cervical Spine Immobilization Technique on Advanced Airway Management in a High Fidelity Infant Simulation Model&lt;br&gt;Akira Nishisaki, Louis Scrattish, Mandip Kalsi, Matthew Maltesse, Aaron Donoghue, Roberta Hales, Lisa Tyler, Kristy Arbogast, Dana Niles, Peter Brust, Mark Helfaer, Vinay Nadkami, USA</td>
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### TUESDAY, JUNE 26, 2007 – DAY OF ART

#### TIME

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<tr>
<th>Room</th>
<th>NC MS 1</th>
<th>Organ Donation Practices around the World – Case Studies</th>
<th>Patricia Moloney-Harmon, USA; Ana Paula Franca, Portugal; Yuko Shiraishi, Japan and Minette Coetzee, South Africa</th>
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<tr>
<td>09.00-10.30</td>
<td>NC PY 2</td>
<td>Clinical Issues on Pain and Sedation</td>
<td>Chairs: Eva Cignacco, Switzerland and Patricia Moloney-Harmon, USA.</td>
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<tr>
<td>09.00</td>
<td>D</td>
<td>Physiology of Pain in the Neonate and Child</td>
<td>Dick Tibboel, The Netherlands</td>
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<tr>
<td>10.20</td>
<td>D</td>
<td>Pain Assessment of Critically Ill Children: the State of the Art</td>
<td>Anne-Sylvie Ramelet, Australia</td>
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<tr>
<td>10.10-10.30</td>
<td></td>
<td>Non-pharmacological Pain Management in PICU</td>
<td>Irene Harth, Germany</td>
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<tr>
<td>11.00-12.30</td>
<td>SA</td>
<td>Cardiovascular Care</td>
<td>Chairs: Odile Frauenfelder, The Netherlands and Fiona Lynch, UK</td>
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<tr>
<td>11.00</td>
<td>D</td>
<td>Post-operative Management of Children after Open Heart Surgery</td>
<td>Lori Fineman, USA</td>
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<tr>
<td>11.20</td>
<td>D</td>
<td>Extracorporeal Support</td>
<td>Josee Gaudreault, Canada</td>
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<tr>
<td>11.40</td>
<td>D</td>
<td>The Failing Heart</td>
<td>Lori Fineman, USA</td>
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<tr>
<td>12.10</td>
<td>D</td>
<td>News of Heart Transplantation in Neonates and Infants</td>
<td>Brigitte Stiller, Germany</td>
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<td>15.15-16.45</td>
<td>D</td>
<td>Pain &amp; Sedation</td>
<td>Chairs: Dick Tibboel, The Netherlands and Anne Sylvie Ramelet, Australia</td>
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<tr>
<td>15.15-16.45</td>
<td>NC ME 2</td>
<td>Pain &amp; Sedation</td>
<td>Chairs: Dick Tibboel, The Netherlands and Anne Sylvie Ramelet, Australia</td>
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<tr>
<td>15.30</td>
<td>D</td>
<td>Why not stick to a Pain/Distress Protocol on the PICU?</td>
<td>Monique van Dijk, Ilse Ceelie, Marjan de Jong, Saskia de Wildt, Dick Tibboel, The Netherlands</td>
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<td>16.00</td>
<td>D</td>
<td>The Development, Implementation and Evaluation of Sedation Guidelines in the PICU</td>
<td>Keogh S, Long D, Egwins J, Horn D, Ciehnoves T, Australia</td>
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<tr>
<td>16.00</td>
<td>D</td>
<td>Frequency of Heel Sticks and Pain Management in Neonates admitted in Tertiary Care Centers: The EPIPPAIN MULTICENTER STUDY</td>
<td>B spaghetti, V Debuche, B Marchand, N Minart, M Dervillers, M Dellespine, F Gasq, C Rose, R Carabajal, France</td>
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<tr>
<td>17.00-18.30</td>
<td>A</td>
<td>Extracorporeal Therapies - Case Studies</td>
<td>Lori Fineman, USA; Josté Gaudreault, Canada; Hannah Tonsleiferborn, Germany</td>
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#### ORAL AND POSTER PRESENTATIONS

| F | NFP 3 Cardiac Care | Chairs: Irene Harth, Germany and Lori Fineman, USA |
| 15.15-16.45 | NFP 2.2.1021 | Lactate Capacity to predict Mortality in Postoperative Cardiac Patients | Antonio Perez, Pablo Ezilmesekian, Pablo Minces, Eduardo Schneider, Jorge Makarovsky, Pablo Marante, Argentina |
| 15.30-16.45 | NFP 2.2.265 | The Perceptions of Nurses who Cared for Children Prior to a near or actual Cardiopulmonary Arrest | C Parshuram, K Middaugh, J Costello, Canada |
| 16.00-16.15 | NFP 2.2.277 | Working Together – Improving Critical Care with ANP | Gabby Stoffel, Switzerland |
| 16.15-16.30 | NFP 2.2.934 | The Use of Extracorporeal CPR (ECPR) Simulation Based Programme to identify Systems Issues and Improve the ECPR Process | Cecilia St George-Hyslop, Anne-Marie Guerguerian Lisa Davey, Canada |
| 16.30-16.45 | NFP 2.3.122 | Nursing Management of Paediatric Patients with Extracorporeal Membrane Oxgenation (ECMO) | F. Pampaloni, M. Marseglia, G. D. Giusti, Italy |

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| 08.00-08.45 | SA | **NI MS 1**  
How can I Maintain my Clinical and Ethical Competence?  
Tina Kendrick, Australia and Cynda Rushton, USA |
| 09.00-10.30 | SA | **NI PY 2**  
The Art and Science of Pediatric Critical Care Nursing  
Chairs: Mavilde Pedreira, Brazil and Jos Latour, The Netherlands  
Data that Supports Nursing Practice in Pediatric Critical Care  
Martha Curley, USA  
Role Development in Pediatric Critical Care Nursing  
Ana Paula França, Portugal  
**NI/ORG BS**  
sponsored by PICIS  
The Use of Information Technology in PICU, Medical and Nursing Perspective  
Jan Hazeket and Saskia de Reus, The Netherlands |
| 11.00-12.30 | E | **NI SYMP 3**  
Evidence-Based Nursing & Research  
Chairs: Eva Cignacco, Switzerland and Martha Curley, USA  
Developing Evidence-Based Guidelines  
Anne-Sylvie Ramelet, Australia  
Research Critique: How to Evaluate the Quality of a Research Article  
Sema Kuguoglu, Turkey  
Challenges in Setting up a Multi-center Study  
Martha Curley, USA |
| 13.30-15.00 | E | **NI SYMP 4**  
Impact of Nursing Workforce on Clinical Practice  
Chairs: Minette Coetzee, South Africa and Antonia Martin Perdiz, Spain  
The Aging Nurse: Strategies to Overcome the Nursing Shortage  
Tina Kendrick, Australia  
Sources of Suffering and Moral Distress of Healthcare Professionals  
Cynda Rushton, USA |
| 15.15-16.45 | E | **NI/ORG ME 1**  
Meet the Journal Editors  
Pediatric Critical Care Medicine  
Patrick Kochanek  
Intensive Care Medicine  
Duncan Macrae  
Pediatric Intensive Care Nursing  
Franco Carnevale |
| 17.00-18.30 | I | **NI ES 3**  
Nursing Year In Review: Nursing Research Around the Globe  
Panel: Franco Carnevale, Canada; Bev Copnell, Australia; Mavilde Pedreira, Brazil and Coke Wielenga, The Netherlands  
Minimizing Errors associated with Drug Administration in the Pediatric Intensive Care Unit  
Gili Kadmon, Israel  
**NI/ORG HH 2**  
sponsored by iMDsoft  
A Structured Approach to Weekly Interdisciplinary Rounds Improves Communication, Care Coordination and Enhances Patient Safety throughout a Care Continuum  
Sandra Stavess, Heidi Scharrenberg, Stephen Roth, Lucile Packard, USA  
Cultural Perceptions of Nurse Empowerment in a Children’s Healthcare Setting  
Lorraine Percy, Ireland |
| 13.30 - 15.00 | | **POSTER WALKS** (Exhibition Hall)  
NP 4: Educational Models  
Chair: Elaine Meyer, USA  
NP 5: Monitoring Quality  
Chair: Monica Johansson, Sweden  
NP 6: General Nursing Practice  
Chair: Jane Booth, South Africa  
NP 7: Pain & Clinical Issues  
Chair: Cora de Kiviet, The Netherlands |

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### TUESDAY, JUNE 26, 2007 – DAY OF ART

**TIME** | **ETHICS** | **ANESTHESIA / ANALGESIA**
---|---|---
08.00-08.45 | MB ETHICS MS 1 | B ANESTHESIS MS 1 | F ANESTHESIS/PULM BS 1
How can we improve End-of-Life Care in the PICU? | Case Discussion: Sedation and Analgesia | One-Lung Ventilation Utilizing an Endobronchial Blocker
Robert Truog, USA | Andrew Wolf, UK and Oliver Gall, France | Gregory Hammer, USA and Oliver Ross, UK

11.00 - 12.30 | MB ETHICS SYMP 2 |  
Organ Donation around the World |  
Chair: Franco Carnevale, USA and Denis Devictor, France
Donation after Cardiac Death - the Boston Experience | Peter Laussen, USA
Donation in Turkey | Tolga Koroglu, Turkey
Donation in Japan | Hirokazu Sakai, Japan
Donation in Australia | Jonathan Gillis, Australia

12.45 - 14.15 | INDUSTRY SPONSORED LUNCH-SYMPOSIA (Room A, B, C) | INDUSTRY SPONSORED LUNCH-SYMPOSIA (Room A, B, C)

13.30 - 15.00 | POSTER WALKS (Exhibition Hall) | POSTER WALKS (Exhibition Hall)
P 26 Ethics: Ethical Issues | P 25 Analgesia and Sedation in Children and Neoneates | Facilitator: Walid Habre, Switzerland
Facilitators: Hirokazu Sakai, Japan and Edwin van der Voort, The Netherlands

15.15 - 16.45 | C ETHICS SYMP 3 |  
Ethics: Hot Topics in Neonatology |  
Chair: Michel Bener, Switzerland
P 26.2.19 |  
Treatment of Extremely Preterm Infants - A Comparison of the German, Swiss and Austrian Guidelines | FP 10.2.461 |  
Introduction of a Sedation Cycling Regime for Children on A Paediatric Intensive Care Unit | S. Mabnney, V. Abraham, F. Dooley, L. McArthur, J. Craske, K. Parks, UK
Roland Hentschel, Germany
P 26.2.586 |  
Critical Care Decisions in Fetal and Neonatal Medicine: Ethical Issues | FP 10.2.757 |  
Linda Franck, UK
Round Table Discussion | FP 10.2.223 |  
Number of Invasive Procedures and Analgesic Therapy in Neonates: The EPiPPAIN Multicenter Study | R. Carbajal, A. Rousset, B. Marchand, S. Coquery, P. Nolent, S. Doutreui, C. Suzzo, A. Lapillonne, M. Granier, France

17.00 - 18.30 | C ETHICS ES 2 |  
The Ethical Case of the Day: What would be your attitude? |  
Robert Truog, USA
FP 10.2.792 |  
Acupuncture Reduces Brain Cell Death Following Neonatal Inflammatory Pain | K. J. S. Anand, Sunny Anand, D. Phil, USA
FP 10.2.716 |  
Ketamine Normalizes the Neuroexcitatory Response and Decreases Cell Death after Inflammatory Pain in the Amygdaloid Region of The Rat Model | R. W. Hall, K. J. S. Anand, Sunny Anand, USA

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## Wednesday, June 27, 2007 – Day of Integration

### Time

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<th>Room</th>
<th>Time</th>
<th>Session</th>
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|      | 08.00 - 08.45| **E PULM BS 1** sponsored by LINDE GAS THERAPEUTICS  
Hands on Session: Practical Use of Inhaled Nitric Oxide (iNO) in the Ventilated Patient  
TBN                                                    |                        |
|      | 08.00 - 08.45| **JU PULM MS 2**  
Pulmonary Infectious Disease - Cases Around the World  
Peter Cox, Canada and Praveen Khilnani, India                                                   |                        |
|      | 08.00 - 08.45| **F PULM BS 3** sponsored by SLE  
Getting the best out of HFO in the Neonate: Clinical and Practical Considerations  
Satoshi Nakagawa, Japan and Jesus Pulido, Mexico                                                |                        |
|      | 09.00 - 10.30| **B CV/PULM PY 1**  
Respiratory Problems in Congenital Heart Disease  
Chairs: Desmond Bohn, Canada and Peter Laussen, USA                                              |                        |
|      | 09.00 - 10.30| **C CV/PULM PY 2**  
Manipulation of the Pulmonary Vasculature in Cardiac and Pulmonary Disease  
Chairs: Maurice Beghetti, Switzerland and Duncan Macrae, UK                                        |                        |
|      | 09.00 - 10.30| **The Lung**  
Peter Laussen, USA                                                                               |                        |
|      | 09.30 - 10.00| **The Assessment and Management of Large Airway Problems**  
Quen Mok, UK                                                                                     |                        |
|      | 10.00 - 10.30| **ICU Management of the Patient with Concurrent Lung and Cardiac Disease**  
Desmond Bohn, Canada                                                                            |                        |
|      | 11.00 - 12.30| **JU PULM/SEPSIS PY 1**  
Respiratory Infections  
Chairs: Andrew Argent; South Africa and Julio Fanas, Argentina                                   |                        |
|      | 11.00 - 12.30| **D PULM SYMP 3**  
Old and New Diagnostic Tools in the Ventilated Patient  
Chairs: Inez Freirichs, Germany and TBN                                                          |                        |
|      | 11.00 - 12.30| **C CV/PULM/SEPSIS PY 1**  
Severe Sepsis  
Chairs: Philippe Jouvet, Canada and Praveen Khilnani, India                                       |                        |
|      | 11.00 - 12.30| **New Viral Infections**  
Yu Lung Lau, Hongkong                                                                             |                        |
|      | 11.30 - 12.00| **HIV and Respiratory Problems**  
Andrew Argent, South Africa                                                                       |                        |
|      | 12.00 - 12.30| **Control of Respiratory Infections in the PICU**  
Peter Cox, Canada                                                                               |                        |
|      | 12.45 - 13.45| **A PULM/IND SYMP 4**  
INDUSTRY SYMPOSIUM sponsored by LINDE GAS  
Helium in the ICU  
Hubert Tröbel, Germany and Federico Martinon-Torres, Spain                                        |                        |
|      | 13.30 - 15.00| **POSTER WALKS** (Exhibition Hall)  
P 31 Pulmonary: Non-invasive Ventilation  
Facilitator: Bettina von Dessauer, Chile and TBN                                                   |                        |
|      | 13.30 - 15.00| **POSTER VIEWING: CASE REPORTS** (Exhibition Hall)  
CP 3 Lung and Airways                                                                            |                        |
|      | 15.15 - 16.45| **B PULM ME 4**  
Acute Respiratory Failure  
Chair: Alastair Hutchison, USA and Praveen Khilnani, India                                          |                        |
|      | 17.00 - 18.30| **E PULM HH 3** sponsored by VIASYS  
HEALTHCARE  
Electrical Impedance Tomography (EIT): Clinical Experience in Children and Neonates  
Inez Freirichs, Germany and John Arnold, USA                                                       |                        |
|      | 17.00 - 18.30| **D PULM HH 4** sponsored by LINDE GAS  
THERAPEUTICS  
Therapeutics – Hands-on Session: Practical Use of Heliox in the Spontaneous Breathing and Ventilated Patient  
Hubert Tröbel, Germany and Federico Martinon-Torres, Spain                                        |                        |
|      | 17.00 - 18.30| **F PULM HH 5** sponsored by MAQUET  
Clinical Experience with NAVA in the Newborn  
Jennifer Beck, Canada and Philippe Jouvet, Canada                                                  |                        |

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### CARDIOVASCULAR (CV)

**Room**

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<th>TIME</th>
<th>CV MS 2</th>
<th>CV BS 1</th>
<th>CV/SEPSIS IND 2</th>
<th>CV/PULM/SEPSIS PY 1</th>
<th>CV/PULM PY 1</th>
<th>CV/NEURO PY 1</th>
<th>CV/PULM PY 2</th>
<th>CV/PULM/SEPSIS PY 1</th>
<th>CV/SEPSIS IND 2</th>
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</thead>
<tbody>
<tr>
<td>08.00 - 08.45</td>
<td>Old and New Inotropes: A Shift of Paradigms?</td>
<td>Mechanical Circulatory Support: How, when and why?</td>
<td>Industrial Symposium: Monitoring in Severe Sepsis</td>
<td>Respiratory Problems in Congenital Heart Disease</td>
<td>Manipulation of the Pulmonary Vasculature in Cardiac and Pulmonary Disease</td>
<td>The Brain in Cardiac Surgery</td>
<td>Endocrine Aspects of Cardiac Intensive Care</td>
<td>Respiratory Problems with Severe Malaria</td>
<td>Clinical Utility ScvO2 Monitoring</td>
</tr>
<tr>
<td>09.00 - 09.30</td>
<td>In the failing heart: Stephen Schwartz, Canada</td>
<td>How? Salvatore Agati, Italy</td>
<td>In the Cardiac ICU</td>
<td>Managing Pulmonary Hypertension: back to Basics</td>
<td>How?</td>
<td>Salvatore Agati, Italy</td>
<td>How?</td>
<td>Salvatore Agati, Italy</td>
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ABSTRACTS

ABSTRACT DEADLINE: September 5, 2007


The Society of Critical Care Medicine (SCCM) reconfigures the conventional meeting experience to serve the perfect blend of education and relaxation.

REASONS TO COMMIT TO SUBMIT TO SCCM

• MULTIPROFESSIONAL – Abstracts are reviewed by an integrated team of dedicated experts
• PEER EVALUATION – Leading experts visit select posters at Congress and provide indispensable feedback
• PIVOTAL ADVANCEMENTS – Original investigative work may advance treatment options and increase critical care excellence
• WORLD RECOGNITION – All accepted abstracts are published in the Society’s Critical Care Medicine journal

SCCM members, excluding full physician members, with accepted abstracts can apply for complimentary registration to Congress!

ABSTRACTS CAN BE SUBMITTED IN THE FOLLOWING CATEGORIES:

• ADMINISTRATION
• BASIC SCIENCE: Cardiovascular Physiology, CPR, Gastrointestinal Physiology, Modeling, Neurobiology, Pulmonary, Physiology, Renal and Endocrine Physiology, Sepsis, and Trauma
• CASE REPORTS: including, but not limited to, disaster-related cases
• CLINICAL SCIENCE: (Adult and Pediatric) Cardiovascular Disease, CPR, End-of-Life/Ethics, Epidemiology, Gastrointestinal Disease, Modeling, Neurobiological Disease, Nursing, Psychosocial, Pulmonary Disease, Renal Disease, Sepsis, Therapeutics, and Trauma
• EDUCATION
**WEDNESDAY, JUNE 27, 2007 – DAY OF INTEGRATION**

<table>
<thead>
<tr>
<th>TIME</th>
<th>A</th>
<th>SEPSIS MS 2</th>
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</table>
| 08.00-08.45   |   | Transfusion Policies Reviewed  
|               |   | Jaques Lacroix, Canada          |

**MET/SEPSIS SYMP 1**

**Endocrine Changes in Critical Illness**
Nikolaus Haas, Germany

**MET/SEPSIS SYMP 3**

**ARDS and Support in Sepsis**
Anne Thompson, USA

**FP 26**

**Endocrine Changes in Critical Illness**
Sathoshi Nakagawa, Japan; Eduardo Troster, Brazil

**MET/SEPSIS SYMP 2**

**Glucose Metabolism in Sepsis**
Francis Leclerc, France

**MET/SEPSIS SYMP 3**

**Catabolism in Sepsis**
Koen Joosten, The Netherlands and Brian Kavanagh, Canada

**CV/PULM/SEPSIS PY 1**

**Severe Sepsis**
Chairs: Philippe Jouvet, Canada and Praveen Khilnani, India

**PULM/SEPSIS PY 1**

**Respiratory Infections**
Chairs: Andrew Argent, South Africa and Julio Farias, Argentina

**CV/PULM/SEPSIS PY 1**

**Respiratory Problems with Severe Malaria**
Kathryn Maitland, Kenya

**New Viral Infections**
Yu Lung Lau, Hongkong

**ORAL AND POSTER PRESENTATIONS**

**13.30 - 15.00**

**POSTER WALKS**

**P 37 Sepsis**
Hypercglycemia and Glycaemia Control
Facilitator: Pedro Celiny Garcia, Brazil and TBIN

**3.44**

**Predictive Value of Interleukin 6 and Procalcitonin in Children With Sepsis**
Busto R, Araneda H, Fuentes C, Hu C, Chile

**Unravelling The Pathway of Interleukin 6 Mediated Cardiac Dysfunction In Meningococcal Septic Shock**
Nazima Pathan, Joanne L. Franklin, Michael Levin, Sian E. Harding, UK

**Endotoxaemia in Paediatric Critical Illness**
Simon Nadel, Helen Betts, UK

**13.00 - 14.15**

**14.00 - 15.30**

**14.30 - 15.45**

**Round Table and Open Forum Discussion**
Moderator: Jan Hazelzet, The Netherlands
Participants: Jacques Lacroix, Canada; Francis Leclerc, France; Sathoshi Nakagawa, Japan; Eduardo Troster, Brazil

**15.15 - 16.45**

**SEPSIS ME 3**

**Using D10, Insulin and Hydrocortisone Together: Open Discussion Forum**
Moderator: Jan Hazelzet, The Netherlands
Participants: Jacques Lacroix, Canada; Francis Leclerc, France; Sathoshi Nakagawa, Japan; Eduardo Troster, Brazil

**17.00 - 18.30**

**SEPSIS HH 1**

**Case Studies of Hemodynamically Challenging Patients**
(Educational presentation and discussion of 2-3 case studies that review a challenging patient’s health as measured by appearance, vital signs, and data available from monitoring tools, including continuous ScvO2)
Moderator: Joseph Carrillo, USA
Presenters: Ryan Crowley, USA and Neil Spenceley, USA

**3.30-3.44**

**Procalcitonin as a Marker of Bacterial Infection Following Pediatric Cardiac Surgery**
Dagan Ovady, Israel

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## WEDNESDAY, JUNE 27, 2007 – DAY OF INTEGRATION

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<th>DAY</th>
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<tbody>
<tr>
<td>08.00-08.45</td>
<td>MB</td>
<td>MET MS 3 Acute Metabolic Diseases; Case Discussion</td>
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<tr>
<td></td>
<td></td>
<td>Philippe Jouvet, Canada and Georg F. Hoffmann, Germany</td>
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<tr>
<td>09.00-10.30</td>
<td>A</td>
<td>MET/SEPSIS PY 1 Endocrine and Metabolic Changes in Critical Illness</td>
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<tr>
<td></td>
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<td>Chairs: Koen Joosten, The Netherlands, and David Nelson, USA</td>
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<tr>
<td>09.00-10.30</td>
<td>MB</td>
<td>MET/SEPSIS SYMP 1 Fluid Management and Extra-Corporeal Technology in Sepsis</td>
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<td>Chairs: Joseph Cercillo, USA and Steffen Mitzner, Germany</td>
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<tr>
<td>09.00-10.00</td>
<td></td>
<td>Endocrine Changes in Critical Illness</td>
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<td>Nikolaus Haas, Germany</td>
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<td>09.30-10.00</td>
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<td>Lipids in Critical Illness</td>
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<td>Jan Hazelzet, The Netherlands</td>
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<td>10.00-10.30</td>
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<td>Glucose Metabolism in Sepsis</td>
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<td>Ann Thompson, USA</td>
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<td>11.00-12.30</td>
<td>E</td>
<td>CV/MET PY 1 Endocrine Aspects of Cardiac Intensive Care</td>
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<td>Chairs: Duncan Macrae, UK and Johnny Millar, Australia</td>
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<tr>
<td>11.00-11.30</td>
<td>MB</td>
<td>MET/SEPSIS SYMP 2 Metabolic Markers in Sepsis</td>
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<td>Chairs: Xavier Leerverve, France and Mark Peters, UK</td>
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<td>11.30-12.00</td>
<td>C</td>
<td>MET/SEPSIS SYMP 3 Catabolism in Sepsis</td>
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<td>Chairs: Jan Hazelzet, The Netherlands and Brian Kavanagh, Canada</td>
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<td>12.00-12.30</td>
<td>H</td>
<td>NC/NI/MET SYMP 1 Nutrition</td>
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<td>Chairs: George Briassoulis, Greece and Myriam Pettengill, Brazil</td>
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<tr>
<td>12.45-13.15</td>
<td>C</td>
<td>MET/IND 1 INDUSTRY SESSION sponsored by NESTLE NUTRITION</td>
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<tr>
<td></td>
<td></td>
<td>Enteral Nutrition in the ICU - An Under-valued Tool</td>
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<td>Chair: Andrew Argent, South Africa</td>
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<tr>
<td>15.15-16.45</td>
<td>F1</td>
<td>MET ME 3 How do I manage Severe Dehydration?</td>
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<td>Kathryn Maitland, Kenya and Praveen Khikani, India</td>
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<td>How do I manage Severe Hyper- or Hyponatremia?</td>
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<td>Shane Tibby, UK</td>
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<td>16.00-16.45</td>
<td>F2</td>
<td>MET ME 4 Assessing Severe Acidosis</td>
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<td>Andrew Durward, UK and Desmond Bohn, Canada</td>
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<tr>
<td>17.00-18.00</td>
<td>MB</td>
<td>MET HH 2 Case Discussion on Nutrition (Enteral versus Parenteral)</td>
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<td></td>
<td></td>
<td>George Briassoulis, Greece and Koen Joosten, The Netherlands</td>
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### ORAL AND POSTER PRESENTATIONS

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<tr>
<td>15.15 - 15.45</td>
<td></td>
<td>FP 22 Nutrition and Catabolism</td>
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<tr>
<td>15.45 - 16.00</td>
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<td>FP 24 Hyperglycemia in PICU</td>
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<tr>
<td>16.00 - 16.15</td>
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<td>FP 24 Hyperglycemia in PICU</td>
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</tbody>
</table>

**FP 22 Nutrition and Catabolism**
Chair: Koen Joosten, The Netherlands

- **FP 22.3.580**
  Effect of Total Parenteral Nutrition Solution (TPN) on Peroxides Load in Preterm Infants: A Randomized Trial
  Hasham Abdel-Hady, Mohamed R Bassiouny, Hala Almursafawy, Nehad Nasef, Egypt

- **FP 22.3.474**
  Hypoglycemia Induces a Nitrative Stress in the Preterm Newborn
  S.P. Botta, C. Cavedon, D. Vermeylen, E. Damis and J-L. Weyenberg, France

- **FP 22.3.572**
  Evaluation of The Safety and Tolerability of SMOF Lipid 29% Compared to Intralipid 20% in Parenteral Nutrition Of Premature Babies
  E. Tomits, M. Pataki, A. Tölgyesi, Gy. Fekete, B. Ott, T. Kálmán, K. Rischuk, L. Szőllő, Hungary

- **FP 22.3.575**
  Does The Use of Indirect Calorimetry improve Energy Delivery in the Critically Ill Child?
  Rosan Meyer, Mehrengise Cooper, Parviz Habibi, UK

- **FP 22.3.327**
  Can a Severe State of Catabolism be Detected by Simple Measurements of The Composition of the Urine in a Pediatric Critical Care Setting?
  Ana PGP Carlotto, Desmond Bohn, Mitchel Halperin, Brazil

- **FP 22.3.365**
  Effectiveness Of VSL # 3 (EPTAVIS ®) Usage In Preventing Necrotizing Enterocolitis In Premature Babies
  Florencia Gomez, J. Verra-Cala I, Lopez N, Garcia-Corzo J, Meneses M, Columbia

**FP 24 Hyperglycemia in PICU**
Chair: Brian Kavanagh, Canada

- **FP 24.3.441**
  Identifying Hyperglycaemia in the Critically Ill Child: Does it matter whether we sample arterial or central venous blood?
  KP Morris, P Nayak, P Davies, J Stickley, S Laker, H Lang, F Gao, S Gough, P Narendran, UK

- **FP 24.3.770**
  Continuous Glucose Monitoring In Paediatric Intensive Care
  Ricardo G Branco, Robert C Tasker, UK

- **FP 24.3.723**
  Hyperglycaemia in Paediatric Critical Care: Is it Relevant? – A Prospective Cohort Study
  Y. Thomasse, D. Boterenbrood, K.M.U. Albers, The Netherlands

- **FP 24.3.808**
  Temporal Changes in Blood Glucose Variability are Associated with Mortality in Critically Ill Children
  Vijay Snivasan, Alyssa Rake, Kit Newth, USA

- **FP 24.3.795**
  Standardized Assessment of Critically III Children for Hyperglycem and Safe Glycemic Control with an Algorithmic Protocol
  Preissig CM, Roerig PJ, Rigby MR, USA

- **FP 24.3.764**
  Insulin Infusion Prevents HDL Suppression Associated with Multiple Organ Dysfunction in Children
  Ricardo G Branco, Robert C Tasker, UK

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INOmax®
Releasing pulmonary blood flow for optimal oxygenation

INOmax® is the only pharmaceutically approved inhaled nitric oxide for the treatment of term and near-term neonates with hypoxic respiratory failure associated with clinical or echocardiographic evidence of pulmonary hypertension*.

INOmax® relaxes pulmonary blood vessels in newborns with HRF, alleviating hypoxemia and reducing the need for high-risk rescue procedures such as extracorporeal membrane oxygenation.

To ensure the most effective results and the highest level of patient safety, Linde Gas Therapeutics has developed INOmax® Therapy, a complete offering for optimal patient treatment.

*INOmax® was approved for use by the FDA in 1999 and by the EMEA in 2001.
### Wednesday, June 27, 2007 – Day of Integration

#### Time Table

**Neurology (NEURO)**

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<th>Event Description</th>
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<td>08.00 - 08.45</td>
<td>B</td>
<td>NEURO MS 2 Brain Resuscitation - Case Discussion</td>
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<td>G</td>
<td>NEURO BS 1 The Basics of aEEG and Current Clinical Interpretations</td>
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<tr>
<td>09.00 - 09.30</td>
<td>D</td>
<td>CNS Injury and Disease</td>
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<td>Status Epilepticus</td>
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<td>Bacterial Meningitis</td>
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<td>10.00 - 10.30</td>
<td></td>
<td>CNS-aspects of Influenza Virus</td>
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<tr>
<td>11.00 - 12.30</td>
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<td>The Brain in Cardiac Surgery</td>
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<td>Peri-Operative Monitoring</td>
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<td>Late Outcome after Heart Surgery</td>
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<td>12.00 - 12.30</td>
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<td>Post-Operative Brain Resuscitation and Care</td>
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<td>12.45 - 14.15</td>
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<td>17.00 - 18.30</td>
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<td>NEURO ES 2 Seizures</td>
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<td>Case Discussion: Diagnostic Work-up and Treatment of Seizures</td>
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# Wednesday, June 27, 2007 – Day of Integration

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<tr>
<th>Time</th>
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<tr>
<td>08.00-08.45</td>
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</table>
| 09.00-10.30   | SA NC/NI/ORG PY 1 Disaster Response  
Chairs: Pang Nuk Lan, Singapore and Irene Chan, Singapore |
| 09.00-10.30   | D NEURO/ORG PY 1 CNS Injury and Disease  
Chairs: Federico Martinon-Torres, Spain and Sunil Singhi, India |
| 09.00-09.30   | Earth Quakes and Tsunamis: Learning for the Next Disasters  
Dirk Danschutter, Belgium |
| 09.30-10.00   | Practical Experience with SARS  
Irene Chan, Singapore |
| 10.00-10.30   | What we learned from SARS to face Avian Flu  
Yu Lung Lau, Hongkong |
| 11.00-12.30   | D NEURO/ORG SYMP 1 Resuscitation  
Chairs: Patrick Kochanek, USA and Vinay Nadjami, USA |
| 11.00-11.30   | Cerebral Resuscitation post Cardiac Arrest  
Robert Tasker, UK |
| 11.30-12.00   | New Markers and Targets  
Patrick Kochanek, USA |
| 12.00-12.30   | Medical Emergency Teams - Are they effective?  
Boris Blokhin, Russia |
| 12.45-14.15   | INDUSTRY SPONSORED LUNCH-SYMPOSIA (Room A, B, C) |
| 15.15-16.45   | F3 ORG ME 3 Preventive and Preemptive Care |

**Topics**

- Disaster Response
- CNS Injury and Disease
- Earth Quakes and Tsunamis: Learning for the Next Disasters
- Practical Experience with SARS
- What we learned from SARS to face Avian Flu
- Cerebral Resuscitation post Cardiac Arrest
- New Markers and Targets
- Medical Emergency Teams - Are they effective?
- Preventive and Preemptive Care
**TIME**

**ORGANIZATION AND EMERGENCY (ORG)**

**ORAL AND POSTER PRESENTATIONS**

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<th>TIME</th>
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<th>POSTER WALKS (Exhibition Hall)</th>
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| 13.30 - 15.00 | SA | **FP 21 Patient and Parental Stress**
Chairs: Edwin van der Voort, The Netherlands and Linda Franck, UK |
| 13.30 - 15.45 | MB | **FP 23 Outcome Research and Scoring Systems**
Chairs: Pablo Minuesa, Argentina and Philip Sargent, Australia |
| 13.30 - 15.30 | FP 21.3.67 | **Predictors of Posttraumatic Stress in Children after PICU Admission**
Poonet Asalvah Poorn, Daljit Singh, Harmesh S Bains, R K Soni, B P Mithra Dayanand Medical College and Hospital, Ludhiana, Punjab, India |
| 13.45 - 14.00 | FP 21.3.208 | **Parental Stress in Pediatric Intensive Care Unit (PICU) of Punjab**, India |
| 14.00 - 14.15 | FP 21.3.173 | **Parent Stress after Paediatric Cardiac Surgery**
SF, Blauck; A McQuillin, M. Goodwin, A. Goodwin, Institute of Child Health, University College London, Centre for Nursing and Allied Health Professional, London, UK |
| 14.30 - 14.45 | FP 21.3.249 | **Diaries in PICU**
Jane Ey, Gitte Mikkelson, Odense University Hospital, BNT, Odense, Denmark |
| 14.45 - 15.00 | FP 21.3.205 | **How do Parents Respond to their Babies’ Enrolment in a Neonatal Trial if the Baby Subsequently Dies?** - An Account of a Ten Year Research Experience
Claire Snowdon, Diana Elbourne and Sheila Harvey |
| 15.15 - 15.45 | SA | **FP 20 CPR Training**
Chairs: Vinay Nadkarni, USA and Paolo Bilian, Italy |
| 15.15 - 15.30 | FP 20.3.709 | **“Rolling Refreshers”: A Novel Approach to Maintain CPR Psychomotor Skill Competence**
| 15.30 - 15.45 | FP 20.3.350 | **Development of a Leadership Skills Workshop in Pediatric Advanced Resuscitation**
Gottgesan, R, Gifford, E, Razzac, S, Canada |
| 15.45 - 16.00 | FP 20.3.583 | **Comparison of Traditional versus a High Fidelity Simulation for Certification In Pediatric Advanced Life Support (PALS)**
Frank D, Schroeder A, Knight L, Arnold L, Nichols A, USA |
| 16.00 - 16.15 | FP 20.3.346 | **Evaluation of Current Response Time during Simulated Extracorporeal CPR (ECPR)**
Cecilia St George-Hyslop, Anne-Marie Gueguernian, Lisa Davey, Canada |
| 16.15 - 16.30 | FP 20.3.348 | **Pediatric O-CPR: Feasibility of Assessing Pediatric In-Hospital CPR Quality**
Robert Sutton, Dana Nilot, Jon Nyaathe, Aaron Donoghue, Krisy Arbegast, AKI, USA |
| 16.30 - 16.45 | FP 20.3.392 | **Are we Neglecting CPR Quality during Paediatric Resuscitation Scenario Training?**
M Arshad, Tym Lo, F Reynolds, UK |
| 17.30 - 17.45 | D | **FP 25 Patient Safety**
Chairs: Bertrand Frey, Switzerland and Peter Cox, Canada |
| POSTER WALKS (Exhibition Hall) | - | **P 36 Emergency Care: Pre-Hospital Care and Emergency Room Management**
Facilitator: Niranjani Kisson, Canada |
| | - | **P 46 Organization: Error Reduction**
Facilitator: Bernhard Frey, Switzerland |
| | - | **P 47 Organization: Educational Models / Teaching**
Facilitator: Robert Tasker, UK |

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## Wednesday, June 27, 2007 – Day of Integration

### Nursing Care (NC)

<table>
<thead>
<tr>
<th>Time</th>
<th>Room</th>
<th>Session Title</th>
<th>Chairs / Speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.00-08.45</td>
<td>SA</td>
<td>Application of Resuscitation Guidelines around the World</td>
<td>Hannah Tönshoff-Born, Germany and Sharon Kinney, Australia</td>
</tr>
<tr>
<td>09.00-10.30</td>
<td>JU</td>
<td>Collaborative Practice in Pediatric Critical Care</td>
<td>Bernadette Mehnyk, USA</td>
</tr>
<tr>
<td>09.00-09.30</td>
<td>SA</td>
<td>Disaster Response</td>
<td>Ping Nuk Lin, Singapore and Irene Chan, Singapore</td>
</tr>
<tr>
<td>09.30-10.00</td>
<td>NC/NI</td>
<td>How to facilitate a Multidisciplinary Practice in the ICU</td>
<td>Pratibha Mehta, India</td>
</tr>
<tr>
<td>10.00-10.30</td>
<td>NC/ORG</td>
<td>Care of the Technology-dependent Child</td>
<td>Theas Chiu, Hong Kong</td>
</tr>
<tr>
<td>11.00-12.30</td>
<td>SA</td>
<td>Our Experiences in the PICU</td>
<td>Caroline Haines, U K and Jos Latour, The Netherlands</td>
</tr>
<tr>
<td>11.00-11.20</td>
<td>NC/NI</td>
<td>Transition of Care: the Parental Perspective</td>
<td>Bernadette Mehnyk, USA</td>
</tr>
<tr>
<td>11.20-11.40</td>
<td>SYMP 1</td>
<td>Innovations to Decrease Parental Stress</td>
<td>Bernadette Mehnyk, USA</td>
</tr>
<tr>
<td>11.40-12.00</td>
<td>NC/NI</td>
<td>Parental Love in the PICU</td>
<td>Jonathan Gillis, Australia</td>
</tr>
<tr>
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<td>SYMP 2</td>
<td>Role Development</td>
<td>Patricia McInerney-Hamron, USA and Fu Weiyan, China</td>
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<td>H</td>
<td>Basics of Feeding Critically Ill Children</td>
<td>Tina Kendrick, Australia</td>
</tr>
<tr>
<td>11.30-11.50</td>
<td>SYMP 2</td>
<td>The Reality of Nutrition in Clinical Practice</td>
<td>Nejla Ben Jaballah, Tunisia</td>
</tr>
<tr>
<td>11.50-12.10</td>
<td>NC/NI</td>
<td>The Asian Perspective</td>
<td>Pang Nguk Lin, Singapore</td>
</tr>
<tr>
<td>12.10-12.35</td>
<td>SYMP 1</td>
<td>The Latin-American Perspective</td>
<td>Santiago Campos, Ecuador</td>
</tr>
<tr>
<td>15.15-15.50</td>
<td>NC/NI</td>
<td>The World Experts on Parental Care</td>
<td>Jos Latour, The Netherlands and Fanny Chen, China</td>
</tr>
<tr>
<td>15.15-16.15</td>
<td>NC/ME</td>
<td>Parental Care Participation in the PICU</td>
<td>Francine Martens, Santiago, Idrissi, Belgium</td>
</tr>
<tr>
<td>15.30-15.50</td>
<td>NC/ME</td>
<td>Compass 2: The Assessment of Needs, Stressors and Coping Strategies of Fathers of Children admitted to PICU when compared to Mothers</td>
<td>Olivier, G Colville, R Mehta, Oc Ross, UK</td>
</tr>
<tr>
<td>15.45-16.00</td>
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<td>Parental Care Participation in the PICU</td>
<td>Du Bois, G Colville, R Mehta, Oc Ross, UK</td>
</tr>
<tr>
<td>16.00-16.15</td>
<td>NC/ME</td>
<td>Office or Bedroom? A Disconnect Between Family Culture and Professional Culture in the PICU</td>
<td>ME Macdonald, S Liben, PA Caravale, JE Rennick, SR Cohen, Canada</td>
</tr>
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<td>16.15-16.30</td>
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<td>Parents Perspectives Regarding Preparations for their Infants’ Hospitalization After Prenatal Diagnosis of Congenital Heart Disease</td>
<td>Patricia Lincoln, Jean Connor, Sandra Matt, Martha A.D. Curley, USA</td>
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<td>NC/ME</td>
<td>Parents Experience of Taking Care of the Child with Congenital Heart Disease</td>
<td>Gu Yong, Yu Yan, Gu Chun Yi, Chen Lin, China</td>
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### Oral and Poster Presentations

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<tr>
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<th>Room</th>
<th>Session Title</th>
<th>Chairs / Speakers / Speakers / Session / Location / Nationality / Country</th>
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<th>NI BS</th>
<th>NC/NI PY 1 Collaborative Practice in Pediatric Critical Care</th>
<th>NC/NI/ORG PY 1 Disaster Response</th>
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<tbody>
<tr>
<td>08.00-08.45</td>
<td>D</td>
<td></td>
<td></td>
<td>Collaborative Practice in Pediatric Critical Care</td>
<td>Disaster Response</td>
</tr>
<tr>
<td>09.00-10.30</td>
<td>JU</td>
<td>NC/NI PY 1</td>
<td></td>
<td>Chairs: Irene Harth, Germany and Bev Copnell, Australia</td>
<td>Chairs: Pang Nuk Lan, Singapore</td>
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<tr>
<td>09.00 - 09.30</td>
<td>JU</td>
<td>Transition of Care: the Parental Perspective</td>
<td></td>
<td>Bernadette Melnyk, USA</td>
<td>Earthquakes and Tsunamis: Learning for the Next Disasters</td>
</tr>
<tr>
<td>09.30 - 10.00</td>
<td>JU</td>
<td>How to facilitate a Multidisciplinary Practice in the ICU</td>
<td></td>
<td>Chairs: Pang Nuk Lan, Singapore and Irene Chan, Singapore</td>
<td>Practical Experience with SARS</td>
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<td>10.00 - 10.30</td>
<td>JU</td>
<td>Care of the Technology-dependent Child</td>
<td></td>
<td>Jane Booth, South Africa</td>
<td>What we learned from SARS to face Avian Flu</td>
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<thead>
<tr>
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<th>DAY</th>
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<th>NI/NC SYMP 2 Role Development</th>
<th>NI/NC/MET SYMP 1 Nutrition</th>
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<td>SA</td>
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<td>Chairs: Caroline Haines, UK and Jos Latour, The Netherlands</td>
<td>Chairs: Patricia Moloney-Harmon, USA and Fu Weijun, China</td>
<td>Basics of Feeding Critically Ill Children</td>
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<tr>
<td>11.00 - 11.20</td>
<td>JU</td>
<td></td>
<td>Jose Smit (Father), The Netherlands</td>
<td>Transfer of Knowledge into Practice</td>
<td>Chairs: Myriam Pettengill, Brazil and George Briassoulis, Greece</td>
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<tr>
<td>11.20 - 11.40</td>
<td>JU</td>
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<td>Bernadette Melnyk, USA</td>
<td>From Bedside Nurse to Nurse Researcher</td>
<td>Jose Wielenga, The Netherlands</td>
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<tr>
<td>11.40 - 12.00</td>
<td>JU</td>
<td></td>
<td>Jonathan Gillis, Australia</td>
<td>Nurse Practitioners in the PICU and NICU</td>
<td>Chairs: Caroline Haines, UK and Jos Latour, The Netherlands</td>
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<table>
<thead>
<tr>
<th>TIME</th>
<th>DAY</th>
<th>POSTER WALKS (Exhibition Hall)</th>
<th>NC/NI/ORG SYMP 1 Disaster Response</th>
<th>NC/NI/ORG SYMP 2 Role Development</th>
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<tr>
<td>13.30 - 15.00</td>
<td>SA</td>
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<tr>
<td>15.15 - 16.45</td>
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<td></td>
<td></td>
<td>NFP 5 Collaborative Practice &amp; Nursing Workforce</td>
<td>Chairs: Dirk Danschutter, Belgium and Myriam Pettengill, Brazil</td>
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<tr>
<td>17.00 - 18.30</td>
<td>JU</td>
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### ORAL AND POSTER PRESENTATIONS

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<tr>
<th>Time</th>
<th>Location</th>
<th>Details</th>
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<tbody>
<tr>
<td>08.00-08.45</td>
<td>ETHICS MS 2</td>
<td>Stress Management in the PICU</td>
</tr>
<tr>
<td></td>
<td>Chair: Robert Truog, USA</td>
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<tr>
<td></td>
<td>Interactive discussion with the audience</td>
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</tr>
<tr>
<td>09.00-10.30</td>
<td>ETHICS SYMP 4</td>
<td>Cultural Influences on End-of-Life Decision-making</td>
</tr>
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<td></td>
<td>Chair: Edwin van der Voort, The Netherlands</td>
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</tr>
<tr>
<td>09.00-09.15</td>
<td>United States</td>
<td>Jeffrey Burns, USA</td>
</tr>
<tr>
<td>09.15-09.30</td>
<td>Japan</td>
<td>Hirokazu Sakai, Japan</td>
</tr>
<tr>
<td>09.30-09.45</td>
<td>India</td>
<td>Sunit Singhi, India</td>
</tr>
<tr>
<td>09.45-10.00</td>
<td>Brazil</td>
<td>Jefferson Piva, Brazil</td>
</tr>
<tr>
<td>10.00-10.15</td>
<td>France and Europe</td>
<td>Denis Devictor, France</td>
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<tr>
<td>10.15-10.30</td>
<td>Panel Discussion</td>
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<tr>
<td>11.00-12.30</td>
<td>INDUSTRY SPONSORED LUNCH-SYMPOSIA</td>
<td>(Room A, B, C)</td>
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<tr>
<td>13.30-15.00</td>
<td>POSTER WALKS (Exhibition Hall)</td>
<td>P 41 Ethics: Parental Stress</td>
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<td>Facilitator: Francoise Martens, Belgium and TBN</td>
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<tr>
<td>13.30-15.00</td>
<td>POSTER WALKS (Exhibition Hall)</td>
<td>P 40 Analgesia and Sedation: Drugs</td>
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<td></td>
<td>Facilitator: Walid Habre, Switzerland</td>
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<tr>
<td>17.00-18.00</td>
<td>ETHICS ES 3</td>
<td>The Ethical Case of the Day: What would be your attitude?</td>
</tr>
<tr>
<td></td>
<td>Andrew Argent, South Africa</td>
<td></td>
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**THURSDAY, JUNE 28, 2007 – DAY OF FUTURE**

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<tr>
<th>TIME</th>
<th>ALL TRACKLINES (further presentations to be announced)</th>
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<tr>
<td>08.30 - 10.00</td>
<td>A/B  PY 1  Future Visions in Pediatric Critical Care</td>
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<tr>
<td></td>
<td>Chairs: Malvilde Pedreira, Brazil and Edwin van der Voort, The Netherlands</td>
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<tr>
<td>08.30 - 09.00</td>
<td>VISION 1: Reduced Intensive Care Workload but Higher Technology Dependency - Resulting Impacts on Health Authorities and Intensive Care Physicians</td>
</tr>
<tr>
<td></td>
<td>Alan Duncan, Australia</td>
</tr>
<tr>
<td>09.00 - 09.30</td>
<td>VISION 2: Collaborative Practice - Nursing Leadership in the Pediatric Critical Care Team</td>
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<td></td>
<td>Cynda Rushton, USA</td>
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<tr>
<td>09.30 - 10.00</td>
<td>VISION 3: Beyond Critical Care: the Challenges of Implementing Policies for Global Child Survival</td>
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<td>Giorgio Tamburlini, Italy</td>
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<tr>
<td>10.30 - 12.00</td>
<td>D CV SYMP 5  Cardiac Intensive Care: Today and Tomorrow</td>
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<tr>
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<td>Chair: Duncan Macrae, UK</td>
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<tr>
<td>10.30 - 10.45</td>
<td>A/B  ETHICS/NC/NI SYMP 1  Future Visions in Ethics</td>
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<tr>
<td></td>
<td>Chairs: Jonathan Gillis, Australia and Edwin Van der Voort, The Netherlands</td>
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<tr>
<td>10.45 - 11.00</td>
<td>Cardiac Intensive Care with (no) Budget Limitation</td>
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<td></td>
<td>David Wessel, USA</td>
</tr>
<tr>
<td>10.45 - 11.15</td>
<td>International Differences on End-of-Life Decision: Result of the Online Questionnaire</td>
</tr>
<tr>
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<td>Denis Devictor, France</td>
</tr>
<tr>
<td>11.00 - 11.15</td>
<td>Global Needs in Clinical Nursing Practice</td>
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<td></td>
<td>Fiona Lynch, UK</td>
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<tr>
<td>11.15 - 11.30</td>
<td>Cardiac Intensive Care on a Shoestring Budget</td>
</tr>
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<td></td>
<td>Gabriel Cassalett, Columbia</td>
</tr>
<tr>
<td>11.30 - 11.45</td>
<td>Ethical Issues in Disadvantaged Countries: Asian Perspective</td>
</tr>
<tr>
<td></td>
<td>Sunit Singh, India</td>
</tr>
<tr>
<td>11.45 - 12.00</td>
<td>Ethical Issues in Disadvantaged Countries: African Perspective</td>
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<td></td>
<td>Andrew Argent, South Africa</td>
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<tr>
<td>12.15 - 13.15</td>
<td>Lunch Meeting</td>
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<td></td>
<td>sponsored by WFPICCS</td>
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<td></td>
<td>WFPICCS General Assembly</td>
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<td></td>
<td>- Official Announcement of the 6th World Congress on Pediatric Critical Care 2011</td>
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<tr>
<td>13.30 - 15.50</td>
<td>A/B  PY 2  Bundles and Protocols in ICU: Debate &amp; Perspective</td>
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<tr>
<td></td>
<td>Chairs: Niranjan Kissoon, USA and Brian Kavanagh, Canada</td>
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<tr>
<td>15.50 - 16.00</td>
<td>A/B  CLOSING CEREMONY</td>
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SPECIAL SESSIONS (SIMULATION SESSIONS and CPR WORKSHOPS)

SIMULATION SESSIONS

SIM1
June 25, 13.30 – 15.00
Palexpo Congress Center – Room Cervin
(Free, no registration required)
**Development of Post-Graduate University for Pediatric Health Care Professionals: Advanced applications of high fidelity pediatric simulation**
Peter Weinstock, MD and team from Children’s Hospital Boston

SIM2
June 26, 13.30 – 15.00
Palexpo Congress Center – Room Cervin
(Free, no registration required)
**Moving from Competence to Excellence: A «Just-in-time» and «Just-in-place» CPR simulation concept**
Vinay Nadkarni and team from Children’s Hospital of Philadelphia, USA

SIM3
June 27, 13.30 – 15.00
Palexpo Congress Center – Room Cervin
(Free, no registration required)
**Difficult conversations in the PICU: Using simulation to build relationship skills with families in the PICU**
Ann Thompson and Mindy Fiedor, Children’s Hospital of Pittsburgh, USA

CPR WORKSHOPS

CPR1
June 25, 17.00 – 18.00
Palexpo Congress Center – Room Cervin
(Free, no registration required)

CPR2
June 26, 17.00 – 18.00
Palexpo Congress Center – Room Cervin
(Free, no registration required)

CPR3
June 27, 17.00 – 18.00
Palexpo Congress Center – Room Cervin
(Free, no registration required)

All 3 courses will be with the identical content. Participation limited (max. 75 persons per course)
## SIMULATION SESSIONS

### Simulation Session 1

**June 25, 13.30 – 15.00**

ROOM: CERVIN

### Development of Post-Graduate University for Pediatric Health Care Professionals: Advanced Applications of High Fidelity Pediatric Simulation

<table>
<thead>
<tr>
<th>Content Description:</th>
</tr>
</thead>
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<tr>
<td>Taught by a multidisciplinary simulation team, the workshop will expose participants to innovative and advanced applications of pediatric simulation across clinical disciplines. Utilizing didactics, multimedia/video and hands-on simulation (audience participation), representative courses will be demonstrated to illustrate the conceptual framework and developmental steps to a multidisciplinary post-graduate university within a pediatric teaching hospital. Discussion and didactics will build on the rationale of such a program being to optimize the recruitment, education and retention of trainees and faculty.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Group: Multidisciplinary: Physicians, Nurses, Respiratory Therapist, Health Care Providers, Administrators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Number of participants: 100</td>
</tr>
<tr>
<td>Ratio participants/instructor: 10:20:1</td>
</tr>
</tbody>
</table>

### Learning Outcomes:

At the completion of the workshop, participants will:

1. understand the individual steps to successful multidisciplinary simulator-based curriculum development
2. be exposed to broad applications of high fidelity simulation as a teaching tool in a variety of settings - from crisis resource management to communication skills
3. understand several approaches to enhance current pediatric simulators to obtain specific teaching goals
4. practice incorporating high fidelity simulation throughout the hospital setting in wide range of curricula including: (a) Crisis Resource Management (CRM); (b) Policy Implementation; (c) Competency-based training and (d) Staff Development.

<table>
<thead>
<tr>
<th>Interventions: didactics, multimedia/video and hands-on simulation scenarios</th>
</tr>
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<tbody>
<tr>
<td>Summary of Key Points: High fidelity simulation can be used effectively to enhance teaching/learning across disciplines in multiple curricula stretching beyond crisis resource management. When combined, such curricula can form the basis of a post graduate university whose ultimate aim is to optimize education and retention of trainees in a teaching institution.</td>
</tr>
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<table>
<thead>
<tr>
<th>Speakers: Peter Weinstock MD PhD, Associate Director, Children’s Hospital Boston Simulator Center; Jeffrey Burns MD MPH; Sue Hamilton RN; Robert Truog MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization: Children’s Hospital Boston, Division of Critical Care Medicine Harvard Medical School, Department of Anesthesia (Pediatrics)</td>
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</table>

Simulation equipment provided by METI without restrictions on the content of the session.
Simulation Session 2
June 26, 13.30 – 15.00

Moving from Competence to Excellence:
A “Just-in-time” and “Just-in-place” CPR simulation concept

Content Description:
Facilitated by a multidisciplinary simulation education team, this lunchtime symposium will expose participants to innovative education and implementation tools using real-time feedback, “just-in-time” and “just-in-place” applications of pediatric simulation. Utilizing didactics, multimedia/video and hands-on simulation (audience participation) “rolling refresher” modules will be demonstrated to illustrate the conceptual framework and developmental steps to multidisciplinary training. Concepts of self-efficacy, competence, operational performance and “training beyond competence, to excellence” will be demonstrated and discussed.

Target Group: Multidisciplinary: Physicians, Nurses, Respiratory Therapist, Health care providers, administrators, risk managers, parents, patient advocates, industry.

Limited Number of participants: maximum 250

Ratio participants/instructor: n/a (Demonstrations will use volunteers from the participants)

Learning Outcomes:
At the completion of the workshop, participants will:
1. understand the concepts of “just-in-time” and “just-in-place” multidisciplinary simulation education training
2. be exposed to broad applications of high fidelity simulation as a teaching and implementation tool in a PICU setting
3. understand the concept of “rolling-refreshers” with focused debriefing and linkage to operational performance of the provider
4. observe and practice the difference between “training to minimal competence” vs. “training to excellence”

Interventions: didactics, multimedia/video, high-fidelity simulation, real-time feedback

Summary of Key Points: Just-in-time and Just-in-Place simulation education programs can effectively enhance health care provider confidence, competence and operational performance. Innovative “rolling refreshers” are one example of techniques that can transition “training to minimal competence” to a new level: “training to excellence”

Speakers: Vinay Nadkarni MD, MS, Director, Center for Simulation, Advanced Education, and Innovation@CHOP; Kathryn Roberts RN,CCRN, Clinical Nurse Specialist, CHOP; Dana Niles BS, QCPR Research Coordinator, CHOP

Organization:
Children’s Hospital of Philadelphia, Department of Anesthesia and Critical Care Medicine
Center for Simulation, Advanced Education, and Innovation@CHOP; University of Pennsylvania School of Medicine

Simulation equipment provided by Gaumard, Laerdal and METI without restrictions on the content of the session.
**Simulation Session 3**

**June 27, 13.30 – 15.00**  
**ROOM: CERVIN**

**Difficult conversations in the PICU: Using simulation to build relationship skills with families in the PICU**

<table>
<thead>
<tr>
<th>Content Description:</th>
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<tr>
<td>This symposium will expose participants to an innovative approach to the development of essential relationship building and communication skills required for effective and compassionate interactions with families of critically ill or injured children. Using didactics and videotaped demonstrations we will describe use of structured scenarios with actors who play the parts of parents and other family members to provide an opportunity for health care providers to develop these skills in a safe and constructive environment. Scenarios are typical of common difficult intensive care cases with complex clinical courses and potential or actual “bad” outcomes. They are developed to mimic patient care over time, from first meeting with family to death or discharge from the ICU. We will discuss background reading materials, actor training, caregiver opportunity for immediate assistance, constructive feedback, and opportunities for “re-runs” We will also discuss impact and benefit of similar programs.</td>
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<tr>
<th>Target Group: Target Group: Multidisciplinary: Physicians, Nurses, Respiratory Therapist, Social workers, Administrators</th>
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<th>Limited Number of Participants: 200</th>
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<th>Learning Outcomes:</th>
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<tr>
<td>At the completion of the workshop, participants will:</td>
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<tr>
<td>(1) understand an approach to simulator-based curriculum for development of skills necessary for compassionate and effective communication in the PICU</td>
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<tr>
<td>(2) observe use of trained actors to provide safe opportunities for health care providers to practice difficult conversations with families of critically ill or injured children and receive real-time feedback</td>
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<tr>
<td>(3) understand steps necessary to build scenarios, train actors, and provide constructive feedback.</td>
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<th>Interventions: Didactics, multimedia/video, real-time feedback</th>
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<th>Summary of Key Points:</th>
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<tr>
<td>Interaction of care-givers with actors serving as parents and other family members of critically ill children, using structured scenarios that simulate necessary conversations over time, provide an opportunity to develop effective relationship and communication skills. Immediate feedback by peers, mentors, and the actors provides an opportunity for prompt refinement of these skills, and the simulation environment allows an opportunity to “try again” without harm. The care giver has the opportunity to ask for immediate assistance as needed.</td>
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| Speakers:  
Ann E. Thompson, MD Director, Pediatric Critical Care Medicine; and Melinda Fiedor, MD Director, Pediatric Simulation; Children’s Hospital of Pittsburgh |
|---------------------------------------------------------------|

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<thead>
<tr>
<th>Organization: Department of Critical Care Medicine, Children’s Hospital of Pittsburgh, University of Pittsburgh</th>
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</table>
AWARD SESSIONS

PEdiATRIC CRITICAL CARE MEDiCINE AWARDS

**FP 9**

**PCCM Award Session 1: Basic Research**

- **FP 9.2.297**
  - MRI ASSESSMENT OF REGIONAL CEREBRAL BLOOD FLOW AFTER ASPHYXIAl CARDIAC ARREST IN IMMATURE RATS
  - M D Manole, L M Foley, H Alexander, T K Hitchens, R W Hickey, P M Kochanek, and R SB Clark, Univ. of Pittsburgh, Safar Ctr for Resuscitation, USA

- **FP 9.2.865**
  - THE ASSOCIATION OF MANNOSE BINDING LECTIN DEFICIENCY AND SYSTEMIC INFLAMMATORY RESPONSE SYNDROME IS UNAFFECTED BY OTHER COMPLEMENT AND CYTOKINE SINGLE NUCLEOTIDE POLYMORPHISMS
  - Rachel S Azbeko, Katy J Fidler, Peter Wilson, Nigel J Klein, Mark J Peters, Institute Child Health, University College London, United Kingdom

- **FP 9.2.335**
  - EFFECTS OF NIMODIPINE ON \([Ca^{2+}]\), DNA FRAGMENTATION AND ULTRAMICROSTRUCTURE OF NEURON AFTER CEREBRAL ISCHEMIA-REPERFUSION IN RABBIT
  - Yanxia He, Rongshu Lin, Dan Fu, Yanxia He, Xunmei Fan, Suyun Qian, Huiqing Shen, Shenzhen Children's Hospital, China

- **FP 9.2.33**
  - EXPRESSION PROFILE OF HYDROPHOBIC SURFACTANT PROTEINS IN CHILDREN WITH DIFFUSE CHRONIC LUNG DISEASE
  - Galante Dario, University Hospital “Ospedali Riuniti” of Foggia, Italy

- **FP 9.2.303**
  - EFFICACY OF HYDRODYNAMICS-BASED DELIVERY OF MA20 AND ITS MUTANTS PLASMID ON EXPERIMENTAL ENDOTOXEMIA IN MICE
  - Fengwei Kuang, Yunlong Zuo, Lijuan Wu, Xingyong Wang, Jiaojun Jiang, Pediatric Intensive Care Unit, Children's Hospital, Chongqing Medical University, Chongqing Medical University, China

- **FP 9.2.386**
  - THE IMPACT OF ISCHAEMIA AND REPERFUSION ON MEMBRANE PROTEINS AQUAPORIN 1 AND DYSTROPHIN – CONTRIBUTION TO MYOCARDIAL DYSFUNCTION IN A LAMB MODEL OF NEONATAL CARDIOPULMONARY BYPASS SURGERY
  - Egan JR, Butter TL, Winlaw DS, Kids Heart Research, The Children's Hospital at Westmead, Sydney, Australia

**FP 17**

**PCCM AWARD SESSION 2: CLINICAL RESEARCH**

- **FP 17.3.439**
  - CHANGE IN BLOOD GLUCOSE IS INDEPENDENTLY PREDICTIVE OF MORTALITY IN CRITICALLY ILL CHILDREN
  - KP Morris, P Nayak, *P Davies, J Stickle, S Laker, H Lang, F Gao, **S Gough, **P Narendran, **T Barrett, Departments of PICU, *Statistics Advisory Service, and **Paediatric Endocrinology, Birmingham Children's Hospital, *Adult Intensive Care and **Division of Medical Sciences, University of Birmingham

- **FP 17.3.284**
  - INTENSIVE CARE OUTCOMES OF HUMAN IMMUNODEFICIENCY VIRUS(HIV) INFECTED CHILDREN IN A DEVELOPING COUNTRY
  - Shamil Salee, Andrew Argent, Red Cross Childrens Hospital, Paediatric Intensive Care, Cape Town, South Africa

- **FP 17.3.774**
  - AN OUTCOMES COMPARISON OF ACCM/PALS GUIDELINES FOR PEDIATRIC SEPTIC SHOCK WITH AND WITHOUT CENTRAL VENOUS OXYGEN SATURATION MONITORING

- **FP 17.3.119**
  - THE CHILDREN'S CRITICAL ILLNESS IMPACT SCALE: A NEW MEASURE OF PSYCHOLOGICAL DISTRESS FOR CHILDREN
  - J.E. Rennick, L. McHarg, C.C. Johnston, M. Dell'Api, B. Stevens, J. Rashotte, The Montreal Children's Hospital/McGill University, Nursing Research, Montreal, Canada

- **FP 17.3.938**
  - QUALITATIVE OUTCOME OF CRITICALLY ILL INFECTED CHILDREN STARTED ON ANTIRETROVIRAL THERAPY (ART)
  - Sean McLaughlin, Mark Hatherill, Lauraine Vivian, Carol Cowburn, Andrew Argent, University of Cape Town, Cape Town, South Africa

- **FP 17.3.733**
  - CD14 GENE EXPRESSION RESPONSES TO MECHANICAL VENTILATION OF YOUNG AND ADULT MICE
  - Lincoln S. Smith, Sina A. Gharib, Charles W. Frevert, Thomas R. Martin, University of Washington, Pediatrics, Seattle, United States
FP 18 ESPNIC AWARD SESSION

FP 18.3.103 DEMAND-FLOW IMPROVES MAINTENANCE OF SPONTANEOUS BREATHING DURING HFOV IN PIGS
Marc van Heerde, Vitek Kopelent, Karel Roubik, Dick Markhorst, VU University Medical Center
Pediatric Intensive Care, Amsterdam, The Netherlands

FP 18.3.726 IMMUNOPARALYSIS DURING RECOVERY OF PEDIATRIC CARDIAC SURGERY: MODEL FOR ENDOTOXINE TOLERANCE?
Alvin Schadenberg, Felix Haas, Nicolaas Jansen, Wilhelmina Children's Hospital, UMCU, Pediatric Intensive Care, Utrecht, The Netherlands

FP 18.3.61 EFFECT OF ICU NURSING INTERVENTIONS ON ICP AND CPP OF HEAD INJURED CHILDREN
Tume L, Baines P; Royal Liverpool Children’s Hospital, PICU, Liverpool, United Kingdom

FP 18.3.1003 COMPASS 2: THE ASSESSMENT OF NEEDS, STRESSORS AND COPING STRATEGIES OF FATHERS OF CHILDREN ADMITTED TO PICU WHEN COMPARED TO MOTHERS
C Boyles, G Colville*, R Mehta, Oc Ross.; Southampton General Hospital, "St Georges Hospital, London.
P1 PULMONARY: ALI AND LUNG DISEASE - EXPERIMENTAL
Facilitator: Brian Kavanagh, Canada

P 1.1.167
EXPRESSION AND MODULATION OF AQUAPORIN-5 IN HYPEROXIA-INDUCED LUNG INJURY
Liping Tan, Feng Xu, Fengwu Kuang
Pediatric Intensive Care Unit, Children’s Hospital, Chongqing Medical University, Chongqing 400014, China

P 1.1.204
APOPTOSIS OF ALVEOLAR TYPE II EPITHELIAL CELLS AND EXTRACELLULAR SIGNAL-REGULATED KINASE IN OXIDATIVE STRESS
Juan Chen, Feng Xu, Jing Jiang, Fang Fang, Fengwu Kuang, Zhongyi Lu, Xingyong Wang
Pediatric Intensive Care Unit, Children’s Hospital, Chongqing Medical University, Chongqing 400014, China

P 1.1.357
HYALURONAN DECREASES PULMONARY SURFACTANT INACTIVATION BY PHOSPHOLIPASE A2 IN VITRO.
Iwanicki JL, Lu KW, Tausch HW, San Francisco General Hospital, Pediatrics, USA

P 1.1.361
POLYETHYLENE GLYCOL ADDITION DOES NOT IMPROVE THE FUNCTION OF EXOGENOUS SURFACTANT USED FOR TREATMENT OF EXPERIMENTAL MECONIUM ASPIRATION SYNDROME
Rebello CM, Lyra JC, Mascaretti RS, Precioso AR, Mauad T, Vaz FAC, University of Sao Paulo Pediatrics, Sao Paulo, Brazil

P 1.1.378
PATHOLOGICAL CHARACTERISTICS OF ENDOTOXIN-INDUCED ACUTE LUNG INJURY IN NEONATAL RATS WITH LUNG HEMORRHAGE
Xuxu Cai, Chunfeng Liu, Yue Du, Yunxiao Shang, Xiaohua Han, Yukun Han
Department of Pediatrics, Shengjing Hospital of China Medical University, Shenyang 110004, China

P 1.1.410
BONE MARROW STROMAL CELL ENGRAFTMENT AND DIFFERENTIATION IN LUNG ARE ENHANCED IN RESPONSE TO LIPOPOLYSACCHARIDE-INDUCED LUNG INJURY
Bo Sun, Wei Wang, Children’s Hospital of Fudan University, Pediatrics, Shanghai, China

P 1.1.412
EXPERIMENTAL STUDY OF OLEIC ACID-INDUCED ARDS WITH VENO-VENOUS EXTRACORPOREAL MEMBRANE OXYGENATION
Bo Sun, Wei Wang, Lab Pediatr Respir Intens Care Med, Children’s Hospital of Fudan University, Shanghai 200032, China

P 1.1.760
CYTOMEGALOVIRUS INFECTION INCREASES THE PROPORTION OF THY-1 NEGATIVE FIBROBLASTS AND MAY THEREBY CONTRIBUTE TO LUNG INFLAMMATION AND FIBROSIS
Priya Prabhakaran MD, Mark McEwen BS, Yan Sanders PhD, James Hagood MD. Deptartment of Pediatrics, University of Alabama, Birmingham, USA

P 1.1.1019
ESTABLISHMENT OF PULMONARY HEMORRHAGE MODEL AND EFFECT OF THE OXYGENIC FREE RADICAL FOR PULMONARY TISSUE IN NEONATAL RATS
Ke-zheng Chen, Xiao-yan Gao. Department of Neonatal Intensive Care Unit, Guangzhou Children's Hospital, Guangzhou 510120, China

P 1.1.1020
EXOGENOUS ENDOTHELIN-1 INDUCED PULMONARY HEMORRHAGE IN NEWBORN RATS AND THE PREVENTIVE AND THERAPEUTIC EFFECT OF CALCITONIN GENE-RELATED PEPTIDE
Ke-zheng Chen, Xiao-yan Gao. Department of Neonatal Intensive Care Unit, Guangzhou Children's Hospital, Guangzhou 510120, China

P2 PULMONARY: ALI AND MECHANICAL VENTILATION
Facilitator: Jurg Hammer, Switzerland and Peter Dargaville, Australia

P 2.1.10
HIGH-FREQUENCY OSCILLATORY VENTILATION IN CHILDREN.
Krastins J, Grinbergs V, Kviluna D, University Children’s Hospital, Pediatric&Neonatal ICU, Riga, Latvia

P 2.1.271
SELECTION OF POSITIVE END-EXPIRATORY PRESSURE (PEEP) AND FRACTION OF INSPIRED OXYGEN (FIO2) FOR MECHANICALLY VENTILATED CHILDREN WITHOUT AN ARTERIAL LINE
Robinder G Khemani, MD. Barry P. Markovitz, MD, MPH. Martha A.Q. Curley, RN, PhD, Childrens Hospital Los Angeles, Anesthesia and Critical Care Medicine, USA

P 2.1.396
HIGH FREQUENCY OSCILLATORY VENTILATION IN PEDIATRIC PATIENTS WITH ACUTE RESPIRATORY DISTRESS SYNDROME
Farah Thabet1, Adel Mohsen Boukhari1, Abd Alamin Amin1
1Pediatric intensive care unit, Al Hada Military Hospital, Taif, Saudi Arabia

P 2.1.365
HIGH FREQUENCY OSCILLATORY VENTILATION IN THE RESCUE OF CHILDREN ON ACUTE RESPIRATORY DISTRESS SYNDROME WITH REFRACTORY BAROTRAUMA
Pablo Cruces, Alejandro Donoso, Jose Leon, Padre Hurtado Hospital, PICU, Santiago, Chile
TIME
13:30 - 15:00
MEDICAL POSTER SESSIONS: P2/P3
EXHIBITION HALL 1

P 2.1.366
HIGH FREQUENCY OSCILLATORY VENTILATION IN THE RESCUE OF CHILDREN ON ACUTE RESPIRATORY FAILURE WITH CATASTROPHIC HYPOXEMIA
Pablo Cruces, Alejandro Donoso, Jose Leon, Padre Hurtado Hospital, PICU, Santiago, Chile

P 2.1.367
HIGH-FREQUENCY OSCILLATORY VENTILATION IS A THERAPEUTIC OPTION IN PERMISIVE HYPERCAPNIA FAILURE.
Alejandro Donoso, Pablo Cruces, Franco Diaz, Padre Hurtado Hospital, PICU, Santiago, Chile

P 2.1.369
MODERATE HYPOTHERMIA REDUCES LUNG INJURY AND CO2 PRODUCTION INDUCED BY MECHANICAL VENTILATION IN RATS
Pablo Cruces, Ricardo Ronco, Alejandro Donoso, Padre Hurtado Hospital, PICU, Santiago, Chile

P 2.1.433
EFFECTS OF Maintaining Open Lung Approach with Airway Pressure Release Ventilation in Young Piglets with Acute Respiratory Distress Syndrome
Wen-Liang Yu, Li-Ling Qian, Hai-pei Liu, Yuan-Yuan Qi, Bo Sun, Children's Hospital of Fudan University; Lab of Respiratory and Intensive Care Medicine, Shanghai, China

P 2.1.543
AN INTEGRATED APPROACH TO PEDIATRIC ARDS, INCLUDING PRESSURE CONTROLLED VENTILATION (PCV), HIGH-FREQUENCY OSCILLATION (HFO) AND EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)
Soichiro Obara, MD, Anesthesia and Intensive Care, Tokyo, Japan

P 2.1.544
HIGH-FREQUENCY OSCILLATION IN PEDIATRIC PATIENTS WITH ACUTE RESPIRATORY DISTRESS SYNDROME IN JAPAN
Soichiro Obara, MD, Anesthesia and Intensive Care, Tokyo, Japan

P 2.1.797
DOSE DEPENDENT EFFECTS OF ISOFLURANE IN ACUTE LUNG INJURY
B Wiryawan, R Harsono, J Sanchez deToledo, R Pinto, M Dowhy, P Friscoło, C Heard, B Fuhrman, Women and Children's Hospital of Buffalo, Pediatric Critical Care Medicine, USA

P 2.1.811
THE USE OF PRONE POSITIONING IN A PEDIATRIC INTENSIVE CARE UNIT IN BRAZIL
Cardoso, J. L.; Mafort, K. C.; Molimento, N. V.; Lima, F. C; Rodrigues, C. S.; Azevedo, Z. M. A, Rio de Janeiro, Brazil

P 2.1.813
HIGH FREQUENCY OSCILLATORY VENTILATION AS A PRIMARY AND RESCUE VENTILATORY MODALITY IN CHILDREN
Mac Way, MD, Shamel Abd-Allah, MD, Matthew Gross, MD, John Pfeifle, RRT, Mike Terry RRT, Michele Grainger, RRT, Julie Cuda, RRT, Mudit Mather, MD, Loma Linda University Children's Hospital PICU, Loma Linda, USA

P 2.1.859
CURRENT PRACTICES OF MECHANICAL VENTILATION IN NEONATAL AND PEDIATRIC INTENSIVE CARE UNITS IN SOUTHEAST BRAZIL

P 2.1.896
ALVEOLAR RECRUITMENT MANEUVER (ARM). EFFECT ON OXYGENATION, HEMODYNAMICS AND RESPIRATORY FUNCTION IN PEDIATRIC ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS). A PILOT STUDY.
Camillo HA, Rosales ME, Olivera A, Perfialio IO, Jarillo A, Intensive Care Dept, Hospital Infantil de Mexico

P 3.1.270
EPIDEMIOLOGIC FACTORS OF MECHANICALLY VENTILATED PICU PATIENTS IN THE UNITED STATES
Robinder G Khemani, MD, Barry P. Markovitz, MD, MPH, Martha A.Q. Curley, RN, PhD, Childrens Hospital Los Angeles, Anesthesia and Critical Care Medicine, Los Angeles, USA

P 3.1.32
PREVALENCE OF HYPOXEMIA IN ACUTE RESPIRATORY INFECTIONS IN PEDIATRIC MERGENCY DEPARTMENT
Galante Dario, University Hospital «Ospedali Riuniti» of Foggia, Department of Anesthesia and Intensive Care, Foggia, Italy

P 3.1.34
BACTERIAL NOSOCOMIAL PNEUMONIA IN PEDIATRIC INTENSIVE CARE UNIT
Galante Dario, University Hospital «Ospedali Riuniti» of Foggia, Department of Anesthesia and Intensive Care, Foggia, Italy

P 3.1.72
UNDIAGNOSED PATHOLOGY IN CHILDREN < 1 YEAR REferred TO PICU WITH “RESPIRATORY FAILURE” OR “BRONCHIOLITIS”
Inwald DP and Kayani R, St Mary's Hospital, PICU, London, UK

P 3.1.90
ROLE OF TOLL-LIKE RECEPTORS IN THE GENETICS OF SEVERE RSV ASSOCIATED DISEASES
Marcus Krueger, Beena Pullathu, Andrea Heinzmann, University of Freiburg, Department of Pediatrics and Adolescent Medicine, Freiburg, Germany

P 3.1.270
EPIDEMIOLOGIC FACTORS OF MECHANICALLY VENTILATED PICU PATIENTS IN THE UNITED STATES
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### MONDAY, JUNE 25, 2007 – MEDICAL POSTER SESSIONS PART 1

<table>
<thead>
<tr>
<th>TIME</th>
<th>MEDICAL POSTER SESSIONS: P3/P4</th>
<th>EXHIBITION HALL 1</th>
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<tr>
<td>13.30 - 15.00</td>
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| P 3.1.314 | NONIONIC AND IONIC POLYMERS REVERSE INACTIVATION OF SURFACTANT INDUCED BY PLASMA  
Xiaozhuang Gan, Liping Sun, Shenghuan Dong, Guowei Song  
Department of Critical Care Medicine, Capital Institute of Pediatrics, Beijing 100020, China |
| P 3.1.321 | SEVERE BRONCHIOLITIS IS ASSOCIATED WITH THE ANNUAL UK WINTER INCREASE IN PICU ADMISSIONS AND PROLONGED STAY COMPARED WITH OTHER DIAGNOSES  
D.R. O’Donnell, R.C. Parslow, P.A. Mckinney, E.S. Draper, University of Cambridge, Department of Paediatrics, Cambridge, UK |
| P 3.1.359 | PICU ADMISSION FOR RESPIRATORY SYNCYTIAL VIRUS INFECTION IN A REGION WITHOUT PROPHYLAXIS PROGRAM WITH PALIVIZUMAB  
R. Budios, C. Fuentes, G. Soto, R. Miranda, R. Escobar, M. Vega, L. Hickmann, PICU Hospital Guillermo Grant Benavente Concepcion, Department of Pediatrics University of Concepcion, Chile |
| P 3.1.598 | PROLONGED MECHANICAL VENTILATION IN THE PICU: PROFILE AND ASSOCIATED FACTORS  
Jefferson Prieto, Cristel Traeler, Eliana Trota, Claudia Ricachenevsky, Fernanda Bueno, Verónica Becker, Bianca Lisboa, Cesar Frithcher, Pedro Celiny Garcia, Pediatric Intensive Care Units at: 1) Hospital São Lucas, PUCRS University – Brazil; 2) Hospital de Clínicas de Porto Alegre – Brazil; 3) Hospital Criança Santo Antonio - Brazil |
| P 3.1.604 | DEXAMETHASONE USE AND THE INCIDENCE OF POST-EXTUBATION STRIDOR  
M. Paradela, K. Parkins, P. Ritson, R. Hill, Royal Liverpool Children’s Hospital, Paediatric Intensive Care, Liverpool, UK |
| P 3.1.710 | RESPIRATORY PATHOGENS AND INVESTIGATIONS IN CHILDREN ADMITTED TO PICU WITH SEVERE LOWER RESPIRATORY TRACT INFECTIONS  
Holmes P, Gaillard E, Couriel J, Thorburn K, Royal Liverpool Children’s Hospital, Intensive Care Unit, Liverpool, UK |
| P 3.1.741 | CHEST RADIOLOGICAL PATTERNS AND DURATION OF MECHANICAL VENTILATION IN CHILDREN WITH ACUTE RESPIRATORY FAILURE DUE TO RESPIRATORY SYNCYTIAL VIRUS INFECTION  
Natan Novisky, MD, Parthak Prodhan, MD; Sjirk J. Westra, MD; James Lin, MD, Massachusetts General Hospital, Pediatric Critical Care Medicine, Boston, Massachusetts, USA |
| P 3.1.776 | DOES TRANSFUSION RELATED ACUTE LUNG INJURY (TRALI) OCCUR IN THE PEDIATRIC INTENSIVE CARE UNIT? A RETROSPECTIVE STUDY  
Vinay Joshi, MD, Toronto, Canada |
| P 3.1.848 | HAS PALIVIZUMAB REDUCED BRONCHIOLITIS SEVERITY IN PICU?  
Shruti Agrawal, Queen Mok, Great Ormond Street Hospital, Paediatric Intensive Care, London, UK |

### P4

**CARDIOVASCULAR: NEONATAL CARDIOLOGY**

Facilitators: Evelyn Lechner, Austria and Ravi Thagavajjar, USA

| P 4.1.16 | NITRIC OXIDE SERIC LEVELS FROM PEDIATRIC SEPTIC PATIENTS PRESENTING REACTIVE PULMONARY HYPERTENSION  
Maria T. Ghersy L, Jose A. Nieto Herysz, Veronica Martin, Gina D’Suze, Huniades Urbina, Universidad Central de Venezuela, Facultad de Medicina, Caracas, Venezuela |
| P 4.1.18 | MEASUREMENT OF HEART RATE VARIABILITY IN NEONATES DURING PRONE AND SUPINE SLEEP POSITIONS  
Rafael El Meneza, Mariam Abu Shady, Enas Twafik, Zeinab F. Asheiba, Haifat Wahba. Pediatric Department, Faculty of Medicine for Girls, Al Azhar University, Cairo, Egypt |
| P 4.1.48 | RISK STRATIFICATION IN NEONATES AND INFANTS SUBMITTED TO HEART SURGERY WITH CARDIOPULMONARY BYPASS  
Fabio Carmona, Paulo H Manso, Walter VA Vicente, Margarete Castro, Ana PCP Carloti, Hospital das Clínicas FMRRP-USP, Pediatrics, Ribeirão Preto, Brazil |
| P 4.1.52 | INFANT HEART FAILURE: THE OUTCOMES  
Cassidy J, Kirk R, Parry G, Wrightson N, Hassan A, Freeman Hospital, Paediatric Intensive Care Unit Newcastle upon Tyne, UK |
| P 4.1.121 | IS IT POSSIBLE TO PREDICT THE SUCCESS OF INDOMETACIN THERAPY OF PERSISTENT DUCTUS ARTERIOSUS?  
Wojciech M. Fendler, Andrzej J Piotrowski, Ild Chair of Pediatrics, Intensive Care Unit, Lodz, Poland |
| P 4.1.179 | THE EFFICACY OF INHALED NITRIC OXIDE IN 51 NEONATES WITH PERSISTENT PULMONARY HYPERTENSION  
Cuiqing Liu, Li Ma, Xinjian He, Yaofang Xia, Haiyan Ma, Hebei Children’s Hospital, Neonatology, Shijiazhuang, China |
### MEDICAL POSTER SESSIONS: P4/P7

**TIME** | **EXHIBITION HALL 1**
---|---
13.30 - 15.00 | **P 4.1.214** EXPERIENCE OF LIGATION OF PATENT DUCTUS ARTERIOSUS IN PRETERM BABIES IN PAEDIATRIC INTENSIVE CARE
S. Nichani, M. Kambalapalli, U. Upadhyayula, Leicester Royal Infirmary, Paediatric Intensive Care, Leicester, UK

**P 4.1.625**

THE USE OF MAGNESIUM IN THE MANAGEMENT OF PERSISTENT PULMONARY HYPERTENSION OF THE NEWBORN
J. Williams, T. Highe, A. Petros, C. M. Pierce, PICU, Great Ormond Street Hospital NHS Trust, London, UK

**P 4.1.626**

PDA: EXPECTANT MANAGEMENT OR EARLY TREATMENT?
A. Parola, S. Esposito, R. Baselli, S. De Franco, G. Hallink, F. Ferrero, A. O. Maggione della Carità, neonatal intensive care unit, Novara, Italy

**P 4.1.627**

INTERNATIONAL REVIEW OF POSTOPERATIVE MANAGEMENT OF HYPOPLASTIC LEFT HEART SYNDROME (HLHS).
F. M. Harban, M. Domico, A. P. Goldman, Great Ormond Street Hospital for Children, Cardiac Critical Care Unit, London, UK

**P 4.1.672**

HEMODYNAMIC AND OXYGENATION CHANGES AFTER ORAL SILDENAFIL FOR PULMONARY HYPERTENSION IN INFANTS AND CHILDREN
Doell C. (1), Dodge-Khattani A. (2), Frahmert M. (3), Baenziger O. (1) Divisions of Ped: s Hospital Zurich, Switzerland

**P 4.1.699**

CONTINUOUS PREOPERATIVE PROSTAGLANDIN E IN NEONATES WITH D-TRANSPOSITION OF THE GREAT ARTERIES?
Angelus Ossowska (1), Maja Isabel Hug (2), Al Dodge-Kallami (3), Christian Balmer (1) Division: s Hospital, Zurich, Switzerland

**P 4.1.810**

ECHOCARDIOGRAPHIC DIFFERENTIATION OF FUNCTIONAL FROM ANATOMICAL PULMONARY ATRESIA IN NEONATAL EBSTEIN’S ANOMALY
Jhanna Won Kyong, Asan medical center, Pediatric cardiology, Seoul, South Korea

**P 4.1.966**

TREATMENT OF PATENT DUCTUS ARTERIOSUS WITH DICLOFENAC
Forero Gomez J, Vera-Cala L, Garcia-Corzo J, Lopez N, Meneses M, Clinica Chicamocha and Fundacion Hispanoamericana, Pediatric and neonatal critical care service, Bucaramanga, Colombia

**P 4.1.991**

INOTROPIC SUPPORT IN NEONATES WITH CONGENITAL HEART DISEASE AFTER CARDIAC SURGERY.
Bolivar J, Velez D, Rossi AF, Torres M, Burke R, Hannon N, Cruz L, Miami Children’s Hospital, Cardiology, Miami, USA

## SEPSIS: SEPTIC SHOCK IN CHILDREN

**Facilitator: Brahm Goldstein, USA**

**P 7.1.6**

SERUM LACTATE AS A PROGNOSTIC MARKER IN CRITICALLY ILL PICU PATIENTS
Dr Anita Bakshi, Apollo Hosp, Paed intensive care, Charnwood, Surajkund, INDIA

**P 7.1.37**

NOSOCOMIAL PNEUMONIAS IN PAEDIATRIC INTENSIVE CARE UNIT (PICU) OF A DEVELOPING COUNTRY
Akash Deep, Radha Ghildiyal, T.N Medical College, Mumbai, India

**P 7.1.71**

HYPERGLYCAEMIA AND OUTCOME IN CRITICALLY ILL CHILDREN WITH MENINGOCOCCAL SEPSIS.
Day K, Houb N and Inward DP, St Mary’s Hospital, PICU, London, United Kingdom

**P 7.1.137**

GLUCOSE CONTROL, ORGAN FAILURE AND MORTALITY IN PAEDIATRIC INTENSIVE CARE
M. Yang B, Wilkins L, Norton A, Slater, Women’s and Children’s Hospital, Paediatric intensive care, North Adelaide, Australia

**P 7.1.138**

VARICELLA IN THE PEDIATRIC INTENSIVE CARE UNIT
Ujhefy, E, Szocs, A., Szt. László Hospital, Pediatric Intensive Care Unit, Budapest, Hungary

**P 7.1.186**

ACUTE ADRENAL INSUFFICIENCY INCIDENCE IN PEDIATRIC PATIENTS WITH SEVERE SEPSIS AND SEPTIC SHOCK
Marcel Deglin Middleton, Cristian Valdebenito Calderon, Michelle Drago, Hospital Van Buren, Uci Pediatrica, Valparaiso, Chile

**P 7.1.490**

APPLICATION AND OUTCOME OF MOLECULAR ADSORBENT RECIRCULATING SYSTEM (MARS®) DIALYSIS IN THE PEDIATRIC INTENSIVE CARE UNIT (PICU)
J. F. Goorhuis, CML van Dael, W. de Weerd, E. H. H. M. Rings, E Sturm, University Medical Center Groningen, Pediatrics. Division of Intensive Care, The Netherlands
MONDAY, JUNE 25, 2007 – MEDICAL POSTER SESSIONS PART 1

13.30 - 15.00

EXHIBITION HALL 1

P 7.1.563
PREDICTORS OF MULTIPLE ORGAN SYSTEM FAILURE AND DEATH IN CHILDREN WITH SEVERE SEPSIS
M. Jayashree, S. Gehlot, S. Singh, PGIMER, Pediatrics, Chandigarh, India

P 7.1.719
OUTCOME OF SEVERE SEPSIS AND SEPTIC SHOCK IN ONCOLOGY PATIENTS USING ACCM-PALS GUIDELINES IN A DEVELOPING COUNTRY
Nesreen A. Faqih, MD, Mohammad Abu-Dari, RN, Yousef Al-Yamani, MD, King Hussein Cancer Center, Pediatrics, Amman, Jordan

P 7.1.778
CLINICAL AND HEMODYNAMIC CHARACTERISTICS OF CHILDREN WITH REFRACTORY SEPTIC SHOCK: USE OF THE SWAN-GANZ CATHETER
Bousso A. Gottschald, AC; Moura, JDG; Fernandes IC; Fernandes JC, University of Sao Paulo
Department of Pediatrics, Sao Paulo, Brazil

P 7.1.779
UTSTEIN STYLE ANALYSIS OF PEDIATRIC SEPTIC SHOCK TREATMENT: ACCM/PALS GUIDELINES WITH AND WITHOUT CENTRAL VENOUS OXYGEN SATURATION MONITORING
Oliveira CF, Carcillo JA, Oliveira DSF, Troster E, Vaz F, Instituto da Criança, FMUSP, São Paulo, Brazil

P 7.1.914
EARLY ECHOCARDIOGRAPHIC EVALUATION AND OUTCOME IN CRITICALLY ILL CHILDREN WITH AND WITHOUT SEPTIC SHOCK
M. Labenre, C. Ferdynus, JB. Gouyon, CHU de Dijon, Service de Pediatrie 2, Dijon, France

P 7.1.1203
SEPTIC SHOCK VERSUS DENGUE SHOCK SYNDROME: TWINS OR DISTANT COUSINS? A PILOT STUDY
1. Suchitra Ranjit, Apollo Hospitals, Chennai, India
2. Niranjan Kissoon, British Columbia Children's Hospital, Vancouver, Canada
3. Deepika Gandhi, British Columbia Children's Hospital, Vancouver, Canada

P 8
ORGAN FAILURE: ORGAN DYSFUNCTION
Facilitator: TBN

P 8.1.484
MASSIVE PULMONARY HEMORRHAGE IN THE PEDIATRIC INTENSIVE CARE UNIT
Ramachandran B, Kar S, Kanchi Kamakoti CHILDS Trust Hospital, Pediatric Intensive Care, Madras, India

P 8.1.509
SPLANCHNIC HYPOPERFUSION AND URINARY ACIDIFICATION
J.A. Ruiz Domínguez, F. Ruza Tarrio, C. Millán Jaime, M.A. Delgado Domínguez, P. de la Oliva Senuolí; Hospital Infantil La Paz, Servicio de Cuidados Intensivos Pediáticos, Madrid, Spain

P 8.1.510
POSTASPHYXIA NEONATAL SYNDROME
Gabriela Zaharie, Nadia Schmidt, T. Zaharie, , Monica Popa, Liana Kudor – Szabadi, University Of Medecine And Pharmacy Cluj-Napoca, Neonatology, Cluj-Napoca, Romania

P 8.1.899
IS FLUID RESTRICTION ASSOCIATED WITH ADVERSE OUTCOME IN PAEDIATRIC INTENSIVE CARE UNIT
Dr Gauri Nepali, Dr Mona Aslam, Carl Walker, Dr Sanjiv Nichani, University Hospitals of Leicester NHS Trust, Paediatric Intensive care Leicester, UK

P 11
EPIDEMIOLOGY: INFECTIOUS
Facilitator: Adrienne Randolph, USA

P 11.1.12
OUTBREAK OF MRSA IN THE PAEDIATRIC INTENSIVE CARE UNIT OF A DEVELOPING COUNTRY
Akash Deep, Radha Ghiydiyal, Topiwala National Medical College, Mumbai

P 11.1.38
OUTBREAK OF METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) IN PICU OF A DEVELOPING COUNTRY
Akash Deep, Radha Ghiydiyal, T.N Medical College, Mumbai, India

P 11.1.225
ANTIMICROBIAL RESISTANCE IN NEUROLOGICALLY IMPAIRED CHILDREN REQUIRING INTENSIVE CARE
Jardine M, Thorburn K, van Saene HKF, Alder-Hey children’s hospital, Paediatric Intensive Care, Kent, United Kingdom

P 11.1.364
INVASIVE INFECTIONS CAUSED BY Haemophilus influenzae TYPE B AFTER THE INSTITUTION OF THE CONJUGATED VACCINE ON THE EXPANDED PROGRAM ON IMMUNIZATION IN CHILE
Pablo Cruces, Alejandro Donoso, Jorge Camacho, Padre Hurtado Hospital, PICU, Santiago, Chile
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**P 11.1.377**  
BACTERIAL PATHOGENS AND ANTIMICROBIAL RESISTANCE OF BACTERIAL HOSPITAL ACQUIRED INFECTIONS IN A PEDIATRIC INTENSIVE CARE UNIT  
V. Gurskis, I. Stirbiene, R. Kėvalas, A. Vilkauskienė, A. Dagys, D. Grinkevičiūtė, H. Prunskienė, I. Šuškevičienė, Pediatric Intensive Care Unit and Laboratory of Microbiology, Kaunas Medical University Hospital, Lithuania

**P 11.1.392**  
CLINICAL COURSE OF CHLAMYDIOYSIS AMONG YOUNG GIRLS  
Z. Janibekyan, Jinishian Memorial Foundation, Health, Yerevan, Armenia

**P 11.1.422**  
SURVEY OF SKIN TUBERCULIN TEST RECTIONS FREQUENCY IN KERMANSHAH PRIMARY SCHOOLS IN IRAN (2001-2002)  
Dr. Mitra Hemmati, Assistant professor of pediatrics, Kermaneshah University of Medical Sciences

**P 11.1.518**  
MULTIRESISTANT ACINETOBACTER BAUMANNII INFECTIONS IN A PEDIATRIC INTENSIVE CARE UNIT.  
Arias Lopez, MG; Sheehan, MG; Berrondo, C; Bakir, J; Procopio, A; Gentle, A; Farias, J.A., Hospital de Niños Dr. Ricardo Gutierrez, PICU, Buenos Aires, Argentina

**P 11.1.526**  
STAPHYLOCOCCUS AUREUS INFECTION IN A PEDIATRIC INTENSIVE CARE UNIT  

**P 11.1.704**  
AEROBIC GRAM-NEGATIVE BACILLI PRODUCERS OF EXTENDED SPECTRUM BETA-LACTAMASES IN PICU: CARRIAGE AND INFECTION  
Francisco Abecasis, Richard Sarginson, Stephen Kerr, Nia Taylor, Hendrick van Saene, Royal Liverpool Children's Hospital, Paediatric Intensive Care Unit, Oeiras, Portugal

**P 11.1.743**  
NOSOCOMIAL INFECTION SURVEILLANCE IN BRAZILIAN PEDIATRIC INTENSIVE CARE UNITS.  
Alessandra Kimie Matsuno, Ana Paula de Carvalho Panzeri Carlotti, Marisa Marcia Mussi-Pinhata, Faculty of Medicine -University of Sao Paulo, Departament: Pediatrics, Ribeirao Preto, Brazil

**P 11.1.799**  
TEMPORAL RELATIONSHIPS IN PICU DROWNING DEATHS  
S. Lehman, M. Witherspoon, J. Marcin, HJ. Kallas, Children’s Hospital of Central California, Critical Care  
Fresno, USA

**P 11.1.905**  
COMPARATIVE INFECTIONS INCIDENCE BETWEEN PERCUTANEOUS CATHETERS AND CENTRAL VENOUS CATHETERS WITH ANALYSIS BY SITE OF INSERTION.  
Juan Andres Carrasco, MD, Pontifica Universidad Catolica de Chile, Pediatric, Santiago, Chile

**P 11.1.908**  
INCIDENS OF CENTRAL VASCULAR CATHETERS ASSOCIATED INFECTIONS AND DIFFERENS BY LOCATIONS  
Juan Andres Carrasco, MD, Pontifica Universidad Catolica de Chile, Pediatric, Santiago, Chile

**P 11.1.964**  
CURRENT PRACTICES IN THE TREATMENT OF SEPSIS IN SOUTHEAST BRAZIL  
Gama SA; Barbosa AP; Cunha AJLA; Borba Neto FC; Soares VC; Vanzillotta CTLc; Lacerda J; Kuperman NS; Universidade Federal do Rio de Janeiro, Pediatria, Rio de Janeiro, Brazil

**P 11.1.1012**  
PROSPECTIVE INCIDENCE STUDY OF NOSOCOMIAL INFECTIONS IN PAEDIATRIC INTENSIVE CARE UNIT (PICU)  
Laurent Chevret, Feriele Zerifin, Matthieu Resche-Rigon, Sandrine Essouri, Denis Devictor, Bioètre Hospital, Paediatric Intensive Care Unit, Le Kremlin Bicêtre, France
MONDAY, JUNE 25, 2007 – MEDICAL POSTER SESSIONS PART 2

P5

EMERGENCY CARE: CPR
Facilitator: Paolo Biban, Italy and Monica Kleinman, US

P 5.1.130
EFFECT OF 30:2 COMPRESSION:VENTILATION RATIO ON CHEST COMPRESSION QUALITY DURING PEDIATRIC CPR
Haque IU, Udassi JP, Udassi S, Theriaque D, Shuster JJ, Zaritsky AL, University of Florida, Pediatrics, Gainesville, USA

P 5.1.244
VENOVENOUS VERSUS VENOARTERIAL ECMO FOR TREATMENT OF HYPOXIC CARDIAC ARREST IN PULMONARY FAILURE
G. Trittenwein, G. Burda, J. Golej, U. Windberger, A. Pollak
PICU of University Children’s Hospital and Department of Biomedical Sciences, University of Vienna, Austria

P 5.1.258
EPIDEMIOLOGICAL ANALYSIS OF ADMISSIONS IN THE RESUSCITATION ROOM OF A PEDIATRIC EMERGENCY DEPARTMENT
I. Claudet, V. Boursen, S. Pedirici, P. Micheau, E. Laporte Turpin, C. Grouet, Children Hospital, Pediatric Emergncy, Toulouse, France

P 5.1.482
TERIPRESSIN IN PROLONGED PEDIATRIC CARDIOPULMONARY RESUSCITATION: A MAGIC BULLET?
Gideon Paret, MD, Ilan Matok, MSc Pharm, Amir Vardi, MD, Arie Augarten MD, Ori Efrati MD, Leah Lebovitch, Marina Rubinstein MD
Department of Pediatric Critical Care Medicine, Safra Children’s Hospital, Sheba Medical Center, Tel Hashomer, Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

P 5.1.492
OUTCOME OF CARDIAC ARREST IN THE EMERGENCY ROOM
Ramachandran B, Ramesh J, Burle S, Kanchi Kamakoti CHILDS Trust Hospital, Pediatric Intensive Care, Madras, India

P 5.1.631
PARAPLEGIA COMPLICATING CARDIAC COMPRESSION.

P 5.1.701
ACUTE CARDIO RESPIRATORY ARRESTS DURING INTENSIVE CARE RETRIEVAL OF CRITICALLY ILL CHILDREN.
B. Rossouw, P Ramnarayan, Great Ormond Street Children's Hospital NHS, Children’s Acute Transport Services (CATS), London, UK

P 5.1.718
IMPACT OF MILD-MODERATE HYPOTHERMIA ON THE DROWNING OUTCOME PREDICTION SCORE.
M. Bartlett, Y. Osman, Netcare Garden City Clinic, Paediatric Intensive Care, Brixton, South Africa

P 5.1.768
RECOGNITION AND TREATMENT OF UNSTABLE SUPRAVENTRICULAR TACHYCARDIA BY PEDIATRIC RESIDENTS IN A SIMULATION SCENARIO
Nicole Shilkofski, MD; Kristen Nelson, MD; Elizabeth Hunt, MD, MPH, Johns Hopkins Hospital Anesthesiology and Critical Care Medicine, Baltimore, Maryland, USA

P 5.1.920
EFFECT OF MATTRESS CHARACTERISTICS ON CHEST COMPRESSION QUALITY ASSESSMENT DURING SIMULATED CARDIAC ARREST RESUSCITATION
Nishisaki A, Nysaether J, Sutton R, Malteese M, Niles D, Heffler MA, Arbogast K, Nadkarni V, USA

P 5.1.928
COGNITIVE AIDS DO NOT PROMPT INITIATION OF CPR IN SIMULATED PEDIATRIC CARDIOPULMONARY ARREST
Nelson, KL; Shilkofski, NA; Haggerty JA; Hunt EA

P 5.1.933
DELAYS TO PERFORMANCE OF RESUSCITATION MANEUVERS IN SIMULATED PEDIATRIC CARDIOPULMONARY ARREST
Hunt EA; Nelson, KL; Vera, K; Haggerty JA; Shilkofski, NA, Johns Hopkins School of Medicine, Anesthesia and Critical Care Medicine, Baltimore, USA

P6

SEPSIS: INFECTIOUS DISEASE IN NEONATES
Facilitator: Michel Berner, Switzerland

P 6.1.64
PREDISPOSING FACTORS TO NOSOCOMIAL INFECTIONS IN CRITICALLY ILL NEWBORNS
Zisovska E, Lazarevska L, Zivkovik J, Spasova L, Clinic for Gynaecology and Obstetrics, Department of neonatology, Skopje, Macedonia

P 6.1.101
RECOMBINANT ACTIVATED FACTOR VII (RFVIIA) IN PRETERMRS WITH NEC: DIC AND HEMORRHAGIC SHOCK
Fischer D, Schloesser RL, Buxmann H, Bauer K, Veldman A

P 6.1.429
CENTRAL VENOUS CATHETERS MANAGEMENT AND RISK OF CATHETER ASSOCIATED BLOODSTREAM INFECTION IN NICU
Ferrero, B. Raselli, A. Parola, A.O. Maggiore della Carità, neonatal intensive care unit, Novara, Italy
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**P 6.1.444**
NEONATAL HOSPITAL-ACQUIRED BLOODSTREAM INFECTIONS IN A TUNISIAN: A 30-MONTH PROSPECTIVE STUDY
Bouziri A, Menif K, Khalidi A, Kazdaghli K, Bel Hadj S, Hamdi A, Ben Jabbalah N., Pediatric Intensive Care Unit - Children Hospital Of Tunis

**P 6.1.511**
IS PERTUSSIS UNDER REPORTED IN EGYPT? DIAGNOSIS BY PCR IN INFANTS WITH RESPIRATORY FAILURE
Mohammed A, El-Bayouri, Ghada El-Nady, Mohammed El-Nagga; Mona Hafez; Ala’a Abdelkader; Mona Salama, Mansoura University Children Hospital, Paediatric Intensive Care Unit, Mansoura, Egypt

**P 6.1.585**
NEONATAL NOSOCOMIAL BACTERIA INFECTIONS EPIDEMOIOLOGY IN TUNISIA: A MULTICENTER STUDY
M Doussei, Military Hospital, Neonatology, Tunis, Tunisia

**P 6.1.694**
SAFETY OF PENTOXIFYLLINE IN INFANTS WITH SEVERE NECROTISING ENTEROCOLITIS
B. Rossouw, E. Kiely, P.Lister

**P 6.1.703**
PENTOXIFYLLINE AS ADJUNCT THERAPY IN INFANTS WITH SEVERE NECROTISING ENTEROCOLITIS
B. Rossouw, E. Kiely, P.Lister, Great Ormond Street Children’s Hospital NHS, Neonatal ICU (paediatrics), London, UK

**P 6.1.509**
EARLY ANTIBIOTIC THERAPY FOR NOSOCOMIAL INFECTION IN NEONATES: A ROLE FOR ROUTINE STOOL CULTURES?
M. Labenne, R. Pouyau, JB. Gouyon, CHU de Dijon, Service de Pédiatrie 2, Dijon, France

**P 6.1.1016**
GRAVITY OF THE NEONATAL CHIKUNGUNYA ABOUT NINE CASES IN REUNION ISLAND
Madet EC, Carbonnier M, Boumahni B, Chocker G, Bintner M, GHSSR, NICU, St Pierre, Reunion (France)

**ETHICS: END-OF-LIFE CARE**
Facilitators: Robert Truog, USA and Thomas Berger, Switzerland

**P 9.1.158**
END-OF-LIFE CARE: QUALITY DOMAINS TO IMPROVE CARE AND PRESENTATION OF A CLINICAL PATHWAY.
Tagarro A, Dorado P, Roldán M, García-Caballeró J, De La Oliva P, Ruza F, La Paz Children’s Hospital, Pediatric Intensive Care Unit, Madrid, Spain

**P 9.1.170**
ATTITUDES AND EXPECTATIONS REGARDING END-OF-LIFE CARE OF PARENTS WITH CHILDREN WITH CHRONIC LIFE-LIMITING CONDITIONS
A Ratcliffe, H Lester, RJ Mildner, Birmingham Children’s Hospital, Paediatric Intensive Care Unit, UK

**P 9.1.235**
A COLLABORATIVE STUDY OF CHILDREN DYING IN SEVEN BRAZILIANS PEDIATRIC INTENSIVE CARE UNITS
Patricia M Lasso, Jefferson Piva, Pedro Celtny Garcia, Eduardo Troster, Albert Bousso, Maria Olivia S, PUCRS, Pediatric Pos-graduation, Porto Alegre, Brazil

**P 9.1.246**
RACIAL VARIATION IN THE USE OF INTENSIVE CARE AT THE END-OF-LIFE IN US CHILDREN
Schrott HS, Watson RS, Linde-Zwirble WT, Barnato AE, and Angus DC, University of Pittsburgh Critical Care Medicine, Pittsburgh, USA

**P 9.1.443**
FOCUS MEETINGS MAY BE A VALUABLE TOOL TO OBTAIN DETAILED INFORMATION ABOUT THE COMPLEX PROCESS OF END-OF-LIFE DECISIONS IN PAEDIATRIC INTENSIVE CARE
W de Weerd(1), E.E. Feenstra(2), M.J.I.J. Albers(1), M.A Verkerk(2)
(1) Department of Paediatric Critical Care, Beatrix Children’s Hospital, (2) Health Sciences/Medical Ethics, University Medical Center, Groningen, University of Groningen, The Netherlands.

**P 9.1.470**
END-OF-LIFE IN PEDIATRIC INTENSIVE CARE UNITS (PICU) IN CHILE: WITHDRAWAL AND LIMITATION OF LIFE SUPPORT; HOW THE DECISION IS MADE.
Cordero J, Acuña C, Dalmazzo R., Clínica las Condes, Pediatric intensive care, Santiago, Chile

**P 9.1.753**
END-OF-LIFE CARE IN PAEDIATRIC INTENSIVE CARE UNITS IN THE UK: OFFERING CHOICE IN WHERE IT IS DELIVERED
Simpson EC, Penrose CV, Leeds General Infirmary, Paediatric Intensive Care Unit, Leeds, UK

**P 9.1.765**
FORGOING LIFE-SUSTAINING THERAPIES IN CRITICALLY ILL CHILDREN: WHO DECIDES?
Kelly Michelson MD MPH, Tracy Kooger MD, and Joel Frader MD, Children’s Memorial Hospital, Pediatrics, Chicago, USA

**P 9.1.857**
CIRCUMSTANCES SURROUNDING DYING IN A TUNISIAN PEDIATRIC INTENSIVE CARE UNIT
Menif K, Khalidi A, Bouziri A, Belhadj S, Kazdaghli K, Hamdi A, Ben Jabbalah N, Children’s Hospital, Tunis, Tunisia

**P 9.1.862**
END OF LIFE DECISIONS IN A UK TERTIARY CHILDREN’S HOSPITAL.
Nicole L. Mettauer, Joe Brierty, Great Ormond Street Hospital for Children, Paediatric Intensive Care Unit London, UK
Monday, June 25, 2007 – Medical Poster Sessions Part 2

P10 Epidemiology and Outcome: Morbidity and Mortality

Facilitator: Jacques Cotting, Switzerland

- P 10.1.68 Validation of PIM 2 versus PRISM III for Mortality Prediction in Alexandria University PICU by El-Nawawy Ahmed, Kamel Mohamed, Saad Eman, Faculty of Medicine-Alexandria University, Pediatrics, Alexandria, Egypt

- P 10.1.128 Prediction of Mortality by Application of PRISM Score in Pediatric Intensive Care Unit (PICU) WIJAYA KUSUMA, Children and Maternity Harapan Kita Hospital by Praptiwi A, Mulyo, D., Suryatin, Y, Iskandar, H, PICU Children and Maternity Harapan Kita, Jakarta, Indonesia

- P 10.1.229 Functional Outcome of Children Treated in PICU by Julije Mestrovic, Split, Croatia

- P 10.1.243 Mortality and Short Term Morbidity of Infants with Long-Gap Esophageal Atresia by Kalousova J., A nadjauf J, Fachoimannov A, D. University Hospital Motol, 2nd Medical Faculty, Pediatric Surgery, Prague, Czech Republic


- P 10.1.363 Ethiology of Neonatal Seizure at Motazed Hospital in Kermanshah in Iran (2001-2004) by Dr. Mitra Hemmati-Assistant professor of pediatrics; Kermanshah University of Medical Sciences

- P 10.1.424 Brain Death in PICU by Maria Silovska, Helen Volakli, Asimina Violaki, Maria Kotsiou, George Evlavis, Ippokration General Hospital, PICU, Thessaloniki, Greece

- P 10.1.577 Elective Caesarean Section and Risk of Ventilatory Support in the Term Neonate by Anne K. Hansen, MD, Kirsten Wisborg, MD, Niels Uldbjerg, MD, Tine B. Henriksen, MD, Aarhus University Hospital, Perinatal Epidemiology Research Unit, Aarhus N, Denmark

- P 10.1.637 Admission and Discharge Functional Status of Children Admitted to PICU in Portugal by Alexandra Dinis, Unidade de Cuidados Intensivos, Coimbra, Portugal

- P 10.1.744 Perinatal Factors Associated with an Increased Incidence of Retinopathy of Prematurity Identified in the Romanian National Screening Programme by Tatiana Comanarit, MD, PhD, Constanta Nascutzy, MD, Ilenea Vatalau, MD, Florin Brezian, MD, Mihai Craiu, MD, PhD, Anca Balaceanu, MD, Ioana Anca, MD, PhD

- P 10.1.849 Who Benefits Most from Pediatric Intensive Care in Portugal by Francisco Cunha, António Marques, Cláudia Dias, M José Oliveira, A. Costa-Pereira, L. Almeida Santos, Hospital S. João, Serviço de Cuidados Intensivos Pediátricos, Porto, Portugal

- P 10.1.910 Evaluation of Survival and Outcome of Patients in the PICU by Dra. Zavala Inés, Dr. Santana Justo, Guayaquil- Ecuador

- P 10.1.913 Performance of Pediatric Index of Mortality (PIM) and PIM2 in a Pediatric Intensive Care Unit in a Middle Income Country by Mangia CMF, MD, MSc, PhD; Kopelman BI, MD, MSc, PhD; Carvalho WB, MD, MSc, PhD, Universidade Federal de Sao Paulo, Pediatrics, Sao Paulo, Brazil

- P 10.1.927 Association between Malnourishment and Mortality in PICU by PC Garcia, JL Corullón, JP Piva, RG Branco, L Foletto, T Alquati, C Roxo, PR Einloft, Pontificia Universidade Católica do RS (PUCRS), Pediatric ICU, Medical School, Hospital São Lucas, Porto Alegre, Brazil

- P 10.1.1015 Outcome and Prediction of Mortality in Oncology Patients Admitted to the Pediatric Intensive Care by Roel J Bolt, Esther M te Poele, Eveline SJM de Bont, Marcel JU Albers, Beatrix Children’s Hospital, UMCG, Pediatric Intensive Care, Groningen, The Netherlands
P12 ORGANIZATION: QUALITY MONITORING
Facilitator: Francis Leclerc, France

P 12.1.83 REDUCING NOSOCOMIAL INFECTIONS IN A PEDIATRIC INTENSIVE CARE UNIT: A COLLABORATIVE EFFORT
Abu Sharar Z, Skippen P, Braun L, Northway T, Klassen N, Milner R; BC Children’s Hospital, Pediatrics, Vancouver, Canada

P 12.1.417 PHYSICIAN ORDER MODULES IN PATIENT DATA MANAGEMENT SYSTEMS
Eric G.H. Peters RN, RSCN, CCRN, Nicolaas J.G. Jansen MD, PhD., Casper W. Bollen MD, PhD.; University Medical Center Utrecht, Pediatric Intensive Care, Utrecht, The Netherlands

P 12.1.516 BENCHMARKING PROCEDURAL COMPETENCE FOR PAEDIATRIC INTENSIVE CARE TRAINEES USING CUMULATIVE SUM ANALYSIS
M. McDougall, A. Durward, S. Riphagen, S. Hanna, SM Tibby, IA Murdoch, Guy’s & St Thomas NHS Foundation Trust, Paediatric Intensive Care, London, United Kingdom

P 12.1.642 PAEDIATRIC TRAUMA IN FLANDERS: ARE WE FORGETTING THE PAIN?
Van de Voorde Patrick, De Jaeger Arnick, Sabbe Marc. On behalf of the PENTA study group; UH Gent, PICU, Gent, Belgium

P 12.1.646 QUALITY ASSESSMENT OF NEONATAL CARE IN MATERNITIES OF THE REPUBLIC OF MOLDOVA
P. Stratulat, Ala Curteanu, Tatiana Caraus; Research Institute of Mother and Child Health Care, Chisinau, Moldavia

P 12.1.649 IMPLEMENTATION OF CONFIDENTIAL ENQUIRY OF PERINATAL DEATHS ON INCREASING OF OBSTETRICAL AND NEONATAL SERVICE QUALITY
P. Stratulat, Ala Curteanu, Tatiana Caraus, J. Gardosi, S. Bergstrom; Research Institute of Mother and Child Health Care, Chisinau, Moldavia

P 12.1.651 CLINICAL INFORMATION SYSTEM UTILISATION IN PAEDIATRIC INTENSIVE CARE: A UK PERSPECTIVE
Rammravann E, Thiru K, Rowe S on behalf of the UK PICS Informatics Study Group; Children’s Acute Transport Service, Paediatric Intensive Care Retrieval and Great Ormond Street Hospital & PICANet and Hammersmith and Fulham Primary Care Trust, London, United Kingdom

P 12.1.669 EPIDEMIOLOGY AND QUALITY OF CARE IN A MULTICENTER CONSECUTIVE SAMPLE OF PATIENTS FROM ARGENTINA

P 12.1.789 MONITORING PATIENT SATISFACTION IN PAEDIATRIC INTENSIVE CARE UNIT
A. Amigoni, C. Zaggia, A. Parpaioia, M.L. Chiocza, A. Pettenazzo; Paediatric Intensive Care Unit, Department of Paediatrics, Padua, Italy

P 12.1.836 COMPARISON OF THE PREDICTIVE MORTALITY SCORES IN PICU
Bayrakci B, MD., Oyman Y, MD.; Kale G, MD.; Hacettepe, Pediatrics, Ankara, Turkey

P 12.1.917 IMPLEMENTING QUALITY MANAGEMENT SYSTEM IN PICU
A. Amigoni, C. Zaggia, A. Parpaioia, M.L. Chiocza, A. Pettenazzo, University Hospital of Padua, Italy

P 12.1.923 PROSPECTIVE COMPARATIVE STUDY OF THE ANTIBIOTIC PRESCRIPTIONS BEFORE AND AFTER PROTOCOL IMPLEMENTATION IN AN INTENSIVE CARE UNIT
F. Dubos, E. Audry-Degardin, G. Beaucaire, F. Lederc; Jeanne de Flandre Hospital, Albert Calmette Hospital and Lille-2 University, Pediatric Intensive Care Unit, Lille, France

P 12.1.949 NOSOCOMIAL INFECTION SURVEILLANCE IN A NEONATAL AND PEDIATRIC INTENSIVE CARE UNIT
Alessia Franceschi, Giancarlo Ottonello, Miriam Tumolo, Andrea Moscatelli, Laura Nahum, Pietro Tuo; Istituto Giannina Gaslini, Anestesia e Rianimazione, Genova, Italy

P12.1.1013 EVALUATION OF MORBIDITY IN PATIENTS OF TERTIARY PEDIATRIC ICU IN THE SOUTH REGION OF BRAZIL
Paulo RA Carvalho, Patrícia T Alevi, Ricardo Mombelli Filho, Eliana Andrade Trotta; School of Medicine – UFRGS, Pediatrics, Porto Alegre, Brazil
### Nursing Poster Sessions: NP1

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<td>13:15-14:45</td>
<td>Care Delivery Models</td>
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<td>Chair: Eva Cignacco, Switzerland</td>
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<td>NP 1.1.4</td>
<td>The Effect of Carton Book and VCD Cartoon 'Congenital Heart Disease' for Preparing School-Age Patients Before Operation in Surgical 3B Ward Srinagarind Hospital, Konkhean University, Thailand</td>
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<td>WP:</td>
<td>Wilawan Aunruean; Srinagarind Hospital, Konkhean University, Thailand</td>
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<tr>
<td>NP 1.1.86</td>
<td>Paediatric Cardiac Benchmarking</td>
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<tr>
<td></td>
<td>Ledsham, Angela; Southampton University Hospital NHS Trust, PICU, Southampton, United Kingdom</td>
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<td>Kitchen Dorothy; CICU, Leeds General Infirmary, Leeds, United Kingdom</td>
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<td>Sweeney Donna; Great Ormond Street Hospital, CICU, London, United Kingdom</td>
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<tr>
<td>NP 1.1.112</td>
<td>Cardiac Intensive Care Unit Crisis Resource Management</td>
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<td>Dorothy M. Beke, RN, MS, CPNP; Catherine K Allain, MD, Liana Kappus, MEd, Ravi Thiagarajan, MBBS, MPH; Children's Hospital Boston, Cardiac Intensive Care Unit, Boston, United States</td>
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<td>NP 1.1.242</td>
<td>Clinical Audit to Inform a Central Venous Catheter Care Bundle in Paediatric Intensive Care</td>
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<td>Mark Smith; Registered Nurse Child (RNC), Clinical Governance Nurse (CGN), BSc (Hons) 415; Birmingham Children's Hospital, PICU, Birmingham, United Kingdom</td>
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<tr>
<td>NP 1.1.279</td>
<td>Weaning of Opioids and Benzodiazepines at Home After ECMO Treatment for Congenital Diaphragmatic Hernia: Feasible for Parents?</td>
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<td>Mirjam de Leeuw, Erwin Ista, Monique van Dijk, Arno van Heijst, Saskia Gischler, Dick Tibboel; Erasmus MC-Sophia, Pediatric Surgery, Rotterdam, The Netherlands</td>
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<td>NP 1.1.310</td>
<td>Perception and Development-Promoting Care (WEP)</td>
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<td>Susanne Borj; Madeleine Hirsbrunner and co-authors Andrea Böösiger, Monika Renz, Regula Rohr, Jacquel; Inselspital Universitätsspital Bern, Paediatric Intensive Care, Bern, Switzerland</td>
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<td>NP 1.1.431</td>
<td>The Development of PICU Nursing Outreach Services at Starship Children’s Hospital</td>
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<td>Wendy Sullivan; Starship Children’s Hospital, Auckland, New Zealand</td>
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<td>NP 1.1.440</td>
<td>The Care Team at the Children's Hospital in Zurich</td>
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<td>Lilo Endert; Kinderspital Zürich, Zürich, Switzerland</td>
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<td>NP 1.1.464</td>
<td>Clinical Ethics Consultation Service: Supporting Values-Based Decision-Making in Paediatric Critical Care</td>
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<td>Barb Jennings, RN, MSHSA, Andrea Frolic, PhD, Robert Lloyd, MD, FRCP; McMaster Children’s Hospital, Paediatric Critical Care, Hamilton, Ontario, Canada</td>
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<td>NP 1.1.494</td>
<td>Caring for the Critically Ill Ward Patients: Implementation of the Critical Care Liaison Nurse.</td>
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<td>T. Freame; J. Gallagher, K. Lecomte; BC Children’s Hospital, Paediatric Intensive Care, Vancouver, Canada</td>
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<td>NP 1.1.503</td>
<td>Pharmacology During Emergency in Paediatric Patients</td>
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<td>Sabrina Egman; IsMeTT, Palermo, Italy</td>
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<td>NP 1.1.556</td>
<td>Singapore's First Paediatric Homecare Programme for the Technologically-Dependent – A Six-Year Review</td>
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<td>Ong LL, Chan YH, Seet SC, Chan ILY; KK Women’s and Children’s Hospital, Children’s Intensive Care Unit, Singapore</td>
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<td>NP 1.1.593</td>
<td>Admitting Post-Operative Paediatric Liver Transplant Patients to the ICU</td>
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<td>Sabrina Egman; IsMeTT, Palermo, Italy</td>
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<td>NP 1.1.851</td>
<td>Effects of Pictures of Patients on the Mentality of Nurses in Paediatric ICU</td>
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<td>Shimizu Shoki; Nakata Satoshi, Kalada Nonko; Kobe Children’s Hospital, Emergency Medical Service, Kobe Hyogo, Japan</td>
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<td>NP 1.1.856</td>
<td>Sick Kids in the Bush – Rural Paediatric Critical Care is Important Too!</td>
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<td>Scott Stokes; Goulburn Valley Health, Paediatric Services, Toomala, Victoria, Australia</td>
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NP 2 THERAPEUTIC ENVIRONMENT
Chair: Irene Harth, Germany

NP 2.1.29
THE DISASTER RELIEF EFFORT AT KASHMIR AND BANDA ACEH BY BELGIAN RESCUE TEAMS
Dirk Danschutter; AZ VUB, PICU 12, Brussels, Belgium

NP 2.1.82
DESIGNING A NEW PICU: EXPERT NURSING REQUIRED
Carolyn Millett, Beverly Small; Children's Hospital Boston, Nursing Critical Care, Boston, MA, United States

NP 2.1.85
MEASURING PAEDIATRIC HIGH DEPENDENCY CARE (HDC): THE DEVELOPMENT OF A UK HDC MEASUREMENT TOOL
Rushforth K, Darowski M, McKinney P.A; The Leeds Teaching Hospitals NHS trust, Paediatric Intensive Care, Leeds, United Kingdom

NP 2.1.120
PSYCHOLOGICAL OUTCOMES IN CHILDREN FOLLOWING PICU HOSPITALIZATION: STATE OF THE SCIENCE
J.E. Renck; The Montreal Children's Hospital/McGill University, University of Montreal, Montreal, Canada

NP 2.1.150
FATHERS' EXPERIENCE OF SOCIAL SUPPORT DURING THE NEWBORN AND WIFE HOSPITALIZATION IN THE INTENSIVE CARE
Boulos, R S; Santos, F; University of Sao Paulo, Maternal and Child Nursing, Sao Paulo, Brazil

NP 2.1.336
DIFFERENT TRACHEOSTOMY TUBE TYING METHODS IN CHILDREN: DO THEY MAKE ANY DIFFERENT?
Tang Sze Kit, Paulina Ma, Pamela Chan, Ho Suk Ki; Pak Chai Ying, Siu Ol Wah; Prince Margaret Hospital, Paediatrics and Adolescent Medicine, Hong Kong

NP 2.1.684
DEVELOPMENT OF A PATHWAY FOR RAPID TRANSFER FROM PICU FOR END OF LIFE CARE
Selton G, Vickers J, RLCH NHS Trust, PICU, Liverpool, United Kingdom

NP 2.1.788
COMPARISON OF PATIENT ACUITY MODELS FOR PICU NURSE STAFFING
Matthew C. Scanlon MD, Gloria Lukasiewicz, RN MS, Evelyn Kuhn PhD, Medical College of Wisconsin, Pediatric Critical Care and Children's Hospital of Wisconsin, Milwaukee, United States

NP 2.1.970
PRESERVING AND CELEBRATING OUR CRITICAL CARE SPIRIT
Rosella Jefferson, Linda Dart, Lisa Kwong; British Columbia's Children's Hospital (BCCH), Critical Care, 1M59, Vancouver, BC, Canada

PULMONARY CARE AND SAFETY
Chair: Brenda Monrow, South Africa

NP 3.1.51
NASOGASTRIC TUBE POSITION AND INTRAGASTRIC AIR IN A NEONATAL INTENSIVE CARE POPULATION
Colby de Bie; Bert Snit, Erasmus Medical Center, Pediatrics/ Neonatology, Rotterdam, The Netherlands

NP 3.1.102
REDUCTION OF NOSOCOMIAL INFECTIONS ON A PEDIATRIC INTENSIVE CARE DEPARTMENT
Hedvig Vigea, R.N, Annette Lennberg, R.N, Birgitta Eriksson, assistant nurse, Joakim Krylborn, anaesthesiologist; Karolinska University Hospital, Children’s Intensive Care Department, Stockholm, Sweden
### MONDAY, JUNE 25, 2007 – NURSING POSTER SESSIONS

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<td>VENTILATOR-ASSOCIATED PNEUMONIA IN PEDIATRIC INTENSIVE CARE UNIT PATIENTS IN SERBIA</td>
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<td><strong>Medjo B., Vunjak N., Atanaskovic-Markovic M., Rsovac S., Kalanj J.</strong>; University Children’s Hospital Belgrade, Pediatric Intensive Care Unit, Belgrade, Yugoslavia</td>
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<td>UNPLANNED EXTUBATIONS IN ONE PORTUGUESE PICU</td>
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<td><strong>Maria Cristina Baptista Afonso Pinto, Francisco Cunha, Elisabete Neto, José M Carvalho, Francisco Mendes, Augusto Ribeiro</strong>; Pediatric Intensive Care Service, Porto, Portugal</td>
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<td>CRITICAL NURSING SITUATION INDEX IN THE PICU: CREATING A SAFER SITUATION?</td>
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<td><strong>Yvonne v.d. Tuin, Marjorie de Neef, Bert Bos, Dick Tibboel, Monique van Dijk</strong>; Erasmus MC-Sophia Children’s Hospital, Pediatric Surgery, Rotterdam and AMC/Emma Children’s Hospital, Amsterdam, The Netherlands</td>
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<td>THE USE OF PERCUSSIONAIRE AND «LUGE» DEVICE IN THE MANAGEMENT OF BRONCHIAL OBSTRUCTION IN ENCEPHALOPATHY PATIENTS</td>
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<td><strong>H. Guilloton, J. Bataille, R. Rubinsztajn, M. Alkassem, S. Tirolien, N. Leiba, L. Le Meur, G. Madelain</strong>; Raymond Poincare Hospital, Pediatric Reanimation, Garches, France</td>
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<td>THE INCIDENCE OF ACCIDENTAL EXTUBATION CAN BE REDUCED BY ANALYSIS DAILY PRACTICE AND ADJUSTING INTERNAL PROCEDURES</td>
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<td>PLANNING OF INTRAVENOUS THERAPY IN THE PEDIATRIC INTENSIVE CARE UNIT</td>
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<td><strong>Dalge D.P.; Marchini S.B.; Negrini N.M.M.; Troster E.J.; Stape A.; Santos R.P.; Ferracini F.T.</strong>; Hospital Israelita Albert Einstein, CTI Pediatric, Sao Paulo, Brazil</td>
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<td>EFFECT OF POSITIONING ON VENTILATION DISTRIBUTION IN PRETERM INFANTS</td>
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<td><strong>Hough J., Johnston L., Brauer S., Woodgate P., Schibler A.</strong>; Mater Health Services, Physiotherapy and University of Queensland, Brisbane, Australia</td>
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<td>NURSING CARE OF HELIOX NON-INVASIVE VENTILATION</td>
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<td><strong>Reus E., Chowdhury MMM, Habibi P.</strong>; Imperial College London, Department of Paediatrics, London, United Kingdom</td>
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<td>NURSING CHALLENGES IN HELIOX RESPIRATORY CARE</td>
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<td><strong>Lawton J., Reus E., Chowdhury MMM, Habibi P.</strong>; Imperial College London, Department of Paediatrics, London, United Kingdom</td>
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<td>CAN A STAFF SCORING SYSTEM BE USED TO REDUCE THE RISK OF CRITICAL INCIDENTS?</td>
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<td><strong>C Bowles, Mj Marsh, S Cottrell, S Mccabe.</strong>; Southhampton General Hospital, United Kingdom</td>
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<td>ATTITUDES TOWARDS PATIENT SAFETY WORK – A SURVEY IN A PICU</td>
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<td><strong>Monica Johansson RN</strong>; The Queen Silvia Children’s Hospital, PICU, Gothenburg, Sweden</td>
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MONDAY, JUNE 25, 2007 – CASE PRESENTATIONS

CP 1 NEUROSCIENCE: UNUSUAL NEUROLOGIC PATHOLOGIES

CP 1.1.55 INJURY OF THE CRANIAL PART OF THE MEDULLA OBLONGATA AFTER MINOR SHARP TRAUMA - A CASE REPORT
Stefan Kutzsche, MD, PhD, Ulleval University Hospital, Department of pediatric intensive care medicine, Oslo, Norway

CP 1.1.69 LIFE TREATENING NEUROLOGICAL COMPLICATIONS (GUILLAIN-BARRE SYNDROME AND HYDROCEPHALUS) DUE TO BARTONELLA QUINTANA
A.M.Spanaki, E.Mantadakis, A.Psaroulaki, E.Vasilaki, E.Barbounakis, G.Briassoulis; Pediatric Intensive Care Unit, University Hospital of Heraklion, Crete, Greece

CP 1.1.92 A CASE OF LEMIERRE’S SYNDROME

CP 1.1.144 TRAUMATIC CERVICAL CORD INJURY IN A NEWBORN: A CASE REPORT

CP 1.1.260 CEREBRAL INFARCT ASSOCIATED WITH LEMIERRE SYNDROME IN TWO PRESCHOOL CHILDREN
Miriam Santachi, Michèle David, Laurent Garel, Michel Vanasse, France Gauvin, Centre Hospitalier Universitaire de Sherbrooke, Département de Pédiatrie, Sherbrooke, Canada

CP 1.1.394 VARIABLE ENCEPHALOPATHY WITH BUTANE AND PROPANE GAS LIQUID POISONING
Faisal Abu-Ekteish, Bashir khasawneh, Suad Quaba, Jordan University of Science and Technology Pediatric, Irbid, Jordan

CP 1.1.420 GENERALIZED TETANUS: CASE REPORT
Gabriela Zaharie, Daniela Ion, University of Medicine and Pharmacy “I. Hatieganu”, Neonatology, Cluj Napoca, Romania

CP 1.1.475 SUCCESSFUL TREATMENT OF VANCOMYCIN-RESISTANT ENTEROCOCCUS VENTRICULITIS IN A CHILD: A CASE REPORT
Paulo Sergio Lucas da Silva, MD, Henrique Monteiro Neto, MD, Lilian Marcia Sejas, Hospital Estadual de Diadema – UNIFESP, Pediatric Intensive Care Unit, Santo Andre, Brazil

CP 1.1.486 MEDULLOBLASTOMA – AN UNUSUAL CAUSE OF HYPERTENSIVE CRISIS
Ramachandran B, Varadarajan W, Ghidanbaram B, Kanch Kamakoti CHILDs Trust Hospital, Pediatric Intensive Care, Madras, India

CP 1.1.535 A CASE OF LANCE-ADAMS SYNDROME CAUSED BY HYPOXIA OF SEVERE BRONCHIAL ASTHMA
Takayuki Komai, Yamanashi Prefectural Central Hospital, Pediatrics, Kofu, Japan

CP 1.1.606 NEW POSSIBILITY IN THE TREATMENT OF FULMINATE PURULENT VENTRICULITIS – CASE REPORT
Nosal, S., Sutovky, J., Ciljak, M., Fedor, M., Durlik, P., Banovcin, P., Zibolen, M.

CP 1.1.647 REFRACTORY MYASTHENIA GRAVIS: RESCUE TREATMENT WITH PLASMAPHERESES, RITUXIMAB, MYCOPHENOLATE MOFETIL, AND STEROIDS.
Siegfried Rödl, Ingrid Marschitz, Christoph J Mache, Ursula Gruber-Sedlmayr, Barbara Plecko, Gerfried Zobel, University Hospital Graz, Department of Paediatrics, Graz, Austria

CP 1.1.786 NOT ONLY SCIWORA IN EARLY PAEDIATRIC AGE
V Streitze, A.Amigoni, S.Boriani, A.Pettenazzo, Paediatric Intensive Care Unit, Department of Paediatrics, Padua, Italy

CP 1.1.981 AN INFANT WITH BRAIN STROKE
Maria Julia Barbosa da Silva, Centro Pediatrico da Lagoa, PICU, Rio de Janeiro, Brazil
TUESDAY, JUNE 26, 2007 – MEDICAL POSTER SESSIONS PART 1

P15  PULMONARY: WEANING AND EXTUBATION
Facilitator: Bettina van Dessauer, Chile and Miniam Santschi, Canada

P 15.2.31 LIBERATION FROM VENTILATORY SUPPORT AND PREDICTORS OF SUCCESSFUL MARKERS OF EXTUBATION
Ayoub, S.; Sadeq, A.; Security Forces Hospital, Pediatric Intensive Care, Riyadh, Saudi Arabia

P 15.2.47 EXTUBATION FAILURE: A STUDY OF RISK FACTORS AND OUTCOMES IN AN EGYPTIAN PICU
Mohamed A. El-Bayoumi, Alaa M. Abdelkader, Hanem M. El-Tahan; Mansoura University Children Hospital, Paediatric Intensive Care Unit, Mansoura, Egypt

P 15.2.100 INCIDENCE OF EXTUBATION FAILURE IN VENTILATED NEONATES
Kanya Mukhopadhyay, Gurumurthy M Hiremath, Anil Narang; PGIMER, Division of Neonatology, Advanced Pediatric Centre, Chandigarh, India

P 15.2.289 EXTUBATION PREDICTORS IN CHILDREN WITH ACUTE VIRAL BRONCHIOLITIS SUBMITTED TO MECHANICAL VENTILATION
Cintia Johnston, Jefferson Piva, Pedro Celiny R Garcia, Adriana Rodrigues, Fernanda U. Bueno, Marcelo Cunio Fonseca; Pediatric Intensive Care Unit, Hospital São Lucas, Pontificia Universidade Católica do Rio Grande do Sul (PUCRS), Porto Alegre, Brazil

P 15.2.508 INCIDENCE OF EXTUBATION FAILURE IN A LARGE PAEDIATRIC INTENSIVE CARE
R Hill, P Ritson, K. Parkins, J. Richardson; Royal Liverpool Children’s Hospital, Paediatric Intensive Care, Liverpool, United Kingdom

P 15.2.607 ACCIDENTAL EXTUBATION ON PICU-HOW CAN THIS BE MINIMISED?
Emsden S*, Shastri N*, Fortune PM*.
*PICU Royal Liverpool Children’s Hospital, Hospital, UK.*PICU Royal Manchester Children’s Hospital, UK

P 15.2.900 CLINICAL AND EPIDEMIOLOGICAL ASPECTS OF THE USE OF MECHANICAL VENTILATION IN A PEDIATRIC INTENSIVE CARE UNIT
Guerra, GCY; Sartorello, J; Goés, PF; Barreira, ER; Fernandes, JC; Souza, DC

P15.2.961 TRACHEOSTOMY IN PEDIATRIC CRITICAL CARE
Mauricio Fernandez L

P 16  PULMONARY: LUNG DISEASE – DIAGNOSTICS
Facilitator: Jung Hammer, Switzerland

P 16.2.196 ROLE OF FIBEROPTIC BRONCHOSCOPY IN PEDIATRIC INTENSIVE CARE UNIT
Nuanchan Prapphal, Jitladda Deerojanawong, Suchada Sritippayawan, Rujipat Samransamraujkit; Chulalongkorn University, Pediatrics, Bangkok, Thailand

P 16.2.376 POLYMERIC ASSEMBLY REACTION FOR RESPIRATORY VIRUSES IN PEDIATRIC RESPIRATORY TRACT INFECTIONS: A SYSTEMATIC REVIEW
A.C. van de Pol, M.M. van der Zalm, N.J.G. Jansen, C.K. van der Eijk, A.M. van Loon, J.W.A. Rossen, M.M. Rovers, T.F.W. Wolfs; University Medical Center Utrecht, Pediatrics, Utrecht, Netherlands

P 16.2.401 PARAPNEUMONIC EFFUSION IN CHILDREN. DIAGNOSTIC USEFULNESS OF C-REACTIVE PROTEIN AND PROCALCITONIN.
Espinola, B; de la Calle T, Casado J, Serrano A; Pediatric Intensive Care Unit, Hospital Infantil Universitario Niño Jesus, Madrid, Spain

P 16.2.880 UTILITY OF STAT CHEST X-RAY AFTER INTUBATION IN A TERTIARY PEDIATRIC INTENSIVE CARE UNIT
Teh-Ming Wang, Jiaan-Der Wang, Ching-Shiang Chi; Taichung-Veterans General Hospital, Pediatrics, Taichung, Taiwan

P16.2.973 HELIOX IN CASES REFRACTORY TO MECHANICAL VENTILATION
Cintia Johnston, Pedro Celiny R Garcia, Adriana Rodrigues, Fernanda U. Bueno, Marcelo Cunio Fonseca; Pediatric Intensive Care Unit, Hospital Sã o Lucas, Pontificia Universidade Católica do Rio Grande do Sul (PUCRS), Porto Alegre, Brazil

P16.2.983 EARLY EXTUBATION (EE) AFTER CARDIOVASCULAR SURGERY. IDENTIFYING CLINICAL FACTORS ASSOCIATED WITH SUCCESS
Nerya Mukhopadhyay, Gurumurthy M Hiremath, Anil Narang; PGIMER, Division of Neonatology, Advanced Pediatric Centre, Chandigarh, India

P17  CARDIOVASCULAR: CARDIAC SURGERY
Facilitator: Anthony Chang, USA

P 17.2.59 PERFORMANCE IMPROVEMENT IN CARDIAC SURGERY IS MEASURED BY BLOOD LACTATE
Anthony Rossi, Leo Lopez, Robert Hannan, Juan Bolivar, Christopher Tirotta, Nancy Dobrolet, Redmond; Miami Children’s Hospital, Departement: Cardiology and Cardiac Surgery, Miami, United States

P 17.2.60 MEAN ARTERIAL PRESSURE AFTER RE-WARMING AND MORTALITY AFTER NEONATAL HEART SURGERY
AF Joffe, CMT Robertson, A Nettel-Aguirre, IM Rebyekya, RS Sauer; Stollery Children’s Hospital, Pediatrics, Edmonton, Canada
MEDICAL POSTER SESSIONS: P17/P18

TIME | MEDICAL POSTER SESSIONS: P17/P18
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P 17.2.168
**RETROSPECTIVE ANALYSIS OF RISK FACTORS FOR CAPILLARY LEAK SYNDROME IN CHILDREN AFTER CARDIOPULMONARY BYPASS**
Chengguan Liu, Feng Xu, Fengwu Kuang; Pediatric Intensive Care Unit, Children's Hospital, Chongqing Medical University, Chongqing, China

P 17.2.193
**VARIABILITY OF CEREBRAL TISSUE OXYGENATION FOLLOWING CARDIOPULMONARY BYPASS AND SURGICAL REPAIR OF CONGENITAL HEART LESIONS**
Fernanda M. Saad MD, Saeed M. Raghunathan C, Streed N, Baines D, Winlaw D; Department of Anaesthesia, Adolph Bassler Institute of Cardiology and Paediatric Intensive Care Unit, The Children’s Hospital at Westmead, Sydney, Australia

P 17.2.210
**IMPACT OF INITIALLY HIGH TEICLOPLANIN DOSAGE IN CHILDREN UNDERGOING OPEN HEART SURGERY**
Siegfried Rödt, Gerfried Zobel, Igor Knesz, Ingrid Marschwitz; University Hospital Graz, Paediatrics, Graz, Austria

P 17.2.232
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Kevin O'D Maher, Janet Simic, Agustín Rubio; Emory University, Children’s Healthcare of Atlanta, Pediatric Cardiology, Atlanta, United States

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Reiter K, Schoen C, Nicolai T; University Children’s Hospital, PICU, Munich, Germany
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Tanja Adamovic MD¹, Michel Vanasse MD², Jean-Claude Décarie MD², France Gauvin MD MSc²  
¹Pediatric Intensive Care Unit; ²Service of Neurology; Department of Radiology, Sainte Justine Hospital, University of Montreal, Montreal, Canada

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#### ANALGESIA AND SEDATION IN CHILDREN AND NEONATES

**Facilitators:** Wandi Habré, Switzerland

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Udassi, Sharda; Craverio, Joseph P.; Gallagher, Susan M.; Smith, Tara M.; Pediatric Critical Care Medicine and University of Florida, Gainesville-Florida, United States

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#### ETHICS

**Facilitators:** Hirokazu Sakaj, Japan and Edwin van der Voort, The Netherlands

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R. Hentschel; Center for Pediatrics and Adolescent Medicine, Neonatology/Intensive Care, Freiburg, Germany
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* Pediatric Intensive Care Unit, ** Department of Ophthalmology, Strasbourg University Hospital, France

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*DA van Waardenburg. CTI de Betue*, KFM Joosten*
*Pediatrics, Maastricht University Hospital, Maastricht, The Netherlands
*Pediatrics, ErasmusMC-Sophia Children’s Hospital, Rotterdam, The Netherlands

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M DOUGAI; Military Hospital, Neonatology, Tunis, Tunisia

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F. Aliane, W. Idrir, R. Abroun; Centre Hospitalo-Universitaire de Bab-El-Oued, Centre Anti Poisons d’Alger, Alger, Algeria

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DOES A PICU RETRIEVAL SERVICE DESKILL DISTRICT HOSPITALS
Wilson P, Adams C, Pappachan J; Southampton University Hospitals NHS Trust, Paediatric Intensive Care Unit, Southampton, United Kingdom

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AM Ali, A. McKeown, RJ Midner; Birmingham Children's Hospital, Paediatric Intensive Care Unit, Birmingham, United Kingdom

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Zhang Yuming and Fan Xunmei; Shanghai Jiaotong university Children's Hospital, P/NICU, Shanghai, China

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Mak Yh, Chan Yh, Tan Kk; KK Women’s And Children’s Hospital, Paediatric Subspecialties, Singapore

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Bagshaw O, Duncan H, Marcus R, Cray S, Cranston A; Birmingham Children’s Hospital, Anaesthesia & Intensive Care, Birmingham, United Kingdom

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Rose Galleo, RN; Afrothite Kotsakis, MD; Karen Palmer, RN; Hadi Mohseri-Bod, MD; Jonathan Costello; The Hospital for Sick Children, Critical Care Medicine, Toronto, Canada

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P 30.3.926
CLINICAL AUDIT OF THE UNIT OF NEONATOLOGY IN MONASTIR (TUNISIA)
K. Chouchane 1, 2, Sebok 3, W. Sarraj 1, 3, S. Beizig 1, 3, S. Chouchane 1, C. Chouchane 1, L. Ghedira 1, C. Ben Mériem 1, M. Letaief 2, MN. Guediche 1
Unit of Neonatology, Department of Pediatrics 1, Department of Epidemiology and community Medicine CHU Fattouma Bourguiba, Monastir, Tunisia

Poster Sessions, Tuesday, June 26
### TUESDAY, JUNE 26, 2007 – MEDICAL POSTER SESSIONS PART 2

**P13 - PULMONARY: NEONATAL LUNG DISEASE**

**Facilitator:** Anton van Kaam, The Netherlands

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PULMONARY: MECHANICAL VENTILATION TECHNICS AND MECHANICS
Facilitator: Peter Dargaville, Australia

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CARDIORESPIRATORY INSTABILITY ASSOCIATED WITH OPEN AND CLOSED SUCTION IN VENTILATED INFANTS
Tingay DG, Hoellering AB, Dargaville PA, Mills JF, Copnell B. Royal Children's Hospital, Neonatology, Melbourne, Australia

P 14.2.53
HELILOX VENTILATION IN PRETERM INFANTS: EFFECTS ON PULMONARY MECHANICS AND GAS EXCHANGE. PRELIMINARY
C. Migliori, E. Garzoli, P. Garcia, G. Chirico; Spedali Civili di Brescia, Neonatology and NICU, Brescia, Italy

P 14.2.154
NEUROLYNCH ADJUSTED VENTILATORY ASSIST (NAVA) - AN OBSERVATIONAL STUDY.
Bendtsen, Jan, Edberg, Karl Erik, The Queen Silvia Children’s Hospital, Dep of Paediatric Intensive Care, Göteborg, Sweden

P 14.2.197
MANAGEMENT OF CONGENITAL DIAPHRAGMATIC HERNIA WITH EARLY HIGH FREQUENCY OSCILLATORY VENTILATION AND DELAYED SURGERY WITHOUT THE USE OF EXTRACORPOREAL MEMBRANE OXYGENATION.
D Milanchev1, V Datin-Dorriere1, E Walter-Nicole1, V Rousseau1, P Taupin1, A Benachi1, S Parat1, P Hubert1, and Y Revillon1.
1Service de reanimation néonatale, 2Service de chirurgie pédiatrique, 3Unité de bio-statistiques et informatique médicale, 4Maternité, Hôpital Necker-Enfants Malades, Paris, France

P 14.2.269
EFFECT OF MECHANICAL VENTILATION ON LUNG FUNCTION IN TERM BABIES
Angelika Bertsch, Katerina Schmidt, Burkhard Simma; Department of Pediatrics, Academic Teaching Hospital, Landeskrankenhaus Feldkirch, Feldkirch, Austria

P 14.2.286
REGIONAL LUNG VOLUME CHANGES BY ELECTRICAL IMPEDANCE TOMOGRAPHY DURING PEEP TRIALS IN HEALTH AND INDUCED LUNG INJURY.
D. G. Markhorst, F. B. Piltz, M. van Heerde, M. C. J. Kreyber and A. B. Groeneveld; VU medical center, pediatric intensive care unit, Amsterdam, Netherlands

P 14.2.390
EFFECT OF MINIMISING TRACHEAL TUBE DEADSSPACE ON ARTERIAL CARBON DIOXIDE TENSION
Playford SD, Langridge PN. Royal Manchester Children’s Hospital, Paediatric Intensive Care Unit, Manchester, United Kingdom

P 14.2.399
LEAK CONDUCTANCE: AN OBJECTIVE MEASURE OF “FIT” OF UNCUFFED ENDOTRACHEAL TUBES
JH Smith, M Ranger, C Reay, A Sims; Freeman Hospital, PICU, Newcastle upon Tyne, United Kingdom

P 14.2.423
A PROSPECTIVE RANDOMIZED CONTROLLED BLINDED STUDY OF THREE BRONCHODILATORST IN INFANTS WITH RSV BRONCHIOLITIS AND RESPIRATORY FAILURE.
Levin DI, Garg A, Hall L, Slogic S, Jarvis Jd, Leiter Jc; Children’s Hospital At Dartmouth, Pediatric Critical Care, Lebanon, United States

P 14.2.425
AIRWAY PRESSURE RELEASE VENTILATION: AN ALTERNATIVE VENTILATION MODE FOR PEDIATRIC ACUTE RESPIRATORY DISTRESS SYNDROME
Demet Demirkol Soysal, Metin Karabocuoglu, Agop Cikat, Raf Uczel, Nedret Uzel; Istanbul University, Istanbul Faculty of Medicine, Department of Pediatric Intensive Care, Istanbul, Turkey

P 14.2.570
CONTINUOUS NEGATIVE EXTRA-THORACIC PRESSURE VENTILATION IN PAEDIATRIC CRITICAL CARE
Akash Deep, Claudine De Munter; St. Mary’s Hospital, London, Paediatric Intensive Care Unit, United Kingdom

P 14.2.691
BIAS FLOW DOES NOT AFFECT CARBON DIOXIDE ELIMINATION DURING HIGH FREQUENCY OSCILLATORY VENTILATION
David F. Adams MD, Michael Gentile RRT, Damian M. Craig MS, George Quick, Ira M. Chelfetz MD; Duke Children’s Hospital, Pediatric Critical Care, Durham, United States

P 14.2.820
USE OF END TIDAL CO2 DETECTORS IN THE NEWBORN- A QUESTIONNAIRE SURVEY
Gopi M, Wheeler M; Leeds General Infirmary, PICU, Huddersfield, United Kingdom

P 14.2.889
HOW TO CHOOSE THE MORE EFFECTIVE PATIENTS OF PRONE-POSITION VENTILATION WITH PEDIATRIC ALIARDS
Yasuhisa Ueda; Kitasato University School Of Medicine, Pediatrics, Sagamihara, Kanagawa, Japan

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Yasuhisa Ueda; Kitasato University School Of Medicine, Pediatrics, Sagamihara, Kanagawa, Japan
**NP4 EDUCATIONAL MODELS**

**NP 4.2.9**
AN AUDIT TO EVALUATE THE INTRODUCTION OF COMPUTER BASED LEARNING FOR MANDATORY PAEDIATRIC LIFE SUPPORT TRAINING FOR PAEDIATRIC INTENSIVE CARE NURSES.
Cairns, M., Gill, F., Woodard, M., Craig, K.; Princess Margaret Hospital for Children, Paediatric Intensive Care Unit, Perth, Australia

**NP 4.2.107**
NURSING REVOLVES AROUND KNOWLEDGE
Marlene Hemming, Stefan Hart, Joke Wietenga, Academic Medical Center/Emma Children’s Hospital, Department of Neonatology and Free University Medical Center, Amsterdam, The Netherlands

**NP 4.2.332**
PEER TRAINING IN PEDIATRIC INTENSIVE CARE: NURSES AS INSPIRING COLLEAGUES!
Marly v.d. Berg, Carla Kops, Elis Roodbol, Monique van Dijk, Erasmus MC- Sophia Children's Hospital, Rotterdam, The Netherlands

**NP 4.2.381**
HOW TO ENHANCE CRITICAL THINKING SKILLS OF PAEDIATRIC CRITICAL CARE NURSES IN CLINICAL PRACTICE
Barbara McManus; Our Lady's Children's Hospital, Paediatric Intensive Care Unit, Crumlin, Dublin, Ireland

**NP 4.2.418**
VIRTUAL COMPETENCY
Dawn Harbour, RN, BSN; Debra Bamber RNC, MSN; UC Davis Medical Center, Children’s Critical Care Transport, Sacramento, CA, United States

**NP 4.2.455**
COMPUTER BASED LEARNING MODULE FOR PEDIATRIC TRACHEOSTOMY TEACHING
S. Gray, Rn Pnp, R. Veator Rn Ba, M. Pelletier Rn, M. Horn Rn Ms Rrt, C. Bruynell, Rn Bsn, C. Pacifico Rn; Children's Hospital Boston, Nursing, Boston, United States

**NP 4.2.459**
USE OF A PROFESSIONAL MODEL-BASED PRACTICE ANALYSIS IN THE DEVELOPMENT OF A TOOL TO ASSESS PICU NURSING KNOWLEDGE, PROFESSIONAL SKILLS, AND CLINICAL COMPETENCE.
Long, D. and Murray, M.; Royal Children’s Hospital, Paediatric Intensive Care Unit and Queensland University of Technology, Brisbane, Australia

**NP 4.2.609**
DO THE NURSING AND MIDWIFERY STUDENTS WANT TO BE A PICU PRACTITIONER?
S. Kuguoglu 1, N. Çýnar 2, O. Semiz 2, C. Sözeri 2, C. Dede 3, Ü. Kocaer 4
1 Department of Pediatric Nursing, Marmara University College of Nursing, Istanbul, Turkey
2 Sakarya University, School of Health Sciences, Sakarya, Turkey
3 Sakarya University, Vocational School of Health, Sakarya, Turkey
4 Memorial Hospital, Istanbul, Turkey

**NP 4.2.613**
SIMULATION AS A TEACHING METHODOLOGY IN PAEDIATRIC INTENSIVE CARE
Longden J, Mayer AP; Sheffield Children’s Hospital’s Intensive Care Unit, Sheffield, United Kingdom

**NP 4.2.619**
EVALUATION OF A TEACHING PROGRAMME FOR PERITONEAL DIALYSIS IN PAEDIATRIC PATIENTS
Matth D, Martinet M, Parves P, Girardin E, Rimenberger P; Geneva Children’s Hospital, Geneva, Switzerland

**NP 4.2.653**
SUCCESSFUL INCORPORATION OF HIGH FIDELITY SIMULATION IN PAEDIATRIC CRITICAL CARE RESPONSE TEAM TRAINING
Dianne Norman RN BScN CCRN, Barb Jennings RN MSHSA, Lennox Huang MD FAAP; McMaster Children’s Hospital, Critical Care Outreach - 2G, Hamilton, Ontario, Canada

**NP 4.2.670**
EVALUATION OF MULTI-PROFESSIONAL LEARNING ON A HIGH-FIDELITY SIMULATION COURSE
C. Stevens, J. Cochrane, K. Parkins; Royal Liverpool Children’s Hospital, High Dependency Unit, Liverpool, United Kingdom

**NP 4.2.730**
SKILLS FAIRS - A CREATIVE APPROACH TO ASSESSING AND MAINTAINING NURSING COMPETENCY IN THE PEDIATRIC INTENSIVE CARE UNIT
Kathryn E. Roberts, MSN, RN, CCRN, CCNS, Karen Slater, BSN, RN, CCRN, Kellyann Papianou, BSN, RN; The Children’s Hospital of Philadelphia, Pediatric Intensive Care Unit, Chadds Ford, Pennsylvania, United States

**NP 4.2.924**
MONTGOMERY T-TUBE “JUST IN TIME” EDUCATION
Rhonda Foltz, Kathryn E. Roberts, Larissa Hutchins, Maureen Ginda, Joseph Bolton, Dr. Karen B. Zur; The Children’s Hospital of Philadelphia, Pediatric Intensive Care Unit, Chadds Ford, Pennsylvania, United States

**NP5 MONITORING QUALITY**

**NP 5.2.58**
IMPROVING NURSING CARE OF TBI PATIENTS THROUGH GUIDELINES, EDUCATION AND AUDIT.
Gough S.; Tume L; The Royal Liverpool Childrens’ Hospital NHS Trust, Paediatric Intensive Care, Liverpool, United Kingdom
NP 5.2.81
CHANGES IN THE CARE OF CENTRAL VENOUS CATHETERS IN CHILDREN
Elaine McCall; Starship Children’s Hospital, Paediatric Intensive Care Unit, Auckland, New Zealand

NP 5.2.188
UNPLANNED EXTUBATION AS A QUALITY INDICATOR IN PICU
Patricia VENDRAMIM; Samaritano Hospital, Pediatric Intensive Care, Sao Paulo, Brazil

NP 5.2.293
VENTILATOR ASSOCIATED PNEUMONIA IN A UK PICU
Kathryn Butler; Birmingham Children’s Hospital, Paediatric Intensive Care, Wolverhampton, United Kingdom

NP 5.2.300
EXPERT CRITICAL CARE NURSES AS INFECTION CONTROL SPECIALISTS: A CONTEMPORARY PARTNERSHIP
Patricia A. Hickey, MS, MBA, RN, CNA, Debra Forbes Morrow, RN, BSN, Gail Potter-Bynoe, BS, CIC; Children’s Hospital Boston, Nursing, Boston MA, United States

NP 5.2.347
COULD PAEDIATRIC EARLY WARNING SCORES (PEWS) HELP NURSES’ ASSESSMENT ACUITY? AN EVALUATION OF ASSESSMENT PRACTICE FOR CHILDREN WHO BECOME CRITICALLY ILL.
David Waller; British Columbia Children’s Hospital, Intensive Care Unit, Vancouver, Canada

NP 5.2.383
“SO NOW YOU ARE TELLING US WE ARE NOT SAFE” - MOVING TOWARDS A CULTURE OF SAFETY WITHIN A CANADIAN PEDIATRIC CRITICAL CARE UNIT
T Northway, A Robin, T Green, C Kohlberg, P Skippen, L Coozen, L Braun, R Dekleer, G Krahn, L Kruce; BC Children’s Hospital, Pediatric Critical Care, Vancouver, BC, Canada

NP 5.2.456
IMPLEMENTING AN ORAL HYGIENE STANDARD IN THE NEONATAL INTENSIVE CARE UNIT
Kristan M. Natale, RN, BSN; Judith Carter, RN; Martha A.Q. Curley, RN, PhD, FAAN; Children’s Hospital, Boston, Neonatal Intensive Care Unit, Boston, United States

NP 5.2.457
PREVENTING NOSOCOMIAL BLOODSTREAM INFECTIONS IN THE NICU – HOW WE GOT TO 171 INFECTION-FREE DAYS.
Judith T. Carter, RN; Celeste J. Nickerson, RN, BSN; Children’s Hospital, Boston, Neonatal Intensive Care Unit, Boston, United States

NP 5.2.532
DISCHARGE FROM THE PAEDIATRIC INTENSIVE CARE UNIT
Elaine McCall; Starship Children’s Hospital, Paediatric Intensive Care Unit, Auckland, New Zealand

NP 5.2.564
IMPLEMENTING PATIENT DATA MANAGEMENT SYSTEM (PDMS) IN CHILDREN’S INTENSIVE CARE UNIT
Britt Bredlov R.N; Ms Soc Sc and Katharina Johansson R.N.; Karolinska University Hospital, Children’s Intensive Care Unit, Q 61, Stockholm, Sweden

NP 5.2.655
OCCUPATIONAL HAND DERMATITIS IN A NEWBORN CARE UNIT: IMPACT OF A MULTIFACETED STRATEGY
MFPS Dornaus; MAC Rossetto; JYKawagoe; LCorrea; ADADeutsch; Hospital Israelita Albert Einstein, Nenatology, Sao Paulo, Brazil

NP 5.2.945
EVIDENCE BASED PRACTICE: AXILLARY TEMPERATURES ARE THEY EFFECTIVE IN PEDIATRIC FEVER SCREENING?
MC McLellan, J Boisvert, C Degray, C Gordon, P Iver, S Mot, S Reid; Children’s Hospital Boston, Cardiovascular Program, Braintree, MA, United States

NP 5.2.958
REDUCTION OF ACCIDENTAL EXTUBATIONS IN PEDIATRIC INTENSIVE CARE
C Zaggia, A Amigoni, G Vezzu, L Vettore, A Pettenazzo; PICU-University Hospital of Padua, Pediatrics, Padova, Italy

NP 5.2.978
THE IMPACT OF ORGANIZATIONAL CHARACTERISTICS ON PATIENT OUTCOMES AND PATIENT, PARENT, AND HEALTHCARE PROFESSIONAL SATISFACTION
Rosella Jefferson, Kathy Rasmussen, Tex Kissoon; BC’s Children’s Hospital (BCCH), Critical Care 1M59, Vancouver, BC, Canada

NP 6.2.35
PARENTS’ PERSPECTIVES ON STAYING DURING INVASIVE PROCEDURES AND/OR RESUSCITATION
MC Rachwal, E Mitchell, CS Hunter, BP Trainor, PA Hickey, MAQ Curley; Cardiovascular and Critical Care Program; Children’s Hospital Boston, USA

NP 6.2.44
TO DEMONSTRATE THE ACURACY AND SENSITIVITY OF THE BRIGHTON PAEDIATRIC EARLY WARNING SCORE (BPEWS).
Alan Monaghan; Brighton and Sussex University Hospitals NHS Trust, Paediatric Intensive Care, Brighton, United Kingdom

NP 6.2.133
SAVING CIRCUITS - SAVING LIVES
Nikky Parley; Starship Children’s Hospital, Paediatric Intensive Care Unit, Auckland, New Zealand

NP 6.2.189
PERINEAL DERMATITIS: NURSING QUALITY INDICATOR IN PICU
Patricia VENDRAMIM; Samaritano Hospital, Pediatric Intensive Care Unit, Sao Paulo, Brazil
TUESDAY, JUNE 26, 2007 – NURSING POSTER SESSIONS

**TIME**

13.30 - 15.00

**NURSING POSTER SESSIONS: NP6/NP7**

**EXHIBITION HALL 1**

**NP 6.2.288**

RANDOMIZED CONTROLLED OPEN CLINICAL OBSERVATION OVER THE ANTIBIOTIC USE REDUCTION UNDER THE LOCAL OCULAR APPLICATION OF NACL 0.9% PLUS EUPHRASIA EYE DROPS VERSUS NACL 0.9% WITHIN 44 NEWBORN CHILDREN

L. Stoffel, D. Zimmermann, R. Hunkeler, C. Zimmermann, M. Ramos, M. Fathi-Torriani, M. Nelle; Inselspital University of Berne, Neonatology, Bern, Switzerland

**NP 6.2.341**

UK DEPARTMENT OF HEALTH ‘SAVING LIVES’ AGENDA – THEORY IN TO PRACTICE

El Hart, L. Olding, CG Stack; Sheffield Children’s Hospital, Intensive Care Unit, Sheffield, United Kingdom

**NP 6.2.435**

INVESTIGATION OF FAMILY FUNCTION OF CHILDREN WITH BEHAVIORAL DISORDERS

Zahra Ghazavi & Tayebe Mehrabi & Fatemeh Keshani & Forooz Keshani; Isfahan Medical Sciences University, Psychiatric Nursing, Isfahan, Iran

**NP 6.2.499**

UHL PICU REPATRIATION SERVICE

Solomon J.C. McLean J.H.; Hall L.; Kirby D.; Nichani S.; University Hospitals of Leicester NHS Trust (UHL), Leicester, United Kingdom

**NP 6.2.584**

HOW TO RAISE AN ATELECTASIS WITH PATIENTS AFFECTED BY SPINAL MUSCULAR ATROPHY, AFTER AN ANTERIOR AND POSTERIOR SPINAL ARTHRODESIS

J. Bataille, R. Rubinsztajn, M. Akassem, S. Tirolien, H. Guilloton, N. Leiba, L. Le Meur, G. Madelain; Raymond Poincare Hospital, Pediatric Reanimation, Garches, France

**NP 6.2.596**

ENTERAL NUTRITION NURSING PROTOCOL

Sabrina Egman; IsMeTT, Palermo, Italy

**NP 6.2.628**

CLINICTRIAL OF INTRAPULMONARY PERCUSSION AND IPPB : 2 METHODS OF MUCUS AIRWAY CLEARANCE

G Madelain, J.Bataille, Raymond Pincare Hospital, Pediatric Reanimation, Garches, France

**NP 6.2.650**

CONGENITAL TRACHEAL STENOSIS PRESENTING AS BRONCHIOLITIS IN INFANTS

Hassayoun S, Abroug M, Zouari N, Chemli J, Abroug S, Harbi A; Hospital, Pediatric Critical Care, Sousse, Tunisia

**NP 6.2.688**

INTERDISCIPLINARY ASSISTANCE IN THE MEDICINE ADMINISTRATION THROUGH ENTERAL FEEDING

D'Angel D.P.; Marchini S.B.; Negrini N.M.M.; Troster E.J.; Stape A.; Santos R.P.; Ferracini F.T.; Hospital Israelita Albert Einstein, CTI Pediatrico, São Paulo, Brazil

**NP 6.2.695**

IS THIS JUST ANOTHER PAIN AND SEDATION ALGORITHM? NO! IT’S MULTIMODAL!!

Alison Dodds, Elaine Meertens, Karen Wong; Hospital for Sick Children, Cardiac Critical Care Unit, Toronto, Canada

**NP 6.2.776**

PROCESSES OF SELF CARE OF URINARY TRACT INFECTION IN CHILDREN

PTaheri, N.Alizadeh, H.A, abedi; Faculty of Nursing & Midwifery, Pediatrics, Iran

**NP 6.2.903**

NURSING CARE FOR INFANTS WITH ABO-INCOMPATIBLE HEART TRANSPLANTATION

Andrea Renz RN, CCRN, LM University Hospital Munich- Großhadern, Pediatric cardiology and intensive Care, Munich, Germany

**NP 6.2.955**

ARGINOSUCCINIC ACIDURIA (ASA) – A NEONATAL CASE STUDY

Ferreira, A.; Silva, C.; Santa Maria Hospital, Pediatric Intensive Care Unit, Lisbon, Portugal

**NP 7**

PAIN AND CLINICAL ISSUES

Chair: Cora de Kiviet, The Netherlands

**NP 7.2.106**

A SURVEY, OF THE DUTCH NATIONWIDE NURSING STUDY GROUP PAIN IN NICU’S, ON COMMON HABITS AND POLICIES

Joke Wielenga; Academic Medical Center/Emma Children’s Hospital, Department of Neonatology, Amsterdam, The Netherlands

**NP 7.2.176**

ANALGESIC EFFECTS OF THE BREAST MILK AND THE NONNUTRITIVE SUCKING IN THE PRETERM NEONATES

Valerie Pelofy, Martine Burou, Corine Alberge; Children’s Hospital, Toulouse, France

**NP 7.2.177**

AN INITIATIVE TO DIMINISH THE OCCURRENCE OF PRESSURE ULCER DEVELOPMENT IN THE PEDIATRIC CARDIAC SURGERY PATIENT

Patricia Lincoln RN, MS, Dorothy Beke RN, MS, Nancy Braudis RN, MS, and Sandy Quigley RN, MSN; Children’s Hospital Boston, Cardiac Intensive Care Unit, Boston, United States
TIME | NURSING POSTER SESSIONS: NP7
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13.30 - 15.00 | EXHIBITION HALL 1

NP 7.2.309
PREVALENCE OF PRESSURE ULCERS IN PAEDIATRIC HOSPITALS OF THE CANTON OF ZURICH, SWITZERLAND
Schüler A.B., Cignacco E., Halfens R.; Children’s University Hospital Zurich, Paediatric Burn Centre, Zurich, Switzerland

NP 7.2.396
INTEGRATING A PAIN ASSESSMENT TOOL INTO NICU
Lorraine Pierce and Kylie Hart; Great Ormond Street Hospital for Children, Neonatal Intensive Care, London, United Kingdom

NP 7.2.479
STAFF PERCEPTIONS AND EVALUATION ON THE USE OF A NEW SEDATION GUIDELINE IN THE PAEDIATRIC INTENSIVE CARE UNIT.
Long D., Cienfuegos T., Keogh S., Eggins J., Horn D.; Royal Children’s Hospital, Paediatric Intensive Care Unit, Brisbane, Australia

NP 7.2.488
THE IMPORTANCE OF CHART AUDIT AND FEEDBACK TO MONITOR CHANGE IN PRACTICE.
Cienfuegos T., Long D., Keogh S., Eggins J., Horn D.
1 Paediatric Intensive Care Unit, Royal Children’s Hospital, Brisbane, Australia.
2 Nursing Research Unit, Royal Children's Hospital, Brisbane, Australia.

NP 7.2.652
NEEDLE LESS AND CLOSED ADMINISTRATION SYSTEM FOR PATIENTS IN NEONATAL INTENSIVE CARE UNIT.
Mayko Louer, University Medical Center Utrecht, Neonatology, Utrecht, The Netherlands

NP 7.2.814
WITHDRAWAL SYNDROME: RECOGNITION, TREATMENT AND NURSING CARE
Maryse Dagenais, M.Sc.A., Clinical nurse specialist, PICU, Montreal Children’s Hospital, Boucherville, Canada

NP 7.2.815
CREATION AND IMPLEMENTATION OF A CARE BUNDLE TO REDUCE CATHETER ASSOCIATED URINARY TRACT INFECTIONS
Tracey Green, RN, BSc, Children’s Hospital, PICO, Vancouver, Canada

NP 7.2.822
AWARENESS OF ABDOMINAL COMPARTMENT SYNDROME AMONG PEDIATRIC CRITICAL CARE NURSES
Jennifer Newcombe, MSN, PNP, CNS, Mudit Mathur, MD, J. Chiaka Eijke, MD; Loma Linda University Children’s Hospital, Nursing, Loma Linda, CA, United States

NP 7.2.919
REACHING CONSENSUS: PARTNERING TO PROVIDE BEST PRACTICE IN PEDIATRIC SURGICAL SITE AND WOUND CARE
Caroline Kohlborg, Tracie Northway, Rita Dekleer, Alison Franks, Wendy Lehman, Barb Mcknight, Amie Nowak; BC Children’s Hospital, PICO, Vancouver, Canada

NP 7.2.925
MANUAL CHEST PHYSIOTHERAPY (CPT) IN PEDIATRIC PATIENTS ON HIGH FREQUENCY OSCILLATORY VENTILATION (HFOV) HAS NO NEGATIVE IMPACT
José Landeros, Children’s Hospital Roberto del Río, PICU, Santiago, Chile

NP 7.2.939
SHONE SYNDROME: A SPECTRUM OF ANOMALIES, A SPECTRUM OF CARE
Marlene Pellelter RN, BSN, Children’s Hospital Boston, Cardiovascular Program, Boston, Massachusetts, United States

NP 7.2.1001
IMPLEMENTING GUIDELINES FOR ANALGESIA AND SEDATION FOLLOWING CARDIAC SURGERY IN CHILDREN: SAFETY AND EFFICACY
M. Bovero, L. Fauc, W. Habre, P. Rimensberger; Children’s Hospital Geneva, Geneva, Switzerland
TUESDAY, JUNE 26, 2007 – CASE PRESENTATIONS

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**CARDIOVASCULAR**

**CP 2.2.20**
IDIOPATHIC INFANTILE ARTERIAL CALCIFICATION WITH LEUKOMALACIA
Junaid M Kahn, Julia Asbeh

**CP 2.2.50**
USE OF HIGH FREQUENCY OSCILLATORY VENTILATION IN PATIENTS WITH CARDIAC TRANSPLANTATION
Euguchi Jim, MD, Abd-Allah Shamel, Bailey Leonard; Loma Linda University, Children’s Hospital, Pediatrics, Loma Linda, United States

**CP 2.2.171**
CONTINUOUS VENO-VENOUS HAEMODIALYSIS (CVVHD) FOR HIGH VOLUME THERAPY IN A PREMATURE BABY WITH CRITICAL AORTIC STENOSIS AND POSTOPERATIVE ACUTE RENAL FAILURE
M.A. Wasmu, G. Tarusinov, O. Krogmann; Heart Center - Kaiser-Wilhelm-Hospital, Clinic for Congenital Heart Disease, Duisburg, Germany

**CP 2.2.272**
RHEUMATIC FEVER – A SEVER UNCOMMON CASE
G Fekeleta, K Papazoglou, T Goudoula, P Bonos, D Georgakopoulos, J Papadatos
"PICU" P.&A. Kyriakou" Children’s Hospital, Athens, Greece

**CP 2.2.343**
COMPLEX CONGENITAL PULMONARY ARTERIOVENOUS MALFORMATION
Duthie N, Nichani S, Lenhage R; University Hospitals of Leicester, Glenfield, Paediatric Intensive Care, Leicester, United Kingdom

**CP 2.2.487**
PULMONARY VENOLOBAR SYNDROME – A CASE REPORT
Rangachandran B; Kar S, Gnanasambandam S, Kulkarni S; Kanchi Kamakoti CHILD'S Trust Hospital, Pediatric Intensive Care and Frontier Life Line, Madras, India

**CP 2.2.648**
INTRAVENOUS ADRENALINE-INDUCED TAKOTSUBO CARDIOMYOPATHY DURING ANAPHYLACTIC REACTION IN A TEENAGER
A Nguyen, C Langlet, C Olexa, P Desprez, D Austruc (PICU, Strasbourg University Hospital, France)

**CP 2.2.824**
OPEN HEART SURGERY AND THREE ECMO RUNS TO GET A NEW HEART HIGHLIGHT THE POTENTIAL COMPLEXITY OF ICU MANAGEMENT OF EBSTEIN’S ANOMALY – CASE REPORT
Damian Hutter, MD, Michele Merad, MD, Steven Schwartz, MD; The Hospital for Sick Children, Critical Care Medicine and Cardiology, Toronto, Canada

**CP 2.2.842**
VEIN OF GALEN ANEURISMAL MALFORMATION: HIGH-FLOW CONGESTIVE HEART FAILUR Responsive ONLY TO PROSTAGLANDINE E1 INFUSION
Oliver Karari, Cécile Tissot, Eduardo Da Cruz, Daniel Rufenacht, Peter Rimmsberger; University Hospital Geneva, Neonatology and Pediatric Intensive Care Service, Geneva, Switzerland

**CP 2.2.883**
THROMBOLYTIC THERAPY USING A NOVEL tPA IN A 956G PREMIE WITH LIFE-THREATENING PULMONARY EMBOLISM
Mami Nakayashiro MD, Chiaki Oba MD, Yoshitake Asato MD, Masaya Nakamoto MD, Okinawa Prefectural Nambu Children’s Hospital, Pediatric cardiology, Haebaru-cho, Japan

**CP 2.2.884**
MAGNIFICENT SULPHATE FOR THE MANAGEMENT OF SEVERE DYSAUTONOMIA IN PAEDIATRIC GUILLAN-BARRE SYNDROME
Czakó M, Szakács M, Vassy S, Szabó A, Istenes J, Pappachan VJ; University of Szeged, Department of Pediatrics, Szeged, Hungary

**CP 2.2.891**
VEIN OF GALEN ANEURYSMAL MALFORMATION - THE RARE CAUSE OF THE SEVERE HEART FAILURE
Jelena Maric; Mother and Child Health Care Institute, Pediatric Intensive Care, Belgrade, Serbia

**CP 2.2.996**
TREATMENT WITH OCREOODIDE IN SECONDARY CHYLOTHORAX TO CARDIOVASCULAR SURGERY IN PATIENT PEDIATRIC
WEDNESDAY, JUNE 27, 2007 – MEDICAL POSTER SESSIONS PART 1

P31  PULMONARY: NON-INVASIVE VENTILATION
Facilitators: Bettina von Dessauer, Chile and TBN

P 31.3.143  NON INVASIVE VENTILATION IN INFANT : ASSESSMENT OF THE INSPIRATORY TRIGGERING SYSTEM OF TURBINE-DRIVEN VENTILATORS
Stucki P, Vermeulen F, de Halleux Q, Racine-Parret L, Cotting J. PICU, Paediatrics, Lausanne-CHUV, Switzerland

P 31.3.222  EFFECTS OF NASAL CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) ON RESPIRATORY MUSCLES WORK AND RESPIRATORY FAILURE: A COMPARISON WITH STANDARD FULL FACE MASK CPAP SYSTEM.
Chidini G, Baraldi S, Calderini E, Pelosi P. Fondazione Policlinico Mangiagalli Regina Elena, Anestesia e Rianimazione, Milano, Italy

P 31.3.534  NONINVASIVE VENTILATION COMPARE TO STANDARD THERAPY IN PEDIATRIC ACUTE RESPIRATORY FAILURE. A RANDOMIZED CONTROLLED TRIAL.
Leticia Yañez and Mauricio Yunge, Clinica Santa Maria, PICU, Santiago, Chile

P 31.3.560  SEVERE BRONCHIOLITIS IN INFANTS: RESULTS OF A NON INVASIVE VENTILATION STRATEGY
D. Biarent MD C., C.Haggenmacher Pt, Fonteyne MD F. Otte MD, T. KHALIL MD, S. Clement pt, S. Deckers, Hôpital Universitaire des Enfants Reine Fabiola, Paediatric Intensive Care Unit, Brussels, Belgium

P 31.3.569  MOVING LONG TERM NON-INVASIVE VENTILATION OUT OF INTENSIVE CARE AND HDU.
JA Richardson, A Venables, S Spinty and A Selby, Royal Liverpool Childrens Hospital, PICU, Liverpool, United Kingdom

P 31.3.612  EVALUATION OF NON INVASIVE VENTILATION SUCCESS OR FAILURE
Juan Mayordomo, Barbara Fernandez-Barrio, Alberto Medina, Corsino Rey, Soledad Prieto, Andrés Concha, Hospital Universitario Central de Asturias, Paediatric Intensive Care Unit, Oviedo, Spain

P 31.3.674  NON-INVASIVE POSITIVE PRESSURE VENTILATION (NIPPV) – USE IN PEDIATRICS AND PREDICTORS OF SUCCESS.
Dr.Shrishu.R Kamath, Dr.Suchitra Ranjit, Apollo Hospitals, Pediatric Intensive Care Unit, Chennai, India

P 31.3.775  TREATMENT OF ACUTE RESPIRATORY FAILURE WITH NONINVASIVE POSITIVE PRESSURE VENTILATION (NIPPV) IN CHILDREN
Barreira, E.R.; Gottschald, A.C.; Bousso, A.; Hsin S.H.; Goes,P.F., Reis, M.A., University of Sao Paulo Department of Pediatrics, Sao Paulo, Brazil

P 31.3.784  NON-INVASIVE VENTILATION IN NEURODEVELOPMENTAL DISEASE (NDD) ON PIC
Slack, Rachael; Millar, Johnny

P 31.3.872  HELIOX ENHANCES NIV VENTILATION IN PAEDIATRICS
Chowdhury MMM, Akhter R, Reus E, Hajiani N, Habibi P, Imperial College London, Department of Paediatrics, London, United Kingdom

P32  PULMONARY : ALI – OUTCOME
Facilitator: Eduardo Troster, Brazil

P 32.3.70  EFFECTS OF INHALED BRONCHODILATORS VIA METERED-DOSE INHALER IN MECHANICAL VENTILATED CHILDREN
A.M.Spangasi, D.Firolaki, E.Mhaloudi, E.Vaslakis, G.Braissouls
Pediatric Intensive Care Unit, University Hospital of Heraklion, Crete, Greece

P 32.3.114  PROTECTIVE LUNG STRATEGY IN THE MANAGEMENT OF PEDIATRIC ARDS HAS IMPROVED MORBIDITY AND MORTALITY
Mayer Sasy MD, Michael Miller MD, Schneider Children’s Hospital , Division of Critical Care Medicine , New Hyde Park, NY, USA
### Medical Poster Sessions: P32/P33

#### Wednesday, June 27, 2007 – Medical Poster Sessions Part 1

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<td>13.30 - 15.00</td>
<td>P 32.3.209&lt;br&gt;A CLINICAL PROFILE OF VENTILATOR ASSOCIATED PNEUMONIA (VAP) IN PUNJAB, INDIA.&lt;br&gt;Puneet Aulakh Pooni, Daljit Singh, Harsh Sharma, Umil Mohan Dayanand Medical College and Hospital, Ludhiana, Punjab, India</td>
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<td>P 32.3.267&lt;br&gt;VENTILATION WITH PERMISSIVE HYPERCAPNIA IN ACUTE RESPIRATORY DISTRESS SYNDROME&lt;br&gt;Qunsi Wang, Zhipeing Jin, Guangyao Sheng; Department of Critical Care, Zhengzhou Children’s Hospital, Zhengzhou 450053, China</td>
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<td>P 32.3.289&lt;br&gt;SEVERITY OF ILLNESS RATHER THAN CO-MORBIDITY PREDICTS OUTCOME IN CHILDREN REQUIRING RESPIRATORY EXTRACORPOREAL LIFE SUPPORT&lt;br&gt;N Pathan, E Smith, D Ridout, A Goldman, K Brown, Great Ormond Street Hospital, Cardiac Critical Care, London, United Kingdom</td>
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<td>P 32.3.312&lt;br&gt;CLINICAL ASPECTS OF NOSOCOMIAL PNEUMONIA AND VENTILATOR ASSOCIATED PNEUMONIA IN CHILDREN&lt;br&gt;Andrea Maria Cordeiro Ventura, Incacema de Cassia Fernandes, Albert Bousso, Hospital Universitario Universidade de São Paulo, Brazil</td>
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<td>P 32.3.322&lt;br&gt;ADMISSION TO PICU WITH SEVERE BRONCHIOLITIS AND ACUTE RESPIRATORY FAILURE AFTER PRETERM BIRTH IS ASSOCIATED WITH A LONGER DURATION OF STAY AND A HIGHER INCIDENCE OF APNEAS BUT NOT MORTALITY.&lt;br&gt;D.R.O’Donnell, R.C. Parslow, P.A. Mckinney, E.S. Draper, University of Cambridge, Department of Paediatrics, Cambridge, United Kingdom</td>
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<td>P 32.3.622&lt;br&gt;FACTORS RELATED TO DEATH, IN PEDIATRIC PATIENTS WITH ACUTE RESPIRATORY FAILURE, MANAGED WITH HIGH-FREQUENCY OSCILLATORY VENTILATION&lt;br&gt;Nmar Khaldi, Khaled Mnif, Asma Bouziri, Kalthoum Kazdaghi, Sarra Belhadj, Nejla Ben Jaballah, Children’s Hospital, Pediatric intensive care, Tunis, Tunisia</td>
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<td>P 32.3.685&lt;br&gt;ALVEOLAR CAPILLARY DYSPLASIA AND ECMO: THE UK EXPERIENCE&lt;br&gt;Cassidy J, Pandya H, Davis C, Karimova A, Goldman A, Smith JH, Freeman Hospital, Paediatric Intensive Care, Newcastle upon Tyne, United Kingdom</td>
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<td>P 32.3.717&lt;br&gt;EFFICACY OF MAGNESIUM IN CHILDREN WITH SEVERE ASTHMA ADMITTED TO A PEDIATRIC INTENSIVE CARE UNIT&lt;br&gt;Sami Shah MD, FRCP, Colin Yeung B.Sc; Murray Kesselman MD, FRCP, University of Manitoba, Pediatrics and Child Health, Winnipeg, Canada</td>
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<td>P 32.3.772&lt;br&gt;MORTALITY IN SEVERE RESPIRATORY SYNCYTIAL VIRUS (RSV) INFECTION.&lt;br&gt;Dr Arul Narayanan and Dr Kent Thorburn, Royal Liverpool Children’s Hospital- Alderhey, Paediatric Intensive care Unit, Liverpool, United Kingdom</td>
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<td>P 32.3.777&lt;br&gt;MECHANICALLY VENTILATED PICU PATIENTS: HOW DO THEY LIVE ONE YEAR AFTER&lt;br&gt;M. Roqueme, Drs. J. Bongain, B. Montenegro, B von Dessauer&lt;br&gt;Hospital Roberto del Río, Santiago de Chile, Avda Zañartu 1085</td>
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<td>P 32.3.785&lt;br&gt;SUBLGOTIC STENOSIS (SGS) IN PICU&lt;br&gt;Drs. B von Dessauer, M Lopez, JM Contreras, R. Mamani&lt;br&gt;Hospital Roberto del Río, Santiago de Chile, Avda Zañartu 1085</td>
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<td>P 32.3.819&lt;br&gt;AGE IS AN IMPORTANT DETERMINANT OF OUTCOME IN PEDIATRIC RESPIRATORY ECMO&lt;br&gt;Thomas V. Brogan, M.D., Susan L. Bratton, M.D., M.P.H., Joan S. Roberts, M.D., Children’s Hospital and Regional Medical Center, Pediatric Critical Care Medicine, Seattle, Washington, USA</td>
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<td>P 32.3.855&lt;br&gt;THE RISK FACTOR OF LONG DURATION OF MECHANICAL VENTILATION OF ACUTE BRONCHIOLITIS&lt;br&gt;Hikatsu Hayashi, Kitasato University Hospital, Pediatrics, Japan</td>
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### Cardiovascular: CV – Short- and Long-Term Outcome

**Facilitator:** Ravi Thiagarajan, USA

| P 33.3.22<br>TRACHEOSTOMY IN SINGLE VENTRICLE PATIENTS: EARLY AND MIDTERM OUTCOME<br>Nguyen NT, Marino BS, Tabbutt S, Wernovsky G, Ballweg JA, Ravishankar C, Children's Hospital of Philadelphia, Cardiology, Philadelphia, USA | |
| P 33.3.95<br>EARLY TROPONIN I LEVELS ARE PREDICTIVE OF LOW CARDIAC OUTPUT FOLLOWING PEDIATRIC HEART SURGERY<br>Froese NR, Satt SS, Krahn GE, British Columbia’s Children’s Hospital, Pediatric Critical Care, Vancouver, Canada | |
| P 33.3.113<br>INCIDENCE AND OUTCOMES OF INFANTS WITH LOW CARDIAC OUTPUT AFTER CARDIAC SURGERY<br>Scheuer MA, Wyss J, Laussancq PC, Newburger JW, Children’s Hospital Boston, Cardiology, Boston, MA, USA | |
| P 33.2.236<br>ARE CURRENT INDICATIONS FOR REPLACEMENT OF VALVED CONDUITS GOOD ENOUGH?<br>Ts. Loukanov, M. Gorenflo, Ch. Sebening, W. Springer, H. Ullmer, S. Hagi | |
TIME MEDICAL POSTER SESSIONS: P33/P34

13.30 - 15.00 EXHIBITION HALL 1

P 33.3.370 IMPACT OF ANTENATAL DIAGNOSIS ON THE PRESENTATION AND OUTCOMES OF HYPOPLASTIC LEFT HEART SYNDROME IN AUSRTALIA
V. Ben Sivarajan, Peter Filan, Lara Shekerdemian, Royal Children's Hospital, Pediatric Intensive Care Unit, Parkville, Australia

P 33.3.415 DEVELOPMENTAL OUTCOME AFTER THREE STAGE PALLIATION FOR HYPOPLASTIC LEFT HEART SYNDROME IN COMPARISON WITH OTHER FONTAN PATIENTS AND HEALTHY CHILDREN
Funk A.K., Schulze, V., Otto-Morris, Chr., Schewe, J., Kramer, H.H., University of Schleswig-Holstein, Pediatric Cardiology / Intensive Care, Kiel, Germany

P 33.3.645 OUTCOME OF CHILDREN AFTER CARDIAC-RELATED EXTRACORPOREAL MEMBRANE OXYGENATION AT <5 YEARS.
Y Wongsawadiwat, L Lequier, A Joffe, N Anton, CMT Robertson, IM Rebeyka, D Ross, Department of Pediatrics, University of Alberta, Edmonton.

P 33.3.658 DEVELOPMENT AND PRELIMINARY VALIDATION OF A PAEDIATRIC POSTOPERATIVE MORBIDITY SURVEY FOR CONGENITAL HEART SURGERY.
Grocott MPW, Mcquillan AJ, Goldman A, Franck LS, University College London, Institute of Human Health and Performance, London, United Kingdom

P 33.3.834 SHOULD WE OPERATE CHILDREN WITH CONGENITAL HEART DISEASE DURING RSV SEASON?
E. Gilad, L. Sasson, I. Cohen, A. Tamir, U. Katz, D. Aler and A. Mandelberg, E. Wolfson Medical Center, Pediatric Intensive Care, Holon, Israel

P 33.3.872 ARE ADVERSE SOCIAL CIRCUMSTANCES ASSOCIATED WITH INCREASED RISK OF REJECTION AFTER CARDIAC TRANSPLANT
R Ramiah MRCP, T Lunnion Wood DCPhy, J Way PhD, M Fenton MRCP, C Scott RN, M Burch MD, K Brown MRCP, Great Ormond Street Hospital For Children, Cardiac Intensive Care and Transplantation; London, United Kingdom

P 33.3.881 INTEGRATING POST OPERATIVE VALUE OF CARDIAC TROPOGIN I FOR A BETTER CORRELATION WITH IN-HOSPITAL OUTCOMES AFTER CONGENITAL HEART SURGERY.
Di Bernardo S, Stucki P, Perez M-H, Racine L, Hurri M, Bernath M-A, Mivelaz Y, Sekarski N, Cotting J University Hospital, CHUV, Pediatrics Cardiology Unit, Lausanne, Switzerland

P 33.3.952 IMPACT OF CHANGING PERIOPERATIVE MANAGEMENT ON EARLY POST-OPERATIVE COURSE IN TETRALOGY OF FALLOT
United Kingdom

CARDIOVASCULAR: CARDIAC ECMO AND PHARMACOLOGIC SUPPORT
Facilitator: Brigitte Stiller, Germany

P 34.3.43 rFVIIa IN THE TREATMENT OF MASSIVE HEMORRHAGE IN PEDIATRIC PATIENTS ON ECMO FOLLOWING SURGERY FOR CONGENITAL HEART DISEASE
Christoph Neuhaeuser, Josef Thul, Johannes Gehron, Dietmar Schranz, Ina Michel-Behnke, Doris Fischer Alex Veldman, Deutsches Kinderherztransplantationszentrum, Dept. of General Paediatrics and Neonatology, Giessen, Germany

P 34.3.73 USE OF ECMO TO REVERSE PRIMARY GRAFT FAILURE AFTER HEART TRANSPLANTATION IN CHILDREN
Taitel G, Buckvold S, Phelps CM, Ivy DG, Campbell DN, Mitchell MB, Pieta BA, Miyamoto SD, Children's Hospital Denver, Cardiology, Denver, USA

P 34.3.181 LEVOSIMENDAN AS RESCUE THERAPY AFTER SURGERY FOR CONGENITAL HEART DISEASE
Di Bernardo S, Stucki P, Perez M-H, Racine L, Sekarski N, Cotting J, University Hospital (CHUV)
Pediatric Cardiology Unit, Lausanne, Switzerland

P 34.3.331 OUTCOMES WITH ECMO CARDIOPULMONARY RESUSCITATION (ECPR) AFTER CONGENITAL HEART SURGERY: A SIXTEEN YEAR EXPERIENCE.
V. Ben Sivarajan, Derek Best, Warrick Butt, Royal Children's Hospital, Pediatric Intensive Care, Parkville, Australia

P 34.3.337 PERIPHERAL VENO-ARTERIAL EXTRACORPOREAL MEMBRANE OXYGENATION TO BRIDGE LOW CARDIAC OUTPUT AFTER GLENN-ANASTOMOSIS
G. Kerkhoff, G. Tarusinov, J. Kroll, O.N. Krohgmann, Heart Centre Duisburg KWK
Paediatric Cardiology – Congenital Heart Disease, Duisburg, Germany

P 34.3.409 LONG-DISTANCE TRANSPORT OF CRITICALLY ILL PATIENTS ON EXTRACORPOREAL LIFE SUPPORT IN AUSTRALIA
Armando Perez, Derek Best, Lara Shekerdemian, Royal Children's Hospital, Pediatric Intensive Care Unit, Melbourne, Australia

P 34.3.427 COMPARISON OF VASOACTIVE MEDICATIONS AND INVESTIGATION DETERMINANTS OF MORTALITY IN CHILDREN
Dorret Demirkol Soysal, Melin Karabucoglu, Agop Ciftak, Raif Ucet, Nedret Uzel, Istanbul University, Istanbul Faculty of Medicine, Department of Pediatric Intensive Care, Istanbul, Turkey
### MEDICAL POSTER SESSIONS: P34/P35/P37

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<td>Gideon Paret, Iian Matok, Marina Rubinstein, Amalia Levy, Amir Vardi, Leah Leiboivtch, David Mishali, Zohar Barzilay</td>
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<td>Department of Pediatric Critical Care Medicine, Safra Children’s Hospital, Sheba Medical Center, Sackler Faculty of Medicine, Tel-Aviv University, Israel</td>
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<td>P 34.3.816 LEVOSIMENDAN IN THE PEDIATRIC PATIENT AFTER CARDIAC SURGERY. A CASE REPORT</td>
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<td>Medina C. Luz E., Justinoan C.Samuel. Perez Erendira, Nave Lariza, IMSS, Terapia posquirurgica, Mexico</td>
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<td>P 34.3.823 INOTROPIC AND MECHANICAL SUPPORT IN ACUTE GRAFT REJECTION FOR PEDIATRIC HEART TRANSPLANT PATIENTS</td>
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<td>Phelps, C. M., Tissot, C., Buckvold, S., Ivy, D. D., Pietra, B. A., Miyamoto, S. D., The Children’s Hospital, Cardiology, Denver, United States</td>
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<td>P 34.3.946 ANALYSIS OF THE PRIMARY OUTCOME FROM EARLY AGAINST LATE (&gt;24H) TRANSFERRING OF NEWBORN WITH ACUTE LUNG FAILURE INTO THE ECMO CENTRE</td>
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<td>Loersch F, Hermle D, Hien St, Kratz M, Schaible T</td>
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<td>P 34.3.1005 ECMO AND VAD IN PEDIATRIC CARDIAC DISEASE</td>
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<td>Davidson MG, Best DJ, Thuys C, Millar J, Butt W</td>
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<td>Paediatric Intensive Care Unit, Royal Children’s Hospital, Melbourne, Australia</td>
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<td>P 35.3.2 A STUDY OF CHILDREN RETRIEVED TO A TERTIARY HOSPITAL FOR VENTILATION AND EXTUBATED WITHIN SIX HOURS OF ADMISSION</td>
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<td>Cheater LS, Long DA, Coulthard MG, Royal Children’s Hospital, Paediatric Intensive Care Unit, Brisbane, Australia</td>
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<td>P 35.3.325 CLINICAL PROFILE AND OUTCOME OF PEDIATRIC BURNS IN A TERTIARY CARE BURN ICU IN PUNJAB, INDIA.</td>
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<td>Puneet Aulakh Pooni, Sanjeev Uppal, Daljit Singh</td>
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<td>P 35.3.373 PEDIATRIC EMERGENCY SERVICES: NEED OF THE HOUR IN REDUCING MORTALITY IN CRITICAL ILLNESS IN A DEVELOPING COUNTRY.</td>
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<td>Indumathy Santhanam, P. Priyamalini, R. Kulanthai Kasithuri, K. Githa, Institute of Child Health, Pediatric emergency Department, Chennai TN, India</td>
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<td>P 35.3.375 ADDITION OF IPRATROPRIUM BROMIDE IMPROVES OUTCOMES AMONG ASHMATIC CHILDREN IN AN URBAN EMERGENCY DEPARTMENT.</td>
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<td>Children’s Institute, Children’s Hospital, National University of Asuncion, Paraguay; University of Washington Schools of Medicine and Public Health &amp; Community Medicine, Seattle, Washington</td>
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<td>P 35.3.404 ASSESSMENT OF THE DIAGNOSTIC PROCESSES USED BY ER GENERAL PEDIATRICIANS ENCOUNTERING CRITICALLY ILL CHILDREN WITH DETERIORATING HEART CONDITION</td>
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<td>Takashi Ishihara, Kiyohi Ogawa, Kenji Hoshino, Akitumi Toyoda, Ryouta Saito, Akiko Hamaoka, Saitama Children’s Medical Center, Cardiology, Saitama, Japan</td>
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<td>P 35.3.430 HEAT STROKE IN CHILDREN : A CLINICAL EXPERIENCE FROM AN INDIAN TERTIARY CARE CENTRE</td>
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<td>Ebor J James, *, D.Vinodh, J.Scott, K.C.George, P. D.Moses P. Raghupathy, C. Kirubakaran</td>
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<td>Dept. of Child Health, Christian Medical College, Vellore</td>
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<td>P 35.3.454 QUALITY OF CARE OF CHILDREN IN THE EMERGENCY DEPARTMENT: ASSOCIATION WITH HOSPITAL SETTING AND PHYSICIAN TRAINING.</td>
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<td>Medrac Hammad, Nathan Kuppermann, Emily R Andrade, Patrick S Romano, James P Marcon, UC Davis Children’s hospital, Sacramento, United States</td>
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<td>P 35.3.617 FIVE YEAR EVALUATION OF INTOXICATIONS IN CHILDREN AND ADOLESCENTS IN TAMPERE UNIVERSITY HOSPITAL</td>
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<td>A.L Kuusela 1,2 N. Kailanto 2,3, 1Department of Paediatrics, Tampere University Hospital, Tampere, Finland 2Paediatric Research Centre, Medical School, University of Tampere, Tampere, Finland 3Department of Pharmacology and Toxicology, Faculty of Pharmacy, University of Kuopio, Kuopio, Finland</td>
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<td>P 35.3.722 THORACIC AND ABDOMINAL SEVERE BLUNT INJURY IN CHILDREN</td>
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<td>D.Gomes A.Tsalia, P.Bonou, P.Nikolaou, J.Papadatos.</td>
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<td>P 37.3.163 HYPERGLYCAEMIA AND INSULIN THERAPY IN UK PAEDIATRIC INTENSIVE CARE UNITS</td>
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<td>P Nayak, H Lang, *RC Parslow, KP Morris on behalf of PICS SG</td>
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<td>Department of Paediatric Intensive Care, Birmingham Children’s Hospital and *Department of Paediatric Epidemiology, University of Leeds</td>
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MEDICAL POSTER SESSIONS: P37/P39

TIME: 13.30 - 15.00

EXHIBITION HALL 1

P 37.3.426
DOES ADMISSION GLUCOSE LEVEL PREDICT MORTALITY AND MORBIDITY IN MEDICAL PICU POPULATION?
Demet Demirkol Soyuer, Metin Karabocugou, Banu Kucukemre, Agop Cihat, Raif Ucnel, Nedret Uzel, Istanbul University, Istanbul Faculty of Medicine, Department of Pediatric Intensive Care, Istanbul, Turkey

P 37.3.502
GUIDELINES FOR GLUCOCORTICOID USE IN THE PEDIATRIC INTENSIVE CARE UNIT (PICU): WHERE ARE WE?
JL Verhoefen, D. Mull, KFM Joosten, Erasmus MC / Sophia Children's Hospital, Pediatric Intensive Care Unit, Rotterdam, The Netherlands

P 37.3.739
HYPERGLYCEMIA AND GLUCOSE VARIABILITY INFLUENCE THE OUTCOME OF PEDIATRIC CRITICAL ILL PATIENTS.
Boza, Raquel, MD*, Baltodano, Arístides. MD
Pediatric Intensive Care Unit, Hospital Nacional de Niños Dr. Carlos Saenz, Dept of Pediatric Critical Care Medicine, University of Costa Rica

P 37.3.747
HYPERGLYCEMIA – THE MARKER OF ILLNESS SEVERITY IN CRITICALLY ILL CHILDREN
Dvorkik, P., Nosál, S., Kolarovsk ending
Pediatric Intensive Care Unit, University Hospital of Martin, Martin, Slovak Republic

P 37.3.766
GLUCOSE VARIABILITY AND SURVIVAL IN CRITICALLY ILL CHILDREN: ALLOSTASIS OR HARM?
Allysa Rake, Vijay Srinivasan, Vinay Nadkarni, Robert Kaptan, and Christopher Newth, Childrens Hospital Los Angeles, Anesthesiology/ Critical Care Medicine, Los Angeles, USA

P 37.3.773
GLYCEMIC LEVEL IN MECHANICALLY VENTILATED CHILDREN WITH BRONCHIOLITIS.
Ricardo G Branco, Robert C Tasker, University of Cambridge, Paediatrics, Cambridge, United Kingdom

P 37.3.859
SHOULD HYPERGLYCEMIA IN CRITICALLY ILL CHILDREN BE TREATED?
MH. Perez, L. Racine-Parret, S. Di Bernardo, P. Stucki, J. Cotting. Pediatric intensive care unit, CHUV, Lausanne, Switzerland

P 37.3.888
INFECTIONS AND GLUCOSE HOMEOSTASIS IN A POSTOPERATIVE PAEDIATRIC CARDIAC UNIT
Székely E, Sápi É, Cserep Zs, Héthársi B, Székely A, Fischer K, Hartvánszky I, Szatmári A., Gottsegen György Hungarian Institute of Cardiology, Congenital Heart Surgery, Postoperative PICU, Budapest, Hungary

P 37.3.967
IMPLEMENTATION OF GLYCEMIC CONTROL IN A PICU IN SOUTH AMERICA.
P. Garcia, LP Xavier, RG Branco, JP Piva, T Alquati, E Baldasso, L Foletto, MC Effert, B Lisboa. Pontificia Universidade Católica do RS (PUCRS), Pediatric ICU, Medical School, Hospital São Lucas, Porto Alegre- RS, Brazil

P 37.3.3
NEUROSCIENCE: BRAIN INJURY MANAGEMENT
Facilitator: Bendicht Wagner, Switzerland

P 39.3.3
HYPERTONIC SALINE TREATMENT IN CHILDREN WITH CEREBRAL EDEMA
Videllas D, Altunsbasak S, Celik U, Herguner O, Çukurova University Faculty Of Medicine, Pediatric Intensive Care, ADANA, Turkey

P 39.3.135
OUTCOME AFTER DECOMPRESSIVE CRANIECTOMY IN PEDIATRIC CLOSED TRAUMATIC BRAIN INJURY
Bonito C., - Vasi.le B. - Molinaro MS., Spedali Civili Brescia, Pediatric Intensive Care, Brescia, Italy

P 39.3.216
DECOMPRESSIVE CRANIECTOMY IN CHILDREN: OUR EXPERIENCE
Racine L, Perez MT., Stucki P, Loir J, De Ribaupierre S, Di Bernardo S, Cotting J, CHUV, PICU, Lausanne, Switzerland

P 39.3.342
KETAMINE (KETALAR) DECREASES INTRACRANIAL PRESSURE IN CHILDREN WITH INTRACRANIAL HYPERTENSION
G. Bar-Joseph, Y. Guilbord, T. Arzomarov, E. Hershman, M. Halbbrhal, J. Guilbord, Meyer Children’s Hospital, Rambam Medical Center, Pediatric Intensive Care, Haifa, Israel

P 39.3.374
DECOMPRESSIVE CRANIECTOMY FOR SEVERE TRAUMATIC BRAIN INJURY IN CHILDREN WITH REFRACTORY INTRACRANIAL HYPERTENSION. ACUTE AND 6 MONTHS FOLLOW-UP RESULTS.
Albano LC, Baltodano, Aristides MD, El Palomar – Moron, Argentina

P 39.3.406
HYPERTONIC SALINE BOLUS INFUSIONS IN PEDIATRIC SEVERE TRAUMATIC BRAIN INJURY: EFFECTS ON CEREBRAL PERFUSION PRESSURE AND CEREBROVENOUS OXYGEN SATURATION
Joens A, Fichtner A, Wagner B, Bachmann D, Beger S, Children’s Hospital, University of Berne Surgical Pediatrics, Berne, Switzerland

P 39.3.438
PHARYNGEAL SELECTIVE BRAIN COOLING - CONDUCTIVE OR BLOOD HEAT TRANSFER?
F. Kipfmüller, M. Maegele, P. Herrmann, B. Sanganalhadi, D. Coman, H. Doll, F. Hydro, H. Trüeb, University Witten/Herdecke, HELIOS-Hospital, Pediatrics, Wuppertal, Germany

P 39.3.442
DIFFERENT SELECTIVE BRAIN COOLING MODES - PHARYNGEAL VS. EXTERNAL APPROACH
H. Trüeb, F. Kipfmüller, M. Maegele, R. Lefering, Herrmann, F. Hydro, University Witten/Herdecke, HELIOS-Hospital, Pediatrics, Wuppertal, Germany
WEDNESDAY, JUNE 27, 2007 – MEDICAL POSTER SESSIONS PART 1

**TIME**  
13.30 - 15.00

**EXHIBITION HALL 1**

1. **P 39.3.522**  
DECOMPRESSIVE CRANIECTOMY: DECISION AND EVOLUTION IN PEDIATRIC INTENSIVE CARE  
Edmundo Santos, Marisa Vieira, Elisa Santos, Manuela Correia, Hospital de Santa Maria, Pediatric Intensive Care Unit, Lisbon, Portugal

2. **P 39.3.601**  
TRAUMATIC BRAIN INJURY IN PICU  
Volkali A, Kotsiou M, Volaki H, Stathopoulos Th, Panagiotidou B, Sidouga M

3. **P 39.3.769**  
DIFFERENT BLOOD FLOW PATTERN IN PHARYNEAL vs. EXTERNAL SELETIVE BRAIN COOLING  
H. Trüb, M. Maegle, R. Lefering, F. Kipfmüller, F. Hyder, P. Herman, University Witten/Herdecke, HELIOS-Hospital, Pediatrics, Wuppertal, Germany

4. **P 39.3.877**  
IMPACT OF HEAD OF BED ELEVATION ON INTRACRANIAL PRESSURE IN HEAD INJURED CHILDREN: DEVELOPMENT OF A MATHEMATICAL MODEL  
Rachel S Agbeko, Sean Pearson, Mark J Peters, Brahman Goldstein, James McNamara, Great Ormond Street Hospital, Paediatric Intensive Care Unit, London, United Kingdom

5. **P 39.3.891**  
LAMOTRIGINE IS NEUROPROTECTIVE IN THE MPTP MITOCHONDRIAL DISEASE MODEL IN MICE  
P. Casademau, E. Lagnue, P. Gressens, L. Tabone, S. Chalon, CHU Clocheville & INSERM 619, Pediatric Neurology, France

6. **P 39.3.894**  
REFRACTORY STATUS EPILEPTICUS (RSE) AND CONTINUOUS EEG MONITORING (cEEGM): CLINICAL EXPERIENCE  
Castillo A, Silva I, Valle P, Carrasco JA, Cordova G, Mardones M, Rodriguez JI, Pontificia Universidad Catolica de Chile, Pediatric Intensive Care Unit, Santiago, Chile

7. **P39.3.957**  
HIGH DOSE INTRAVENOUS STEROIDS IN THE MANAGEMENT OF SUSTAINED REFRACTORY STATUS EPILEPTICUS  
Namrata Shah, MD, FRCPC; Frances Booth MD, FRCPC; Charuta Joshi MD, FRCPC; Samir Shah MD, FRCPC, University of Manitoba, Pediatrics and Child Health, Winnipeg, Canada

8. **P 39.3.1008**  
MANAGEMENT OF SEVERE TRAUMATIC BRAIN INJURY (TBI) IN CHILDREN IN A PEDIATRIC ICU COMPARED TO ADULT NEUROSURGICAL ICU  
Field-Ridley, Aida1; Taha, Amina2; Tiras, Kathryn1; Montalban, Enoch2; Mathur, Madhi1; INSTITUTIONS (ALL): 1. Loma Linda University Children’s Hospital, Loma Linda, CA, USA. 2. Loma Linda University School of Nursing, Loma Linda, CA, USA.

**P40**

**ANALGESIA AND SEDATION: DRUGS**  
Facilitator: Walid Habre, Switzerland

9. **P 40.3.11**  
RANDOMISED CONTROLLED TRIAL OF SEVOFLURANE FOR INTUBATION IN NEONATES  
S Hassid, C. Nicaise, F. Michel, Hôpital Nordrénovation Neonatelle Et Pédiatrique Polyvalente, Marseille, France

10. **P 40.3.39**  
THE APPLICATION OF DEXMEDETOMIDINE FOR THE CHILD SEDATION DURING THE PROCEDURE AND THE CLIN  
Yoshio Sakurai, Masanori Tamura, Saitama Medical Center, Saitama Medical University, Dept. of Pediatrics, Kawagoe, Saitama, Japan

11. **P 40.3.93**  
INDEPENDENT USE OF KETAMINE BY NURSE PRACTITIONERS FOR PEDIATRIC PROCEDURAL SEDATION  
Janice E Sullivan MD, Kara Walls APRN, John W Berkenbosch MD, University of Louisville, Pediatrics, Louisville, United States

12. **P 40.3.146**  
THE EFFECT OF PARALYSIS ON OPIATE DOSING IN THE PICU  
Joan Sanchez de-Toledo, Prashant Joshi, Christopher Heard, Women & Children’s Hospital of Buffalo, Pediatric Critical Care, Buffalo, NY United States

13. **P 40.3.147**  
IMPACT OF BENZODIAZEPINES ON OPIATE REQUIREMENTS IN THE PICU  
Joan Sanchez de-Toledo, Prashant Joshi, Christopher Heard, Women & Children’s Hospital of Buffalo, Pediatric Critical Care, Buffalo, NY United States

14. **P 40.3.148**  
PROPOFOL USE IN THE PICU: EFFECT ON OPIATE DOSING  
Joan Sanchez de-Toledo, Prashant Joshi, Christopher Heard, Women & Children’s Hospital of Buffalo, Pediatric Critical Care, Buffalo, NY United States

15. **P 40.3.160**  
DEXMEDETOMIDINE USE IN A PEDIATRIC CARDIAC INTENSIVE CARE UNIT: CAN WE SAFELY USE IT IN INFANTS AFTER CARDIAC SURGERY?  
Constantinos Chrysostomou, Tracy Avolio, Richard On, Donald Berry, Victor Morell, Ricardo Munoz, Children’s Hospital of Pittsburgh, Pediatrics, Pittsburgh, PA, United States
TIME
13.30 - 15.00
EXHIBITION HALL I

P 40.3.540
THE EFFICACY OF THE INFILTRATION OF LOCAL ANESTHETIC AGENTS TO THE INCISIONAL SITE FOR POST OPERATIVE PAIN
Ohmori Mutsuko, Himeji Red Cross Hospital, Anesthesiology, Himeji, Japan

P 40.3.581
SEDATION WITH HALOPERIDOL IN CRITICALLY SICK PEDIATRIC PATEINETS
Dr Narendra Ranota, Dr Vivek Sharma, Dr Neeraj Mathur

P 40.3.615
REQUIRED TIMES AND DOSES FOR SEDOALGESIA WITH PROPOFOL AND FENTANYL FOR PAINFUL PROCEDURES IN 1000 CHILDREN.
Jimenez A, Valdivielso A, Porto R, Hospital Universitario Niño Jesús, Pediatric critical Care Unit, Madrid, Spain

P 40.3.634
SEDATION WITH HALOPERIDOL IN CRITICALLY SICK PEDIATRIC PATEINETS
Jimenez A, Valdivielso A, Gallardo I, Rios A, Hospital Universitario Niño Jesús, Pediatric Intensive Care Unit, Madrid, Spain

P 40.3.930
PATIENT CONTROLLED ANALGESIA BY PROXY- AN INTERIM ANALYSIS OF A NATIONAL SURVEY
Nelson, K L, Yaster M, Corridore, M, Kost-Byerly, S, Greenberg, R, Hunt, EA, Monitto, CL, Johns Hopkins School of Medicine, Anesthesia and Critical Care Medicine, Baltimore, United States

P 41.3.145
HOW DOES PARENTS GATHER INFORMATION ABOUT PREMATURITY : INTERNET USE AND OTHER INFORMATION SOURCES”
Audeoud Frederique, Universitary Hospital La Tronche, Nicu, Grenoble, France

P 41.3.328
PHYSICAL AND DEVELOPMENTAL OUTCOME OF CHILDREN WITH SEVERE ANATOMICAL CONGENITAL ANOMALIES, A PROSPECTIVE COHORT ANALYSIS
S.J. Gichler, MD, P. Mazer, MSc, M. van Dijk, PhD, D. Tibboel, MD, PhD, Erasmus MC Sophia Children’s Hospital, Pediatric Surgical ICU, Rotterdam, The Netherlands

P 41.3.329
TELEPHONE HELPLINE CONSULTATION FOR PARENTS OF CHILDREN WITH CONGENITAL ANOMALIES
S.J. Gichler, MD, P. Mazer, MSc, D. Tibboel, MD, PhD, M. van Dijk, PhD, Erasmus MC Sophia, Children’s Hospital, Pediatric Surgical ICU, Rotterdam, The Netherlands

P 41.3.708
SPIRITUAL & RELIGIOUS THEMES IN INTENSIVE CARE PROVIDERS
ID Todres MD, EA Catlin MD, N Noviski MD, M Wang MD, C Stults MA, Massachusetts General Hospital, Pediatrics, Boston, United States

P 41.3.720
PSYCHOLOGICAL STRESS DURING PREGNANCY AND STILLBIRTH
Kirsten Wisborg & Tine Brink Henriksen, Aarhus University Hospital, Dept. of Pediatrics, Neonatal Intensive Care Unit, Aarhus, Denmark

P 41.3.821
SATISFACTION WITH CARE AND STRESS IN FAMILIES OF CRITICALLY ILL PEDIATRIC PATIENTS.
Singhi S, Malhi P, M Jayashree, Singh P, PGIMER, Pediatrics, Chandigarh, India

P 42.3.233
HOSPITAL SURVIVAL FOR PEDIATRIC HEMATOPIETIC STEM CELL TRANPLANTATIONS 1997, 2000 AND 2003
Bratton SL, Van Duker H, Keenan HT, Fulopsher M, McArthur J, Statler KS, University of Utah Pediatric Critical Care Medicine, Salt Lake City, United States

P 42.3.562
MORTALITY TRENDS IN PAEDIATRIC STEM CELL TRANSPLANTATION RECIPIENTS ADMITTED TO THE INTENSIVE CARE
JPJ van Gestel, CW Bollen, JJ Boeijens, JAI van Vught, University Medical Centre Utrecht, Paediatric Intensive Care Unit, Utrecht, Netherlands

P 42.3.671
USE OF LEUCOPHERESIS IN REDUCING THE BLASTIC CELL BURDEN
Pinar Gunes, Benan Bayrakci, Selin Aytac

P 42.3.689
IMPROVED OUTCOME OF PEDIATRIC BONE MARROW TRANSPLANT RECIPIENTS REQUIRING MECHANICAL VENTILATION
Aspesbergo F, Brogan TV, Roberts JS, University of Washington, Pediatrics, Seattle, United States

P 42.3.692
TEN YEARS OF SICKLE CELL DISEASE IN A PORTUGUESE PEDIATRIC INTENSIVE CARE UNIT
C Mendes, C Silvestre, C Abadescos, E Almeida, H Lourreiro, A Dias, H Almeida, Hospital Fernando Fonseca, Pediatric Intensive Care Unit, Amadora-Lisbon, Portugal

P 42.3.922
POSTERIOR REVERSIBLE LEUOCENCEPHALOPATHY SYNDROME IN PATIENTS RECEIVING IMMUNOSUPPRESSIVE TREATMENT
T Tobler, S Torres, A Siapa, P Petracco, E Monteverde, E Schnitzler, Hospital Universitario Austral, Pediatric Intensive Care, Pilar, Argentina
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<tr>
<th>TIME</th>
<th>MEDICAL POSTER SESSIONS: P44/P46</th>
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<td>13.30 - 15.00</td>
<td>EXHIBITION HALL 1</td>
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**P44**  
**METABOLICS/PHARMACOLOGY: PHARMACOLOGICAL AND METABOLIC ISSUES IN CRITICALLY ILL CHILDREN**  
Facilitator: Philippe Jouvet, Canada

1. **P 44.3.56**  
   PREVENTION OF WITHDRAWAL MOVEMENT ASSOCIATED WITH INJECTION OF ROCURONIUM IN CHILDREN  
   Ak-Young Oh, Kwang-Suk Seo, Eui-Kyoung Goo, Jung-Won Hwang, Jin-Hee Kim; Seoul National University Bundang Hospital, Anesthesiology and Pain Medicine, Seongnam-si, South Korea

2. **P 44.3.79**  
   METHYLPRERISOLONE, T-LYMPHOCYTES AND HLA-DR+ MONOCYTES IN CHILDREN AFTER VENTRICULAR SEPTAL DEFECT  
   S. Goseck, A. Ihan, J. Primo, Z. Zalai, M. Kosin, J. Osredkar, G. Gmeiner; University Medical Centre, Pediatric Surgery and Intensive Therapy and Institute of Microbiology and Immunology, Ljubljana, Slovenia

3. **P 44.3.201**  
   BLOOD GAS ANALYSIS AGREEMENT BETWEEN ARTERIAL AND CAPILLARY BLOOD SAMPLE IN CRITICALLY ILL CHILDREN  
   Dzulfikar Djali, Dadang Hudaya Somasetia, Enny Hartliany Alwi, Iva N Fitrya, Padjadjaran University, Pediatric, Bandung West-Java, Indonesia

4. **P 44.3.354**  
   VERY HIGH LEVELS OF TACROLIMUS IN TWO HEART TRANSPLANT PATIENTS LESS THAN TWO MONTHS OLD  
   ME. Samson, AL. Lapeyraque, Y. Theoret, N. Poulier, B. Nguyen, C. Drouin and C. Lilien ; Hôpital Sainte-Justine, Pediatric Critical Care, Montreal, Canada

5. **P 44.3.527**  
   EVALUATING THE SAFETY AND EFFICACY OF THE GLUCOMMANDER, A COMPUTER-BASED METHOD OF INSULIN INFUSION, IN MANAGEMENT OF PEDIATRIC DIABETIC KETOACIDOSIS  
   Umesh Narsinghani MD, Amber Fort DO, MPH; Frank Bowyer MD; Medical Center of Central Georgia, Pediatrics, Macon, United States

6. **P 44.3.616**  
   THE INFLUENCE OF CORTICOSTEROID USE ON INSULIN THERAPY FOR HYPERGLYCAEMIA IN CRITICALLY ILL CHILDREN  
   JJ Verhoeven, SB Brand, MM van der Polder, KFM Joosten; Erasmus MC-Sophia, Pediatric Intensive Care Unit, Rotterdam, The Netherlands

**P46**  
**ORGANIZATION: ERROR REDUCTION**  
Facilitator: Bernhard Frey, Switzerland

1. **P 46.3.134**  
   IMPROVING WRITTEN ORDERS IN THE PICU  
   Lloyd Cupido, Duffett, Page, Middleton, Chillany, Wise; McMaster Children’s Hospital, Pediatric Critical Care, Hamilton, Canada

2. **P 46.3.313**  
   PREVENTABLE ADVERSE EVENTS IN CRITICALLY ILL CHILDREN  
   Larsen CV, Donaldson AE, Parker H, Grant MJ; Primary Children’s Medical Center (University of Utah), Pediatric Critical Care, Salt Lake City, United States

3. **P 46.3.621**  
   IATROGENIC EVENTS IN A PEDIATRIC INTENSIVE CARE UNIT  
   G de la Gastine, B de la Gastine, N Lelouze, N Mavoka-Iasama, M Jolic ; UHC of Caen, Caen, France

4. **P 46.3.969**  
   ADVERSE EVENTS MONITORING SURVEILLANCE – A FUNDAMENTAL SURVEILLANCE FOR HEALTH QUALITY  
   Juanda, Homi JyG; Tonelotto, Jaqueville, Lebrão, Cibele Wolff, H.N.S Penha / H. M. Tatuapé, U6 Pediatrica E Neonatal, São Paulo, Brazil

5. **P 46.3.974**  
   ERROR REDUCTION IN PARENTERAL NUTRITION. IMPACT OF A NEW PEDIATRIC SPECIFIC SOFTWARE AND NUTRITIONIST SUPERVISION  
   Toussaint G1, Pinzón A1, Carrillo HA2, Vivanco N1, Jarillo AE2; Hospital Infantil de Mexico, Nutrition, Mexico

**P47**  
**ORGANIZATION: EDUCATIONAL MODELS / TEACHING**  
Facilitator: Robert Tasker, UK

1. **P 47.3.88**  
   PEDIATRIC MECHANICAL VENTILATION COURSES. SPAIN’S EXPERIENCE  
   López, Pilar J, Medina A, López-Herce J, Pons M, Balcells J, Martinon F, García JA, Modesto V; Hospital Cruces, PICU, Barcaldo, Vizcaya, Spain
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Mohan Mysore, Francisco Cunha, Mary Leth-Lai, Ken Tegtmeyer, Norbert Lutsch, Heinrich Werner, Ana Carvalho; Children’s Hospital, Pediatric Critical Care, Omaha, Nebraska and Wayne State University School of Medicine, Detroit, Michigan, United States and Hospital S. João, Porto, Portugal

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Korinne Van Keuren RN MS, Barry Grenier BA RRT, Peter Weinstock MD PhD; Children’s Hospital of Boston, Medical Surgical Intensive Care Unit, Boston, United States

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Facilitator: Oskar Baenziger, Switzerland

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Hong Kong¹, Chang-luan Zhu¹, Men-qing Kang¹, Li-ling Jia¹, Dong Liu¹, Xiao-yan Wang¹
¹Department of Neonatology of Zhengzhou Children’s Hospital, Zhengzhou 450053.
²Department of Pediatrics, the Third Affiliated Hospital of Zhengzhou University, Zhengzhou 45002)

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A N J Schouten, C W Bollen, A J Van Vuith, C H Ferrier, A C Van Hufvelen; University Medical Center Utrecht, Department of Perinractive Care and Emergency, Utrecht, The Netherlands

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HU Bucher, JC Fauchère, C Danie, R Vonthein, S Arri, B Koller, Clinic for Neonatology, University Hospital, Zurich, Switzerland

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B Vasilevic, O Antonic, M Gajnic, S Maglagic, Institute of Gynecology&Obstetrics, University Citi Neonatology, Belgrade, Yugoslavia

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Maria Livia Ognean, Antoniea Popescu, Nora Silaghy, Clinical Hospital Sibiu, Neonatology, Sibiu, Romania

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Kammerl A, Bert B, Bercker S, Bittigau P, Dreykuft C, Weise M, Fink H, Kerner T, Institute of Pharmacology and Toxicology, School of Veterinary Medicine, Berlin, Germany

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S J Amr, M Wolf, JC Fauchère, H U Bucher, University Hospital Zurich, Clinic of Neonatology, Zurich, Switzerland
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Facilitator: Victor Olivar, Mexico

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  THERAPEUTIC HYPOThERMIA IN CHILDREN: TO COOL OR NOT TO COOL?
  Hachimi-Idrissi S, Vermeire N, Huybens L, AZ-VUB, Critical care Department, Brussels, Belgium

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  Tym Lo, F Reynolds, Birmingham Children's Hospital, Paediatric Intensive Care Medicine, Birmingham, United Kingdom

- P 36.3.368
  PERCUtANEOUS SUBCLAVIAN VEIN CATHETERIZATION IN CHILDREN UNDER 10 KG
  Franco Díaz, Alejandro Donoso, Jorge Camacho, Pablo Cruces, Jose Leon, Padre Hurtado Hospital, PICU, Santiago, Chile

- P 36.3.391
  NEW FORMULAE FOR PREDICTING TRACHEAL TUBE LENGTH
  Playfor SD, Lau N, Royal Manchester Children’s Hospital, Paediatric Intensive Care Unit, Manchester, United Kingdom

- P 36.3.445
  A COMPARISON OF THE LARYNGEAL MASK AIRWAY WITH FACEMASK AND OROPHARYNGEAL AIRWAY FOR MANUAL VENTILATION BY CRITICAL CARE NURSES IN CHILDREN
  JA Rechner, MT Ai, John Radcliffe Hospital, Nuffield Department of Anaesthetics, Oxford, United Kingdom

- P 36.3.690
  COMPARISON OF BLOOD PRESSURE MEASUREMENT METHODS IN THE PEDIATRIC INTENSIVE CARE UNIT
  Holt Tanya, Withington Davinia, Mitchell Ellen, Dube Sebastien, University of Saskatchewan, Pediatric Critical Care, Saskatoon, Canada

- P 36.7.06
  PARENTERAL BASE THERAPY IN ACUTE SEVERE PEDIATRIC ILLNESS
  Melissa J. Parker, Christopher S. Parshuram, The Hospital for Sick Children, Critical Care Medicine, Toronto, Canada

- P 36.7.356
  PEDIATRICIAN EXPERIENCE AND MISCONCEPTIONS REGARDING INSERTION AND USE OF INTRAOSSEOUS NEEDLES IN CHILDREN
  Nicole Shilkofski, MD; Kristen Nelson, MD, Elizabeth Hunt, MD, MPH, Johns Hopkins Hospital, Anesthesiology and Critical Care Medicine, Baltimore, Maryland, USA

- P 36.8.892
  OUTCOME OF PATIENTS REFERRED FOR SPECIALIST MANAGEMENT OF PERSISTENT PULMONARY HYPERTENSION OF THE NEWBORN (PPHN) – DOES THE RETRIEVAL MAKE A DIFFERENCE?

- P 36.9.935
  CORRECTION OF HYPERNATREMIA IN A PICU
  Cardoso B, Silvestre C, Abadesso C, Almeida E, Loureiro H, Almeida H, Fernando Fonseca Hospital, PICU - Pediatric Department, Amadora, Portugal

- P 36.1.201
  HYPERBARIC OXYGEN TREATMENT OF SEVERE INTRA-ABDOMINAL INFECTIONS AND COMPLICATIONS IN CHILDREN
  Johan Uusijärvi, Agneta Larsson, Folke Lind, Jan Rutqvist, Paediatric Anaesthesia & Intensive Care, Karolinska University Hospital Solna, Sweden

- P 36.1.202
  HYPERBARIC OXYGEN (HBO) TREATMENT OF POST-OPERATIVE INFECTIONS IN PEDIATRIC SPINE PATIENTS; LONGTERM FOLLOW-UP
  Agneta Larsson, Helena Saraste, Johan Uusijärvi, Bengt Gustafsson, Folke Lind, 1) Dept. of Neurosurgery, 2) HBO Anaesthesia & Intensive Care, 3) Dept of Orthopedics, Karolinska University Hospital, Sweden

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**ORGAN FAILURE: TRANSPLANTATION**
Facilitator: Denis Devictor, France

- P 38.3.389
  FEATURES PREDICTING NEED FOR TRANSPLANTATION IN HEPATOBLASTOMA
  O’Antiga L, Vallortigara F, Cillo U, Rugge M, Zancan L, De Salvo GL, Perilongo G, University of Padova, Italy, Paediatrics, Padova, Italy

- P 38.3.447
  ORTHOTOPIC LIVER TRANSPLANTATION (OLT) IN CHILDREN WITH ACUTE LIVER FAILURE(ALF)

- P 38.3.449
  LIVER TRANSPLANTATION IN CHILDREN. TEN YEARS OF EXPERIENCE
  Dalmazzo R, Cordero J, Buckel E, Uribe M, Ferrario M, Valverde C, Godoy J, et al., Clinica las Condes/Hospital Luis Calvo Mackenna, Intensive Care, Santiago, Chile

- P 38.3.450
  MOLECULAR ADSORBENT RECIRCULATING SYSTEM (MARS) AND NONCOMPATIBLE LIVER TRANSPLANT IN ACUTE LIVER FAILURE(ALF)
  Valverde C, Dalmazzo R, Cordero J, Buckel E, Uribe M, Ferrario M, Godoy J, Hunter B, et al; Clinica Las Condes/Hospital Luis Calvo Mackenna, Intensive Care, Santiago, Chile

- P 38.3.565
  SUCCESSFUL AB0-INCOMPATIBLE HEART TRANSPLANTATION IN INFANTS
  Loefl M, Diterich J, Egemen N, Schmoeckel M, Wittmann G, Christ F, Kozlik R, Daebrizt S, Netz H, University Hospital Grohthaldern, Pediatric Cardiology and Intensive Care Medicine, Munich, Germany
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<td><strong>P 43.3.660</strong>&lt;br&gt;IMPACT OF CURRENT TREATMENT PROTOCOL ON SURVIVAL OF HIGH-RISK PATIENTS WITH ISOLATED CONGENITAL DIAPHRAGMATIC HERNIA (CDH) – EXPERIENCE WITHOUT EXTRACORPOREAL MEMBRANE OXYGENATION&lt;br&gt;Grizelj R, Vukovic J, Filipovic-Gracic B, Hlupic Lj, Antabak A, Luetic T, Batinica S</td>
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P 43.3.864
REVIEW OF THE INTENSIVE CARE MANAGEMENT OF INFANTS WITH CONGENITAL DIAPHRAGMATIC HERNIA
Mettauer N., Petros A.J., Pierce C.M., PICU, Great Ormond Street Hospital, London WC1N 3JH

P 43.3.947
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A. Suess-Grafeo, T.Schaible

P 43.3.954
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Maissa Rayyan, Karel Allegaert, Hugo Devlieger, Neonatal Intensive Care Unit, Neonatology, Leuven, Belgium

P 43.3.993
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I.E. Popova, V.G. Artyukhov, S.G. Rezvan, K.V. Panichev, Voronezh State University
Chair of Biophysics and Biotechnology, Russian Federation

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Facilitator: TBN

P 45.3.165
RECOMBINANT ACTIVATED FACTOR VII FOLLOWING PAEDIATRIC CARDIAC SURGERY
Sharmila Kylasam1, Boyd Webster2, Richard Chard3, Jonathan Egan1*. 1Paediatric Intensive Care Unit, The Children's Hospital at Westmead, Sydney, Australia
2Haematology Department, The Children's Hospital at Westmead, Sydney, Australia
3Adolph Basser Cardiac Institute, The Children’s Hospital at Westmead, Sydney, Australia

P 45.3.285
RED CELL TRANSFUSIONS IN THE INTENSIVE CARE UNIT
D. G. Markhorst, F. B. Plötz, M. van Heerde, M. C. J. Kneyber, VU medical center, pediatric intensive care unit, Amsterdam, Netherlands

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Tamayo, Lilian; Ty, Florentina; De Castro Reynaldo; Latayan, Jonah, Philippine Children's Medical Center, Pediatric Icu, Quezon City, Philippines

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Reis, M.A.; Felix, R.J.S.; Góes, P.F.; Hain, S.H.; Ventura, A.M.C.; Barreira, E.R.; Souza, D.C., University of Sao Paulo - University Hospital, Pediatric Intensive Care Unit, Sao Paulo, Brazil

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RED BLOOD CELL TRANSFUSION PRACTICE IN A PEDIATRIC INTENSIVE CARE UNIT
Cibele Mendes, Eduardo Juan Troster, University of São Paulo, Pediatric Intensive Care Unit, São Paulo – SP, Brazil

P 45.3.759
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Dra Medina C. Luz E, Dr. Arguero S. Ruben, Dr. Careaga R.Guillermo, IMSS, Terapia Post quirurgica, Mexico

P 45.3.904
OUR EXPERIENCES WITH RECOMBINANT ACTIVATED FACTOR VIA IN CHILDREN WITH SEVERE BLEEDING
Fedor, M., Murgas, D., Zibolen, M., DurdiK, P, Nosal, S., University Hospital in Martin, Pediatric intensive care unit, Martin, Slovak Republic
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13.30 - 15.00

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ADVANCED NURSING PRACTICE
Chair: Fiona Lynch, UK

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D. Danschutter, AZ VUB, Brussels, Belgium; F. Braet, Key Centre for Microscopy and Microanalysis, Sydney, Australia; E. Van Gysen, Leuven, Belgium

NP 8.3.84
Cost-Effectiveness of a Closed Endotracheal Suction System in Mechanically Ventilated Children
Augustus ME; Joosten KFM; Erasmus MC-Sophia Children’s Hospital, Rotterdam, The Netherlands

NP 8.3.87
A Study of Paediatric High Dependency Care (HDC) in Yorkshire: The Relationship Between the Level of Care and the Skill Mix of Nursing and Medical Staff.
Rushforth K, Milner M, Darowski M.; The Leeds Teaching Hospitals NHSTrust, Paediatric Intensive Care, Leeds, United Kingdom

NP 8.3.108
Ultrasound to Intravascular Access: Advancing Nursing Practice to Promote Patient Safety.
Carvalho PS, Pedreira MLG, Pettengill MAM, Peterlini MAS, Kusahara DM.; Federal University of São Paulo, Nursing, São Paulo, Brazil

NP 8.3.217
Optimizing Patient Safety through Standardized Provider Handoffs
Sandra Staveski RN, MS, PNP, CCRN; Jennifer Childrey RN, MS, CPNP; Kit Leong RHIT, CPHQ; Paul Share; Lucile Packard Children’s Hospital at Stanford, Cardiovascular ICU, Oakland, United States

NP 8.3.226
The National Workgroup Pediatric Intensive Care in the Netherlands: A Contribution to Care
TD van Geest; UMC Utrecht, Pediatric Intensive Care, Amersfoort and E. Walraven; UMC Groningen, Groningen, The Netherlands

NP 8.3.345
Postural Support in Preterm Newborn Infants
Talitha Comaru; Miura Ermani; Universidade Federal do Rio Grande do Sul, Università di Bologna, Porto Alegre, Brazil

NP 8.3.371
Implementation of an Insulin Protocol to Treat Hyperglycaemia in the Paediatric Intensive Care Unit
SB Brand, MM van de Polder, JF Verhoeven, KFM Joosten; Department of paediatric intensive care, Erasmus MC-Sophia Children’s Hospital, Rotterdam, The Netherlands

NP 8.3.483
A Pocket Reference Booklet for PICU Nurses
Bruce Wicksteed; Princess Margaret Hospital for Children, Paediatric Intensive Care, Perth, Australia

NP 8.3.488
Multiple Infusion Therapy in PICU – Confronting the Challenge
Scott Stokes; Royal Childrens Hospital, Paediatric Intensive Care Unit, Melbourne, Australia

NP 8.3.525
Nursing Needs of Children with Ventricular Assist Devices
Forster K, Cassidy, J, Freeman Hospital, PICU, Newcastle Upon Tyne, United Kingdom

NP 8.3.530
Not Being Able to Live Like Before: The Family Dynamics During Pediatric Liver Transplantation Experience
Mendes, Anci; Bouso, Rs; University Of Sao Paulo, School Of Nursing, Sao Paulo, Brazil

NP 8.3.539
Improving Nursing Services in Pediatric and Neonatal Intensive Care at the Shanghai Children’s Hospital
Chen Fei, qizheng Jiang, Jialing Chen, guoling Teng; Latour J.

NP 8.3.715
360 Degree Feedback on the Role of Advanced Nurse Practitioners in PICU at a Tertiary Paediatric Centre in the UK
Seifen G; RLCH NHS Trust, PICU, Liverpool, United Kingdom

NP 9

NURSING OUTCOME AND ORGANISATION
Chair: Josee Gaudreault, Canada

NP 9.3.104
Collecting National Data for Clinical Audit: the Paediatric Intensive Care Audit Network in Great Britain
Roger C Parslow, Patricia A Mckinney, Elizabeth S Draper, Krishnan Thiru; University Of Leeds, Paediatric Epidemiology Group, Leeds, United Kingdom

NP 9.3.207
Innovations in Clinical Support and Staffing Within Paediatric Intensive Care
Elsworth C; Bailey C, Ellicott K, Murphy J, Smith C, Stretton S, Winnill, H.; Birmingham Children’s Hospital NHS Trust, Paediatric Intensive Care Unit, Birmingham, United Kingdom
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IMPLEMENTATION OF THE COMFORT©NEO SCALE FOR ASSESSING PAIN IN NEWBORNS  
P.L. van Deventer-Brunner RN, J.J. Duvekot MD PhD, S.M.D. Vetmaat MSc; Erasmus MC-Sophia Children’s Hospital, Department of Pediatric Surgery, SK 1278, Rotterdam, The Netherlands

**NP 9.3.266**  
NO TIME FOR NURSING RESEARCH ON A BUSY ICU? NONSENSE!  
Inge van ’t Wout, Dick Tibboel, Monique van Dijk; Erasmus MC-Sophia Children’s Hospital, Rotterdam, The Netherlands

**NP 9.3.344**  
OPENING NEW PICU BEDS REQUIRES A MULTIFACETED STRATEGIC PLAN  
Aimee Lyons RN, MSN, Dina Juhasz RN, BSN, Kathy Easley BS, Patricia Meehan RN, Kammy Marine RN, BSN; Children’s Hospital Boston, Boston, MA, USA

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Patricia Meehan RN; Kathleen Marine RN, BSN, Aimee Lyons RN, MSN, Martha A.Q. Curley RN, PhD; Children's Hospital Boston, Boston, MA, USA

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Erik G.H. Peters RN, RSCN, CCRN, Jansen J.G.; 1 Michael G.H.M Hofstee RN, CCRN, 2, Jaap Snoep MSc, 2, Anneke Hugen RN. RSCN, CCRN, 3, Casper W. Bollen MD, PhD; 1 Pediatric Intensive Care Unit, Wilhelmina Children’s Hospital, University Medical Center Utrecht, The Netherlands 2 General Intensive Care Unit, University Medical Center Utrecht, the Netherlands 3 Neonatal Intensive Care Unit, Wilhelmina Children's Hospital, University Medical Center Utrecht, the Netherlands

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P. Taheri, Z. Ghazavi, D. Dehghan, Dr. I. Hagh shenas; Isfahan Medical sciences University, Faculty of Nursing & Midwifery Paediatrics group, Esfahan, Iran

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Christian C, Sefton G, Tume L; RLCH NHS Trust, PICU, Liverpool, United Kingdom

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C. van Ganzewinkel, National Studygroup for Pain in NICU’s, Veldhoven; G. Stigter, National Studygroup for Pain in NICU’s, Leiden; Z. Hannink, National Studygroup for Pain in NICU’s, Zwolle, The Netherlands

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Solomon J.C., Mclean J.I., Hall. L, Nichani S. Leicester Picu Services; United Kingdom

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Keren Mekdesh RN BA, Dana Oren, RN, MA, Department of Pediatric Critical Care Medicine, Safra Children’s Hospital, Sheba Medical Center, Tel Hashomer, Tel Aviv University, Tel Aviv, Israel

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Marina Boykova, RN, BSc; Children’s Hospital #1, Neonatal intensive care unit, Saint Petersburg, Russia

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Rosella Jefferson, Lisa Kwong, Andrea Yuel; BCCH, Critical Care, 1M59, Vancouver, BC, Canada

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Longden J, Mayer AP; Sheffield Children’s Hospital, Intensive Care Unit, Sheffield, United Kingdom

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I. Nederstigt; Emma Children’s Hospital AMC, PICU, Amsterdam, The Netherlands

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Ralph T. Bradbrook B., Mayer AP.; Sheffield Childrens NHS Foundation Trust, PICU, Sheffield, United Kingdom

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Jared Jeffrey, Katrina Welbing, Doris Nash, Susan Childs, Trish Cooke, Lauren Shone, Karen Thompson; Women's and Children's Hospital, Dept. of Paediatric Critical Care, North Adelaide, Australia

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Pereira SA, Costa MF, Ventura DF; Albert Einstein Hospital / University Of Sao Paulo, Pediatric, Sao Paulo, Brazil
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  TYPE II RESPIRATORY FAILURE AS COMPLICATION IN A CASE OF CONGENITAL MUSCULAR DYSTROPHY
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  A Gayot, G. Emeriaud, I. Wroblewski, CHU Grenoble, Pediatric Intensive Care Unit, Grenoble, France

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WEDNESDAY, JUNE 27, 2007 – CASE PRESENTATIONS

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Neonatology, Paris, France

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Takayoshi Fukushima, Kitasato University Hospital, Pediatrics, Sagamihara, Japan

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Pedrozo F, Melgaco J, Vilela M, Faculdade de Medicina – UFGo, Pediatritian, Goiania, Brazil

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Traweger R, Timischl M, Reiter G, Griesmeier E, Keller M, Brunner B, Muller T, Simbrunner G; University of Innsbruck, Pediatrics IV (Neonatology), Innsbruck, Austria

CP 5.3.237
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S. Marzini1, A Rocchi1, F. Camoglio2, M. Sofi1, M. Fornaro3, P. Bonetti1, C. Ghizzi1, P. Biban
1 Paediatric Intensive Care Unit, Paediatric Division, Major City Hospital, Verona-Italy
2 Paediatric Surgery Division, University Hospital, Verona-Italy
3 Paediatric Division, University Hospital, Verona-Italy

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ACUTRONIC Medical Systems AG was founded in 1981 and since than has gained worldwide appreciation and recognition in the fields of Jet Ventilation and Neonatal ICU Ventilators. Since a few years, ACUTRONIC also gained significant market share in the field of difficult airway management with optical instruments for video assisted Intubation. An international network of distributors takes care of after sales service and customer support. We gladly welcome your inquiries in above mentioned fields of activities and offer customized solutions.

**American Heart Association**
*Booth # 1410*
7272 Greenville Avenue
USA - Dallas TN, 75231 – 4596
contact : Charles E. Mullins
charles.mullins@heart.org.

The American Heart Association is a national, not for profit organization committed to reducing death and disability from cardiac and respiratory emergencies in our communities. We continue to improve the quality of healthcare through research, training, and education. Go to our web site at www.americanheart.org/cpr to find out more.

**Arrow International European Office**
*Booth #1020*
Lambroekstraat 5c
1831 Diegem
Belgium
Office +32 2 719 03 14
www.arrowintl.com

Arrow International combines technology and product innovation to extend the use of catheterization for the diagnosis and treatment of critically ill patients. Arrow disposable critical care catheterization products are used principally to access the central vascular system for administration of fluids, drugs and blood products. These products are also used for the patient monitoring, diagnosis and pain management. Arrow is the leading supplier of central vascular access catheterization products worldwide.

**Baxter AG**
*Sponsor*
Müllerenstrasse 3
CH – 8604 Volketswil
www.baxter.com

Baxter AG, Volketswil, is a subsidiary of Baxter International Inc.
Baxter International Inc., through its subsidiaries, assists healthcare professionals and their patients with the treatment of complex medical conditions, including cancer, haemophilia, immune disorders, kidney disease and trauma. The company applies its expertise in medical devices, pharmaceuticals and biotechnology to make a meaningful difference in patients’ lives.

In Switzerland, Baxter AG has been represented over 30 years and its turnover for 2006 was approximately 60 million CHF. Its main offices are in Volketswil. Other Baxter sites include Wallisellen, Effretikon, Dübtingen, San Vittore, Campocologno and Neuchâtel. Baxter employs approximately 700 people in Switzerland.

**Brahms Aktiengesellschaft**
*Booth #1175*
Neuedorfsstrasse 25
D – 16761 Hennigsdorf
http://www.brahms.de
http://www.procalcitonin.com

Brahms AG specialises in innovative products which facilitate earlier diagnosis of diseases and better control of therapy, thus enabling doctors to provide more efficient and economic patient care.

Major fields of activity are diagnosis of infection and sepsis, tumors, Down’s syndrome, and thyroid diseases.

**Children’s Cardiomyopathy Foundation**
*Sponsor*
PO Box 547
USA – Tenafly, New Jersey 07670
Tel: 866-808-CURE (2873)
E-mail: info@childrenscardiomyopathy.org
www.childrenscardiomyopathy.org

The Children’s Cardiomyopathy Foundation (CCF) is a national non-profit organization dedicated to finding causes and cures for pediatric cardiomyopathy through the support of research, education, and increased awareness and advocacy. Based in the United States, CCF works with numerous medical societies and medical centers, as well as the National Heart, Lung, and Blood Institute, American Heart Association, and the National Organization for Rare Disorders to advance research and medical knowledge on this heart condition.

A Cause for Today... A Cure for Tomorrow

**Dale Medical Products**
*Booth #1551*
70 Cross Street
Po Box 1556
US – Plainville, MA 02762

Dale Medical Products, Inc., specializes in the development and manufacturing of high quality patient care products. Dale products are used by various medical specialties in the acute, sub acute hospital (e.g. ICU, Plastic Surgery, OB/GYN, Urology, Oncology, etc.) and long-term home care markets.

Visit our Website: www.dalemed.com for product information.
Deltex Medical Ltd
Booth #1531
Terminus Road Chichester, West Sussex, PO19 8TX, England
Tel: + 44 1243 774837 - Fax: + 44 1243 532534
customer.services@deltexmedical.com
Contact: Tim Lee, Customer Services Manager
www.deltexmedical.com

Deltex Medical has developed and proven the CardioQP™ cardiac output monitor, which it produces in the UK and markets around the world. The CardioQP™ can be utilized to monitor haemodynamic parameters such as Stroke Volume, Peak Velocity, Cardiac Output and Flow Time Corrected. These parameters can be used to monitor the paediatric patient during surgery and intensive care treatment to provide beat to beat real time indications: of blood loss, hypovolaemia, for the monitoring of drug therapy and early warning of the onset of septicaemia. The CardioQP™ has been proven to help patients recover more fully and more quickly. CardioQP’s have already been sold in over 15 countries. With the positive support of many of the world’s leading medical experts in anaesthesia and critical care, Deltex Medical expects that haemodynamic optimisation will become a global standard of medical practice.

Discovery Labs
Sponsor
2600 Kelly Road
Suite 100
USA – Warrington, PA 18976-3622
Tel: 1-215-488-9322
Adam Guthrie, aguthrie@DiscoveryLabs.com

Discovery Labs is a biotechnology company developing proprietary Surfactant Replacement Therapies (SRT) for respiratory diseases. We aspire to become the global leader in pulmonary critical care biotechnology through the discovery, development, and commercialization of the highest quality, precision-engineered, life-saving medicines.

Dräger Medical AG & Co. KG
Booth #1420
Moislinger Allee 53/55, D- 23542 Lübeck
Tel: +49-1805-372 34 37 - Fax: +49- 822-3779
business.support@draeger.com
www.draeger.com

Dräger Medical AG & Co. KG is one of the world’s leading manufacturers of medical devices, the largest division of Drägerwerk AG (history dates back to 1889). The global Company offers products, services and integrated CareAReaTM Solutions throughout the patient care process - Emergency Care, Perioperative Care, Critical Care, Perinatal Care and Home Care. With headquarters in Lübeck, Germany, Dräger Medical employs nearly 6,000 people worldwide. Additional information is available on the Company’s website www.draeger.com

Edwards Lifesciences LLC
Booth #1554
One Edwards Way, MS 7
USA – Irvine, CA 92614
Tel: 949 250 2547 – Fax: 949 250 2220
www.edwards.com

Edwards Lifesciences is a world leader in hemodynamic monitoring systems used to measure cardiac function in surgical and intensive care settings. Edwards’ systems provide important added clinical value by serving as adiagnostic tool that enables clinicians to make even more informed and rapid decisions when a patient’s hemodynamic balance becomes disrupted. Edwards is credited with pioneering the practice of hemodynamic monitoring with the launch of the original Swan-Ganz catheter in the early 1970s. Today, Edwards’ extensive line of hemodynamic monitoring catheters, sensors and bedside patient monitoring tools continue to be considered the gold standard in critical care medicine.

ESPNIC
Booth #1513
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ESPNIC is an organisation dedicated to promoting and advancing the art and science of paediatric and neonatal intensive care. In this endeavour we are dedicated to contributing to a service that is evidence based and which meets the needs of this important client group within the European and international context. www.espnic.de

ESPR
European Society of Pediatric Research
Booth #1515
F. Stephan GmbH
Booth #1170
Medizintechnik
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Tel.: 00 49 64 39 91 25 - 129
Fax: 00 49 64 39 91 25 - 163
info@stephan-gmbh.com
www.stephan-gmbh.com

F. Stephan GmbH develops and manufactures medical engineering products: ventilation systems, anaesthesia units, related monitoring and oxygen producers, central & de-central. The company’s reputation is the result of qualified engineers, customer-oriented service and collaboration with research centres and users in Germany and abroad. Our contact at the exhibition is Mrs. Tanja Stephan and Mr. Bernd Höhne. I am the contact in Germany.

Fresenius Kabi
Booth #1460
Eise-Krönerstrasse 2
D – 61352 Bad Homburg
Contact name: Michelle Vankenhove, michelle.vankenhove@fresenius-kabi.com

Fresenius Kabi is the European leader in the field of nutrition and infusion therapy. In infusion therapy, the company offers products for fluid, blood volume replacement and intravenously administered drugs. The clinical nutrition portfolio (Enteral and Parenteral) comprises products for patients who cannot or are not allowed to eat any or sufficient, normal food. The company is as well the leading manufacturer of a wide range of innovative products and services for either ICU/CCU, OR, Emergency Care, speciality wards and Home Care.
SPONSORS AND EXHIBITORS – COMPANY PROFILES

Gambro
Booth #1620
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Scheelevägen 34
SE – 220 10 LUND

Over the last 40 years, Gambro has been a world leading company in renal therapy, with sales, service and support in more than 100 countries. Through extensive investment in research and development, and in cooperation with leading clinicians and scientists worldwide, we are able to provide high quality, innovative, therapy enhancing products and services. With the MARS Therapy - Gambro proudly introduces the first unified approach to Hepatic & Renal support therapy for severe liver failure.

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00031 GE
FINLAND
Tel +358 10 394 11 www.gehealthcare.com

GE Healthcare is a global leader in medical imaging, healthcare IT, diagnostic imaging agents, patient monitoring, drug discovery and protein separation. GE Healthcare also offers services to improve productivity and enable healthcare providers to better diagnose, treat and manage patients. The company employs over 43,000 people in over 100 countries.

Hamilton Medical
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HAMILTON MEDICAL presents the brand new HAMILTON-G5 intensive care ventilator and the active nasal CPAP system ARABELLA for infants. The HAMILTON-G5 is the first mechanical ventilator with a Ventilation Cockpit which provides intuitive operation and monitoring - designed for ease of use and patient safety. The Dynamic Lung and the Vent Status visualize real-time parameters related to the patient and the ventilatory support ASV, the proven closed-loop ventilation is extremely safe ventilation for virtually all patients. Get a real-time simulation CD on our booth including a patient model.

Hard Manufacturing
Booth #1550
230 Grider Street
USA – Buffalo, NY 14215
Tel: 800 873 4273 – Fax: 716 896 2579

HARD Manufacturing is demonstrating the latest model Doernbecher CriticalCare Crib with 12” (30.5cm) travel. The Doernbecher crib was designed for Doernbecher Children’s Hospital in Portland, Oregon and is the only crib in the world specifically designed for the Pediatric Intensive Care Unit. HARD is the world’s # 1 Manufacturer of Hospital Cribs and Youth Beds. William N. Godin, Ph.D., President. hardmfg@hardmfg.com

Heinen & Löwenstein
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People are the concern of all activities and strategies at Heinen + Löwenstein. Together with our partners we work with flexibility and precision on the continuous optimisation of our medical technology products and on intelligent innovations. So Heinen + Löwenstein is a leading manufacturer of Neonatal- and Infantventilators, Warming beds, Resuscitation units and Radiant Heaters.

iMDsoft B.V.
Booth #1219
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Fax : +31 71 5235579
Our contact: Peter van Ooijen, sales@imd-soft.com

iMDsoft’s MetaVision Suite of clinical information systems for critical care assists clinicians by automating the workflow and documentation processes. It features fully-integrated tools for data collection, presentation, and order management across the critical care continuum. Supported by powerful decision support and analysis tools, it promotes patient safety and enhances quality initiatives, cost containment, revenue capture, research, and compliance.

Laerdal Medical
Booth #1110
Po Box 377
N – 4002 Stavanger
Our contact: Monica Aaberge, Monica.aaberge@laerdal.no

Laerdal has been offering learning products responding to evolving needs in emergency medicine ever since the introduction of Resusci Anne in 1960. Today our range of life saving, cost-efficient learning products include graphic source materials, innovative skills trainers, interactive computer simulators and advanced patient simulators.

Linde Gas Therapeutics
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Seitnerstrasse 70
D – 56130 Bad Ems
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Website: www.linde-gastherapeutics.com,
E-mail: ask@linde-gastherapeutics.com

Linde Gas Therapeutics is the segment of Linde Gas, which is dedicated to medical and pharmaceutical gases. The company is specialised in developing and manufacturing products and services that play significant roles in intensive care, anaesthesiology, surgery and general wards. Today Linde Gas Therapeutics is a global company and active in more than 70 countries.
Medical Innovations GmbH
Booth #1130
Lindberghstr.1
D – 82178 Puchheim
Our contact: Beatrice Koepsel
b.koepsel@medin-innovations.de

Worldwide leader of nCPAP technology,
Medical Innovations GmbH - in short medin - develops and sells innovative CPAP-Systems for neonates and premature infants that are used in delivery rooms, intensive care units and during transports.

Lippincott Williams & Wilkins
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LIPPINCOTT WILLIAMS & WILKINS (LWW) is a unit of Wolters Kluwer Health, a group of leading information companies offering specialized publications and software for physicians, nurses, students and specialized clinicians. LWW is the publisher of the WFPICCS official journal Pediatric Critical Care Medicine.

Maquet Critical Care
Booth #1350
SE – 191 75 Solna
www.maquet.com

MAQUET Critical Care brings together innovative medical technology, knowledge and services to help critical care providers achieve tangible, sustainable, patient outcomes while contributing to cost effectiveness. With the SERVO product range, MAQUET Critical Care is the global market leader in ventilation.

Masimo Europe Limited
Booth #1134
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E-mail: jroff@masimo.com
Web: www.masimo.com

Masimo develops innovative monitoring technologies that significantly improve patient care. Masimo SET Read-Through Motion and Low Perfusion pulse oximetry virtually eliminates false alarms and increases pulse oximetry’s ability to detect life-threatening events. More than 100 independent clinical studies have confirmed that Masimo SET allows clinicians to accurately monitor blood oxygen saturation in critical care situations – establishing the technology as the “gold standard” and substantially contributing to improved patient outcomes. Masimo Rainbow SET Pulse CO-Oximetry is the first and only noninvasive technology to monitor the level of carbon monoxide and methemoglobin in the blood. Additional information may be found at www.masimo.com.

Medos Medizintechnik
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Director Clinical Support Group
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MEDOS Medizintechnik AG, as manufacturer of medicine products for heart surgery, carries a major responsibility towards people. A high quality standard of the MEDOS products is therefore authoritative. The MEDOS Medizintechnik AG products as well as its research and development have its roots in Stolberg (Germany). By now, the whole MEDOS product spectrum is based on former foundation stones, such as the MEDOS Tubing Sets and various own developments, the HILITE® oxygenators and reservoirs, the RHEOPARIN® coating (Heparin), the DELTASTREAM® series, the MEDOS VAD-System with various ventricles and canulae, and a comprehensive MEDOS Cannulae Program.

Mtre Advanced Technologies
Booth #1622
4 Ha-Yarden St, Yavne, Po Box 102
IL-76100 Rehovot
Tel: 972 8 932 3333 – Fax: 972 8 932 8510
www.mtre.com

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Neo Care GmbH
Booth #1151
NEO CARE GmbH D-58513 Luedenscheid
Contact name: Ramigani Kroenke
neocare@t-online.de

Your Partner in development, manufacture and distribution of innovative medical products. Our range comprises special designed systems for the i.v. therapy and TPN in the NICU/PICU as well as processor controlled compounding systems for the pharmacy. All products are free of DEHP and comply with international quality standards. Our guidelines allow us to provide customer satisfaction: PATIENT SAFETY PERFECT FUNTION SIMPLE HANDLING ECONOMIC BENEFITS

Neodial
Booth #1660
360 rue Marc Lefrancq
F – 59300 Valenciennes
Contact : Mr Philippe MARCHANT
Email : ph.marchant@dolodiag.fr

NEODIAL is a software company based in the north of France. Its innovative solutions and services are shaping a new age of patient cares, offering to clinicians around the world new ways of predicting, diagnosing, informing and treating diseases.

Our video game DoloKids® aims to make children discover the pediatric service and cares. A software dedicated to pain measurement called DoloDiag® is also included, allowing the patient to describe his pain in an interactive and ludic way.
Nestlé Nutrition
Booth #1320
Birgit Becker
Communications
Avenue Reller 22
CH 1800 Vevey
Tel +41 (0) 21 924 29 24
www.nestlenutrition.com

Nestlé Nutrition is an autonomous business within the Nestlé group developing the group’s core nutrition business. Through science-based nutrition products and services, Nestlé Nutrition helps enhance the quality of people’s lives by supporting health and providing care for specific consumer groups with special nutrition needs at every stage of life.

Nestlé Nutrition is a global nutrition company, with about 14,000 employees in more than 70 countries. Its product portfolio – covering infant, healthcare and performance nutrition as well as weight management – includes such trusted and well-recognized brands as: Nestlé, Nutren, Peptamen, PowerBar and Jenny Craig.

Nufer Medical AG
Booth #1333
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CH – 3073 Gümligen
General Manager: Mister J. Hartmann
www.nufer-medical.ch, info@nufer-medical.ch,

Nufer Medical AG opened its activities in 1964 by supplying incubators and transport incubators concepts, resuscitation and general monitoring of newborns. This field has continued to expand and Nufer Medical is today the leading supplier in the fields of neonatology and paediatrics. Other application fields include fetal monitoring, intensive care, oxygen therapy, home care and biomedical test devices.

Nycomed AG
Booth #1335
Direct contact for Curosurf® in Switzerland:
Adriana Kessler, adke@nycomed.com

Nycomed is a European-based company, which works throughout the world. As well as Europe, we have activities in fast-growing markets such as Russia/CIS, Latin America and Asia-Pacific. We market medicines and products and we focus on a selected number of therapeutic areas, but our broad portfolio extends to other areas depending on the need. More information about Nycomed www.nycomed.ch

Orphan Europe
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Mrs Karin Piscart, kpiscart@orphan-europe.com
Communication Manager
For more information: www.orphan-europe.com and www.orphan-europe-academy.com

Founded in 1990, Orphan Europe is a privately held pharmaceutical company developing and distributing orphan drugs for the treatment of rare diseases. The company has a unique experience in this field and has taken several products through development process to market authorization. Today Orphan Europe provides ten different medicinal products to patients all over the world. The company headquarter is located in Paris and it has subsidiaries in most European countries, as well as in the Middle East. Orphan Europe is committed to the improvement of knowledge about rare disorders and has founded the Orphan Europe Academy.

Pall Medical
Booth #1574
Pall Medical, Walton Road, Farlington,
Hampshire, PO6 1TD
Tel # 44 (0) 2392-303452
E-mail: biosvc@pall.com
Web-site: www.pall.com

Pall Medical provides a diverse range of filtration membranes to the healthcare market for critical contamination control. The Pall-Aquasafe Water Filter range includes variants to protect against Legionella spp. or other waterborne microorganisms in water used for drinking or showering. They provide an instantaneous, validated, clinical barrier to the passage of a variety of waterborne contaminants, protecting both hospital staff and patients.

Pediatric Cardiac Intensive Care Society
Booth #1150
For more information on the PCICS European Symposium 2008 please visit www.kenes.com/pcics, contact the secretariat at pcics@kenes.com

PCICS was formed to provide an international professional forum to promote excellence in pediatric cardiac critical care medicine.

We seek participation by healthcare professionals dedicated to acquiring knowledge and improving practice for our critically ill patients with congenital and acquired heart disease.

For more information on the Pediatric Cardiac Intensive Care Society please visit www.pcics.com

Pentax Corporation
Booth #1022
2-17-12 Yushima Bunkyo-ku
J – 113-0034 Tokyo
Tel: +81 3 5840 6186 – Fax: +81 3 5840 6188
Mr. Hideo Miyashita
tommy.miyashita@aoc.pentax.co.jp

PENTAX has over thirty year experience in medical field, although the name may be famous for optics. Now we present the epoch-making video intubation laryngoscope, PENTAX-AWS. In combination with PBLADE, the dedicated rigid laryngoscope, it allows less experienced operators to perform quick and accurate tracheal intubation even for patients with difficult airway and with neck injury.

Philips Medical Systems Boeblingen GmbH
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D – 71034 Boeblingen
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Contact: Claudia Ghioni, claudia.ghioni@philips.com
Marketing Communications

Philips Medical Systems has a long and proud history in neonatal and pediatric intensive care technologies. Philips offers advanced patient monitors and measurements and sophisticated clinical decision support tools designed for the highest acuity neonatal and pediatric intensive care units to step down wards. Philips’ portfolio of monitors, clinical measurements and decision support tools helps care teams manage care of the most fragile patients.
Picis
Booth #1553
Contact name: Alba Sort
e-mail: alba_sort@picis.com

Picis provides a comprehensive perioperative and critical care information system that automates caregiver documentation and workflow from the preoperative area through the operating room, recovery rooms, intensive care units and beyond.

PULSION Medical Systems AG
Booth #1330
Stahlgruberring 28
D – 81829 München
Our contact: Kristin von Hammerstein
Hammerstein@pulsion.com

As a worldwide leading specialist for intelligent diagnosis and therapy management systems PULSION Medical Systems AG enhances the therapy opportunities for acute and chronic critically ill patients
PiCCO-Technology - complete monitoring of hemodynamic and volumetric parameters
LiMON - Liver Function / Splanchnic Perfusion Monitoring
ICG-PULSION - Diagnostic Drug, Indocyanine Green Dye for Cardiac, Circulatory and Micro-Circulatory Diagnostics, Liver Function Diagnostics and Ophthalmic Angiography

Radiometer GmbH
Booth #1620
Zurcherstrasse 68
CH – 8800 Thalwil
Our contact name is: Mrs. Andrea Dolder and Mr. Beat Bucher, info@radiometer.ch

Radiometer is the world’s leading provider of blood gas instruments and transcutaneous monitoring. In addition to analyzers, Radiometer provides complete IT solutions from automatic data archiving, monitoring and remote control of the analyzers up to paperless blood gas laboratory. The purpose of our management philosophy is a well-defined expert advice and after sales service. Customer proximity is of utmost importance for us. Thus we learn to meet your expectations for future products.

Roche Diagnostics
Booth #1532
Industriestrasse 7
CH – 6343 Rotkreuz
Mohns Mike (PhD, MBA)
mailto:mike.mohns@roche.com
Marketing Manager

Hospital, Privat Lab & Research
Headquartered in Basel, Switzerland, Roche is one of the world’s leading research-focused healthcare groups in the fields of pharmaceuticals and diagnostics. As the global leader in biotechnology, Roche contributes on a broad range of fronts to improving people’s health and quality of life by supplying innovative products and services for the early detection, prevention, diagnosis and treatment of diseases. Roche is the world leader in in-vitro diagnostics, the leading supplier of drugs for cancer and transplantation and a market leader in virology. It is also engaged in other important therapeutic areas including autoimmune, inflammatory and metabolic disease and diseases of the central nervous system. Additional information about the Roche Group is available on the Internet at www.roche.com.

SLE Ltd
Booth #1260
Twin Bridges Business Park
232 Selsdon Road
U.K - South Croydon, Surrey CR2 6PL
Our contact: Barbara Pilgrim, bpilgrim@sle.co.uk

SLE design, manufacture and distribute worldwide ventilators designed specifically to meet the needs of Neonatal and Infant ventilations.
The SLE ventilators are designed to offer Conventional ventilation, High Frequency Oscillation ventilation and the monitoring of lung mechanics.
Products: SLE2000 and SIE2000HFO; SLE4000; SLE5000; Inosys

Somantecics
Sponsor
1653 East Maple Road
USA - Troy, MI 48038 – 4208
E-mail: jstroster@somantecics.com
http://www.somanetics.com

As the only device of its kind, Somantecics’ INVOS® System provides cerebral oximetry, somatic oximetry or both simultaneously. Up to four sensors may be placed on the brain and body to help detect and correct site-specific ischemia that threaten good outcomes. It is cleared for adult, pediatric and neonatal patients.

Tyco Healthcare
Booth #1570
Respiratory Division
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ZA La Clef de Saint Pierre
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Website : www.tycohealthcare.com

Tyco Healthcare’s respiratory products group is a market leader in respiratory monitoring & management systems. Our extensive line of products and services is used in both the clinical setting and the home, helping to facilitate and monitor anaesthesia, diagnose and treat respiratory disease and providing life support for critically ill patients.

Uscom
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Viasys Healthcare
Booth #1113
22745 Savi Ranch Parkway
Yorba Linda, CA 92887
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Viasys Healthcare, a global market leader in healthcare technology, is comprised of several well established companies; Bear, Bird, EME, Jaeger, Micro Medical, Nicolet, Pulmonetic Systems, SensorMedics and Tiara. Viasys Healthcare specializes in the patient care areas of ventilation, pulmonary diagnostics, sleep therapy, sleep diagnostics, exercise testing, neuro care, and spirometry.

Vidacare, Inc
Booth #1060
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Vidacare
Weinberggasse 55/11
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Austria
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veronika.puss@vidacare.com

Vidacare Corporation is a medical device company that owns the exclusive rights to innovative intraosseous technology developed at the University of Texas Health Science Center-San Antonio. Vidacare is leading the development of medical devices that greatly improve the ability of emergency health professionals to administer life saving drugs and fluids in both pre-hospital and hospital situations. Its innovative technology provides safe, fast and secure solution for patients for whom IVs are difficult and time consuming to start.

Vygon Schweiz GmbH
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Since the company was established in Ecouen France, 1962, the name Vygon has been synonymous with quality and reliability in the field of single-use medical and surgical products in such high-tech medical fields as neonatology and paediatrics. Vygon group designs manufactures and sells a wide range of products in over 100 countries, certified to ISO 9001 and EN46001 standards. Quality is a company priority.

WFPIeCcs
Booth #1600
Edwin van der Voort
President
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The mission of the Federation is exclusively educational, scientific and charitable in nature. It exists to disseminate and make available the high standards of Pediatric Intensive & Critical Care to all children of the world.

Vision: To create a global environment where all children have access to a high standard of tertiary and quaternary intensive (critical) care through the promotion of research and education, and the distribution of knowledge across international borders.

Wilamed GmbH
Booth #1331
Medizinische Geräte und Zubehör
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Our contact: Claudia Röttger-Lanfranchi, Hildegard Winkler, mi.lanfranchi@wilamed.com

“WILAmed is a worldwide operating manufacturer and distributor of Respiratory Equipment with special emphasis on Sleep Apnea and Humidification. Our product range contains products for use at home as well as for transport and in hospital applications. We always endeavour to improve the quality of life for the patient by delivering high quality products at an affordable price. Contact: Gabi Mändl, g.mändl@wilamed.com”

William Cook Europe
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Cook is a global company which develops, manufactures and markets medical devices for diagnostic and therapeutic procedures. The Cook Critical Care product portfolio incorporates several specialties including Intensive Care, Anaesthesia, and Emergency Medicine. We look forward to meeting you at the COOK stand no 1240-1242.
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Our contact: Nadia Ahmed,
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Wisepress Bookshop is pleased to present a display of titles selected especially for the World Federation of Pediatric Intensive & Critical Care from the world’s leading publishing houses. All titles can be bought or ordered at the congress or via our website: www.wisepress.com
THE GOALS OF ESPNIC

• To promote paediatric and neonatal intensive care in Europe
• To encourage the development of new treatments and technologies
• To promote multidisciplinary collaboration among paediatric and neonatal intensivists and nurses in Europe
• To encourage research and education into all aspects of paediatric and neonatal intensive care through; Annual International Congresses, Post-graduate Training Courses, Consensus and Regional Meetings

WHY BECOME A MEMBER?

Membership to this prestigious society includes:

• Opportunity to network with the leading experts in the fields of PICU & NICU
• Automatic subscription for Medics to the ESPNIC/ESICM journal Intensive Care Medicine with 85 % discount for the medical members
• Participation in the Scientific Activities; annual congresses, research groups, training programmes
• Access to electronic network promoting research throughout Europe
• Access to information about developments in Neonatal and Paediatric Intensive Care Medicine in Europe
• Discount on the registration fees at our annual congress and at international meetings endorsed by ESPNIC and ESICM
• Automatic registration as a ESICM member and access to all ESICM activities (see www.ESICM.org)
• Reduced subscription to the nursing journal Nursing in Critical Care
• Free access to the e journal Connect

HOW TO BECOME A MEMBER

ESPNIC invites all paediatric or neonatal intensivists, nurses and allied professionals who share our vision and objectives to join our society.

www.espnic.org

To apply for membership please contact:

ESPNIC Administrative office

c/o Kenes International
17, Rue du Cendrier, P.O Box 1726
CH- 1211Geneva 1, Switzerland
Tel: +41 22 906 91 78
Fax: +41 22 732 2607
E mail: info@espnic.org
GENERAL INFORMATION

Conference date
Sunday June 24 to Thursday June 28, 2007
Pre-conference and Post-graduate Courses Dates
Saturday June 23 to Sunday June 24, 2007
Conference venue
GENEVA PALEXPO
CH – 1218 Grand-Saconnex
Services Available
- WIFI card – wireless internet access in the conference center (information at the congress desk)
- 10 internet booths in the exhibition area with internet access (free of charge)
Conference Organiser
SYMPORG SA
7, avenue Krieg
CH-1208 GENEVA
TEL + 4122 839 84 84 Fax +4122 839 84 85
Email: info@pcc2007.com – www.PCC2007.com
Official Language
English is the official language of the conference.
No simultaneous translation will be provided.
CME Accreditation
The 5th World Congress on Pediatric Critical Care is designated for a maximum of 24 hours of European external CME credits.
(i.e. 6 hours per day of participation)
Important:
Please note that the Evaluation Form, distributed with your badge and documents, should be completed and returned to the congress desk the day of your departure. Upon receipt of this document, the certificate of attendance with the CME credit hours will be delivered.

Delegates’ fees include: Access to the scientific sessions, to the exhibition, coffee breaks, congress material and welcome reception.

Accompanying person fees include: Welcome reception, guided city tour.

Registration for individual days
(only available on site)

<table>
<thead>
<tr>
<th>Rates in CHF</th>
<th>for 1 day</th>
<th>for 2 days</th>
<th>for 3 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>400.-</td>
<td>800.-</td>
<td>1200.-</td>
</tr>
<tr>
<td>Trainee</td>
<td>300.-</td>
<td>600.-</td>
<td>900.-</td>
</tr>
<tr>
<td>Nurse</td>
<td>200.-</td>
<td>400.-</td>
<td>600.-</td>
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</table>

Registration Fees Preconference and Postgraduate Courses: Can be attended without being registered at the conference. Different fees will apply:

<table>
<thead>
<tr>
<th>Rates in CHF</th>
<th>1 day Symposium</th>
<th>2 days Symposium</th>
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<tr>
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<tr>
<td></td>
<td>no</td>
<td>150.-</td>
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</table>

Registration and information desk
The Welcome Desk, situated in the main entrance to Geneva Palexpo, will be open on:
Saturday June 23 from 8.00 a.m. to 6 p.m
Sunday & Monday June 24 & 25 from 7.30 a.m. to 6 p.m
Tuesday, Wednesday and Thursday June 26 to 28 from 7.30 a.m. to 6 p.m
In order to register, please bring along your letter of confirmation and payment, which entitles you to pick up your Congress documents.

Lunches
Participant can order lunches through the registration form (preliminary registration is required). Some tickets can be sold on site if required (CHF 16.-).
Exhibition
There will be an ongoing pharmaceutical industry exhibition in the Hall 1 at Palexpo, where posters are displayed and coffee, tea, lunches are served during the breaks.

Access
To get to Palexpo, congress venue:
1. from the airport: please follow the signs “Palexpo” (about 10 minutes walking distance)
2. from downtown: Palexpo is served by bus route No 5. Please consult the map and timetable you received upon registration.

When registering, you and the person accompanying you will receive a name badge which you are requested to wear to all Congress activities. Your badge is your pass for the Congress Centre and the Welcome Reception. Cost of replacing a lost or mislaid badge: CHF 30.-

Transport
Your hotel (except Cité Universitaire) will provide you a pass entitling you to free use of the Geneva public transport system. To get to the city centre from the airport (around 10 minutes, depending on traffic):
- taxis: about CHF 35.- per ride
- public transport: bus No 5

Miscellaneous Services at Palexpo
A shop selling newspapers, cigarettes and small gifts and the Congress’ bar situated in the exhibition area will be open throughout the Congress. There is no bank, but a cash machine for Swiss francs (CHF) and EURO (€) is available.

List of participants
The list of participants (only name and country) will be available after the congress on the website: www.pcc2007.com

Climate and clothing
Geneva has a mild climate in June with minimum temperature of around 17°C (63 Fahrenheit) and maximum temperature of around 28°C Celsius. However, in addition to light clothing, don’t forget to pack woollens and a raincoat for a rainy day and good walking shoes as well as proper clothing for the excursions.

Information – Geneva
Shops in Geneva are open non-stop from 8.30 a.m. to 6.30 p.m. during the week, (Thursdays until 9 p.m.). On Saturdays, from 8.30 a.m. to 5 p.m.
The currency is the Swiss Franc (CHF), divided into 100 centimes.

In order to help participants convert the prices mentioned in this document more easily, we have prepared the following conversion table based on an average exchange rate (fixed Sept. 06).

<table>
<thead>
<tr>
<th>CHF</th>
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<th>US $</th>
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<tr>
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<tr>
<td>500</td>
<td>317.00</td>
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Disclaimer
Neither the World Federation of Pediatric and Critical Care Societies nor Symporg SA accepts liability for damages and/or losses of any kind which may be incurred by Congress participants or by any person accompanying them, both during the official activities and the excursions. Participants are advised to take out insurance against loss, accidents or damage which could be incurred during the Congress.
SOCIAL AND LEISURE PROGRAM

Sunday 24 June 2007        17.30 – 21.00
Opening Ceremony and Welcome Reception
(included in registration fee)
Place: Palexpo (Congress Center)
With the support of the Geneva University Hospital

Wednesday 27 June 2007      19.30 – till late...
Congress Dinner (preliminary registration needed)
Place: Genève Plage (information on the invitation card)

For participant and accompanying pers: CHF 100.-/pers
For nurses: CHF 60.-/pers

Excursions
A minimum of 20 participants is required for each excursion. Symporg reserves the right to cancel excursions if there are not enough participants.
In case of cancellation the payment will be refunded.

EXCURSION PROGRAM

Guided City Tour
Monday 25, Tuesday 26, morning
By public transport (do not forget the pass entitling you to free use of the Geneva public transport system) and foot, approximately 2.5 hours.
Our guide will show you around the lake with its famous fountain, the parks, the Old Town (on foot: 30 minutes) dominated by St. Peter’s Cathedral, the Wall of Reformation, many ancient and modern buildings, the business and banking districts.

CHF 50.-/ part.

Geneva countryside
Tuesday 26 - afternoon
By coach, approximately 3.5 hours
Leave at 2.00 p.m. for a pleasant drive: as you go through the neighbouring countryside, you will discover extremely varied aspects of the nature of our land, the lively banks of Lake Geneva, the wild and often sheer banks of the Arve and Rhone rivers; areas set aside for farming, wine-growing, nursery and market gardening and fruit growing, dotted with sturdy houses which, from a historical point of view, retrace the Episcopal periods of the Reformation, not to mention quaint farms which bear witness to past and present activity in the countryside. Visit a chapel, a wine-grower and a wine cellar, where an opportunity to taste local wines will round up the comments provided by our guide.

CHF 75.-/part.
EXCURSION PROGRAM

Red Cross Museum and United Nations building  CHF 65.- /part.
Monday 25, Wednesday 27, morning
By public transport and on foot, approximately 3,5 hours
Leave at 9.00 a.m. in the direction of the Place des Nations, the second largest UN centre in the world after the New York headquarters. The educational value is enhanced by the setting: magnificent view (of the city, Lake Geneva and the Mont-Blanc massif) and the originality of the building due to its architecture and interior decoration (artistic gifts from a great many countries). The excursion continues with a visit to the Red Cross Museum located nearby. The Museum features unforgettable images with avant-garde music in the background: documents, photos, original films, various audio-visual productions and other slide shows, which allow you to experience and share the extraordinary adventure of men and women committed for over a century to their mission of serving mankind.

Old town and Patek Philippe Museum  CHF 65.- /part.
Tuesday 26, Wednesday 27, afternoon
By public transport and on foot, approximately 3,5 hours
Leaving at 2.00 p.m., this tour leads you through the Parc des Bastions with its famous “Wall of Reformation”, and through the old town. Then you visit Patek Philippe’s famous Watch Museum, where you can admire the collections of Genevese, Swiss and European watches, snuffboxes, jewels and miniature portraits: the history of time-keeping from 1550 to 1950.

FULL DAY TOURS

Lausanne, Olympic Museum and Hermitage  CHF 160.- /part.
Wednesday 27
By coach. Leave at 9.30 a.m. for Lausanne; enjoy a tour of the Olympic Museum, a living, interactive display which pays tribute to Olympics and the spirit of excellence. Lakeside lunch with local specialities.
In the afternoon, tour of the Hermitage Museum, famous for its temporary exhibitions of 19th and early 20th century paintings, and tour of the old town of Lausanne. Return to Geneva by 5.00 p.m.

Romainmôtier Abbey and Vallée de Joux  CHF 180.- /part.
Tuesday 26
By coach. Leave at 9.00 a.m. for a trip through the countryside of the Canton of Vaud to Romainmôtier, the site of the founding in the 5th century of the oldest monastery in Switzerland, in the heart of the Jura mountain range bordering on France. Tour of the Roman church, built between the 10th and 13th century. After a light lunch, excursion resumes.
As we continue on across the mountain, we will have an unexpected view of the beautiful Lac de Joux, at 1000 metres altitude. Free time to admire the landscape and the quaint farms. Return by Marchairuz Pass at 1447 metres altitude featuring a breathtaking panorama of the Lake Geneva basin, the Alps and Mont-Blanc. Wine-tasting in a wine cellar in the La Côte area and return to Geneva by 6.00 p.m.
Chamonix and the Mont Blanc (France - passport needed!) CHF 220.- /part.

Monday 25

By coach. Leave at 9.00 a.m. A 90 minutes drive by bus brings you through the picturesque Arve Valley and takes you from Geneva to Chamonix, one of the most famous mountain villages at the foot of the remarkable and majestic Mont Blanc, the highest mountain in Europe. A cable car (approx. 20 minutes) will take you to the “Aiguilles du Midi”, a rocky peak nearly 4000 m high facing the Mont Blanc. The view from the summit offers breathtaking panorama of the Chamonix valley and the highest mountains of the Swiss, French and Italian Alps. A typical Savoyard lunch will be served. The afternoon is free for shopping in Chamonix. Return to Geneva by 6.00 p.m.

Gruyères and Château de Chillon CHF 170.- /part.

Monday 25

The tour will depart by bus at 9.00 a.m. for Gruyères, typical Swiss village. A visit of the cheese factory will be followed by a tour of the picturesque village. Lunch followed by a stroll through this magnificent medieval town dominated by its castle and 15th century ramparts. Return to Geneva in the late afternoon.

Annecy (France - passport needed!) CHF 180.-/part.

Tuesday 26

Departure by bus at 9.00 for Annecy (France), small city lying along the wonderful lake with the same name. Annecy was built during the 13th to the 17th century, almost on the lake, and therefore has a lot of small canals. Its old town is one of the nicest in the entire Haute Savoie (Upper Savoy). Lunch in one of the famous restaurants along the lakeside, guided visit of the old town and the castle. Return to Geneva in the late afternoon.
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Linde

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