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2nd International Congress on

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November 25, 2021

Scientific Tracks & Abstracts

35 YEARS OF EXCELLENCE IN MEDICAL PUBLISHING

Sessions

Midwives and Pregnancy Nursing | Cancer Nursing | Clinical and Dispensing pharmacy

Session Introduction

Title: **Taking control: what do we mean and how can it work for parents and children with chronic illness? A systematic review**

Stephanie Vallianatos | Dutch Knowledge Centre for Children's Palliative Care | Netherlands

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Taking control: what do we mean and how can it work for parents and children with chronic illness? A systematic review

Vallianatos S

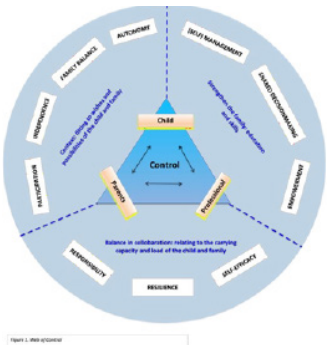
Dutch Knowledge Centre for Children's Palliative Care, The Netherlands

Background: Personalized care and taking control are well known phrases in the field of (child) healthcare in many countries. Given the shift in health care to person-centered care and the role and responsibilities of persons themselves, attention is needed for what we mean with 'taking control'. Childcare is special because when we talk about clients, we are referring to a sick child within a family. Also, more families with children with chronic illness are expected to deal with the care of their child at home. The aim of the review is to get a deeper understanding about the concept of 'control' in the context of families with a child with chronic illness at home and how this is operationalized. Methods: A systematic search was performed (n=1266). In total 78 articles and guidelines were included for qualitative synthesis.

Results: Eleven different terms were identified for control or related issues. Together they are needed to understand the scope of the concept of control. They are presented in the 'Web of Control', helps illustrate what 'taking control' means in practice, and summarizes the inter-relationship between the terms needed for operationalization of 'control'.

A wide variety of interventions were described as having an influence on control. None of them did have increasing control as main goal. Also, a variety in the instruments are used to measure outcomes in the studies. It is not clear to what extent these instruments are correlated with the degree of control.

Conclusions: In practice, control and issues related to it are introduced as separate topics, but when we consider the shift in health care to person-centred care, a more integrated approach is necessary. The Web of Control is developed based on these insights. By providing an overview, the model helps to evaluate the concept of control in practice.



Biography

Stephanie Vallianatos is an innovator, advisor and researcher in the broad field of healthcare. She is trained as a nurse and studied the master Healthcare management. Since 1991, she worked as a district nurse and care-manager in de home care. From 2006, she started her own business as innovator and project leader to focus fully on quality improvement in healthcare with focus on patient's perspective. In recent years, her activities switched more to advice and research. Driven by the fact that innovations really stick, she wants to deepen the connection between practice and science. Here portfolio contains various projects in the social domain, with projects in the field of intensive childcare as a common thread. Parallel to her work, she started a PhD research about 'How control plays a role in the interaction between the care-professional and the family with a medical care-intensive child in order to achieve better outcomes

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Survival and predictors of mortality among severe acute malnourished under-five children admitted at Felege hiwot comprehensive specialized hospital, Ethiopia, 2020.

Mr. Amare Kassaw
MSc in pediatric and child health nursing, Ethiopia.

Background: Malnutrition is still a global public health problem contributing for under-five morbidity and mortality. The case is similar in Ethiopia in which severe acute malnutrition (SAM) is the major contributor to mortality being an underlying cause for nearly 45% of under-five deaths. However, there is no recent evidence that shows the time to death and public health importance of oxygen saturation and chest in drawing in the study area. Therefore, estimated time to death and its predictors can provide an input for program planners and decision-makers.

Methods: A retrospective cohort study was conducted among 488 SAM under-five children admitted from January 2016 to December 2019. Participants were selected by using simple random sampling technique. Data were entered in to Epi-Data version 3.1 and exported to STATA version15 software for further analysis. The result was determined using Kaplan Meier, log-rank test and Cox-proportional hazard regression model was fitted to identify mortality predictors. P-value<0.05 was used to declare statistical significance

Results: Out of the total 488 randomly selected charts of children with SM, 476 records were included in the final analysis. A total of 54(11.34%) children died with an incidence rate of 9.1death /1000 person- days. Failed appetite test (AHR: 2.4; 95%CI: 1.26, 4.67), altered consciousness level at admission (AHR: 2.4; 95%CI: 1.08, 4.67), oxygen saturation below 90% (AHR: 3.3; 95%CI: 1.40, 7.87), edema (AHR 2.9; 95%CI: 1.45, 5.66) and HIV infection (AHR: 2.8; 95%CI: 1.24, 6.36) were predictors of mortality

Conclusion: The overall survival status of SAM children was low as compared to national sphere standards and previous studies. Predictors of mortality were oxygen saturation below 90%, altered consciousness, HIV infection, edema and failed appetite test. Early screening of complications, close follow up and regular monitoring of SAM children might improve child survival rate.

Biography

Mr. Amare has clinical expertise and currently lecture of pediatrics and child health nursing in Debre Tabor University and also working in pediatrics and neonatal ICU in his extra time. He was earned his MSc in Pediatrics and child health nursing before one year. He wants to be researcher in his field to improve the wellbeing of children and contribute scientific evidence to the global community.

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Impact of Respiratory distress syndrome and perinatal asphyxia on the survival of preterm neonates in in East Africa context: a systematic review and meta-analysis

Mr Ermias Sisay Chanie (MSc)
Ethiopia

Background: Preterm incidence increased rapidly and its disproportionate contribution to increased infant mortality rates in Africa. Hence, the aim of this systematic review and meta-analysis was to determine the pooled mortality rate and associated contributing factors with decreasing the survival of preterm.

Methods: PubMed, Google Scholar, Hinary, Cochrane library, research gate, and institutional repositories were retrieved were used to identity eligible articles through Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) guidelines. Data was extracted in the excel sheet considering mortality rate, and stratified the associated factors with mortality, then the data exported to STATA 14 for further analysis. I2 and Egger's test were estimated to the heterogeneity and publication bias of the included article respectively. Subgroup analysis-based country, year, study design, year of publication, and sample size were also examined.

Result: This meta-analysis included 32 articles with total of 21,405 study participants. The pooled mortality rate among preterm in Easter Africa found to be 19.2% (95%CI; 16.0–22.4). Regarding to study design, the mortality rate found to be 18.1%, 19.4%, and 19.7% with respect to prospective cohort, retrospective cohort, and cross-sectional studies. The pooled odds of mortality among preterm with respiratory distress syndrome decreased the survival by nearly three folds [AOR=3.2; 95% CI: 22, 4.6] when compared to those who didn't have respiratory distress syndrome. Similarly, preterm presented with birth asphyxia nearly three times higher a risk death as compared with their counterparts [AOR=2.6; 95% CI: 1.9, 3.4].

Conclusion: Mortality of preterm was unacceptably high in Eastern Africa. Fortunately, the main causes of death were found to be respiratory distress syndrome and birth asphyxia which are preventable and treatable hence early detection and timely management of this risk factors are crucial to decrease preterm mortality significantly

Biography

Mr Ermias Sisay Chanie has working in Debre Tabor university in pediatrics and neonatal health Nursing department, Ethiopia. His expertise in evaluation and passion in improving the health and wellbeing. His open and contextual evaluation model based on responsive constructivists creates new pathways for improving healthcare. He has participating in different national and international conference to reduce maternal and child mortality worldwide in general and resource limited setting in particular.

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Swab Safe Management

Kathy Nabbie
RGN- Surgical First Assistant, London, United Kingdom

Swab Safe Management is a process which happened on a Saturday at 19.30 hrs in April 2012.

I was the theatre coordinator in the list. We had a never event of a retained swab in a breast wound.

The following week, I changed practice, following audits for four (4) weeks in eight (8) theatres.

Until recently, no one ever asked me how I felt. I knew what steps to take to remove the swab.

But most of all, I felt for the surgeon. As theatre scrub practitioners we complete counts and inform the surgeon. He acknowledges the count. If later a swab is retained, it's the surgeon who must inform the patient and remove it. By using a system especially designed for counting swabs, we can Stop Never Events of Retained Swabs and maintain safety for the patient, the consultants, perioperative staff and the hospital.

Notes:

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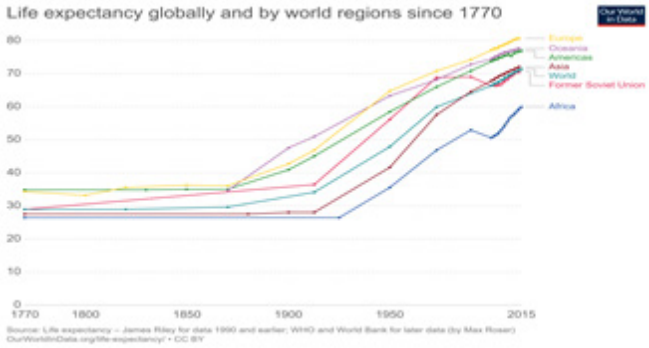
Treating the next generation: why and how we need to treat the over 70s differently

Dr Michael McMullen FNHAA
Sweden

In 1900, the worldwide average life expectancy was less than 50 years, by 2001 it had increased to between 65 and 75 years worldwide, excepting Africa where it was 50 years. Consequently, most traditional medicine therapies have been developed by treating patients rarely older than 65 years. Can we justify treating the older patients with therapies largely developed on those under 50 years or do we need to modify our therapies for those more than 70 years? As our knowledge of physiology develops it has become clear that older people do not just look old, they have another physiology. From around 40-45 years things change, but may have little immediate effect on health, because there is often sufficient reserve capacity to avoid symptoms. For example, kidney mass decreases 1% per year from 40 years. At 60 years the kidneys have 80% of the 40-year mass and few problems are noted, however by 70 and 80 years this remaining mass has been reduced to 70% and 60% respectively. Is this reduction in kidney mass a reason why gout is 5 times higher in persons aged 70-79 years than in those younger than 50 years? For the younger patient, kidney stimulation to treat gout might be appropriate but would it be suitable for the 80-year patient? An alternative approach for the elderly is the use of charcoal tablets. These absorb uric acid in the small intestine – this organ has been reported to excrete as much uric acid per day as one kidney. Other systems also change with aging, and it may be that some diseases of the elderly are both hardwired and modifiable. Studies suggests that these diseases may include cardiac insufficiency, dementia, diabetes, and muscle wasting.



Recent Publications

2011, Article – clinical trial. The immediate and short-term chemosensory impacts of coffee and caffeine on cardiovascular activity. Food Funct. 2011 Sep;2(9):547-54. doi:

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