P0082 / #337: BARRIERS TO DELIVERING ENTERAL NUTRITION IN PICUS: A SURVEY AND NEW QUALITY IMPROVEMENT TOOL

Tume, L

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P0080 / #320

IS A TRIAL OF NO ROUTINE GASTRIC RESIDUAL VOLUME MONITORING TO GUIDE ENTERAL FEEDING IS POSSIBLE IN UK PICUS AND NICUS?


1University of Salford, School Of Health & Society, Manchester, United Kingdom, 2Hôpital Mère en enfant, Picu, Lyon, France, 3Chelsea & Westminster, Nicu, London, United Kingdom, 4University of Liverpool, Liverpool Trials Unit, Liverpool, United Kingdom, 5University of Cambridge, Picu, Cambridge, United Kingdom, 6Alder Hey Children’s Hospital, Dietetics, Liverpool, United Kingdom, 7Hôpital Mère en enfant, Nicu, Lyon, France, 8Dalhousie University, Nicu, Halifax, Canada

AIMS & OBJECTIVES: To determine if a trial of no routine gastric residual volume (GRV) measurement to guide feeding is feasible in UK Pediatric (PICU) and neonatal intensive care units (NICU).

METHODS: A mixed methods study involving surveys of practice, interviews with parents and interviews and focus groups with PICU healthcare professionals (HCP), a Delphi study, analysis of existing PICU and NICU datasets and a consensus meeting.

RESULTS: Surveys in both PICU and NICU showed that the practice of using GRV to guide starting and advancing enteral feeds were common: 96% PICUs and 65% NICUs. Interviews with 31 parents showed an overwhelmingly positive support for a future trial, with some concerns around delay to early identification of problems. This fear was mirrored by the HCP views. Feedback from 51 HCP showed that a trial was feasible, with junior nurses the most concerned about not being able to measure GRV. The delphi study was able to gain consensus on 12 trial outcomes for PICU and 9 for NICU, and further demonstrated trial feasibility with 97% and 91% HCP willing to randomise a child into a future trial. The two preferred primary outcome measures were: time to achieve energy targets (PICU) and time to achieve full feeds (150ml/kg) for NICU. Analysis of the national datasets revealed adequate support for a future trial. The present study showed a high incidence of electrolyte abnormalities in acutely ill children admitted to PICU. Since the specific symptoms of electrolyte abnormality often merge with the underlying disease, they remain unrecognized and contribute significantly to the morbidity and mortality besides the primary illness. Close monitoring and appropriate correction of electrolyte abnormalities will be useful in lowering mortality.

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BARRIERS TO DELIVERING ENTERAL NUTRITION IN PICUS: A SURVEY AND NEW QUALITY IMPROVEMENT TOOL


1University of Salford, School Of Health & Society, Manchester, United Kingdom, 2Sophia Childrens Hospital, Picu, Rotterdam, Netherlands, 3University of the West of England, Faculty Of Health, Bristol, United Kingdom, 4University of Plymouth, School of Health, Plymouth, United Kingdom, 5Hôpital Mère en enfant, Picu, Lyon, France

AIMS & OBJECTIVES: To develop a pediatric quality improvement instrument for enteral nutrition (EN) delivery in critically ill children and to explore the perceived barriers by pediatric intensive care healthcare professionals (HCP) (nurses, dieticians and physicians) across the world.

METHODS: Cross-sectional online survey to PICU HCP across the world containing 25 items

RESULTS: 920 pediatric intensive care professionals responded from 57 countries; 477/920 (52%) nurses, 407/920 (44%) physicians and 36/920 (4%) dieticians. Sixty-two percent had more than five years PICU experience and 49% worked in general PICUs, with 35% working in combined cardiac and general PICUs. There were also significant differences in 14 perceived barriers when comparing
RESULTS: The use of continuous arterial venous hemodiafiltration in patient, where peritoneal dialysis and hemodialysis was not possible, this is an alternative even

CONCLUSIONS: The use the HDFAVC, where peritoneal dialysis and hemodialysis was not possible, this is an alternative even

**P0083 / #367**

HEMODIAFILTRACION VENO –ARTERIAL ABOUT A CASE

G. Castillo

FUNDACION INFANTIL CLUB NOEL, Valle Del Cauca, CALI, Colombia

Aims & Objectives: 2 years old, Weight 7.4 kg

CRF and CIA ostium secundum 5.6 mm with moderate hemodynamic repercussion. Pulmonary stenosis with a 22 mmh, probably secondary to hyperflux, receives enalapril, furosemide, calcitriol, calcium and salbutamol, beclomethasone. He has edema, distended abdomen. Exfx: Unstable, FC DE 176, TA 100/60, SAO2 DE 90%, with signs of water overload, peritoneal dialysis catheter dysfunction, DOM and intubates, milirone EP,NE,Ad. Liquids eliminated: 10 cc taken to surgery for rearrangement of PD catheter, but it is dysfunctional, PD cannot be done.

Accumulated water balance of 100 ml

LEU 11,500, 78% PMN, 14% LN, HB DE 9.6,HTO 30%, BUN: 76.8, Cr: 3.61, alb: 3.57, PCR DE 300, pt 27, P: 7.7, Mg: 1.5, Chlorine: 106, PD does not work.

Liquids eliminated: 10 cc taken to surgery for rearrangement of PD catheter, but it is dysfunctional, PD cannot be done.

Hemodiafiltration v-v is not possible. The CAVHDF and is programmed like this pump flow:

50 cc / min

Ultrafiltrate: 28 cc / h

75 cc / h citrate

calcium gluconate 30 cc / h

Effluent volume:

VE: 30 cc / kg / h

UL: 28 cc / h

QR: 50% = 97 cc / h

QD: 50% = 97 cc / h With all this, the patient finished coin his terpia, I remain with erc and then he transplanted and is fine

Methods: Case Review

**P0084 / #397**

CRITICALLY ILL INFANTS ARE MORE HYPOMETABOLIC THAN NON INFANTS

Z. Azevedo, D. Moore, K. Camacho, M. Salú, F. Lima-Setta, D. Caixeta

Instituto Nacional Fernandes Figueira, Pediatria, Rio de Janeiro, Brazil

Aims & Objectives: The knowledge of the metabolic status of critically ill pediatric patients is fundamental. The assessment of energy expenditure by indirect calorimetry is the gold standard for metabolic assessment of critically ill patients since the equations for determining energy expenditure at rest did not show accuracy for the critically ill patient population. Indirect calorimetry enables proper nutritional management avoiding underfeeding and overfeeding, both harmful. This study aims to evaluate whether there is a difference in the metabolic pattern observed in children undergoing mechanical ventilation in the intensive care unit in relation to age group.

Methods: Indirect calorimetry data were collected from children aged 1 month to 84 months of age in the first 72 hours of mechanical ventilation. It was evaluated if there were differences in values according to age group.

Results: Energy expenditure and oxygen consumption results were obtained from 182 patients from 1 month to 84 months of age. A difference was observed in the mean values obtained in infants compared to older children. There was a statistically significant difference (p <0.01) in the median VO2/m2 obtained in infants compared to older children. There was a statistically significant difference (p <0.01) in the median VO2/m2 obtained in children under 2 years (median 125; IQR 100.4-149.2; n = 134) when compared to older children (median 151.9; IQR 135.2-178.4; n = 48). Statistically significant differences (p <0.01) were also observed between the energy expenditure values of children under 2 years (median 259; IQR 184-356.5; n = 134) and older children (median 714 (593.8-824.8).

Conclusions: It was observed that infants have a more hypometabolic profile than children older than 2 years.

**P0085 / #404**

PROFILE OF PAEDIATRIC MALIGNANCIES IN YANGON CHILDREN’S HOSPITAL: 2017-2018

A. Than Oo

Yangon General Hospital, Emergency And Disaster Management, Yangon, Myanmar

Aims & Objectives: Although the incidence of paediatric malignancy is on rise, little is known about the epidemiology of pediatric cancer especially in low and middle income