



World Federation of Pediatric Intensive &
Critical Care Societies



PROCEEDING BOOK



THE 2nd ASIAN PEDIATRIC MECHANICAL VENTILATION FORUM (APMVF) 2019

in conjunction with

THE 3rd PEDIATRIC ACUTE AND CRITICAL CARE MEDICINE ASIAN NETWORK (PACCMAN) MEETING 2019

Sunan Hotel, Surakarta
21st – 24th March 2019



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From Diversity to Unity

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**BADAN PENERBIT
IKATAN DOKTER ANAK INDONESIA**

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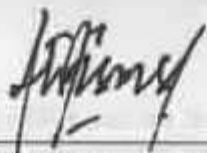
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WELCOME MESSAGE



CHAIRPERSON OF THE ORGANIZING COMMITTEE
THE 2nd ASIAN PEDIATRIC MECHANICAL VENTILATION FORUM
(APMVF) 2019

Dear colleagues,

On behalf of the Organizing Committee, I am pleased to welcome you all to the 2nd Asian Pediatric Mechanical Ventilation (APMV) Forum at the Sunan Hotel Surakarta on 21st - 24th March 2019. The congress is a joint operation of Indonesian Pediatric Society with World Federation of Pediatric Intensive and Critical Care Societies (WFPICCS). WFPICCS has made an enormous effort to build a pediatric critical care networking in the world. It is a great honor for the Working Group of Emergency and Pediatric Intensive Care Medicine on behalf of The Indonesian Pediatric Society to be the host of this prestigious meeting in Indonesia.

I hope this Forum will be able to help the experts and physicians in critical care medicine sharing the knowledge and build the power of diversity to unity around Asian countries. A diverse array of opportunities for knowledge exchange and professional networking between colleagues will be provided. The congress also will be more productive with conjoint the 3rd Pediatric Acute and Critical Care Medicine Asia Network (PAACCMAN) Meeting 2019 whereas scientific program consist of pre-congress workshops, plenary, Symposium, debate session, lunch symposium, and oral & poster presentations.

Delegates will be able to gain novel knowledge through our sessions, as well as getting the latest updates on topics presented by domestic and international prominent's speakers in pediatric critical care.

We do believe that the 2nd Asian Pediatric Mechanical Ventilation Forum (APMVF) 2019 in conjunction with the 3rd Pediatric Acute and Critical Care Medicine Asia Network (PAACCMAN) Meeting 2019 in Surakarta - Indonesia, will be a successful one. We hope this event can

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achieve the great success with expected attendees around 400 national and international practitioner and experts from the pediatric societies, pediatrician, other specialist, general practitioners and nurse.

My special thanks to all of our honorable invited speakers for your active role and contribution to this important event.

Highest appreciation extended to the kind contribution of industrial companies to this remarkable symposium and exhibition. I do believe that with your participation and valuable support, this important event will be a successful one.

Ririe Fachrina Malisie, MD, PhD
Chairman of the 2nd APMV Forum 2019

WELCOME MESSAGE

PRESIDENT OF INDONESIAN PEDIATRIC SOCIETY

Dear colleagues,

It is a great honor to welcome you all to the 2nd Asian Pediatric Mechanical Ventilation Forum (APMVF) 2019. It is a pleasant privilege to be able to host this prestigious event for the first time in Indonesia.

Pediatric critical care is an essential part in pediatric healthcare. We hope that participants gain substantial benefits since many updates are available from distinguished speakers from all over the world. Needless to say, critical care is an important skill for medical staffs. However, the importance of evidence based, up-to-date critical illness management is not only aimed at saving lives, but also in minimizing sequelae as much as possible, in hope that patients may fully recover and reach optimal growth and development later on. This mindset is in accordance with SDGs 3, good health and well-being: to ensure a healthy life and improve well-being for all ages.

I would also like to express my warm gratitude to Pediatric Emergency and Intensive Care Working Group of Indonesian Pediatric Society and Indonesian Pediatric Society Central Java Chapter as well as Surakarta Representative, together with all related partners who have been working hard to make this event possible. Last but not least, I sincerely wish all participants get a balanced experience between learning and adventure, since Solo is a beautiful travel destination with a lot to offer.

Welcome to Indonesia and looking forward to seeing you in Solo.

Aman B Pulungan, MD, PhD, FAAP

President of Indonesian Pediatric Society

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Respiratory Clinical Profile, Treatment And Hospital Length of Stay of Dengue Shock Syndrome in Pediatric Intensive Care Unit

Renata Yolanda, Ari L. Runtuuwu, Jose M. Mandei, Jeanette I. Ch. Manoppo

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Prof. dr. R. D. Kandou Hospital Manado, Indonesia

Background: Dengue shock syndrome (DSS) is severe form of dengue hemorrhagic fever (DHF). Hypoxemia and pulmonary complications are associated with hospital length of stay (LOS) in DSS.

Methods: We conducted an retrospective study in children ages 1 to 18 years old, in PICU RSUP Prof. Dr. R. D. Kandou Manado from January - December 2018 with DSS. We assessed duration of fever, pleural effusion, peripheral edema, oxygen saturation as clinical profile, treatments assessed included nasal and oxygen mask. The hospital LOS divided into ≤ 3 and > 3 days. Data were analysed by SPSS 22, significant at $p < 0.05$.

Objective: To assess respiratory profile, treatment and its association with LOS in DSS.

Result: There were 117 patients, 75 (64.1%) patients were > 5 years old, 63 patients (53.8%) men. Pleural effusion is present in 30 cases (25.6%), 26 cases (86%) with LOS > 3 days ($p 0.027$), peripheral edema in 42 cases (35.9%), 35 cases (83%) with LOS > 3 days ($p 0.034$). Fifty nine cases (50.4%) with oxygen saturation $< 95\%$. The use of nasal oxygen was found in 94 cases (80.3%), 90 cases (95%) with LOS > 3 days, while the use of oxygen masks is found in 23 cases (18.8%), 17 cases (72.2%) with LOS > 3 days ($p 0.004$).

Conclusion: Pleural effusion, peripheral edema, nasal and mask oxygen use are associated with longer LOS in DSS patients.

Keyword : Respiratory, length of stay, dengue shock syndrome.

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