



World Federation of Pediatric Intensive &  
Critical Care Societies



# PROCEEDING BOOK



## **THE 2<sup>nd</sup> ASIAN PEDIATRIC MECHANICAL VENTILATION FORUM (APMVF) 2019**

in conjunction with

## **THE 3<sup>rd</sup> PEDIATRIC ACUTE AND CRITICAL CARE MEDICINE ASIAN NETWORK (PACCMAN) MEETING 2019**

Sunan Hotel, Surakarta  
21<sup>st</sup> – 24<sup>th</sup> March 2019



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## **From Diversity to Unity**

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Ventilation Forum (APMVF) 2019**

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MEETING 2019**



**BADAN PENERBIT  
IKATAN DOKTER ANAK INDONESIA**

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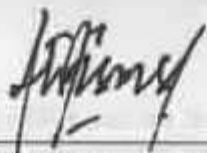
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## WELCOME MESSAGE



CHAIRPERSON OF THE ORGANIZING COMMITTEE  
THE 2<sup>nd</sup> 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 21<sup>st</sup> - 24<sup>th</sup> 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 3<sup>rd</sup> 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 2<sup>nd</sup> 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

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 2<sup>nd</sup> APMV Forum 2019

# WELCOME MESSAGE

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PRESIDENT OF INDONESIAN PEDIATRIC SOCIETY

Dear colleagues,

It is a great honor to welcome you all to the 2<sup>nd</sup> 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

# ORGANIZING COMMITTEE

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Antonius H. Pudjiadi (Indonesia)  
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## **Interpretation of Blood Gas Analysis and Nutritional Status in Severe Bronchopneumonia Patients in the Pediatric Intensive Care Unit of the RSUD Prof. DR. RD. Kandou, Manado**

**Ari L Runtuwuu, Jose M Mandei, Holly Sanusi, Jeanette I. Ch. Manoppo**

Pediatric Division of Sam Ratulangi University, Manado

**Background:** Bronchopneumonia is a medical emergency in children that often occurs in Indonesia, because mortality and morbidity are still high.

**Methods:** We used a retrospective cohort study using data taken from medical records of severe bronchopneumonia patients and examined for AGD treated in the Pediatric Intensive Care Unit (PICU) of RSUD Prof. Dr. RD. Kandou, Manado from 1 January 2018 to 31 December 2018. Data collected consisted of gender, age, BGA results and nutritional status.

**Objective:** This study aims to determine the description of Blood Gas Analysis (BGA) and description of nutritional status in children with severe bronchopneumonia.

**Results:** The samples obtained were 82 patients diagnosed with severe bronchopneumonia and examined by BGA. Obtained 4 patients with overweight, 11 malnutrition, and 67 good nutrition. There were 18 using a ventilator and 64 without a ventilator. In patients with ventilators, 10 died with 8 accompanied by sepsis and 2 without sepsis (6 respiratory alkalosis, 1 respiratory acidosis, 1 metabolic acidosis and 2 within normal limits) and 8 cured (3 respiratory acidosis and 5 Normal). In patients without ventilators, 55 were cured, accompanied by 2 sepsis and 53 without sepsis (6 respiratory acidosis and 49 normal), and 9 died with 4 sepsis and 5 without sepsis (2 respiratory acidosis, 3 of respiratory alkalosis, and 4 normal)

**Conclusion:** In severe bronchopneumonia patients with respiratory alkalosis, the prognosis is worse.

**Keywords:** Ventilator bronchopneumonia Blood gas analysis

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