

# Highlights from the 39th Annual Conference Advances in Therapeutics and Technology: Critical Care of Neonates, Children, and Adults Ontario, CA

Donald Null, MD

*“The conference opened with a tribute to Tom Harris, MD, who started this conference. He initiated using a jet ventilator to treat preterm newborns in the early 1980s in Salt Lake City at Primary Children’s Hospital.”*

The conference opened with a tribute to Tom Harris, MD, who started this conference. He initiated using a jet ventilator to treat preterm newborns in the early 1980s in Salt Lake City at Primary Children’s Hospital. These patients were dying of severe pulmonary interstitial emphysema or severe RDS. Tom was a superb clinician, researcher, physiologist, teacher, and friend.

Dr. Goldstein, MD, gave a superb presentation on Covid and RSV. He presented an update on future immunizations for RSV and the need for the American Academy of Pediatrics to change its recommendation for which patients should receive Synagis.

Dr. Morris-Whyte on managing a newborn with Multisystem Inflammatory Syndrome presented an excellent abstract. The case report is published in this edition of Neonatology Today

Dr. J Klein, MD, provided an excellent lecture on using the High-Frequency Jet Ventilator as an initial mode of support for ELBW 22-25 week gestation newborns. This management has improved survival in this group of ELBW neonates.

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Dr. D Null, MD, discussed using High-Frequency Ventilation to transport VLBW and ELBW babies. Management strategies were given for the use of the TXP. The use of the TXP appears to improve pulmonary outcomes in ELBW babies by minimizing baro-

trauma and improving lung function. Settings for the device were discussed with specific pulmonary pathophysiology.

K Welton RRT and B Mercado RRT presented an abstract on unplanned extubations. They listed the top 3 causes and how to avoid unplanned extubations. The causes are associated with the Night shift, with cares taped at the corner of the mouth. Avoid poor taping, unrestrained, cares, skin-to-skin, and infrequent taping/afixing skills.

Dr. Minton, MD, provided an excellent abstract on aerosolized surfactants. This procedure avoids intubation and using a laryngoscope to place a catheter in the trachea. The results were very encouraging.

Dr. Lakshmanan, MD, lectured on the follow-through of ELBW patients. This includes families, social, technical medicine, and developmental outcomes. Parent focus is a priority.

Dr. Profit, MD, discussed optimizing Quality and Equity in Newborns in CA. CPQCC Ca Perinatal Quality Care Collaboratives. His data included 500,000 births, 17,00 NICU admissions, 140 NICUs contributed, 7,000 Acute Neonatal Transport, and 9,000 High-Risk Infants. These results were centered on Quality Improvement education and QI Research looking at outcomes and potential treatment modifications.

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Dr. Pramanik, MD, presented an excellent presentation on NEC regarding Incidence, etiologies, pathophysiology, presentation, diagnosis, treatment, and prevention.

Dr. Ramanathan, MD, provided a vital talk regarding the gut mi-

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crobiome and lung disease. The role of human milk in programming health in very preterm infants. The protective effect of exclusive human milk on the lung, heart, and brain.

Dr. Null, MD, discussed antibiotic stewardship. The benefits are clear for decreasing the use of antibiotics. However, a negative blood culture does not mean the neonate is not infected. Five cases were presented, demonstrating inadequate assessment of the patient for infection. Take home message 1. Negative blood culture does not mean antibiotics should be stopped. 2. Using fewer antibiotics means infection needs to be at the top of the list of why the baby is not doing well. 3. Early treatment prevents death or disability. 4. Listen to the Nurse or parent. 5. Examine the patient

Dr. Fineman, MD, gave a very informative talk on Pulmonary Hypertension in general. He discussed BPD and PPHN patients' management, drugs, follow-up, cardiac catheterization timing, and follow-up frequency. He also discussed pediatric and cardiac patients with PPHN and their management.

*Disclosures: The author has no conflicts noted.*

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