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November 2018 | Volume: 8 | ISSN: 2161-0665
Pediatrics & Therapeutics
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JOINT EVENT

World Congress on

Clinical Pediatrics

and

Pediatric Oncology & Care

November 12-13, 2018 | Lisbon, Portugal



Conference Series LLC Ltd
47 Churchfield Road, London, W36AY, UK, Toll Free: +44 20 393 63178

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Scientific Program

Day 1 | November 12, 2018

09:00-09:45 Registration Desk Opens

Hall - Belem 5

conferenceseries.com 09:45-10:00 **Opening Ceremony**

Keynote Forum

10:00 - 10:45 **Title: Functional variability among hospitalist: Optimizing performance and outcomes**

Rabi F Sulayman, Advocate Children's Hospital, USA

Networking and Refreshments Break 10:45-11:00 @ Foyer

11:00 -11:45 **Title: Diagnosis and management of ADHD in primary care pediatrics**

Sharon F Daley, Cape Cod Healthcare, USA

Session Introduction

Major Sessions: General & Clinical Pediatrics | Pediatric Nursing-Critical Care | Pediatric Otolaryngology | Pediatric Oncology & Care | Pediatric Clinical Case Reports

Session Chair: Sharon F Daley

Session Co-chair: Gibby Koshy

11:45 - 12:20 **Title: Developing a priority communication protocol(PCP) for inter-professional communication(IPC) in pediatric departments**

So Lim Park, Asan Medical Center, Republic of Korea

12:20 - 12:55 **Title: The pharyngeal inflammation etiology in children**

Elena Radtsig, Pirogov Russian National Research Medical University, Russia

Group Photo

Lunch Break 13:10 - 14:10 @ Restaurant

14:10-14:45 **Title: Extra-intestinal symptoms of antibiotic-associated diarrhea in children**

Ploskireva Antonina, Central Research Institute of Epidemiology, Russia

14:45-15:20 **Title: Estimating health risks from air pollution and exposure to cigarette smoke during pregnancy using merseyside community child health survey and air pollution data**

Gibby Koshy, Liverpool School of Tropical Medicine, UK

15:20-15:55 **Title: The nasopharyngeal tonsil in children with and without congenital cleft lip and palate (CCLP) in different childhood periods**

Elena Radtsig, Pirogov Russian National Research Medical University, Russia

Networking & Refreshments Break 15:55-16:10 @ Foyer

Poster Presentations 16:10-17:00 @ Foyer

PP1 **Title: Effects of implementing PFCC(Patient/Family Centered Care) on pediatrics inpatient units**

Sun Jung Hyun, Asan Medical Center, Republic of Korea

PP2 **Title: Chronic myeloid leukemia - STOP TKI - Case report in a 9 year old boy**

Carolina Maria Costa Pavao, Hospital do Divino Espírito Santo, Portugal

PP3 **Title: Cases of inherited chromosomally integrated human herpesvirus 6 in Russia**

Elena Melekhina, Central Research Institute of Epidemiology, Russia

PP4 **Title: Association of breastfeeding practices and selected clinical outcomes of patients aged 3 months to 2 years old diagnosed with PCAP C in a Tertiary Government Hospital in Manila from Jan 2013- Jan 2016**

Charisse B Pulmano, Ospital ng Maynila Medical Center, Philippines

PP5 **Title: Short term outcome of cardiopulmonary resuscitation at a tertiary care center in Pakistan**

Sidra Ishaque, Aga Khan University Hospital, Pakistan

Award Ceremony

Panel Discussion & B2B Meetings

Day 2 | November 13, 2018

Keynote Forum

10:00 -10:45	**Title: The incidence of sudden unexpected early neonatal death or acute life threatening event is reported as 0.05/1000 to 0.38/1000 live births** **Hassan Ayman Al Koutouby,** University of Strasbourg, France

Networking & Refreshments Break 10:45-11:00 @ Foyer

Major Sessions: General & Clinical Pediatrics | Pediatric Otolaryngology | Pediatric Clinical Case Reports | Pediatric Oncology & Care

Session Chair: Hassan Ayman Al Koutouby, University of Strasbourg, France

11:00-11:35	**Title: Acute myeloid leukemia-M6- Case report in a 2 year old boy** **Carolina Maria Costa Pavao,** Hospital do Divino Espírito Santo, Portugal
11:35-12:10	**Title: The phonatory disorders in speaking and pre-speaking children** **Elena Radtsig,** Pirogov Russian National Research Medical University, Russia
12:10-12:45	**Title: Brief resolved unexplained events (formerly apparent life-threatening events): What do we need to do?** **Amira Mustafa,** Sidra Medicine, Qatar
12:45-13:20	**Title: 10 years of experience in diagnosis and treating children with ADHD as a Pediatrician** **Revital Levi Hevroni,** Israel

Lunch Break 13:20-14:20 @ Restaurant

Networking & B2B Meeting

14:20-14:55	**Title: Constipation can be Crohn's disease** **Shah Dipali,** West Middlesex University Hospital, UK
14:55-15:30	**Title: Outcome of treatment in children with Acute Lymphoblastic Leukemia** **Aroog Qadir,** University of Health Sciences Lahore, Pakistan

Networking & Refreshments Break 15:30-15:50 @ Foyer

Panel Discussion

Closing Ceremony

Welcome



Welcome to the Clinical Pediatrics Congress 2018, scheduled in Lisbon, Portugal on 12-13 November. This international conference will highlight recent advances and challenges in Pediatrics and neonatology. We are excited to host renowned faculty, paediatricians, nurse practitioners, physician assistants, nurses, researchers, students, and industry exhibitors from around the world. The scientific program includes keynote addresses, plenary sessions, poster sessions, and workshops. Participants will learn about advances in Pediatric primary and specialty care, neonatology and latest research research developments. This will be a great opportunity for networking with international colleagues, as well as clinical and research collaboration.

Lisbon is the charming and historic capital of Portugal, renowned for its hospitality, culture, and wonderful cuisine. Bring your walking shoes to explore this city of seven hills before and after the educational sessions. The organizing committee for the Congress has prepared a diverse and interesting scientific program. Your active participation will be the key to a successful learning experience. You can look forward to sharing ideas and interacting with colleagues from all over the world. We are excited to meet you in Lisbon in November!

Dr. Sharon F Daley
Former Chief - Cape Cod Hospital
Massachussets - USA

List of Open Access Journals

Agri, Food & Aqua

Advances in Crop Science and Technology	2329-8863
Advances in Dairy Research	2329-888X
Agrotechnology	2168-9881
Aquaculture Research & Development	2155-9546
Arabidopsis C. Elegans and Zebrafish	-
Biofertilizers & Biopesticides	2155-6202
Crop Research	2454-1761
Experimental Food Chemistry	-
Fisheries & Livestock Production	2332-2608
Fisheries and Aquaculture Journal	2150-3508
Fisheriessciences	1307-234X
Food & Industrial Microbiology	-
Food & Nutritional Disorders	2324-9323
Food Processing & Technology	2157-7110
Food: Microbiology, Safety & Hygiene	-
Forest Research	2168-9776
Horticulture	2376-0354
International Biodiversity, Bioprospecting and Development	2376-0214
Marine Science: Research & Development	2155-9910
Medicinal & Aromatic Plants	2167-0412
Nutrition & Food Sciences	2155-9600
Plant Pathology & Microbiology	2157-7471
Poultry, Fisheries & Wildlife Sciences	2375-446X
Probiotics & Health	2329-8901
Research & Reviews: Journal of Agriculture and Allied Sciences	2347-226X
Research & Reviews: Journal of Food and Dairy Technology	2321-6204
Rice Research	2375-4338
Traditional Medicine and Clinical Naturopathy (Homeopathy & Ayurvedic Medicine-2167-1206)	-

Business & Management

Accounting & Marketing	2168-9601
Arabian Journal of Business and Management Review	2223-5833
Business & Financial Affairs	2167-0234
Business & Hotel Management	2324-9129
Business and Economics Journal	2151-6219
Defense Studies & Resource Management	2324-9314
Entrepreneurship & Organization Management	2169-026X
Global Economics	2375-4389
Hotel & Business Management	2169-0286
International Journal of Accounting Research	-
International Journal of Economics and Management Science	2162-6359
Internet Banking & Commerce	1204-5357
Review of Public Administration and Management	2315-7844
Stock & Forex Trading	2168-9458
Tourism & Hospitality	2167-0269

Chemical Engineering

Advanced Chemical Engineering	2090-4568
Bioprocessing & Biotechniques	2155-9821
Chemical Engineering & Process Technology	2157-7048
Thermodynamics & Catalysis	2157-7544

Chemistry

Analytical & Bioanalytical Techniques	2155-9872
Analytical & Electrochemical Insights	-
Bioenergetics: Open Access	2167-7662
Chemical Informatics	-
Chemical Sciences Journal	2150-3494
Chromatography & Separation Techniques	2157-7064
Clinical & Medical Biochemistry: Open Access	-
Clinical Chemistry: Open Access	-
Environmental & Analytical Toxicology	2161-0525
Environmental Analytical Chemistry	-
Glycobiology	2168-958X
Herbal Medicine: Open Access	-
Immuno Chemistry: Open Access	-
Industrial Chemistry: Open Access	-
International Journal of Applied Biology and Pharmaceutical Technology	0976-4550
International Journal of Drug Development & Research	0975-9344
Mass Spectrometry: Open Access	-
Medicinal Chemistry	2161-0444
Modern Chemistry & Applications	2329-6798
Natural Products Chemistry & Research Journal	2329-6836
Neuro Chemistry: Open Access	-
Organic & Inorganic Chemistry	-
Organic Chemistry: Current Research	2161-0401
Pharmaceutical Analytical Chemistry: Open Access	-
Physical Chemistry & Biophysics	2161-0398
RROIJ: Medicinal Chemistry	-
Structural Chemsitry & Crystallography Communication	-
Trends in Green Chemistry	-
Vitamins & Minerals	2376-1318

Clinical

Ageing Science	2329-8847
Ancient Diseases & Preventive Remedies	2329-8731
Anesthesia & Clinical Research	2155-6148
Annals of Clinical and Laboratory Research	2386-5180
Arrhythmia: Open Access	-
Atherosclerosis: Open Access	-
Cell Biology: Research & Therapy	2324-9293
Cellular & Molecular Pathology	-
Clinical & Experimental Cardiology	2155-9880
Clinical & Experimental Dermatology Research	2155-9554
Clinical & Experimental Nephrology	-
Clinical & Experimental Oncology	2324-9110
Clinical & Experimental Ophthalmology	2155-9570
Clinical & Experimental Orthopaedics	-
Clinical & Experimental Pathology	2161-0681
Clinical & Molecular Endocrinology	-
Clinical and Experimental Psychology	-
Clinical and Experimental Transplantation	-
Clinical Case Reports	2165-7920
Clinical Depression	-
Clinical Dermatology Research Journal	-
Clinical Diabetes & Practice	-
Clinical Nutrition & Dietetics	-
Clinical Oncology and Practice	-
Clinical Pediatrics	-
Clinical Pediatrics & Dermatology	-
Clinical Psychiatry	-
Clinical Research & Bioethics	2155-9627
Clinical Research On Foot & Ankle	2329-910X
Clinical Respiratory: Open Access	-
Clinical Toxicology	2161-0495
Clinical Trials	2167-0870
Clinics in Mother and Child Health	2090-7214
Cosmetology & Orofacial Surgery	-
Cosmetology & Trichology	-
Dermatitis	-
Diabetes Case Reports	-
Dialysis and Clinical Practice	-
Drug Intoxication & Detoxification : Novel Approaches	2327-4557
Dual Diagnosis: Open Access	-
Eye & Cataract Refractive Surgery	-
Forensic Toxicology & Pharmacology	2325-9841
Glaucoma: Open Access	-
HIV & Retro Virus	-
Immunooncology	-
Insights in Pediatric Cardiology	-

Intensive and Critical Care	-
International Journal of Anesthesiology & Pain Medicine	-
International Journal of Cardiovascular Research	2324-8602
International Journal of Digestive Diseases	-
International Journal of Ophthalmic Pathology	2324-8599
Interventional Cardiology: Open Access	-
JBR Journal of Clinical Diagnosis and Research	2376-0311
Optometry: Open Access	-
Phonetics & Audiology	-
Speech Pathology & Therapy	-
Stem Cell Research & Therapy	2157-7633
Toxicology: Open Access	-
Vasculitis	-

Earth & Environmental Sciences

Advances in Recycling	-
Astrobiology & Outreach	2332-2519
Biodiversity & Endangered Species	2332-2543
Biodiversity Management & Forestry	2327-4417
Bioremediation & Biodegradation	2155-6199
Biosafety	2167-0331
Climatology & Weather Forecasting	2332-2594
Coastal Zone Management	-
Earth Science & Climatic Change	2157-7617
Ecosystem & Ecography	2157-7625
Entomology, Ornithology & Herpetology	2161-0983
Expert Opinion On Environmental Biology	2325-9655
Fundamentals of Renewable Energy and Applications	2090-4541
Geography & Natural Disasters	2167-0587
Geoinformatics & Geostatistics: An Overview	2327-4581
Geology & Geosciences	2329-6577
Geophysics & Remote Sensing	2169-0049
Hydrogeology & Hydrologic Engineering	2325-9647
Hydrology: Current Research	2157-7587
Industrial Pollution Control	-
Innovative Energy Policies	2090-5009
International Journal of Evolution	2324-8548
International Journal of Waste Resources	2252-5211
Marine Biology & Oceanography	2324-8661
Oceanography: Open Access	2332-2632
Oil & Gas: Open Access	-
Petroleum & Environmental Engineering	2157-7463
Plant Physiology & Pathology	2329-955X
Pollution Effects & Control	2375-4397
Research & Reviews: Journal of Ecology and Environmental Sciences	-

EEE

Electrical & Electronic Systems	2332-0796
Electrical Engineering & Electronic Technology	2325-9833

Engineering

Advances in Automobile Engineering	2167-7670
Advances in Robotics & Automation	2168-9695
Aeronautics & Aerospace Engineering	2168-9792
Applied Bioinformatics & Computational Biology	2329-9533
Applied Mechanical Engineering	2168-9873
Architectural Engineering Technology	2168-9717
Automatic Control of Physiological State and Function	2090-5092
Biochips & Tissue Chips	2153-0777
Bioengineering & Biomedical Science	2155-9538
Biomusical Engineering	2090-2719
Biosensors & Bioelectronics	2155-6210
Biosensors Journal	2090-4967
Civil & Environmental Engineering	2165-784X
Computer Engineering & Information Technology	2324-9307
Computer Engineering and Information Technology	2324-9307
Defense Management	2167-0374
Fashion Technology & Textile Engineering	2329-9568
Global Journal of Technology and Optimization	2229-8711
Global Research in Computer Science	2229-371X
Industrial Engineering & Management	2169-0316
Information Technology & Software Engineering	2165-7866
International Journal of Advanced Research in Electrical, Electronics and Instrumentation Engineering	2278-8875
International Journal of Advancements in Technology	0976-4860
International Journal of Biomedical Data Mining	2090-4924
International Journal of Innovative Research in Computer and Communication Engineering	2278-1021
International Journal of Innovative Research in Science, Engineering and Technology	2319-8753
International Journal of Sensor Networks and Data Communications	2090-4886
International Journal of Swarm Intelligence and Evolutionary Computation	2090-4908
Irrigation & Drainage Systems Engineering	2168-9768
Lasers, Optics & Photonics	-
Lovotics	2090-9888
Membrane Science & Technology	2155-9589
Molecular Imaging & Dynamics	2155-9937
Nuclear Energy Science & Power Generation Technology	2325-9809
Research & Reviews: Journal of Engineering and Technology	2319-9873
Steel Structures & Construction	-
Telecommunications System & Management	2167-0919
Textile Science & Engineering	2165-8064

General Science

Computer Science & Systems Biology Journal	0974-7230
Ergonomics	2165-7556
Research and Development	-
International Journal of Advance Innovations, Thoughts & Ideas	2277-1891
Metrology	-
Research & Reviews: Journal of Botanical Sciences	2320-0189
Research & Reviews: Journal of Chemistry	2319-9849
Tomography	-

Genetics & Molecular Biology

Advanced Techniques in Biology & Medicine	2379-1764
Advancements in Genetic Engineering	2169-0111
Advances in Molecular Diagnostics	-
Biochemistry & Analytical Biochemistry	2161-1009
Biochemistry & Molecular Biology Journal	-
Biochemistry & Physiology	2329-9029
Biological Systems	2329-6577
Biotechnology & Biomaterials	2155-952X
Bipolar Disorder: Open Access	-
Cell & Developmental Biology	2168-9296
Cell Science & Therapy	2157-7013
Cell Signaling	-
Cellular & Molecular Medicine: Open Access	-
Chemical Biology & Therapeutics	-
Clinical Epigenetics	-
Cloning & Transgenesis	2168-9849
Current Synthetic and Systems Biology	2332-0737
Cytology & Histology	2157-7099
Down Syndrome & Chromosome Abnormalities	-
Electronic Journal of Biology	-
Enzyme Engineering	2329-6674
Fertilization: in Vitro	2375-4508
Fungal Genomics & Biology	2165-8056
Gene Technology	2329-6682
Genetic Syndromes & Gene Therapy	2157-7412
Hereditary Genetics: Current Research	2161-1041
Human Genetics & Embryology	2161-0436
Insights in Cell Science	-
Insights in Stem Cells	-
International Journal of Genomic Medicine	2332-0672
Metabolomics: Open Access	2153-0769
Metabonomics & Metabolites	2325-9736
Microbial & Biochemical Technology	1948-5948
Microbial Methods & Assays Open Access	-
Molecular and Genetic Medicine	1747-0862
Molecular Biology	2168-9547
Molecular Biomarkers & Diagnosis	2155-9929
Molecular Cloning & Genetic Recombination	2325-9787
Nanomedicine & Biotherapeutic Discovery	2155-983X
Next Generation: Sequencing & Applications	-
Phylogenetics & Evolutionary Biology	2329-9002

Physiobiochemical Metabolism	2324-8793
Plant Biochemistry & Physiology	2329-9029
Proteomics & Enzymology	-
Single Cell Biology	2168-9431
Tissue Science & Engineering	2157-7552
Transcriptomics: Open Access	2329-8936
Translational Biomedicine	2172-0479

Health Care

Diversity and Equality and Health and Care	2049-5471
Health Care: Current Reviews	2375-4273
Health Science Journal	1791-809X
Pregnancy & Child Health	2376-127X
Primary Health Care	2167-1079
Quality in Primary Care	1479-1072
Tropical Diseases & Public Health	2329-891X
Women'S Health, Issues & Care	2325-9795

Immunology

Advances in Antibiotics & Antibodies	-
Allergy & Therapy	2155-6121
Autoimmune Diseases: Open Access	-
Clinical & Cellular Immunology	2155-9899
Cytokine Biology	-
Immunobiology	-
Immunogenetics: Open Access	-
Immunome Research	1745-7580
Immunotherapy: Open Access	-
Infectious Diseases & Immunological Techniques	2325-9752
Inflammatory Bowel Diseases & Disorders	-
Innate Immunity & Immunological Disorders	-
Interdisciplinary Journal of Microinflammation	-
Lupus: Open Access	-
Molecular Immunology	-
Osteoarthritis	-
Reproductive Immunology	-
Rheumatology: Current Research	2161-1149
Sarcoidosis	-
Vaccines & Vaccination	2157-7560

Informatics

Data Mining in Genomics & Proteomics	2153-0602
Glycomics and Lipidomics	2153-0637
Health & Medical Informatics	2157-7420
Proteomics & Bioinformatics	0974-276X
Theoretical and Computational Science	2376-130X

Materials Science

Bioceramics Developments and Applications	2090-5025
Material Sciences & Engineering	2169-0022
Nano Research & Applications	-
Nanomaterials & Molecular Nanotechnology	2324-8777
Nanomedicine & Nanotechnology	2157-7439
Plastic & Polymer Sciences	-
Powder Metallurgy & Mining	2168-9806
Research & Reviews: Journal of Material Sciences	2321-6212

Mathematics

Applied & Computational Mathematics	2168-9679
Biometrics & Biostatistics	2155-6180
Generalized Lie Theory and Applications	1736-4337
Physical Mathematics	2090-0902
Research & Reviews: Journal of Statistics and Mathematical Sciences	-

Medical

Abnormal and Behavioural Psychology	-
Acta Psychopathologica	-
Acta Rheumatologica	-
Addictive Behaviors , Therapy & Rehabilitation	2324-9005
Adenocarcinoma	-
Advances in Cancer Prevention	-
Advances in Genetic Engineering & Biotechnology	-
Advances in Weight Loss Management & Medical Devices	-
Aerobics & Fitness	-
Aesthetic & Reconstructive Surgery	-
Aids & Clinical Research	2155-6113
Air and Water Borne Diseases	2167-7719
Alternative & Integrative Medicine	2327-5162
Analgesia & Resuscitation : Current Research	2324-903X
Anaplastology	2161-1173
Anatomy & Physiology: Current Research	2161-0940
Andrology & Gynecology: Current Research	2327-4360
Andrology	2167-0250
Angiology: Open Access	2329-9495
Annals of Behavioural Science	-
Applied and Rehabilitation Psychology: Open Access	-
Archives in Cancer Research	2254-6081
Archives of Medicine	1989-5216
Archives of Surgical Oncology	-
Archivos De Medicina	1698-9465
Arthritis	2167-7921
Asthma and Bronchitis	-
Athletic Enhancement	2324-9080
Autacoids & Hormones	2161-0479
Biology and Medicine	0974-8369
Biomedical Engineering & Medical Devices	-
Biomedical Sciences	2254-609X
Bioterrorism & Biodefense	2157-2526
Blood	-
Blood & Lymph	2165-7831
Blood Disorders & Transfusion	2155-9864
Blood Pressure: Open Access	-
Bone Marrow Research	2329-8820
Bone Reports & Recommendations	-
Brain Tumors	-
Breast Cancer: Current Research	-
Cancer Biomarkers	-
Cancer Clinical Trials	-
Cancer Diagnosis	-
Cancer Medicine & Anticancer Drugs	-
Cancer Science & Therapy	1948-5956
Cancer Surgery	-
Carcinogenesis & Mutagenesis	2157-2518
Cardiovascular Diseases & Diagnosis	2329-9517
Cardiovascular Pathology: Open Access	-
Celiac Disease: Open Access	-
Cervical Cancer: Open Access	-
Chemotherapy	2167-7700
Chest Diseases	-
Childhood & Developmental Disorders	-
Childhood Obesity	-
Chronic Obstructive Pulmonary Disease: Open Access	-
Colorectal Cancer: Open Access	-
Communication Disorders, Deaf Studies & Hearing Aids	2375-4427
Community Medicine & Health Education	2161-0711
Complex Diseases and Treatment	-
Contraceptive Studies	-
Critical Care Obstetrics & Gynecology	-
Current Trends in Gynecologic Oncology	-
Dental Health: Current Research	-
Dental Implants and Dentures: Open Access	-
Dentistry	2161-1122
Depression and Anxiety	2167-1044
Dermatology Case Reports	-
Diabetes & Metabolism	2155-6156
Diabetes Medication and Care	-
Diabetic Complications and Medicine	-
Drug Abuse	-
Emergency Medicine	2165-7548
Endocrinology & Diabetes Research	-
Endocrinology & Metabolic Syndrome	2161-1017
Epidemiology: Open Access	2161-1165
Evidence based Medicine and Practice	-
Family Medicine & Medical Science Research	2327-4972
Forensic Biomechanics	2090-2697
Forensic Medicine	-

Forensic Nursing: Open Access	-
Forensic Odontology	-
Forensic Psychology	-
Forensic Research	2157-7145
Gastrointestinal & Digestive System	2161-069x
Gastrointestinal Cancer and Stromal Tumors	-
General Medicine	2327-5146
General Practice	2329-9126
Genetic Disorders & Genetic Reports	2327-5790
Genital System & Disorders	2325-9728
Geriatric Psychiatry	-
Gerontology & Geriatric Research	2167-7182
Gynecology & Obstetrics	2161-0932
Gynecology & Obstetrics- Case Report	-
Haematology & Thromboembolic Diseases	2329-8790
Hair: Therapy & Transplantation	2167-0951
Head and Neck Cancer Research	-
Health & Medical Economics	-
Health Care Communications	-
Health Economics & Outcome Research: Open Access	-
Health Education Research & Development (Biosafety & Health Education: Open Access-2332-0893)	-
Health Systems and Policy Research	2254-9137
Heart Transplant and Surgery	-
Heavy Metal & Chelation Therapy	-
Hepatology and Gastrointestinal Disorders	-
Hospital & Medical Management	-
Hypertension- Open Access	2167-1095
Hypo & Hyperglycemia	2327-4700
Imaging and Interventional Radiology	-
Medical Implants & Surgery	-
Informatics and Data Mining	-
Insights in Biomedicine	-
Insights in Medical Physics	-
Integrative Oncology	2329-6771
Internal Medicine	2165-8048
International Journal of Clinical & Medical Imaging	2376-0249
International Journal of Collaborative Research on Internal Medicine & Public Health	-
International Journal of Emergency Mental Health and Human Resilience	1522-4821
International Journal of Mental Health & Psychiatry	2327-4654
International Journal of Pediatric Neurosciences	-
International Journal of Physical Medicine & Rehabilitation	2329-9096
International Journal of Public Health and Safety	-
International Journal of School and Cognitive Psychology	-
Interventional Pediatrics	-
Invasive Cardiology Future Medicine	-
JBR Journal of Interdisciplinary Medicine and Dental Sciences	2376-032X
Kidney	-
Kidney Transplant	-
La Prensa Medica	0032-745X
Laser Surgery and Therapy	-
Leukemia	2329-6917
Liposuction	-
Liver	2167-0889
Liver: Disease & Transplantation	2325-9612
Lung Cancer Diagnosis & Treatment	-
Lung Diseases & Treatment	-
Malaria Control & Elimination	2090-2778
Maternal and Pediatric Nutrition	-
Medical & Surgical Pathology	-
Medical & Surgical Urology	2168-9857
Medical and Clinical Reviews	-
Medical Case Reports	-
Medical Diagnostic Methods	2168-9784
Medical Toxicology and Clinical Forensic Medicine	-
Melanoma and Skin Diseases	-
Mental Health in Family Medicine	2327-4972
Mental Illness and Treatment	-
Metabolic Syndrome	2167-0943
Molecular & Medical Histology	-
Molecular Medicine & Therapeutics	2324-8769
Neonatal Biology	2167-0897
Neonatal Studies	-
Neonatal Medicine	-
Neoplasm	-
Nephrology & Therapeutics	2161-0959
Neurobiotechnology	-
Neuroinfectious Diseases	2314-7326
Neurooncology: Open Access	-
Neurosurgery & Cardiac Surgery	-
Novel Physiotherapies	2165-7025
Nuclear Medicine & Radiation Therapy	2155-9619
Nutritional Disorders & Therapy	2161-0509
Obesity & Eating Disorders	-
Obesity & Weight Loss Therapy	2165-7904
Occupational Medicine Health Affairs	2329-6879
Omics Journal of Radiology	2167-7964
Oncology & Cancer Case Reports	-
Oncology Translational Research	-
Oral Health and Dental Management	2247-2452
Oral Health Case Reports	-
Oral Hygiene & Health	2332-0702
Orthodontics & Endodontics	-
Orthopedic & Muscular System: Current Research	2161-0533
Orthopedic Oncology	-
Osteoporosis & Physical Activity	2329-9509
Otolaryngology:Open Access	2161-119X
Otology & Rhinology	2324-8785
Pain & Relief	2167-0846
Pain Management & Medicine	-
Palliative Care & Medicine	2165-7386
Pancreatic Disorders & Therapy	2165-7092
Pediatric Care	-
Pediatric Dental Care	-
Pediatric Emergency Care and Medicine- Open Access	-
Pediatric Nephrology Practice	-
Pediatric Neurology and Medicine	-
Pediatric Nursing: Open Access	-
Pediatric Oncology: Open Access	-
Pediatric Physiotherapy	-
Pediatric Psychology and Psychiatry	-
Pediatrics & Therapeutics	2161-0665
Periodontics and Prosthodontics: Open Access	-
Pigmentary Disorders	2376-0427
Prevention Infection Control: Open Access	-
Preventive Medicine	-
Primary & Acquired Immunodeficiency Research	2324-853X
Prostate Cancer	-
Psoriasis & Rosacea Open Access	-
Psychiatry	2378-5756
Psychological Abnormalities in Children	2329-9525
Psychology & Psychotherapy	2161-0487
Pulmonary & Respiratory Medicine	2161-105x
Rare Disorders & Diseases	-
Regenerative Medicine	2325-9620
Reproductive Endocrinology & Infertility	-
Reproductive System & Sexual Disorders	2161-038x
Research & Reviews: Journal of Dental Sciences	2320-7949
Research & Reviews: Journal of Medical and Health Sciences	2319-9865
Research Journal of Biology	2322-0066
Sleep Disorders & Therapy	2167-0277
Sleep Disorders : Treatment & Care	2325-9639
Spine	2165-7939
Spine & Neurosurgery	2325-9701
Spine Research	-
Sports Medicine & Doping Studies	2161-0673
Sports Nutrition and Therapy	-
Steroids & Hormonal Science	2157-7536
Stroke Research & Therapy	-
Journal of Surgery [Jurnalul de Chirurgie]	1584-9341
Surgery: Current Research	2161-1076
The Headache Journal	-
The International Journal of Apitherapy	-
The Pancreas	1590-8577
Therapeutic Care and Physical Rehabilitation	-

Thrombosis and Circulation	-
Thyroid Disorders & Therapy	2167-7948
Translational Medicine	2161-1025
Transplant Reports : Open Access	-
Transplantation Technologies & Research	2161-0991
Trauma & Acute Care	-
Trauma & Treatment	2167-1222
Traumatic Stress Disorders & Treatment	2324-8947
Tropical Medicine & Surgery	2329-9088
Tumor Diagnostics and Reports	-
Universal Surgery	2254-6758
Vascular Medicine & Surgery	2329-6925
Vitiligo & Dermatomyositis	-
Voice Medicine & Surgery	-
Women's Health Care	2167-0420
Wound Medicine and Tissue Repair	-
Yoga & Physical Therapy	2157-7595

Microbiology

Advances in Influenza Research	-
Antimicrobial Agents	-
Antivirals & Antiretrovirals	1948-5964
Applied Microbiology: Open Access	-
Archives of Clinical Microbiology	1989-8436
Bacteriology and Parasitology	2155-9597
Clinical Infectious Diseases & Practice	-
Clinical Microbiology: Open Access	2327-5073
Colitis & Diverticulitis	-
Emerging Infectious Diseases	-
Fermentation Technology	2167-7972
Fibromyalgia: Open Access	-
Forensic Pathology	-
Hepatitis	-
Human Papillomavirus	-
Infectious Diseases and Diagnosis	-
Infectious Diseases and Therapy	2332-0877
Medical Microbiology & Diagnosis	2161-0703
Medical Mycology: Open Access	-
Meningitis	-
Mycobacterial Diseases	2161-1068
Pediatric Infectious Diseases: Open Access	-
Research & Reviews: Journal of Microbiology and Biotechnology	2320-3528
Research & Reviews: Journal of Inflammation	-
Research & Reviews: Journal of Pathology & Epidemiology	-
Virology & Mycology	2161-0517

Neuroscience

Addiction Research & Therapy	2155-6105
Alzheimers Disease & Parkinsonism	2161-0460
Autism-Open Access	2165-7890
Brain Disorders & Therapy	2168-975X
Child & Adolescent Behavior	2375-4494
Clinical & Experimental Neuroimmunology	-
Dementia & Mental Health	-
Epilepsy Journal	-
Insights in Clinical Neurology	-
International Journal of Neurorehabilitation	2376-0281
Multiple Sclerosis	2376-0389
Neurological Disorders	2329-6895
Neurology & Neurophysiology	2155-9562
Neurology and Neuroscience	2171-6625
Neuropsychiatry	-
Neuroscience & Clinical Research	-
Schizophrenia Journal	-

Health Care & Nursing

Advanced Practices in Nursing	-
Community & Public Health Nursing	-
Nursing & Care	2167-1168
Nursing & Clinical Research	-
Patient Care	-
Perioperative & Critical Intensive Care Nursing	-
Research & Reviews: Journal of Nursing and Health Sciences	-

Pharmaceutical Sciences

Advances in Pharmacoepidemiology & Drug Safety	2167-1052
Alcoholism & Drug Dependence	2329-6488
Bioanalysis & Biomedicine	1948-593X
Biochemistry & Pharmacology: Open Access Journal	2167-0501
Bioequivalence & Bioavailability	0975-0851
Biomarkers in Drug Development	2327-4441
Biomarkers Journal	-
Biomolecular Research & Therapeutics	2167-7956
Cardiovascular Pharmacology: Open Access	2329-6607
Clinical & Experimental Pharmacology	2161-1459
Clinical Pharmacology and Biopharmaceutics	2167-065X
Current Trends in Nutraceuticals	-
Developing Drugs	2329-6631
Diagnostic Techniques & Biomedical Analysis	-
Drug Designing: Open Access	2169-0138
Drug Metabolism & Toxicology	2157-7609
in Silico & in Vitro Pharmacology	-
Molecular Enzymology and Drug Targets	-
Molecular Pharmaceutics & Organic Process Research	2329-9053
Pharmaceutica Analytica Acta	2153-2435
Pharmaceutical Care & Health Systems	2376-0419
Pharmaceutical Microbiology	-
Pharmaceutical Regulatory Affairs: Open Access	2167-7689
Pharmaceutical Sciences & Emerging Drugs	-
Pharmaceutics & Drug Delivery Research	2325-9604
Pharmacoeconomics: Open Access	-
Pharmacogenomics and Pharmacoproteomics	2153-0645
Pharmacognosy & Natural Products	-
Pharmacokinetics & Experimental Therapeutics	-
Pharmacological Reports	-
Pharmacovigilance	2329-6887
Research & Reviews: Journal of Hospital and Clinical Pharmacy	-
Research & Reviews: Journal of Pharmaceutical Analysis	2320-0812
Research & Reviews: Journal of Pharmaceutical Quality Assurance	-
Research & Reviews: Journal of Pharmaceutics and Nanotechnology	2347-7857
Research & Reviews: Journal of Pharmacognosy and Phytochemistry	2321-6182
Research & Reviews: Journal of Pharmacy and Pharmaceutical Sciences	2320-1215
Virology & Antiviral Research	2324-8955

Physics

Astrophysics & Aerospace Technology	2329-6542
Research & Reviews: Journal of Pure and Applied Physics	2320-2459
Vortex Science and Technology	2090-8369

Social & Political Sciences

Anthropology	2332-0915
Arts and Social Sciences Journal	2151-6200
Civil & Legal Sciences	2169-0170
Forensic Anthropology	-
Global Media Journal	1550-7521
Intellectual Property Rights: Open Access	2375-4516
Mass Communication & Journalism	2165-7912
Political Science & Public Affairs	2332-0761
Research & Reviews: Journal of Educational Studies	-
Research & Reviews: Journal of Social Sciences	-
Socialomics	2167-0358
Sociology & Criminology	2375-4435

Veterinary Sciences

Animal Nutrition	-
Primatology	2167-6801
Research & Reviews: Journal of Veterinary Sciences	-
Research & Reviews: Journal of Zoological Sciences	2321-6190
Veterinary Science & Medical Diagnosis	2325-9590
Veterinary Science & Technology	2157-7579

Impact Factors* (IF)

Journal Name	Pubmed Short Name	Impact Factor
Biological Systems: Open Access	Biol Syst Open Access	0.76
Journal of Biotechnology & Biomaterials	J Biotechnol Biomater	1.94
Journal of Psychology & Psychotherapy	J Psychol Psychother	1.3
Advanced Techniques in Biology & Medicine	Adv Tech Biol Med	1.08
AIDS & Clinical Research	J AIDS Clin Res	2.7
Autism Open Access	Autism Open Access	3.52
Biochemistry & Physiology: Open Access	Biochem Physiol	1.03
Diversity Equality in Health & Care	Divers Equal Health Care	2.49
Drug Designing: Open Access	Drug Des	6
Fungal Genomics & Biology	Fungal Genom Biol	1.15
International Journal of Genomic Medicine	Int J Genomic Med	0.67
Journal of Addiction Research & Therapy	J Addict Res Ther	2.86
Journal of Alzheimers Disease & Parkinsonism	J Alzheimers Dis Parkinsonism	1.18
Journal of Fertilization: In Vitro	JFIV Reprod Med Genet	1
Journal of Genetic Syndromes & Gene therapy	J Genet Syndr Gene Ther	2.34
Journal of Microbial & Biochemical Technology	J Microb Biochem Technol	2.5
Journal of Nursing & Care	J Nurs Care	1.6
Journal of Osteoporosis and Physical Activity	J Osteopor Phys Act	0.66
Journal of Yoga & Physical Therapy	J Yoga Phys Ther	1.17
Molecular Biology	Mol Biol	1.85
Neurology & Neurophysiology	J Neurol Neurophysiol	0.77
Primary health care	Prim Health Care	1
Quality in Primary Care	Qual Prim Care	3.88
Tissue Science & Engineering	J Tissue Sci Eng	2.72
Biochemistry & Analytical Biochemistry	Biochem Anal Biochem	2.6
Molecular and Genetic Medicine	J Mol Genet Med	2.89
Advancements in Genetic Engineering	Adv Genet Eng	1
Enzyme Engineering	Enz Eng	2.3
Depression and Anxiety	J Depress Anxiety	1
Human Genetics & Embryology	Human Genet Embryol	1.2
Current Synthetic and Systems Biology	Curr Synthetic Sys Biol	0.8
Hereditary Genetics: Current Research	Hereditary Genet	1.2
International Journal of Emergency Mental Health and Human Resilience	Int J Emerg Ment Health	6.5
Spine	J Spine	1.9
Cloning & Transgenesis	Clon Transgen	1.5
Journal of Medical Microbiology & Diagnosis	J Med Microb Diagn	1.9
Biosensors Journal	Biosens J	0.33
Defense Management	J Def Manag	0.5
Review of Public Administration and Management	Review Pub Administration Manag	0.2
Single cell biology	Single Cell Biol	1
Gerontology & Geriatric Research	J Gerontol Geriatr Res	1
Neuroinfectious Diseases	J Neuroinfect Dis	2.4
Cell Science & Therapy	J Cell Sci Ther	1.37
Molecular Biomarkers & Diagnosis	J Mol Biomark Diagn	2.1
Brain Disorders & Therapy	Brain Disord Ther	1.6
Clinical Case Reports	J Clin Case Rep	1.2
Gene Technology	Gene Technol	0.83
Socialomics	J Socialomics	2.3
Journal of Trauma and Treatment	J Trauma Treat	0.6
Translational Biomedicine	Transl Biomed	1.06
Journal of Neurology and Neuroscience	J Neurol Neurosci	0.88
Research & Reviews: Journal of Botanical Sciences	J Bot Sci	0.33
Journal of Psychiatry	J Psychiatry	2.32
Anaplastology	Anaplastology	0.73
Tropical Medicine & Surgery	Trop Med Surg	0.4
Orthopedic & Muscular System: Current Research	Orthop Muscular Syst	0.32
Pediatrics & Therapeutics	Pediat Therapeut	1.32
Sports Medicine & Doping Studies	J Sports Med Doping Stud	1.45
Journal of Oral Hygiene & Health	J Oral Hyg Health	0.52
Emergency Medicine	Emerg Med (Los Angel)	0.875
Journal of Transplantation Technologies & Research	J Transplant Technol Res	1.39
Journal of Hypertension: Open Access	J Hypertens (Los Angel)	0.92
International Journal of Waste Resources	Int J Waste Resour	1.95
Surgery: Current research	Surgery Curr Re	0.587
Oral Health and Dental Management	Oral Health Dent Manag	1.23
International Journal of Advancement technology	Int J Adv Tech	5.08
Translational Medicine	Transl Med (Sunnyvale)	1.312
Air and Water Borne Diseases	Air Water Borne Diseases	0.6
Journal of Coastal Zone Management	J Coast Zone Manag	0.54
Biology and Medicine	Biol Med (Aligarh)	3.07
Journal of Bioterrorism and Biodefense	J Bioterror Biodef	0.38
Journal of Tropical Diseases & Public Health	J Trop Dis	0.83
Journal of Surgery	Journal of Surgery [Jurnalul de chirurgie]	0.08
Nephrology & Therapeutics	J Nephrol Ther	0.318
Journal of Fundamentals of Renewable Energy and Applications	J Fundam Renewable Energy Appl	1.41
Advances in Pharmacoepidemiology & Drug Safety	Adv Pharmacoepidemiol Drug Saf	1.37
Bioanalysis & Biomedicine	J Bioanal Biomed	1.67
Biochemistry & Pharmacology: Open Access	Biochem Pharmacol (Los Angel)	2.09
Bioequivalence & Bioavailability	J Bioequiv Availab	1.88
Biomolecular Research & Therapeutics	J Biomol Res Ther	1.67
Cardiovascular Pharmacology: Open Access	Cardiol Pharmacol	1.77
Clinical & Experimental Pharmacology	Clin Exp Pharmacol	1.83
Clinical Pharmacology & Biopharmaceutics	Clin Pharmacol Biopharm	1.69
Data Mining in Genomics & Proteomics	J Data Mining Genomics Proteomics	2
Drug Metabolism & Toxicology	J Drug Metab Toxicol	1.37
Ergonomics	J Ergonomics	1.38
Glycomics & Lipidomics	J Glycomics Lipidomics	1.82
Health & Medical Informatics	J Health Med Inform	1.98
Metabolomics: Open Access	Metabolomics (Los Angel)	3.03
Nanomedicine & Biotherapeutic Discovery	J Nanomedine Biotherapeutic Discov	2.69
OMICS Journal of Radiology	OMICS J Radiol	0.54
Pharmaceutica Analytica Acta	Pharm Anal Acta	1.83
Pharmaceutical Regulatory Affairs: Open Access	Pharm Regul Aff	1.88
Pharmacogenomics & Pharmacoproteomics	J Pharmacogenomics Pharmacoproteomics	1.69
Pharmacovigilance	J Pharmacovigil	2.65
Phylogenetics & Evolutionary Biology	J Phylogenetics Evol Biol	2.76
Proteomics & Bioinformatics	J Proteomics Bioinform	2.55
Advances in Automobile Engineering	Adv Automob Eng	1.750
Advances in Robotics & Automation	Adv Robot Autom	0.813
Arts and Social Sciences Journal	Arts Social Sci J	1.231
Bioceramics Developments and Applications	Bioceram Dev Appl	0.958
Business & Financial Affairs	J Bus & Fin Aff	2.000
Generalized Lie Theory and Applications	J Generalized Lie Theory Appl	1.750
Irrigation & Drainage Systems Engineering	Irrigat Drainage Sys Eng	4.286
Industrial Engineering & Management	Ind Eng Manage	0.474
Aeronautics & Aerospace Engineering	J Aeronaut Aerospace Eng	1.407
Applied & Computational Mathematics	J Appl Computat Math	0.581
Architectural Engineering Technology	J Archit Eng Tech	1.071
Accounting & Marketing	J Account Mark	0.500
Aquaculture Research & Development	J Aquac Res Development	1.272
Bioengineering & Biomedical Science	J Bioeng Biomed Sci	1.235
Biometrics & Biostatistics	J Biomet Biostat	1.272
Biosensors & Bioelectronics	J Biosens Bioelectron	2.137
Civil & Environmental Engineering	J Civil Environ Eng	1.294
Cytology & Histology	J Cytol Histol	0.569
Civil & Legal Sciences	J Civil Legal Sci	0.286
Ecosystem & Ecography	J Ecosyst Ecogr	1.806
Electrical & Electronic Systems	J Elec Electron Syst	0.533
Earth Science & Climatic Change	J Earth Sci Clim Change	2.082
Geography & Natural Disasters	J Geogr Nat Disast	0.800
Hotel & Business Management	J Hotel Bus Manage	1.600
Information Technology & Software Engineering	J Inform Tech Soft Engg	2.789
Molecular Imaging & Dynamics	J Mol Imaging Dynam	2.091

Earth Science & Climatic Change	J Earth Sci Clim Change	2.082
Geography & Natural Disasters	J Geogr Nat Disast	0.800
Hotel & Business Management	J Hotel Bus Manage	1.600
Information Technology & Software Engineering	J Inform Tech Soft Engg	2.789
Molecular Imaging & Dynamics	J Mol Imaging Dynam	2.091
Petroleum & Environmental Engineering	J Pet Environ Biotechnol	2.839
Stock & Forex Trading	J Stock Forex Trad	0.300
Textile Science & Engineering	J Textile Sci Eng	0.667
Tourism & Hospitality	J Tourism Hospit	1.190
Telecommunications System & Management	J Telecommun Syst Manage	0.800
Physical Mathematics	J Phys Math	4.500
Nanomedicine & Nanotechnology	J Nanomed Nanotechnol	4.68
Arabian Journal of Business and Management Review	Arab J Bus Manage Rev	1.42
Research and Reviews: Journal of Engineering and Technology	Engineering and Technology	0.14
Journal of Material Sciences & Engineering	J Material Sci Eng	1.31
Journal of Mass Communication & Journalism	J Mass Communicat Journalism	0.62
Journal of Powder Metallurgy & Mining	J Powder Metall Min	0.71
Journal of Applied Mechanical Engineering	J Appl Mech Eng	1.65
Archives of Clinical Microbiology		0.35
Dentistry	Dentistry	1.22
Journal of Diabetes & Metabolism	J Diabetes Metab	1.77
Otolaryngology: Current Research	Otolaryngol (Sunnyvale)	0.22
Journal of Metabolic Syndrome	J Metabolic Synd	1.27
Journal of Primatology	J Primatol	0.53
Journal of Thyroid Disorders & Therapy	Thyroid Disorders Ther	0.43
Jounal of Novel Physiotherapies	J Nov Physiother	1.24
Journal of Stem Cell Research & Therapy	J Stem Cell Res Ther	2.78
Anatomy & Physiology: Current Research	Anat Physiol	1
Pancreatic Disorders & Therapy	Pancreat Disord Ther	0.54
Journal of Cancer Science & Therapy	J Cancer Sci Ther	4.203
Journal of Biomedical Sciences		0.2
Journal of Nutritional Disorders & Therapy	J Nutr Disord Ther	1.46
Medical & Surgical Urology	Med Surg Urol	0.3
Journal of Biochips & Tissue Chips	J Biochip Tissue Chip	1.7
Journal of Liver	J Liver	0.08
Journal of Family Medicine and Medical Research	Fam Med Med Sci Res	0.78
Gynecology & Obstetrics	Gynecol Obstet (Sunnyvale)	0.52
Journal of Integrative Oncology	J Integr Oncol	1.67
Journal of Neonatal Biology	J Neonatal Biol	0.55
Journal of Glycobiology	J Glycobiology	0.8
Journal of Blood & Lymph	J Blood Lymph	0.12
Journal of Arthritis	J Arthritis	1.87
Journal of Membrane Science & Technology	J Membra Sci Technol	1.18
Medicinal Chemistry	Med Chem (Los Angeles)	2.64
Journal of Physical Chemistry & Biophysics	J Phys Chem Biophys	0.75
Organic Chemistry: Current Research	Organic Chem Curr Res	1.94
Journal of Bioprocessing & Biotechniques	J Bioprocess Biotech	1.74
Journal of Environmental & Analytical Toxicology	J Environ Anal Toxicol	2.58
Journal of Chemical Engineering & Process Technology	J Chem Eng Process Technol	1.21
Journal of Computer Science & Systems Biology	J Comput Sci Syst Biol	1.62
Journal of Analytical & Bioanalytical Techniques	J Anal Bioanal Tech	2.16
Journal of Plant Biochemistry & Physiology	J Plant Biochem Physiol	2.28
Journal of Chromatography & Separation Techniques	J Chromatogr Sep Tech	1.78
Journal of Thermodynamics & Catalysis		0.91
Community Medicine & Health Education	J Community Med Health Educ	1.27
Epidemiology: Open Access	Epidemiology (Sunnyvale)	1.35
Obesity & Weight Loss Therapy	J Obes Weight Loss Ther	0.94
Pain & Relief	J Pain Relief	1.14
Palliative Care & Medicine	J Palliat Care Med	0.88
Steroids & Hormonal Science	J Steroids Horm Sci	0.65
Gastrointestinal & Digestive System	J Gastrointest Dig Syst	0.43
Hair: Therapy & Transplantation		0.6
Andrology	Andrology (Los Angel)	1.16
Endocrinology & Metabolic Syndrome	Endocrinol Metab Syndr	1.12
Internal Medicine		2.48
Sleep Disorders & Therapy	J Sleep Disord Ther	0.5
Nuclear Medicine & Radiation Therapy	J Nucl Med Radiat Ther	0.88
Alternative & Integrative Medicine	Altern Integr Med	1.11
Pulmonary & Respiratory Medicine	J Pulm Respir Med	1.01
Occupational Medicine Health Affairs	Occup Med Health Aff	0.85
Reproductive System & Sexual Disorders	Reprod Syst Sex Disord	1.25
Medical Diagnostic Methods		0.29
Blood Disorders & Transfusion	J Blood Disord Transfus	0.5
General Medicine	Gen Med (Los Angel)	0.86
Bioenergetics: Open Access	Bioenergetics	3.1
Chemotherapy: Open Access	Chemotherapy (Los Angel)	1.8
Clinical & Experimental Pathology	J Clin Exp Pathol	1.54
Carcinogenesis & Mutagenesis	J Carcinog Mutagen	1.9
Clinical Research & Bioethics	J Clinic Res Bioeth	0.95
Vaccines & Vaccination	J Vaccines Vaccin	1.8
Immunome Research	Immunome Res	7.1
Clinical & Experimental Ophthalmology	J Clin Exp Ophthalmol	1.11
Clinical & Experimental Dermotology Research	J Clin Exp Dermatol Res	0.5
Clinical & Experimental Cardiology	J Clin Exp Cardiolog	1.33
Clinical Microbiology: Open Access	Clin Microbiol	0.7
Anesthesia & Clinical research	J Anesth Clin Res	0.7
Mycobacterial Diseases	Mycobact Dis	0.9
Clinical Toxicology	J Clin Toxicol	1.39
Clinical Trials & Research	J Clin Trials	1.33
Antivirals & Antiretrovirals	J Antivir Antiretrovir	1.27
Fermentation Technology	Ferment Technol	3.44
Clinical & Cellular immunology	J Clin Cell Immunol	2.019
Allergy & Therapy	J Allergy Ther	0.762
Bacteriology & Parasitology	J Bacteriol Parasitol	2.025
Rheumatology: Current Research	Rheumatology (Sunnyvale)	1.522
Virology & Mycology	Virol Mycol	0.69
Clinics in Mother and Child Health	Clinics Mother Child Health	0.432
Womens Health Care	J Womens Health Care	0.79
Marine Science: Research & Development	J Marine Sci Res Dev	0.45
Plant Pathology & Microbiology	J Plant Pathol Microbiol	1.75
Geology & Geophysics	J Geol Geophys	0.91
FisheriesSciences	J Fisheries Sci	0.51
Fisheries and Aquaculture Journal	Fish Aquac J	0.69
Bioremediation & Biodegradation	J Bioremediat Biodegrad	2.1
Advances in Crop Science and Technology	Adv Crop Sci Tech	0.39
Journal of Remote Sensing & GIS	J Geophys Remote Sens	0.77
Biofertilizers & Biopesticides	J Biofertil Biopestic.	1.19
Hydrology: Current Research	Hydrol Current Res	1.12
Probiotics & Health	J Prob Health	0.69
Veterinary Science & Technology	J Veterinar Sci Technolo	2.5
Medicinal & Aromatic Plants	Med Aromat Plants	2.02
Forest Research	Forest Res	1.69
International Journal of Sensor Networks and Data Communications	Sensor Netw Data Commun	1.66
Innovative Energy Policies	Innov Energ Policies	0.88
Biodiversity & Endangered Species	J Biodivers Endanger Species	0.25
Biosafety	Biosafety	0.49
Agrotechnology	Agrotechnol	0.69
Journal of Traditional Medicine and Clinical Naturopathy	J Tradition Med Clin Naturopth	0.49
Nutrition & Food Sciences	J Nutr Food Sci	1.14
Entomology, Ornithology & Herpetology	Entomol Ornithol Herpetol	1.26

Impact Factor Calculation:

Impact Factor was established by dividing the number of articles published in 2012 and 2013 with the number of times they are cited in 2014 based on Google search and the Scholar Citation Index database. If 'X' is the total number of articles published in 2012 and 2013, and 'Y' is the number of times these articles were cited in indexed journals during 2014 than, impact factor = Y/X

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World Congress on

Clinical Pediatrics

and

Pediatric Oncology & Care

November 12-13, 2018 | Lisbon, Portugal

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Clinical Pediatrics: Open Access

Journal of Neonatal and Pediatric Medicine

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JOINT EVENT

World Congress on

Clinical Pediatrics

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Pediatric Oncology & Care

November 12-13, 2018 | Lisbon, Portugal

UPCOMING CONFERENCES

Agri, Food & Aqua



International congress on

Food Processing, Saftety and Packaging

September 20-21, 2018 | Prague, Czech Republic
E: foodsafety@europemeet.com
W: foodcongress.conferenceseries.com

World Food Science and Technology Congress

October 15-16, 2018 | Athens, Greece
E: foodscience@europemeet.com
W: foodsciencecongress.conferenceseries.com

European Aqua Congress

October 18-19, 2018 | Paris, France
E: euroaqua@europemeet.com
W: euroaquacongress.conferenceseries.com

Alternative Medicine & Healthcare



International Conference on

Restorative & Alternative Medicine

August 27-29, 2018 | Paris, France
E: restorative@europemeet.com
W: restorativecongress.conferenceseries.com

Global Summit on

Acupuncture & Traditional Medicine

August 27-29, 2018 | Paris, France
E: acupuncture@europemeet.com
W: traditonalmedicine.global-summit.com

Annual congress on

Women's Health

December 03-04, 2018 | Lisbon, Portugal
E: womenshealth@europemeet.com
W: womanshealth.annualcongress.com

International congress on

Epidemiology & Public Health

December 03-04, 2018 | Lisbon, Portugal
E: epidemiology@europemeet.com
W: epidemiology-publichealth.healthconferences.org

World Congress on

Healthcare and Hospital Management

December 03-04, 2018 | Lisbon, Portugal
E: hospitalmanagement@europemeet.com
W: hospitalmanagement.conferenceseries.com

Traditional Medicine and Natural Medicine

December 05-06, 2018 | Lisbon, Portugal
E: naturalmedicine@europemeet.com
W: traditionalmedicine.annualcongress.com

Cardiology



World Cardiology and Cardiologist Meeting

September 11-12, 2018 | Stockholm, Sweden
E: cardiology@europemeet.com
W: worldcardiology.cardiologymeeting.com

28th World Congress on

Cardiology and Heart Diseases

November 05-06, 2018 | Amsterdam, Netherlands
E: cardiologyworld@europemeet.com
W: cardiologycongress.annualcongress.com

6th World Congress on

Hypertension & public Health

November 21-22, 2018 | Paris, France
E: eurohypertension@europemeet.com
W: hypertensioncongress.cardiologymeeting.com

International Conference on

Cardiovascular Diseases and Therapeutics

November 21-22, 2018 | Paris, France
E: cardiovascular@europemeet.com
W: cardiovasculardiseases.cardiologymeeting.com

Chemical Engineering



World Congress on

Chemical Engineering and Catalysis

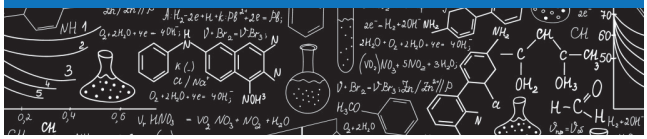
August 28-29, 2018 | Paris, France
E: chemicalengineering@europemeet.com
W: chemicalengineering.annualcongress.com

8th World Congress on

Petro Chemistry and Chemical Engineering

October 22-24, 2018 | Budapest, Hungary
E: petrochemistry@europemeet.com
W: petrochemistry.annualcongress.com

Chemistry



8th World Congress on

Spectroscopy and Analytical Techniques

September 11-12, 2018 | Stockholm, Sweden
E: spectroscopy@europemeet.com
W: fanalyticaltechniques.annualcongress.com

8th World Congress on

Chromatography

September 13-14 | Prague, Czech Republic
E: chromatography@europemeet.com
W: chromatography.conferenceseries.com

World Congress on

Polymer Science and Technology

September 13-14, 2018 | Prague, Czech Republic
E: polymerscience@europemeet.com
W: polymerscience.annualcongress.com

World Green Chemistry Congress

September 17-19, 2018 | Amsterdam, Netherlands
E: greenchemistry@europemeet.com
W: greenchemistry.chemistryconferences.org

Dental



27th Euro Dentistry Congress

October 25-27, 2018 | Prague, Czech Republic
E: dentistry@europemeet.com
W: eurodentistry.dentalcongress.com

Dermatology



18th Global Dermatology Congress

October 25-26, 2018 | Budapest, Hungary
E: dermatology@europemeet.com
W: globaldermatologyconferenceseries.com

International Conference on

Cosmetology

November 26-28, 2018 | Athens, Greece
E: cosmetology@europemeet.com
W: cosmetology.annualcongress.com

Endocrinology & Diabetes



World Congress on

Endocrinology

November 21-22, 2018 | Paris, France
E: endocrinology@europemeet.com
W: endocrinology.endocrineconferences.com

Engineering, EEE & IT



World Congress & Expo on

Healthcare IT

August 21-22, 2018 | Paris, France
E: healthcareit@europemeet.com
W: healthcareit-expo.healthconferences.org

Artificial Intelligence, Robotics & IoT Conferences

August 21-22, 2018 | Paris, France
E: robotics@europemeet.com
W: artificialntelligence-iot.enggconferences.com

6th International Meeting & Expo on

Wireless and Satellite Communications

September 13-14, 2018 | Prague, Czech Republic
E: wireless@europemeet.com
W: wireless.conferenceseries.com

Environmental Sciences



5th International Conference on

Pollution Control

October 25-27, 2018 | Prague, Czech Republic
E: pollutioncontrol@europemeet.com
W: pollutioncontrol.global-summit.com

6th Global summit on

Climate Change

November 19-20, 2018 | Paris, France
E: climatechange@europemeet.com
W: climatechange.global-summit.com

Genetics and Molecular Biology



22nd Global

Biotechnology Congress

September 10-11, 2018 | Stockholm, Sweden
E: biotechnology@europemeet.com
W: globalbiotechnology.biotechnologycongress.com

Gynecology



International conference on

Gynecology

October 25-27, 2018 | Prague, Czech Republic
E: contact@europemeet.com
W: gynecology.annualcongress.com

2nd International Meeting on

Gynecology and Obstetrics Pathology

November 19-20, 2018 | Paris, France
E: gynecpathology@europemeet.com
W: gynecology-obstetrics.pathologyconferences.com

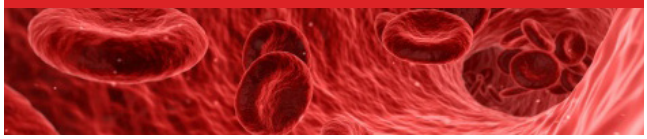
Healthcare



Global Public Health Congress

October 18-19, 2018 | Paris, France
E: publichealth@europemeet.com
W: globalpublichealth.conferenceseries.com

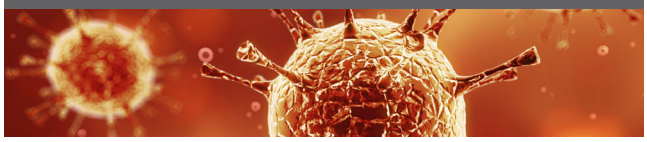
Hematology



Global Hematology and Immunology Congress

December 05-06 | Lisbon, Portugal
E: contact@europemeet.com

Infectious Diseases

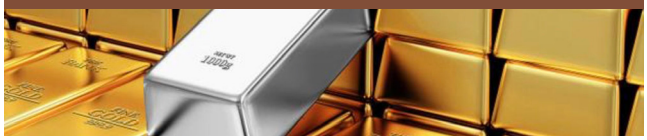


World congress on

Rare Diseases & Orphan Drugs

November 21-22, 2018 | Paris, France
E: orphandrug@europemeet.com
W: rarediseases.annualcongress.com

Material Science



World Congress on

Nanomaterials and Nanotechnology

November 05-06, 2018 | Amsterdam, Netherlands
E: nanomat@europemeet.com
W: nano.materialsconferences.com

World Congress on

Materials Science and Technology

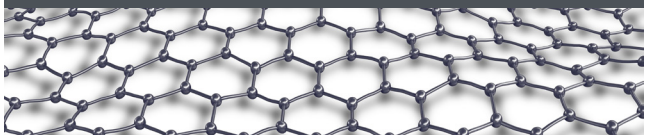
December 05-06, 2018 | Lisbon, Portugal
E: materialstech@europemeet.com
W: materialsscience.annualcongress.com

20th International Conferene and Exhibition on

Materials Science and Engineering

December 03-04, 2018 | Amsterdam, Netherlands
E: euromaterials@europemeet.com
W: material-science.materialsconferences.com

Nanotechnology



World congress on

Nano Technology & Nanomaterials

September 10-11, 2018 | Stockholm, Sweden
E: nanotech@europemeet.com
W: nanotechnology.annualcongress.com

International Conference on

Nanotechnology & Material Engineering

October 25-26, 2018 | Budapest, Hungary
E: nanomaterials@europemeet.com
W: nanotechnology-materialscience.materialsconferences.com

Nephrology



Annual Nephrology Congress

December 06-07, 2018 | Amsterdam, Netherlands
E: nephrology@europemeet.com

Neurology



Annual Congress on

Neurology & Neuroscience

September 20-21, 2018 | Prague, Czech Republic
E: neurology@europemeet.com
W: neurosciencecongress.neurologyconference.com

8th International Congress on

Stroke and Brain Hemorrhage

September 20-21, 2018 | Prague, Czech Republic
E: stroke@europemeet.com
W: stroke.neurologyconference.com/europe

International Conference on

Neurology and Mental Disorders

November 05-07, 2018 | Amsterdam, Netherlands
E: mentaldisorders@europemeet.com
W: mentaldisorders.neurologyconference.com

Nursing



25th Global Nursing and Health Care Conference

August 21-22, 2018 | Paris, France
E: nursing@europemeet.com
W: globalnursing.nursingconference.com

18th World Congress on

Clinical Nursing and Practice

September 21-22, 2018 | Prague, Czech Republic
E: clinicalnursing@europemeet.com
W: clinical-nursing.nursingconference.com

4th International Conference on

Midwifery and Womens Health

October 15-16, 2018 | Athens, Greece
E: midwifery@europemeet.com
W: midwifery congress.nursingconference.com

29th International Conference on

Neonatal and Pediatric Nursing

October 15-16, 2018 | Athens, Greece
E: neonatalnursing@europemeet.com
W: neonatalnursing.nursingconference.com

World Congress on

Pediatric Nursing

October 18-19, 2018 | Paris, France
E: contact@europemeet.com
W: pediatric-nursing.nursingconference.com

Annual Congress on

Advanced Nursing Research

October 18-19, 2018 | Amsterdam, Netherlands
E: nursingresearch@europemeet.com
W: advancednursing.nursingconference.com

8th International Conference on

Geriatrics Gerontology & Palliative Nursing

November 19-20, 2018 | Paris, France
E: geriatricsnursing@europemeet.com
W: geriatrics-gerontology.conferenceseries.com

Nutrition



Annual Congress on Clinical Nutrition

October 18-20, 2018 | Paris, France
E: nutrition@europemeet.com
W: clinicalnutrition.annualcongress.com

World congress on

Nutraceuticals and Natural Medicine

October 22-23, 2018 | Amsterdam, Netherlands
E: nutraceuticals@europemeet.com
W: nutraceuticals.nutritionalconference.com

Obesity



International Conference on

Obesity Diet and Nutrition

August 28-29, 2018 | Paris, France
E: obesitydiet@europemeet.com
W: worldobesity.conferenceseries.com

World Obesity Meet

October 25-26, 2018 | Budapest, Hungary
E: worldobesity@europemeet.com
W: Obesity.annualcongress.com

Oncology



International Congress on

Cancer Diagnostics and Treatment

August 02-03, 2018 | Oslo, Norway
E: cancertreatment@europemeet.com
W: cancertreatment.cancersummit.org

Euro Breast Cancer

October 18-19, 2018 | Amsterdam, Netherlands
E: breastcancer@europemeet.com
W: eurobreastcancer.cancersummit.org

Euro Oncology Summit

October 18-19, 2018 | Amsterdam, Netherlands
E: oncology@europemeet.com
W: eurooncology.cancersummit.org

Global summit on Biomarkers

October 18-19, 2018 | Amsterdam, Netherlands
E: biomarkers@europemeet.com
W: biomarkers.global-summit.com

Opthalmology



World Opthalmology & Optometry Meeting

December 03-04, 2018 | Amsterdam, Netherlands
E: ophthalmology@europemeet.com
W: opthalmologymeeting.opthamologyconferences.com

Pathology



9th International Conference on

Clinical & Medical Case Reports

September 17-18, 2018 | Amsterdam, Netherlands
E: casereports@europemeet.com
W: medicalcasereports.conferenceseries.com

Pediatrics



26th European Pediatrics Congress

October 22-23, 2018 | Amsterdam, Netherlands
E: europediatrics@europemeet.com
W: europediatrics.pediatricsconferences.com

World Neonatology Meeting

October 25-26, 2018 | Prague, Czech Republic
E: neonatology@europemeet.com
W: neonatology.pediatricsconferences.com

World Congress on

Clinical Pediatrics

November 12-13, 2018 | Lisbon, Portugal
E: clinicalpediatrics@europemeet.com
W: clinicalpediatrics.pediatricsconferences.com

World Congress on

Pediatric Oncology & Care

November 12-13, 2018 | Lisbon, Portugal
E: pediatriconcology@europemeet.com
W: pediatriconcology.pediatricsconferences.com

World Congress on

Neonatal Research and Diagnosis

December 06-07, 2018 | Amsterdam, Netherlands
E: neonatalresearch@europemeet.com
W: neonatalresearch.conferenceseries.com

Pharma



10th World Congress on

Neuropharmacology

August 28-39, 2018 | Paris, France
E: neuropharmacology@europemeet.com
W: neuro.pharmaceuticalconferences.com/europe

5th European Biopharma Congress

September 18-19, 2018 | Amsterdam, Netherlands
E: biopharma@europemeet.com
W: biopharmaceutics.pharmaceuticalconferences.com/europe

Annual congress on

Pharmaceutics & Novel Drug Delivery Systems

September 20-22, 2018 | Prague, Czech Republic
E: pharamceutics@europemeet.com
W: pharamceutics.annualcongress.com

10th World congress and Expo on

Separation Techniques

October 22-24, 2018 | Budapest, Hungary
E: separationtechniques@europemeet.com
W: separationtechniques.annualcongress.com

13th International Conference on

Biosimilars and Biologics

November 12-13, 2018 | Lisbon, Portugal
E: biosimilars@europemeet.com
W: biosimilars.annualcongress.com

World congress on

Clinical Trials & Regulatory Affairs

November 21-22, 2018 | Paris, France
E: clinicaltrials@europemeet.com
W: clinicaltrials.annualcongress.com

Medicnal Chemistry

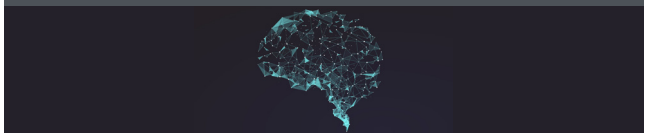
November 26-28, 2018 | Athens, Greece
E: medicinalchemistry@europemeet.com
W: medicnalchemistry.annualcongress.com

Annual Congress and Expo on

Antibiotics

December 03-04, 2018 | Amsterdam, Netherlands
E: antibiotics@europemeet.com
W: antibiotics.global-summit.com

Psychology & Psychiatry



3rd International Congress on

Forensic Science & Criminology

August 16-17, 2018 | Stockholm, Sweden
E: forensicpsychology@europemeet.com
W: forensic.conferenceseries.com

3rd International Congress and Exhibition on

Dual Diagnosis

August 16-17, 2018 | Stockholm, Sweden
E: dualdiagnosis@europemeet.com
W: dualdiagnosis.conferenceseries.com

International Congress on

Clinical Psychology

October 22-24, 2018 | Amsterdam, Netherlands
E: clinicalpsychology@europemeet.com
W: clinicalpsychology.conferenceseries.com

International Congress on

Psychiatric & Mental Health Nursing

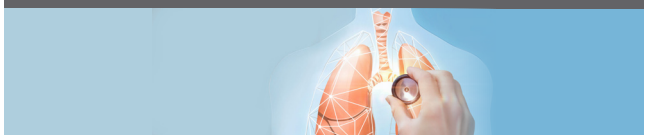
November 19-20, 2018 | Paris, France
E: psychiatricnursing@europemeet.com
W: psychiatric-mentalhealth.conferenceseries.com

World Congress on

Dementia and Rehabilitation

November 27-29, 2018 | Athens, Greece
E: dementia@europemeet.com
W: dementia.psychiatryconferences.com

Pulmonology



Annual Congress on

Pulmonology Respiratory Medicine

November 12-13, 2018 | Lisbon, Portugal
E: respiratory@europemeet.com
W: respiratory.annualcongress.com

Toxicology



17th Global Toxicology and Risk Assessment Conference

October 22-24, 2018 | Budapest, Hungary
E: toxicology@europemeet.com
W: globaltoxicology.conferenceseries.com

Vaccines



International conference on

Vaccines and Immunology

September 27-28, 2018 | Amsterdam, Netherlands
E: vaccineresearch@europemeet.com
W: vaccinesresearch.vaccineconferences.com

Vetinary and Animal Science



Livestock

October 18-19, 2018 | Paris, France
E: livestock@europemeet.com
W: livestockcongress.conferenceseries.com

Vertinary and Animal Health

November 21-22, 2018 | Paris, France
E: veterinary@europemeet.com
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November 12-13, 2018 | Lisbon, Portugal

KEYNOTE FORUM

DAY 1

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Rabi F Sulayman, Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-077

World Congress on

Clinical Pediatrics and Pediatric Oncology & Care

November 12-13, 2018 | Lisbon, Portugal



Rabi F Sulayman

Advocate Children's Hospital, USA

Functional variability among hospitalist: Optimizing performance and outcomes

Background: Health care delivery teams led by hospitalist have been promoted as the best model to provide inpatient care. Most hospitals in the USA utilize this model expecting to improve safety, increase associate and patient satisfaction, decrease length of stay and reduce cost. There are multiple reports in the literature which confirms the advantages and benefits of this model. There is, however, a growing body of evidence disputing these claims and highlighting the negative impact of this model on patient care.

Objectives: Finding out a possible explanation for these conflicting reports, determine whether the flaws are in the model itself or the way the model functions, and propose several interventions to optimize performance.

Methods: We developed a functional profile for hospitalists covering medical-surgical units in a teaching environment where a resident is part of the team, and non-teaching environment where there are no residents. The profile was developed based on a blinded observation of the hospitalists during their shift hours and oral interviews with various members of the health care team. After completing the initial observation, the study was repeated. This time the hospitalist was informed that they were being observed.

Results: There were significant differences in how the hospitalist functioned on teaching units when compared to hospitalists on non-teaching united and between employed and non-employed hospitalists. Hospitalists on teaching units and those who were employed were less likely to provide consistent, ongoing assessments of patients during rounds, less likely to be physically on the unit after the rounds are completed to address nurses' and patients' concerns, and more likely to rely on the residents' evaluation and telephone communications. Handoffs were more likely to be unstructured and communication with referring physicians was poor. Hospitalists were judged to be overconfident, relied on memory to manage patients, and seldom used electronic decision support systems. There was a significant change in behavior after the hospitalists became aware of the observation. All hospitalists examined and assessed the patients regularly and consistently. Communication with team members improved dramatically. Many hospitalists exhibited a low interest in teaching, and some exhibited poor teaching skills. Upon review of the literature, it became evident that the conflicting reports were largely due to a significant variability in function, driven by the level of expertise, experience, job expectations and requirements, and employment models which could create conflicts of interest monitoring improved performances.

Conclusion: Variability in hospitalists' performance is due to variability in function. This variability in function is the result of several factors, many of which are not controlled by the hospitalists. While hospitalist behavior is not necessarily a cause for medical error, behavior could play a key role in preventing errors

Biography

Dr. Rabi F Sulayman, born and brought up in Lebanon and earned his medical degree from the American University of Beirut. Then completed his Pediatric residency at Boston's Children's Hospital in Boston at the same he was appointed as an instructor at Harvard Medical School. He finished the Pediatric Cardiology fellowship in 1975 from the University of Chicago and in 1979 joined the Department of Pediatrics at Advocate Christ Medical Center and Rush Medical School. Currently, he is the Chair of the Department of Pediatrics at Advocate Hope Children's Hospital on the campus of Advocate Christ Medical Center in Oak Lawn, IL. Dr. Sulayman is a fellow of the American Academy of Pediatrics as well as a member of the Chicago Medical Society, Illinois Medical Society and American College of Physicians Executives.

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Notes:

Sharon F Daley, Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-077

World Congress on

Clinical Pediatrics and Pediatric Oncology & Care

November 12-13, 2018 | Lisbon, Portugal



Sharon F Daley
Cape Cod Healthcare, USA

Diagnosis and management of ADHD in primary care pediatrics

School and behaviour problems are common in children and many kids are referred to pediatricians for evaluation of possible ADHD. I have developed a systematic way to diagnose and manage ADHD in the busy general pediatric office setting within a framework of three visits. Visit #1: Not all kids who wiggle have ADHD! Differential diagnosis of inattention and school problems includes many conditions other than ADHD which must be considered, such as learning disability, hearing loss, intellectual disability, anxiety, autism spectrum disorders, conduct disorder, and oppositional defiant disorder. Past medical history, family and social history play a role. It is also important to discover a child's strengths at the initial visit. Conclude the visit with a plan to obtain information from parents, teachers, and other adults who interact with a child, and use a validated tool such as the Vanderbilt survey. Visit #2: Review data, make a diagnosis, and discuss treatment options, including behavioral approaches, medications, and educational accommodation. Create an individualized treatment plan with target outcomes. Visit #3: Use a questionnaire to track progress over time and monitor effectiveness of treatment, including medication effects and possible side effects. Reinforce parent education and behavior strategies. Review educational accommodations and make adjustments to the plan as necessary. Provide parents with information about community resources. Continue reassessment at regular intervals using the model of the third visit.

Biography

Sharon F Daley has obtained her graduation from Boston University School of Medicine and completed her Pediatric Residency at the Naval Regional Medical Center Portsmouth, VA. She is a board certified Pediatrician and a Fellow of the American Academy of Pediatrics. After serving as a Medical Officer in the United States Navy, she entered into private practice. She is currently working as Pediatrician at Cape Cod Healthcare and former Chief of Pediatrics for Cape Cod Hospital in Massachusetts.

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World Congress on

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November 12-13, 2018 | Lisbon, Portugal

SCIENTIFIC TRACKS & ABSTRACTS

DAY 1

Session:

Day 1 | November 12, 2018

General & Clinical Pediatrics | Pediatric Nursing-Critical Care | Pediatric Otolaryngology | Pediatric Oncology & Care | Pediatric Clinical Case Reports

Session Chair
Richard Haddad
Hospital Saint Louis Lariboisiere, France

Co-chair
Nazia Mumtaz
Isra University, Pakistan

Session Introduction

Title: **Developing a priority communication protocol(PCP) for inter-professional communication(IPC) in pediatric departments**
So Lim Park, Asan Medical Center, Republic of Korea

Title: **The pharyngeal inflammation etiology in children**
Elena Radtsig, Pirogov Russian National Research Medical University, Russia

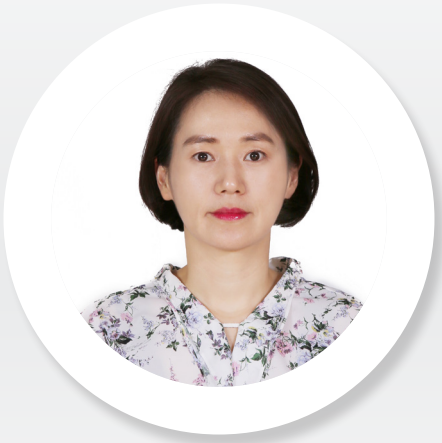
Title: **Extra-intestinal symptoms of antibiotic-associated diarrhea in children**
Ploskireva Antonina, Central Research Institute of Epidemiology, Russia

Title: **Estimating health risks from air pollution and exposure to cigarette smoke during pregnancy using merseyside community child health survey and air pollution data**
Gibby Koshy, Liverpool School of Tropical Medicine, UK

Title: **The nasopharyngeal tonsil in children with and without congenital cleft lip and palate (CCLP) in different childhood periods**
Elena Radtsig, Pirogov Russian National Research Medical University, Russia

So Lim Park et al.,Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-078

Developing a priority communication protocol (PCP) for inter-professional communication (IPC) in pediatric departments



So Lim Park
Asan Medical Center, Republic of Korea

Eun Young Lim, Sang Hwa Kim and **Ae Ju Noh**
Asan Medical Center, Republic of Korea

This study aims to develop the PCP to enhance nurses-physician's cooperation by establishing a reporting guideline based on the severity of pediatric patients. The importance of IPC among health care professionals is well-known; however unproductive IPC leads to an information gap and inter-professional tensions interrupt workflow and potentially cause medical error. While most researchers studied to set up a standardized framework for IPC and priority reporting system, any protocol studies have not been performed in Korea until now. We developed the PCP that combines the pediatric early warning score (PEWS) manual after categorizing priorities by performing a survey of all pages on the pediatric wards at our AMCCH in 2017. The PCP has been proven by four pediatric physicians and six nurses specialized in pediatrics using the Content Validity Index (CVI=0.86) to validate each question. The PCP is designed to classify the priorities in notifying inpatient's situation and giving call backs on four categories. This study was done on 94 nurses and nine physicians using the questionnaire, Korean version of Nurse-Physician Collaboration Scale (K-NPCS) consists of 27 items in three areas, before and after applying the protocol. Overall, the mean value of pre and post K-NPCS data decrease positive feedback. Both the nurse's sharing of patient information (t=2.879, p=0.005) and the physician's cooperativeness (p=0.008) increase with statistically significant values. This study was to demonstrate the safety and effectiveness of the PCP, will contribute to the design of the protocol, tailored intervention and improvement IPC delivering safe and high quality pediatrics care.

Biography

So Lim Park has completed her Master's degree from Ulsan University. She is the Registered Nurse and the Registered Oncology Specialist in Korea. She is the certified Pediatric Hematology Oncology Nurse (CPHON). She is working as a Pediatric Nurse in the Asan Medical Center Children's Hospital.

solimpark@gmail.com

Notes:

Elena Radtsig, Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-078

The pharyngeal inflammation etiology in children



Elena Radtsig
Pirogov Russian National Research Medical University, Russia

Marina Evsikova
Pirogov Russian National Research Medical University, Russia

The indication for systemic antibiotic prescription in tonsillopharyngitis patients is β-hemolytic *Streptococcus* A (βhGAS) infection. In ambulance, the frequency of systemic antibiotic drugs (SAD) usage is pretty much more than βhGAS determination frequency. The aim of our research was the pharyngeal inflammation etiology updating. Twenty patients with acute tonsillopharyngitis (ATF) (11) and chronic tonsillitis aggravation (CTA) (9) were under our observation. The Streptatest and complex microbiological (bacteriological and virological) examination were done in all cases. The rhino-, adeno-, RS-, parainfluenza, metapneumo-, herpes simplex, cytomegalo-, and Epstein-Barr viruses were chosen for detection. The 11 patients with ATF were in the age group of one to 15 years old (the mean age is 4.27±0.7), the girls and boys correlation was 8:1. The nine patients with CTA were in the age group of 11 to 17 years (the mean age is 15.9±0.8), the girls and boys correlation was 4:7. The Streptatest results were negative in 90% cases (in all cases of CTA and in nine from 11 patients with ATF). The bacteriological investigations have confirmed only one case (5%) of βhGAS ATF, in another 5% (one case) was revealed *Streptococcus mitis* (false-positive Streptatest). The etiology of CTA was bacterial (non-βhGAS) in most (seven from nine) cases and bacterial-viral (herpes-viruses) in other two cases. The most often etiology of ATF was viral (non-herpes-viruses) (six from 11 cases) and bacterial (three cases from 11) and viral-bacterial (two cases from 11). Only one case of βhGAS ATF was confirmed. According to our data the necessity of SAD is 5%.

Biography

Elena Radtsig has completed her PhD from Russia State Medical University (Russian National Research Medical University now) and Post-doctoral studies from the same university. She is working as a Professor, works at ENT-Pediatric Department of Pirogov Russian National Research Medical University. She has published more than 199 papers in reputed journals and has been serving as an Editorial Board Member of reputed *Pediatria journal* named after G N SPERANSKY".

radena@rambler.ru

Notes:

Ploskireva Antonina et al., Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-078

Extra-intestinal symptoms of antibiotic-associated diarrhea in children

Objectives: Antibiotic-associated diarrhea (AAD) is associated with high morbidity, mortality, and health care costs. The aim of this study was to establish the clinical features and extra-intestinal symptoms of antibiotic-associated diarrhea in children.

Methods: This study was conducted on 200 patients who were treated in Infectious clinical hospital No.2 in Moscow with acute pneumonia. The age of patients was from three months to 13 years. All patients were evaluated for symptoms of antibiotic-associated diarrhea (diarrhea, vomiting, dyspepsia, stomatitis, abdominal pain) and extra-intestinal symptoms (skin, nervous system, development of inflammatory changes in the external genitals) within a month after antibiotic therapy. All patients were treated with antibiotics and received probiotics *(Lactobacillus acidophilus, Bifidobacterium infantis* and *Enterococcus faecium)*.

Results: AAD symptoms were diagnosed in 13% of patients despite probiotic therapy. Stomach pain (32.8%), dyspepsia (22.4%), bad breath (17.2%), flatulence (17.2%), stomatitis (10.3%) and constipation (1.7%) were diagnosed among the symptoms of gastrointestinal tract lesions, which were associated with antibacterial therapy. Dry skin was in 15.5% of patients, diaper rash-3.4%, brittle nails-15.5%, peeling skin-3.4%, increased irritability in 17.2% and inflammatory changes in the external genitals was observed in 1.7% of patients.

Conclusions: Antibiotic-associated diarrhea is accompanied by extra-intestinal symptoms-pathology of the skin, nails, and external genitals



Ploskireva Antonina
Central Research Institute of Epidemiology, Russia

Co-Author
Golden Lika
Infectious Clinical Hospital No.2, Russia

Biography

Ploskireva Antonina has obtained her PhD from Central Research Institute of Epidemiology, Moscow, Russia. She is working as a Professor in the Department of Pediatrics at Pirogov Russian National Research Medical University. She has published more than 100 articles in reputed journals in Russia and she is a member of scientific organizations: Israel Independent Academy for Development of Sciences (Israel), National Scientific Medical Society of Infectious Diseases, and Russian Scientific Medical Society of Therapists.

antoninna@mail.ru

Notes:

Gibby Koshy, Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-078

World Congress on

Clinical Pediatrics and Pediatric Oncology & Care

November 12-13, 2018 | Lisbon, Portugal



Gibby Koshy
Liverpool School of Tropical Medicine, UK

Estimating health risks from air pollution and exposure to cigarette smoke during pregnancy using Merseyside community child health survey and air pollution data

Air pollution is a serious public health issue that can lead to child health problems. The objectives of this study were to develop and establish a combined database of air pollution indicators, exposure to cigarette smoke and health variables and to complete a descriptive analysis of environmental exposures and child health outcomes. And also, to compute odds ratio estimates for adverse birth and child health outcomes in relation to PM_{10}/NO_x emissions and PM_{10}/NO_2 concentrations and combined with pregnancy smoking categories and to estimate mean emissions for NO_X and PM_{10}, and mean concentrations for PM_{10} and NO_2 in areas with high and low prevalence of adverse birth and child health outcomes. A descriptive cross-sectional study was conducted by linking air pollution data with data available from the community child health survey in 2006 using postcode sectors. PM_{10} and NO_2 monitoring data were available as total and average emissions measured in tons per annum and NO_2 and PM_{10} concentrations data in microgram per $metre_3$. Outcomes included birth and child health outcomes. SPSS 20 was used for univariate analysis and backward stepwise logistic regression. The research project had ethical approval. Data from 792 school and children aged 5-11 years from 10 schools combined with corresponding air pollution data were used. There was independent association of childhood obesity with combined high NO_X-PM_{10} emissions + maternal pregnancy smoking (adjusted OR 4.47, 95% CI 1.22-16.43, p=0.024) after adjustment for confounding factors. Combined high NO_x-PM_{10} emissions and maternal pregnancy smoking were associated with an increased risk of childhood obesity.

Biography

Gibby Koshy has completed his PhD from Amsterdam University and Post-doctoral studies from Liverpool School of Tropical Medicine. Currently, he is working as a Senior Public Health Specialist Advisor specializing in children's substance misuse with Public Health England. He has also worked as an Associate Specialist with The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland and also as a Senior Public Health Intelligence Analyst with Public Health England. He has published more than 40 articles including text book chapters in recent advances in Pediatrics, peer reviewed journals and in other reputed international journals.

koshy57@yahoo.co.uk

Notes:

Elena Radtsig et al., Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-078

The nasopharyngeal tonsil in children with and without congenital cleft lip and palate (CCLP) in different childhood periods



Elena Radtsig
Pirogov Russian National Research Medical University, Russia

Co-Authors
Alla Bogoroditskaya[2], Natalia Zlobina[1] and **Anton Radtsig[1]**
[1]Pirogov Russian National Research Medical University, Russia
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The nasopharyngeal tonsil (NPT) pathology is one of most common disease in children especially of pre-school. The aim of our research was to compare the NPT size and inflammation frequency in children with and without CCLP. Two hundred and nineteen patients with and 192 patients without CCLP were under our observation. The ENT-endoscopic examination (with flexible optic in all CCLP and flexible and rigid optic in non-CCLP patients) was performed in all cases. The size of NPT estimate is like first grade (NPT1) (NPT cover to 1/3 vomer), second grade (NPT2) (NPT cover to 2/3 vomer) and third grade (NPT3) (NPT cover more than 2/3 vomer). The childhood periods were divided as infant (0-1 years), early age (1-3 years), pre-school (3-7 years) and early-school (7-12 years). In infants, NPT1 (with inflammation) was revealed in all CCLP and 3.1% in non-CCLP patients; NPT2 in 1% non-CCLP (no NPT2 in CCLP) and no NPT3 both in CCLP and non-CCLP patients. In early age, NPT1 was revealed in 31% CCLP and 3.1% non-CCLP, NPT2 was revealed in 14% CCLP and 5.2% non-CCLP and NPT3 in 10% CCLP and 2.6% non-CCLP. In pre-school, NPT1: 32% in CCLP and 6.8% in non-CCLP; NPT2: 14% in CCLP and 20.3% in non-CCLP; NPT3: 10% in CCLP and 25.5% in non-CCLP. In early-school, NPT1: 25% in CCLP and 8.8% in non-CCLP; NPT2: 7.5% in CCLP and 4.7% in non-CCLP; NPT3: no one in CCLP and 9.4% non-CCLP. The frequency of NPT inflammation in CCLP children was 55% (one month age)-77.5% (6 months age) before palatoplasty and decreases after it to 22% in pre-school and 17.5% in early-school periods.

Biography

Elena Radtsig has completed her PhD from Russia State Medical University (Russian National Research Medical University now) and Post-doctoral studies from the same university. She is working as a Professor, works at ENT-Pediatric Department of Pirogov Russian National Research Medical University. She has published more than 199 papers in reputed journals and has been serving as an Editorial Board Member of reputed *Pediatria journal* named after G N SPERANSKY.

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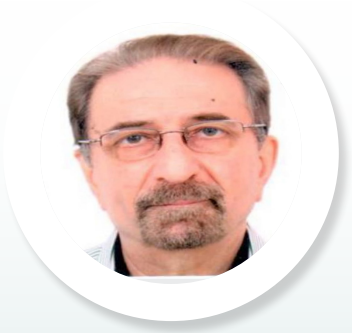
DAY 2

Hassan Ayman Al Koutouby, Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-077

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Hassan Ayman Al Koutouby
University of Strasbourg, France

The incidence of sudden unexpected early neonatal death or acute life threatening event is reported as 0.05/1000 to 0.38/1000 live births

The cerebral sinovenous thrombosis in the pediatric population is uncommon yet underappreciated and potentially life threatening neurological condition or death. The incidence is 0.6/100,000 per year touching 30-50% newborn babies. This is a case study (dating 20 years ago) of a family where the mother had primary pregnancy (as still birth, full term) and lost the second pregnancy (full term) too, following few minutes of resuscitation. Both were female newborns and were normal. No apparent congenital malformation. Investigations carried out and at that time, showed normal result (both maternal and infants). Autopsy of the second baby showed no abnormality apart from massive brain haemorrhage. Otherwise, the family history showed father to be a carrier of Factor V Leiden deficiency (this Factor is first discovered in 1994-1996). Recently (2-3 years), there were few publications came up with a 100% similar cases, discovering the same deficiency in Factor V Leiden in the fetus, causing severe cerebral sinovenous thrombosis followed by remarkable brain haemorrhage and death. Still the mystery of this event occurrence only in full term babies, leading to a sudden perinatal death is unexplainable. The preterm babies till 37 weeks, though they are carrier, could be born safe and healthy as it happens with our case study where the mother gave birth later on to two healthy girls born at 37 weeks respectively. Perinatal death is a tragedy for those suffering from the sorrow of it, it is important to complete a full family evaluation to find the causes and offer information about the risk of recurrence.

Biography

Hassan Ayman Al Koutouby is a French Pediatrician, certified in Pediatric Medicine E/CES from Strasbourg University, France. He received his Doctorate in General Medicine from Damascus University, Syria. He started his professional career in the year 1970 in service to the Pediatrics Department as a Resident Doctor, Senior Registrar, Consultant, and also a Lecturer for the Pediatrics at Dubai Medical College. Amongst his professional career, he also achieved memberships in several societies and associations related to Pediatrics. He attended many international conferences and published several articles on pediatrics and neonatology health issues. He is well known as a Founder of Emirates Perinatal Society (EPS).

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SCIENTIFIC TRACKS & ABSTRACTS

DAY 2

Session:

Day 2 | November 13, 2018

General & Clinical Pediatrics | Pediatric Otolaryngology | Pediatric Clinical Case Reports | Pediatric Oncology & Care

Session Chair
Bernhard Mann
University of Koblence-Landau, Germany

Co-chair
Naheed Mojgani
Razi Vaccine and Serum Research Institute, Iran

Session Introduction

Title: Acute myeloid leukemia-M6- Case report in a 2 year old boy

Carolina Maria Costa Pavao, Hospital do Divino Espírito Santo, Portugal

Title: The phonatory disorders in speaking and pre-speaking children

Elena Radtsig, Pirogov Russian National Research Medical University, Russia

Title: Brief resolved unexplained events (formerly apparent life-threatening events): What do we need to do?

Amira Mustafa, Sidra Medicine, Qatar

Title: 10 years of experience in diagnosis and treating children with ADHD as a Pediatrician

Revital Levi Hevroni, Israel

Title: Constipation can be Crohn's disease

Dipali Shah, West Middlesex University Hospital, UK

Title: Outcome of treatment in children with Acute Lymphoblastic Leukemia

Aroog Qadir, University of Health Sciences Lahore, Pakistan

Carolina Pavão et al., Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-078

Acute myeloid leukemia-M6 - Case report in a 2-year-old boy

Acute myeloid leukemia (AML) M6 or acute erythroid leukemia is an extremely rare type of leukemia and in children is even rarer (about 0.5–4.6% of all cancer-affected individuals are children). We report a case of a 2-year-old boy who started complaints of pain in the lower left leg, more specifically at the tibio-tarsal joint (site of fracture one 1 year before), with progressive aggravation, imbalance in gait and associated with B symptoms, which motivated the mother to seek medical assistance. Analytical study documented anemia of 10.7 g/dL, leukocytes of 10570 /uL, thrombocytopenia of 69000 / uL and DHL of 585 U/L. Objective examination was normal apart from imbalance in gait. Parvovirus serology was negative. In subsequent analyzes 3% blasts of the erythroid line were detected in the peripheral blood. Medullary aspirate was difficult to perform, and the first samples were very hypocelular. Immunophenotyping of bone marrow showed in the beginning 4% of erythroblasts, then 1%, 3% and 0.09% in subsequent samples. Bone marrow biopsy showed involvement by acute leukemia with erythroblastic differentiation. Cytogenetics of bone marrow demonstrate a complex karyotype. There was no infiltration of central nervous system. In spite of a low percentage of blasts in the bone marrow, and given that there was a diagnosis by pathological anatomy and a notion of clinical worsening (the child was very asthenic and with generalization of bone pain), it was decided to start treatment according to NOPHO AML 2012 protocol. Treatment was finished in March 2017 with complete response.



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Biography

Carolina Maria Costa Pavão has completed her MD with master degree in 2014 from the Faculty of Medicine of the University of Coimbra. Started her residency in clinical hematology in the hematology service of the Hospital do Divino Espírito Santo, Ponta Delgada, Portugal, in January of 2016, being currently attending the third year of her specific five year formation. As part of this programme she completed an intership in oncology pediatrics at Porto Oncology Institute in 2018.

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Elena Radtsig et al., Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-078

The phonatory disorders in speaking and pre-speaking children



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The main tool for interpersonal relationships is speech. It coincides closely with voice quality. The main aim of our investigation was the estimation frequency and reasons of phonatory disorders (PD) in speaking and pre-speaking children. Four hundred and thirty eight children of the age group of one month to 17 years old were under our estimation. The ENT-endoscopy and voice quality estimation were performed in all cases. Different PD was revealed in 120 children (27.4%), boys are predominated (52.5%). One parameter of voice was changed in most cases (92.6%) (Isolated disorder), but in 7.4% cases-two voice parameters (multi-disorder). Patients/parents have complained on voice quality in 79% cases only. The leading disturbance was tone quality disorder (75.8% in total, dysphonia in 75.2% and aphonia in 0.6%), the next one (15.8%) - resonance disorder (hyponasality in all cases), the loudness alteration in 0.8%. The multi-disorders were "tone quality and resonance disorder" (5.8%) and "tone quality and loudness disorder" (1.6%). Most PD was revealed in speaking patients (26%). In all cases pre-speaking PD (1.4%) congenital organic pathology was revealed. The most common dysphonia reason was vocal nodules, the leading reason of hyponasality- adenoid hypertrophy and allergic rhinitis. Alert the fact hearing loss identification in patient with tone quality and loudness disorder (sensorineural and conductive in one case of each). So, PD is not rare (27.4%) and prevails in speaking children. According to our data, the PD was revealed in non-complaining children in 21%, so the doctors and teachers should pay more attention on kids' voice quality.

Biography

Elena Radtsig has completed her PhD from Russia State Medical University (Russian National Research Medical University now) and Post-doctoral studies from the same university. She is working as a Professor, works at ENT-Pediatric Department of Pirogov Russian National Research Medical University. She has published more than 199 papers in reputed journals and has been serving as an Editorial Board Member of reputed *Pediatria journal* named after G N SPERANSKY".

Notes:

Amira Mustafa, Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-078



Amira Mustafa[1,2]
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Brief resolved unexplained events (formerly apparent life-threatening events): What do we need to do?

The term ALTE (Apparent life threatening events) or near miss has been used for the last 30 years. As the name implies, an apparent life threatening condition, it has led the physicians to extensively evaluate these patients with numerous testing and managing them in hospitals, causing a big burden on the health care and the families. Lessons learned from those patients showed that the evaluation and management of these patients needs to be revised to avoid unnecessary testing, hospitalization, family anxiety and hence the name change to BRUE (Brief resolved unexplained event). The approach to these events can be modified safely. In this session, I would like to explore this topic with the objectives of: Highlighting the difference between BRUE and ALTE; review the lessons learned from ALTE; discuss how to risk stratify BRUE and discuss key points in evaluation and management. By reviewing the literature on this topic, I will share with the audience the most updated evidence, fulfill my objectives and provide practical clinical guidance on this topic.

Biography

Amira Mustafa has graduated from the Faculty of Medicine University of Khartoum, Sudan. She started her Pediatric training in UK where she worked at Addenbrooke's Hospital in Cambridge and Great Ormond Street Hospital in London. She has completed her Pediatric Residency Training in the United States at the Children's Hospital of Michigan, Detroit. She worked as an Attending Physician (Consultant) at Children's Hospital of Michigan, Detroit and then at the Children's Hospital Medical Center of Akron, Akron, Ohio. She then moved to the Middle East and currently, she is a Senior General Pediatric Consultant at Sidra Medicine, Doha, Qatar. She is also an Assistant Professor at Weill Cornell Medical College - Qatar. She has certified by the American Board of Pediatrics and Fellow of the American Academy of Pediatrics, and a Diplomate of the American Board of Quality Assurance and Utilization Review. Her special interest is in quality and patient safety and has published in that field.

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Shah Dipali et al., Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-078

Constipation can be Crohn's disease

Background: Crohn's disease is one of the most important chronic diseases that affect children and adolescents. In addition to the common symptoms (diarrhea, rectal bleeding, and abdominal pain), rarely children with large bowel involvement can present with constipation as the presenting symptom.

Case: The case study begins with a 13 year old girl presented with fever, rash, joint pains, rectal bleeding on couple of occasions and malaise for 10 days. She had on-going constipation. Her examination revealed pallor, erythema nodosum over shins, clubbing, and perianal skin tags. The rest of the systemic examination was unremarkable. Her CRP and ESR were sky-high. Her fecal calprotectin was >6000 mg/Kg (0-50 mg/Kg). Small bowel MRI showed colitis affecting the sigmoid and distal descending colon. The terminal ileum was also thick-walled and mildly inflamed: Upper GI endoscopy and colonoscopy was suggestive of chronic IBD (Crohn's disease), she was treated with IV methylprednisolone and IV antibiotics and her symptoms improved. She was discharged home on oral prednisolone and metronidazole with outpatient follow up.

Conclusion: Abdominal pain, rectal bleeding, and diarrhea are usual symptoms of inflammatory bowel disease, constipation is an unusual presentation.



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Biography

Shah Dipali is an Acute and Ambulatory Pediatric Consultant at West Middlesex University Hospital, which is a part of Chelsea and Westminster NHS Foundation Trust. She is Pediatric Assessment Unit Lead. She has special interest in Post-graduate as well as Undergraduate teaching and training. She has delivered national and international oral presentations as well as more than 10 poster presentations. She has publication in peer review journal.

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Aroog Qadir, Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-078

Outcome of treatment in children with acute lymphoblastic leukemia

Aroog Qadir
University of Health Sciences Lahore, Pakistan

The presentation will offer a high-level overview of the outcome of treatment of **Acute Lymphoblastic Leukemia in children** in Pakistan, including the major cause of disease, effects of the disease in society, mortality and morbidity rates in the past decade, existing treatment guidelines, and quality of treatment. Since **Acute Lymphoblastic Leukemia** effect a child's physical as well as mental health, we intend to walk through some of the best practices that Pakistan can implement from the developed countries to aid in improving the current cancer treatment processes and governance. The last part of the presentation will highlight the contribution of Shukat Khanum Memorial Hospital in treatment of Acute Lymphoblastic Leukemia.

Biography

Aroog completed her Bachelor of Dental Surgery (BDS) from the University of Health Sciences (UHS) Lahore - Pakistan in 2015. Presently, she works at the Hussain Memorial Hospital in Dijkot (a rural area near the city of Faisalabad in Pakistan) as a Dental Surgeon. She has also published an article in a journal on TMPDS (Temporo Mandibular Dysfunction Syndrome) in 20XX. She continues her professional development by participating in diverse workshops and training programs related to her areas of interest.

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Sun Jung Hyun et al., Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-079

Sun Jung Hyun, Eun Young Lim
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Asan Medical Center, Republic of Korea

Effects of implementing PFCC (patient/family centered care) on pediatrics inpatient units

The purpose of this study was to evaluate the changes of partnership after developing and applying various patient and family centered care planning system improvement activities to pediatrics inpatient units. This study applied various PFCC activities to doctors, nurses and caregivers of four general wards of pediatrics. Results of the questionnaire were surveyed three times in total pre-test (2015), post-test 1 (2016) and post-test 2 (2017), using the 'partnership tool of pediatric nurses and patients'. The data were analyzed using ANOVA, multiple comparisons (Tukey-Kramer) and repeated measures ANOVA. There was significant difference in nurse partnership (p=0.0063). Among the various areas, reciprocity (p=0.0053), professional knowledge (p=0.0254), sensitivity (p=0.0039) and communication (p=0.0455) were significant differences. Caregivers partnership was not statistically significant in pre (2015), post 1 (2016) and post 2 (2017) tests (p=0.716). Caregiver's partnership was overall means higher than other subjects (M±SD=4.28±0.45 (pre), 4.37±0.55 (post 1), 4.31±0.49 (post 2)). Doctor's data was excluded due to a frequent change and discontinuity their participation. Patient and family centered care including pediatrics patients and their families as a whole crucial in nursing care for hospitalized children. However, due to the lack of concept recognition of PFCC in Korea, activities for implementing and fostering PFCC in inpatient setting was carried out for two years. As a result, the partnership in the nurses was significant but the caregiver's partnership was not significant. This seems to be a more rapid change in perceptions to healthcare providers than to the general person, and it is necessary to focus on longer-term effects and it will be necessary to continue the activities and research

Biography

Sun Jung Hyun has completed her graduation from Ewha Womans University in 2016 with a Master's degree in Clinical Nursing. She is the Registered Nurse and obtains a certification of Clinical Advance Practice Nurse. She is working at the Asan Medical Center, Children's Hospital outpatient's clinic, Seoul, Korea. She worked at pediatric wards from 2003 to 2017 and participated in various PI activities and practical nursing improvement.

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Carolina Pavão et al., Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-079

Chronic myeloid leukemia - STOP TKI - Case report in a 9-year-old boy

Carolina Pavão[1], Sílvia Silva[2], Cátia Sousa[2], Filipa Leite[2], Catarina Sousa[2], Marta Almeida[2], Ana Maia Ferreira[2], Vitor Costa[2], Tereza Oliva[2] and **Armando Pinto[2]**

[1]Hospital do Divino Espírito Santo, Portugal

[2]Instituto Português de Oncologia do Porto, Portugal

Chronic myelogenous leukemia (CML) is relatively rare in children. Treatment is not standardized and often follows guidelines for adults. Because children with CML may receive tyrosine kinase inhibitor (TKI) therapy for many decades, and are exposed to TKIs during a period of active growth, morbidity can be more frequent. We report a case of a 9-year-old boy that presented with pallor and B symptoms. He was observed by his family's doctor that noticed a hepatosplenomegally on abdominal palpation, that was confirmed by ultrasound. An analytical study was performed and detected an anemia of 8.2 g/dl and hyperleukocytosis of 33500 / uL. Immunophenotyping of bone marrow demonstrated 7,27% of blasts myeloids. Bone marrow biopsy presented invasion by myeloproliferative neoplasia. Cytogenetic analysis showed translocation (9;22) in 20 metaphases and molecular genetics demonstrated a rearrangement corresponding to the BCR-ABL fusion gene with a relative expression of 43,38% by quantitative RT-PCR. These changes were compatible with the diagnosis of CML. He was started with imatinib 400mg/m2 in October 2011. An optimal response to therapy was observed, however, always with poor tolerance and weight loss, which led to the suspension of imatinib in April 2015. Then he was started on Dasatinib 64 mg/ m2 and presented an optimal response and tolerance during two years. Because he presented a major sustained molecular response during this period it was decided to discontinue dasatinib in May 2017. Currently he is followed monthly, with quantitative RT-PCR performing that shows sustained major molecular response.

Biography

Carolina Maria Costa Pavão has completed her MD with master degree in 2014 from the Faculty of Medicine of the University of Coimbra. Started her residency in clinical hematology in the hematology service of the Hospital do Divino Espírito Santo, Ponta Delgada, Portugal, in January of 2016, being currently attending the third year of her specific five year formation. As part of this programme she completed an intership in oncology pediatrics at Porto Oncology Institute in 2018.

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Notes:

Melekhina E V et al., Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-079

Cases of inherited chromosomally integrated human herpesvirus 6 in Russia

Melekhina E V,
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Shipulina O J and **Gorelov A V**
Central Research Institute of Epidemiology, Russia

Introduction: Unique among human herpesviruses (HHV), HHV-6A;-6B have been shown recently to integrate into the germline of human chromosomes in approximately 0.2 to 1% of the human population. These patients do not need treatment. Diagnostics of inherited chromosomally integrated HHV-6 (iciHHV-6) is important for the pediatric practice. In Russia similar researches were not conducted.

A**im:** The aim of the study was to detect iciHHV-6 in the febrile children with high levels of HHV-6 DNA in blood.

Method: We studied seven children (F4/M3; 1.5 months to 8 years) who had febrile conditions, lymphadenopathy and the concentration of HHV-6 DNA in blood 5.06±0.12 lg copies/105 cells. On the background of the therapy, the conditions of children were improved, but high levels of HHV-6 DNA have remained in blood. In six cases, HHV-6 DNA was detected by RT-PCR in hair follicles and nail plates. On the basis of that, iciHHV-6 was confirmed. Then antiviral therapy was discontinued. When patients recovered, we examined them repeatedly and found no changes in the levels of HHV-6 DNA in blood. For confirming of the hereditary transmission, we examined 10 relatives (F6/M4) of children with iciHHV-6. IciHHV-6 was confirmed in four cases (F1/M3).

Conclusions: We detected iciHHV-6 in 10 of 17 cases by using RT-PCR. Patients with high levels of HHV-6 DNA in blood and unusual clinical manifestations of infection, as well as the ineffectiveness of antiviral therapy need additional examination for the exclusion of iciHHV-6. This study will help to reduce medicinal loading in treatment of children's infections.

Biography

Melekhina E V has completed her PhD from Russian State Medical University in Moscow. She is a Pediatrician, Associate Professor in the Clinical Department of Infectious Pathology from Central Research Institute of Epidemiology, Moscow. She has published more than 20 papers in reputed journals.

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Charisse B Pulmano et al., Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-079

Association of breastfeeding practices and selected clinical outcomes of patients aged three months to two years old diagnosed with PCAP C in a tertiary government hospital in Manila from January 2013-January 2016

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Pneumonia continues to be a significant cause of infant and childhood morbidity and mortality in the Philippines. In the Philippines, pneumonia still continues to be one of the leading causes of mortality and morbidity among infants. With this as a social burden, various strategies have been implemented to decrease childhood morbidity and mortality which is congruent to Millennium Development Goals. In line with this, the World Health Organization strongly advocates the importance of exclusive breastfeeding for the first six months of life. Supplemental breast feeding is not recommended until at least age two and exclusive breastfeeding may be continued thereafter. In local setting, the Department of Health has launched a campaign entitled "Breast feeding TSEK: Tama, Sapat, at Exlusibo". This program has been implemented and warrants strict compliance to reduce childhood mortality from inevitable diseases. In line with this, the author wants to determine the association of breastfeeding practices and selected clinical outcomes of the PCAP C patients aged three months to two years in a tertiary government hospital from January 2013-January 2016. Main outcomes were identified as to length of hospital stay (three-five days, six-10 days, >10 days), disposition (Discharged improved, Mortality), presence of complications such as sepsis, pneumothorax, pleural effusion, empyema, or warranting intubation (with/without) among others. This study used a retrospective cohort design gathering data from records of patients admitted in a tertiary hospital in a given set period. Plan of analysis used percentage, risk ratio/chi square test of association. From this study, it was concluded that exclusive breastfeeding can significantly lower the risk of complications of pneumonia and mostly patient dispositions are markedly improved. In fact, it was found that the risk of moderate to long hospitalization, risk of having complications, and risk of dying are 2.91 (95% CI: 1.91, 4.43) and 3.05 (95% CI: 1.86, 5.04), 3.33 (95% CI: 2.36, 4.70), and 2.23 (1.19, 4.20) times higher, respectively, among mixed fed patients compared to breastfed patients.

Biography

Charisse B Pulmano, he is affiliated to The Hospital Manila Medical Centre in Philippines. Currently he is practising at Mansila-Ospital Longxodon where he belongs to the department of Pediatric Nutrition and he has published several articles in many reputed journals in his research towards pediatrics nutrition.

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Sidra Ishaque et al., Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-079

Short term outcome of cardiopulmonary resuscitation at a tertiary care center in Pakistan

Sidra Ishaque, Ali Akhtar Nuhrio, Humaira Jurair, Qalab Abbas and **Anwar ul Haque**
Aga Khan University Hospital, Pakistan

Introduction: Cardiopulmonary resuscitation (CPR) is a series of lifesaving actions that improve the chance of survival following cardiac arrest. There is limited data regarding the frequency and outcome of in-hospital pediatric cardiopulmonary resuscitation from developing countries.

Aim: The aim of this study was to assess the short term outcome of CPR in children at a tertiary care hospital from Pakistan and to compare with previous outcome before implementation of RRT and PALS training program.

Methods: A prospective record review conducted at the Aga Khan University Hospital, Karachi from July 2012 to June 2013. Children between one month to 14 years of age, who developed in hospital cardiac arrest (IHCA) and require CPR, were included in the study. Data collection was reported according to Utstein style. The outcome was sustained return of spontaneous circulation (initial survival) and hospital discharge (final survival).

Results: A total of 89 cardiopulmonary resuscitation were performed. Incidence of CPR was 0.85% for all admissions; (8.5 CPR/1000 admissions). Return of spontaneous circulation (ROSC) was achieved in 44% (n=26) and 24% (n=16) patients were alive at time of discharge. Our data suggested that CPR of <20 min duration was associated with better outcome in sustained ROSC and survival at discharge ($p<0.001$). On comparison with previous study conducted in same center before implementation of PALS and RRT, we observed better outcome in form of survival at discharge from 11% to 26% ($p<0.001$).

Conclusion: We observed that less duration of CPR (<20 minutes) is predictor for better outcome. Significant improvement in outcome of IHCA noted after implementation of PALS.

Biography

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Molly Rutledge, Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-079

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Molly Rutledge
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Implementation of oral hygiene in inpatient pediatrics

Introduction & Objective: Oral health is a concern for all US children with American Indians and Alaska Natives (AI/AN) children suffering the greatest. Hospitalizations are associated with a deterioration of oral health leading to dysphagia and aspiration. Prioritizing oral health in the hospital setting could allow AI/AN children to get access to resources they may not have access at home and provide an opportunity for health promotion. At Alaska Native Medical Center (ANMC), staff on two west, a 24-bed Pediatric Inpatient Unit, observed inconsistent prioritization of oral care.

Methods: Pediatric nurses were surveyed to better understand about current oral heath practices. An extensive literature search addressing this issue was conducted including literature review of academic journals and published protocols to determine best practices, support and oral care bundles. Staff at ANMC collaborated with the Alaska Native Tribal Health Consortium Dental Community Health Aide Therapy Program for support and recommendations. The team researched appropriate and available products for pediatric hygiene and contacted vendors for sourcing.

Results: Oral care and hygiene protocol education tools were established and routinely implemented to teach the parents and encourage daily brushing habits. A first ever Dental Health Aide Therapist position has been identified to directly educate and treat all inpatient pediatric children during their hospital stay

Biography

Molly Rutledge is an active duty Pediatric Speech-Language Pathologist (SLP) serving in the United States Public Health Service (USPHS). She is assigned to the Indian Health Service and currently stationed at Alaska Native Medical Center (ANMC) where she provides direct inpatient care to NICU, PICU, pediatric floor and Mother Baby Unit (MBU) patients. Prior to her duty at ANMC, she was stationed at Tséhootsooí Medical Center on the Navajo Reservation serving both inpatient and outpatient birth-adult populations. She is a Registered Modified Barium Swallow Impairment Profile (MBSImP) Clinician and certified Endoscopist. She serves as a Subject Matter Expert for the Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE).

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Kamala Thapa Magar, Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-079

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Knowledge on child abuse among parents

Introduction: The objective of this study was to find out the knowledge regarding child abuse among parents. Fifty samples were collected through non probability and purposive sampling technique.

Methodology: The descriptive design was carried out to find out the knowledge on child abuse among the parents of Sanothimi area ward no. 2 Bhaktapur. The study was conducted among parents who have at least one child and age group of 30 residing in Sanothimi, ward no 2 Bhaktapur. Semi structure questionnaire was used to collect the data. The questionnaire was pre tested among five parents prior to the study who were later not the part of the actual study. After clearly explaining the participants about the purpose of the study, ensuring the confidentiality and obtaining the informed consent, interview method was used to collect the data.

Results: The finding revealed that majority (54%) of respondent were female and 24% respondent were male, had knowledge on child abuse. Among 50 respondents, majority (16%) respondent had adequate knowledge where 52% respondent had inadequate knowledge.

Conclusion: The overall finding show that the existing knowledge of respondents is relatively high in response to child abuse, but reinforcement is needed for child abuse. It is essential to provide more education regarding child abuse

Biography

Kamala Thapa Magar has completed her schooling from Bhaktapur English Secondary School in 2010 and after that joined certificate level Nursing, three years course in Nagrik Community Teaching Hospital in 2013. She has passed NCLEX exam and became Registered Nurse and then started working in Madhyapur Hospital in ICU Department. Also, she started to work with SOS children's village Sanothimi.

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November 12-13, 2018 | Lisbon, Portugal

ACCEPTED ABSTRACTS

Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-079

Novel protective effects of baicalin on high-glucose induced chick embryo malformation and its molecular mechanisms

Jian-xin Liang, Lin-rui Gao, Li-guo Chen, Guang Wang and **Xue-song Yang**
Jinan University, China

Baicalin, which is a traditional Chinese monomer isolated from a traditional Chinese tocolysis medicine - baikal skullcap root, has shown the ability of antioxygenation. Here, we investigated for the first time whether baicalin treatment could improve the high-glucose induced chick embryo malformation and uncovered its underlying mechanisms. In our study, we found certain concentration of baicalin did not affect the development of early chick embryo. The number of high-glucose induced heart tube and blood island malformation in chick embryos were decreased in baicalin treating. Western blot analysis of the experimental chick emrbyos revealed that GATA4 was inhibited, while LC3α and C-caspase3 were increased following high glucose treatment. However, baicalin treatment could improve the expression of these genes. In addition, we confirmed that the baicalin could improve the cell survival through both antioxygenation and regulating autophagy in vitro. Therefore, our data indicated that baicalin could be a potential candidate for gestational diabetes induced malformation.

Meta-analysis of risk factors of suicidal phenomena in adolescents

Chan Ma Jesusa, Buhat Kristine Mae Biene, Ruckenbrod Jenneyfer Rezza and **Ong Kim Elizabeth**
University of the East Ramon Magsaysay Memorial Medical Center, Inc., Philippines

Suicidal phenomena (suicide attempts, deliberate self-harm and suicidal plans, threats and thoughts) are common in adolescents. Identification of factors associated with these phenomena could play an important role in the development of school or community-based prevention and intervention programs. Self-harm and suicide are major public health problems in adolescents, with rates of self-harm being high in the teenage years and suicide being the 3rd (for females) and 4th (for males) most common cause of death in young people worldwide. This study is to provide a summary of current knowledge about suicidal phenomena risk factors in adolescent, a meta-analysis of published prospective studies longitudinally predicting suicidal phenomena in adolescents. This included 13 published reports. Results from a random-effects model demonstrated significant, albeit weak, overall prediction of suicidal phenomena in adolescent 2.45 (95% CI: 1.60 to 3.4). Among specific suicidal phenomena risk factors, alcohol abuse, family suicidal behavior and friends' suicidal behavior yielded the strongest effects (ORs>3.0); all remaining risk factor categories produced ORs near or below 2.0. Additionally, results highlighted several limitations of the existing literature, including idiosyncratic suicidal phenomena measurement. These findings indicate that few strong suicidal phenomena risk factors have been identified, and suggest a need for standardized suicidal phenomena measurement and to create more longitudinal prospective studies of risk factors of suicidal phenomena in adolescent.

Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-079

Long-term outcome of Kawasaki disease complicated by a large coronary aneurysm

Jo Won Jung
Yonsei University College of Medicine, South Korea

Kawasaki disease (KD) is an acute febrile disease of unknown etiology. It causes systemic inflammation of vessels through the whole body and especially affects coronary arteries in children younger than 5 years of age. The disease leads to coronary artery aneurysms in ≈25% of untreated cases. However, approximately 20% of patients who require a second dose of IVIG for KD do not adequately respond to this treatment and require additional medications such as corticosteroid or infliximab. KD was first identified in Japan by Tomisaku Kawasaki in 1967, and has now been described worldwide. In Korea, the annual incidence of KD was 194.7 per 100,000 children in 2014, and the coronary aneurysm rate was 1.7%. The natural history of coronary arterial inflammation in KD was demonstrated to occur through 3 mechanisms as reported previous studies: (1) No coronary artery changes, (2) Mild, transient dilatation that resolves within 4-6 weeks, (3) Necrotizing arteritis that forms an aneurysm. Such risk assessment depends on the patient's maximal Z score in any branch by echocardiography or coronary angiography/angio-computed tomography. Stress myocardial scintigraphy has been shown to be useful for risk stratification, but we should consider its radiologic hazard. Korean nationwide data collected between 1990 and 2011 reported, and showed 239 patients with coronary aneurysms of diameter >6 mm. Severe stenosis or occlusion of the coronary artery were analyzed, and percutaneous transluminal coronary balloon angioplasty was performed in 10 patients, stent placement in 9 patients, and percutaneous transluminal coronary rotational ablation in 3 patients. Thirteen patients presented with suggestive myocardial infarction, 14 patients underwent coronary artery bypass graft surgery, and 5 patients died during the follow-up period. For KD patients with giant coronary aneurysm, careful planning of follow-up is mandatory for long-term manage, and aggressive treatments with transcatheter or surgical intervention are needed.

Characteristics of anemia and iron status and their associations with blood manganese and lead among children aged from 3 to 19 years old from four First Nation communities in Quebec

Emad Tahir
Université Laval Centre de recherche du CHU de Québec, Canada

Iron deficiency (ID) and anemia are prevalent in indigenous communities. Iron is a divalent metal that may interact with manganese (Mn), lead (Pb), cobalt (Co), zinc (Zn) and cadmium (Ca). All share common absorptive pathways and iron deficiency (ID) is known to up-regulate other metals, thereby increasing their intestinal absorption, concentration inside the body. This study aimed at investigating the prevalence, types, and severity of childhood anemia and ID and also to study and document the possible associations between blood Mn, Pb, Cd, Zn, Co and iron biomarkers are the objects of this study. Blood samples for hemoglobin (Hb), iron biomarkers, blood Mn, Cd, Zn, Co and Pb were collected from 4 First Nations of Quebec. Descriptive and multiple regression statistical analysis adjusting for relevant co-variables are used to assess research objectives. Results showed ID and anemia prevalence of 20.7% and 17.6% respectively, among which 8.8% present iron deficiency anemia. Moreover, up to 11.5% (n=22) present elevated blood Mn (median=15.9 µg/L) of which 25.6% are having ID. Multiple regression analysis for Mn showed that blood Mn and Co were negatively associated with log ferritin concentrations (ß=-2.4; p<0.0001), (-0.015; P<0.0001) respectively, whereas log Cd showed positive association with Hb and log Co was negatively associated with Hb levels. Blood lead levels were low (median=5.4 µg/L). The prevalence of ID, anemia and elevated blood Mn was very high in these children. Conversely, low Pb exposure was observed. Improving iron status, would decrease anemia and restore normal Mn blood levels.

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Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-079

A pilot study on the effectiveness of basic emergency obstetric and newborn care (BEmONC) training done at a tertiary hospital in Philippines from January 2015 to December 2016

Azenith L Tammang
Tertiary Hospital, Philippines

Background: The Philippines is struggling to avert maternal and neonatal mortality and morbidity due to childbirth complications requiring emergency obstetric and neonatal care. The conduct of BEmONC training for health providers is a strategy towards the end of this.

Objective: The objective of this study assessed the effectiveness of BEmONC trainings at a tertiary hospital from January 2015 to December 2016.

Design: A longitudinal study with pretest-posttest research design that measured knowledge-based mastery at immediate post-course and six months after the training.

Subjects: Six hundred nine BEmONC participants composed of two groups- Group A: 443 all midwife trainees; Group B: 166 trainees trained as teams (61 physicians, 52 nurses and 53 midwives).

Research Methodology: Convenience sampling method that applied Kirkpatrick's model and used the standard pre- post-test questionnaires and six-month post evaluation form to assess participants' learning and application of skills/knowledge gained. Frequencies, percentages, range, mean±SD, median, and mode were used for descriptive analysis, while t-test and chi-square tests were used for statistical significance at $p<0.05$.

Results: Ninety one percent of Group A and 55% of Group B were satisfied with the course. The pre-and post-test scores of participants showed increased level of knowledge (Group A- 50% to 59%; Group B- 65% to 69%) found to be significant at $p<0.05$, DF=441 for Group A ($p=0.000$) and $p<0.05$, DF=164 for Group B ($p=0.001$). But, the increase in knowledge failed to achieve knowledge-based mastery of BEmONC, with 98.2% and 68.1% of Group A and Group B, respectively having post-knowledge scores below 76%. Post-training score and profession were significantly associated (derived $X2=36.7$; $p=0.000$), but not with sex, age, and years of service ($p=0.446$, 0.891, and 0.354, respectively). Partograph, EINC, Unang Yakap, $MgSO4$ administration and management of stages of labor were learning's most frequently used by the 18 post-evaluated facilities. Only 13 facilities passed post-evaluation, while five failed. OB-related referral significantly decreased in 12 facilities (derived t-value=2.355 vs tabular $t=2.145$; $p=0.034$) before and after the training. Poor performance of essential newborn care (mean assessment score=1.88) was the major barrier for favorable outcome of BEmONC training, including among others, absence of birth plan, shifting schedule, emergency numbers, waste management, emergency lights, and unavailability of basic equipment and sanitized delivery and recovery rooms.

Conclusion: BEmONC participants were predominantly female, midwives, aged between 41 to 50 years old and in service for one to 10 years, has never attended previous BEmONC trainings. Majority of its trainees believed that course objectives were achieved, and course expectations were met; hence, increased their knowledge level. Majority were generally satisfied with what they have learned and observed. Post-training assessment is incomparable to pre-training due to difference of assessment tools that were used, therefore further statistical analysis was descriptive. Ten percent of participants achieved knowledge-based mastery of BEmONC. The study concluded that, there is a significant difference in the OB-related referral of facilities that were post-evaluated six months after the BEmONC training. However, readiness of participants' facilities and favorable training outcomes are hampered by barriers such as poor performance of essential newborn care, and absence of basic necessities, equipment, and sanitized delivery and recovery rooms, among others.

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Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-079

Longstanding persistent accelerated idioatrial rhythm: Benign sinus node-like rhythm or insidious rhythm?

Hailei Liu
Nanjing Medical University, China

Detailed description of long-standing persistent accelerated idioatrial rhythm (AIAR) is lacking. This observational study investigated the clinical manifestations, electrophysiological characteristics, diagnosis, treatment and prognosis of this unusual arrhythmia. Fifteen patients (11 males; average age 25.9±15.7 years) suspected with long-standing persistent AIAR were enrolled in our study. All patients had ECG, 24-hour Holter monitoring, isoproterenol provocation test, echocardiogram, and exercise treadmill test. Electrophysiological study (EPS) and catheter ablation were performed if necessary. The above noninvasive tests would be repeated during follow-up. Among them, ten were asymptomatic; five had concomitant paroxysmal atrial tachycardia. Two asymptomatic patients had impaired left ventricular function. AIAR was observed throughout 24-hour Holter monitoring, showing chronotropic profile similar to sinus rhythm. Such AIAR exhibited competitive property with sinus rhythm (SR) when provoked by isoproterenol or during treadmill test. Twelve patients had EPS and eight of them had successful ablation to eliminate AIAR. During a medium follow-up of 3.7 years, all patients were in well clinical course and preserved left ventricular dysfunction, and three patients spontaneously reverted to SR at 10 year's follow-up. Long-standing persistent AIAR is an unusual entity of atrial arrhythmias and in most situations a benign rhythm requiring no treatment. The clinical course will be worsened when AIAR develops rapid focal firing, is associated with focal atrial tachycardias or results in tachycardia-mediated cardiomyopathy, but can be resolved via catheter ablation.

Rational use medicines in pediatrics: A tool to increase the adhesion of cardiologic pediatric patients

Patricia Medeiros de Souza
University of Brasília, Brazil

According to the World Health Organization (WHO) the rational use of medicines occurs when the patients receive appropriate medicines that suit their clinical needs, in the correct dosage for adequate time and accessible cost for them and their community, bearing in mind the promotion and protection of the patient's health. The purpose was explained to the child and mothers the correct form of taking the medicine in a playful and illustrated form, in order to increase adhesion. Interviews were undertaken during one year at the University Hospital of Brasilia, Brazil, with mothers who accompanied their children while waiting for pediatric medical appointments to identify the difficulties of the patients to understand the leaflets. After those others, leaflets were drafted in order to make the language easier for the general public through an accessible language for those medicines and the first interviews with mothers were renewed. Regarding the education material, playful figures and a memory game was applied to sign the adverse effects and the comparison precautions and contraindication with traffic lights in a colloquial, simple and self-explanatory way. The translation of clinical parameters used in a leaflet into an accessible language to the pediatric population increased mothers' adhesion to drug therapy, and they started to inform the doctor the main problems they identified regarding the medicines. Further studies are necessary to statistically measure the increase in adhesion to pediatric drug therapy as a resource used to cut costs related to wrong drug and adverse drug reaction.

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Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-079

Prenatal diagnosis of major congenital heart disease is associated with increased mortality

Rebekka Lytzen
Copenhagen University Hospital, Denmark

Introduction: We conducted a nationwide, retrospective study to assess the consequence of prenatal diagnosis of a major CHD on mortality and morbidity.

Methods: In a nationwide study running from 1996 to 2013, we included 2695 terminated pregnancies (TOP) and live-born children diagnosed with a major CHD. From 2004 prenatal screening was universally offered to pregnant women in Denmark.

Results: 17.5% of fetuses with major CHD were terminated, 0.6% in 1996 increasing to 39.1% in 2013 ($p<0.0001$). The highest TOP rate was found in UVH where 86.5% were terminated in 2013. All-cause as well as cardiac 30-day and 1-year mortality rates decreased throughout the study ($p<0.0001$). The highest rates were found in patients with UVH where 52.6% of live-born children died within the first year of life. Detection rates increased from 4.5% in 1996 to 71.0% in 2013 ($p<0.0001$). There was increased all-cause and cardiac mortality in live-born children whose CHD had been diagnosed prenatally with a hazard ratio of 2.23 ($p<0.0001$) and 2.04 ($p<0.0001$), respectively. After the introduction of general screening, the hazard ratio for cardiac death was no longer statistically significant (HR 0.91, $p=0.5648$). The children diagnosed prenatally had longer length of stay and higher occurrence of kidney failure ($p=0.0112$) and respiratory insufficiency ($p=0.0061$).

Conclusion: Prenatal diagnosis is associated with worse prognosis. This may be caused by selection bias as severe cases are more easily detected and the value of prenatal diagnosis may be difficult to demonstrate due to improvements in the detection of major CHD after birth.

A case report of Ortner's syndrome

Farah Harmani[1] and **Niniek Purwaningtyas**[2]
[1]Sebelas Maret University, Indonesia
[2]Dr. Moewardi Hospital, Indonesia

Introduction: Ortner's syndrome (cardiovocal syndrome), is a very rare condition that has not many cases reported, characterized by hoarseness. It is caused by vocal fold paralysis, due to stretching, pulling or compression on the left recurrent laryngeal nerve. This is a result of cardiovascular structures enlargement. The left recurrent laryngeal nerve is more frequently involved than the right nerve due to its natural anatomy, with a longer course around the aortic arch. Atrial septal defect (ASD) causing Ortner's syndrome is indeed a very rare condition.

Case Report: A 31 year old female patient presented with an untreated congenital ostium primum ASD, and hoarseness. Her chief complaints were 2 weeks of shortness of breath and 5 years of hoarseness. On cardiovascular examination, we could hear wide-fixed splitting with heave; S2 was sharper and louder than S1, pansystolic murmur on apex radiating to axilla, and crescendo-decrescendo systolic murmur on right sternal border. Echocardiography showed an ostium primum ASD, bidirectional shunt, moderate pulmonary hypertension, severe mitral regurgitation, and severe tricuspid regurgitation. Cardiac catheterization and oxygen test results in low flow high resistance, and non-reactive oxygen test. Indirect laryngoscopy revealed left vocal fold paralysis.

Conclusion: Hoarseness secondary to laryngeal nerve compression in cardiovascular disease may correlate with a poorer prognosis. Indirect laryngoscopy should be routinely performed in all cases of heart disease. Awareness of vocal changes in the setting of cardiovascular disease will improve prognosis.

Notes:

Pediatr Ther 2018, Volume:8
DOI: 10.4172/2161-0665-C10-079

Effectiveness of zinc supplementation as prophylaxis for stunting in children: Evidence based case report

Rahmah Amran
Universitas Indonesia, Indonesia

Stunting is one of many health issues in children that have been a great burden for so many years. Stunting is highly associated with malnutrition. It can lead to a number of disorders, including defect of immune system, infections, and impairment of cognitive development which increase the rate of morbidity and mortality in patients with stunting and malnutrition. It has been postulated that zinc supplementation has a potential use for prevention of stunting in children. Unfortunately, the results were inconsistent over studies. Thus, this study was conducted to evaluate the effectiveness of zinc supplementation in preventing the incidence of stunting in children under two years old. The literature search was done through several scientific databases, including PubMed, Cochrane, EBSCO, and Science Direct. A total of two randomized controlled trial (RCT) were selected based on inclusion and exclusion criteria. Further assessment was done to evaluate its validity, importance and applicability using worksheet that is suitable for therapeutic studies. According to the articles assessed, it was found that there was no significant effect of zinc supplementation in preventing the occurrence of stunting in children. The increase of height in both control and experiment group were comparable. The conclusion is zinc supplementation given for children under two years old is considered to be clinically ineffective for the prevention of stunting.

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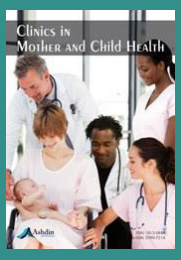
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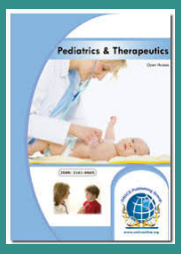
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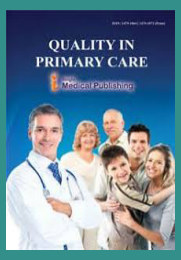
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The International Conference on Pediatrics and Pediatric Cardiology is going to be held in Amsterdam, Netherlands from Feb 18th -19th, 2019. From interactive, hands-on workshops to plenary sessions covering hot topics in Pediatrics, Here we extend you a warm welcome on behalf of esteemed organization Conference Series LLC LTD to all Researchers, Doctors, Students, Professors and all the interested people in Pediatrics from all over the world for our 16th International Conference on Pediatrics and Pediatric Cardiology.

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- Cardiac Stroke
- Fetal Cardiology
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- Pediatric Cardiac Tumors
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- Pediatric Atherosclerosis
- Tetralogy of Fallot in Infants
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Venue

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International Congress on Pediatric Healthcare

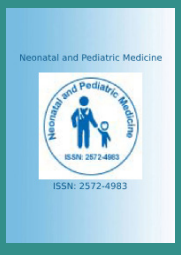
June 12-13, 2019 | Prague, Czech Republic

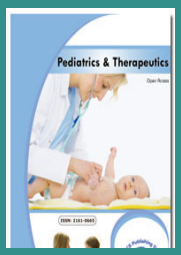
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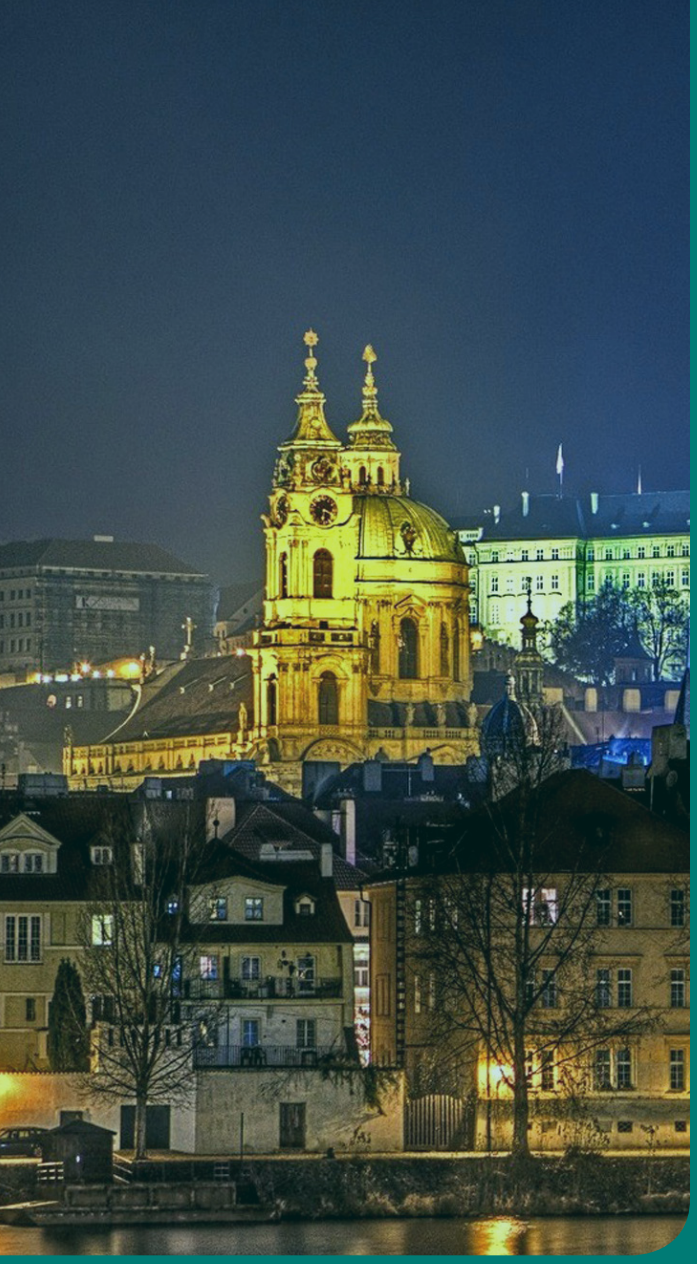
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Pediatric Healthcare 2019 invites each one throughout the world to attend "International Conference on Pediatric Healthcare" amid June 12-13, 2019 in Prague, Czech Republic working under the Theme: Pediatric Healthcare – 'Rising the Child' which fuses incite keynote introductions, Oral talks, Poster introductions and Exhibitions.

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- Pediatric Otolaryngology
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- Child Abuse & Prevention

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INDEX

Amira Mustafa	41	Kamala Thapa Magar	53
Aroog Qadir	43	Melekhina E V	48
Carolina Maria Costa Pavão	39	Molly Rutledge	52
Carolina Pavão	47	Ploskireva Antonina	31
Charisse B Pulmano	49	Rabi F Sulayman	24
Elena Radtsig	33	Shah Dipali	42
Elena Radtsig	40	Sharon F Daley	25
Elena Radtsig	30	Sidra Ishaque	50
Gibby Koshy	32	So Lim Park	29
Hassan Ayman Al Koutouby	36	Sun Jung Hyun	46

Notes:



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