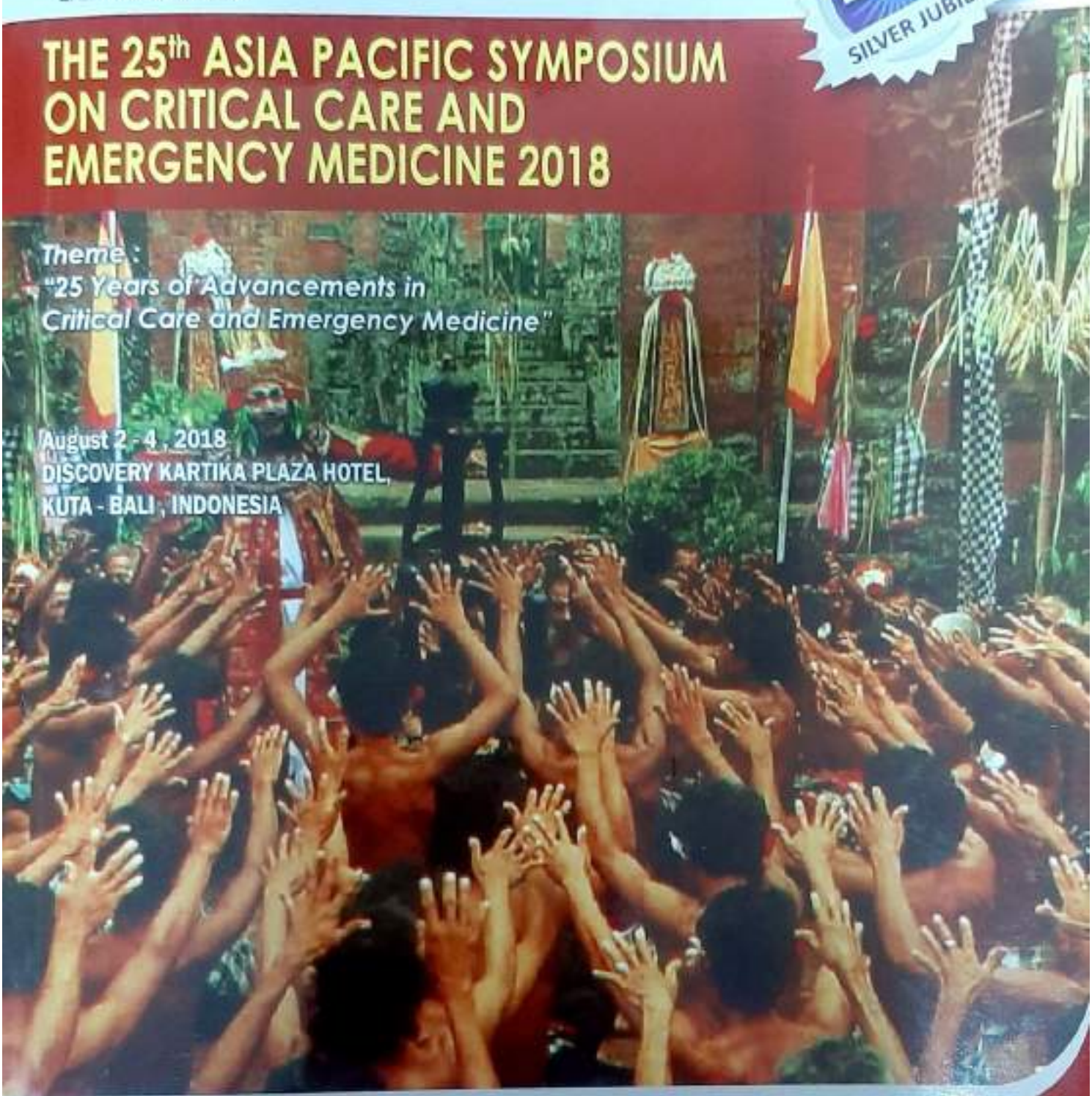
PROGRAM & ABSTRACT BOOK

25th ASIA PACIFIC

ASIA PACIFIC SYMPOSIUM ON CRITICAL CARE AND EMERGENCY MEDICINE

25th SILVER JUBILE

THE 25th ASIA PACIFIC SYMPOSIUM ON CRITICAL CARE AND EMERGENCY MEDICINE 2018



Theme :
"25 Years of Advancements in Critical Care and Emergency Medicine"

August 2 - 4 , 2018
DISCOVERY KARTIKA PLAZA HOTEL,
KUTA - BALI , INDONESIA

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TABLE OF CONTENT

LIST OF SPEAKER

AUSTRALIA
Bruce Lister
Christopher James
Lee Tam Teo
Mhary Gacuma
Nicole Slevin
Stephen Jacobe
Tom Rosen

CANADA
Philip Mok

CHINA
Santiago Herrero

HONGKONG
Tony Gin
Wong Wai Tat

INDONESIA
Agung Budi
Ali Haedar
Aliana Dewi
Ahmad Faried
Achsanuddin Hanafie
Anggraini Alam
April Retno
April Poerwanto
Arto Yuwono Soeroto
Bambang Pudjo Semedi
Cindy E Boom
Christian A. Johannes
Dudi Hanafi
Dwi Pantja
Dyah Kanya Wati
Erwin Pradia
Fina Meyliana
Frans Pangalila
Gurmeet Singh
Hartono Joseph
Ike Sri Redjeki
Indriasari
Jetty Sedyawan
Putu Pramana
Reza Sudjud
Rita Kartika
Rita Zahara
Rosita Akip
Ruslan Yusni Hasan
Suryani Rahman
Tri Wahyu Murni

JAPAN
Hiroyuki Hirasawa

MALAYSIA
Adi Osman
Alzamani Idrose
Dato Sri Abu Hassan A.A.
Mahathar Wahab
Patrick Tan
Ramzuzaman Ismail

MEXICO
Alexa Bello
Mariana Ramirez
Sebastian Casillas

NEPAL
Ramesh Kumar Maharjan

NEW ZEALAND
Ross Freebairn

SAUDI ARABIA
Abdullah Al Shimemeri

SINGAPORE
Akash Verma
Chua Hoe Chin
Dessmon Tai
Kor Ai Ching
Lyu Ting
Mark Leong
Matthew E Cove
Shekhar Dhanvijay
Sohil Pothiawala

UNITED KINGDOM
Anand Divekar
Nandita Divekar
Omkaar Divekar

USA
Alexa Angulo
Adylle Varon
America Avila
Joseph Varon
Kannan Ramar
Kyle Hogarth
Salim Surani
Sanjay Kalra
Zehra Surani

NURSING TRACK

NEUROLOGIGAL NURSING ASPECTS

Room :

Discovery Room (NURSING CARE)

Chairperson :

Nicole Slevin (AUS) /
Mhary Gacuma (AUS)

Overview Intracranial Intervention
Aliana Dewi (INA)

How to Identified Intracranial Intervention
Rosita Akip (INA)

Neuro Monitoring For Non Brain Injured Patient: Nursing Persfectve
Aliana Dewi (INA)

When and How to Intervente Intracranial Intervention
Aliana Dewi (INA)

Overview Intracranial Intervention

Aliana Dewi, SKp, MN (INA)
STIKES Binawan

The roles of intracranial pressure (ICP) monitoring and control are vital to neurocritical care. When ICP rises above safe thresholds, serious consequences can ensue. As ICP rises, it decreses cerebral perfusion pressure (CPP) and may decrease cerebral blood flow (CBF) if not compensated by the intrinsic autoregulatory capacity of the brain. Persistent ICP elevations or pressure the risk of tissue herniation and subsequent neurologic decline. Maintaining an appropriate ICP is a therapeutic principle for critical neurologically injured patients. While clinical examination of the patient and radiolologic imaging can provide, ICP monitoring is required for definitive measurement and continous tracking of this monitoring parameter.

The decision to place an invasive ICP monitor reqiures careful consideration, as it carries its own set of inherent risks. The appropriate indications for ICP monitoring as well as the rple of ICP monitoring in improved clinical outcomes. Non invasive modalities including transcranial doppler, CT/MRI scans, fundoscopy, and tympanic membrane displacement, yet none have proven superior as invasive monitoring. ICP monitoring via ventriculostomy has remained the gold standard for accurate measurement of ICP. For critically ill brain injured patients, ICP monitoring allows care to be tailored and individualized to meet of the neurological or neurosurgical critical care patient.

When and How to Intervente Intracranial Intervention

Aliana Dewi, SKp, MN (INA)

STIKES Binawan

Intracranial hypertension is found in 40% to 60% of severe head injuries and is a major factors in 50% of all fatalities. Patients with suspected elevated ICP and deterioting level of conscoiusness are candidates for invasive ICP monitoring. The Glascow Coma Scale (GCS) level that requires ICP monitoring should be based on rate decline and other clinical factors such as CT evidence of mass effect and hydrocephalus. In general, ICP monitroing should be placed in patients with a GCS score less than 9 and in all patients whose conditions is thought to be deteriorating due to elevated ICP. The type of monitor depend on availability, experience and the situasion. ICP should be monitored in patient with severe traumatic brain injury with GCS 3 to 8 after resusitation and abnormal CT scan or a normal CT scan.

In Traumatic Brain Injury patients with a GCS greater than 8, ICP monitoring should be considered. Although ICP monitoring is widely recognised as a standard of care for patients with severe traumatic brain injury, care focused on maintaining monitored ICP at 20 mmHg or less was not shown to be superior to care based on imaging and clinical examination.

In addition, general measurement to minimize elevations in ICP are the head and neck should be optimally positioned, normothermia, normocarbia and control pain or seizure.

Neuro Monitoring for Non Brain Injury Patient: Nursing Perspective

Aliana Dewi, SKp, MN (INA)
STIKES BINAWAN

The challenges posed by acute brain injury involve the management of the initial insult in addition to downstream inflammation, edema, and ischemia that can result in secondary brain injury. Secondary Brain Injury is often subclinical, but can be detected through physiologic changes. These changes serve as a surrogate for tissue injury/cell death and are captured by parameters measured by various monitors that measure intracranial pressure (ICP), cerebral blood flow (CBF), brain tissue oxygenation, cerebral metabolism, and electrocortical activity. Based on nursing perspective to monitor for non brain injury patient are: vital sign, level of conciousness, the head and neck should be optimally positioned, normothermia, normocarbia and control pain or seizure. In the ideal setting, multimodality monitoring integrates these neurological monitoring parameters with traditional hemodynamic monitoring and the physical exam, presenting the information needed to clinicians who can intervene before irreversible damage occurs.

PRE SYMPOSIUM COURSE & WORKSHOP
JULY 30 - AUGUST 1, 2018

THE 25th ASIA PACIFIC SYMPOSIUM ON
CRITICAL CARE AND EMERGENCY MEDICINE 2017
AUGUST 2 - 4, 2018

POST SYMPOSIUM COURSE & WORKSHOP
AUGUST 4 - 5, 2018

NQCitra organizer

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