

26th ASIA PACIFIC



THE 26th ASIA PACIFIC SYMPOSIUM ON CRITICAL CARE AND EMERGENCY MEDICINE 2019

Theme : " Time to Change "

August 1 - 3, 2019
THE STONES HOTEL
KUTA - BALI, INDONESIA



UMMC



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2019**

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**PROGRAM
&
ABSTRACT
BOOK**

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LIST OF SPEAKER

AUSTRALIA

Andrew Clift
Christopher James
Sananta Dash
Stephen Jacobe

CHINA

Santiago Herrero

HONGKONG

Gavin Joynt
Tony Gin
Wong Wai Tat

INDONESIA

Achsanuddin Hanafie
Agung Budi S
Ahmad Faried
Aliana Dewi
Ali Haedar
Anggraini Alam
April Retno
Arto Yuwono Soeroto
Christian A. Johannes
Christopher Ryalino
Cindy E. Boom
Dadang Hudaya
Dwi Lingga
Dwi Pantja
Dyah Kanya Wati
Emmy Pranggono
Fuad Jindan
Frans Pangalila
Gurmeet Singh
Hartono Joseph
IB Krisna Sutawan
IB Suparyatha
I Nyoman Budhi Hartawan
I Putu Artawan

I Putu Pramana
Jetty Sedyawan
Qadri Fauzi
Rahmat Budi
Ricky Aditya
Rita Kartika
Rita Zahara
Roslan Yusni Hassan
Suryani Rahman
Tjokorda Gede A. S.
Tini Suminarti
Tri Wahyu Murni
Tugas Ratmono
Zulkifli Yasin

INDIA

Amol Kotheekar
Arindam Kar
Tapas Kumar Sahoo

JAPAN

Hiroyuki Hirasawa

MALAYSIA

Adi Osman
Alzamani Mohammad Idrose
Azliza Wati
Azma Haryaty Ahmad
Dato Sri Abu Hassan A. A.
Hidayah Shafiei
Mahathar Wahab
Patrick Seow Koon Tan

NEPAL

Niraj Kumar Keyal

NEW ZEALAND

Ross Freebairn

SAUDI ARABIA

Abdullah Alshimemeri
Ahmed Aljabbar
Mansour Aolewah
Wadha Alotaibi
Yaseen Ismaeil

SINGAPORE

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

UNITED KINGDOM

Anand Divekar
Nandita Divekar

UNITED STATE OF AMERICA

Abdul Ali
Adylle Varon
Alan Araza
Alan Glombicki
Joseph Varon
Kannan Ramar
Melanie Duran
Neil E. Strickman
Rahul Kashyap
Salim Surani

**08.00 - 09.40 WITA NURSING CARE
QUALITY CONTROL IN NURSING SERVICES
(Junior Ballroom 2)
Chairperson : Suryani Rahman (INA)**

- Effective Communication In Nursing Care
Tini Suminarti (INA)
- Infection Control in Intensive Care Unit
I Putu Artawan (INA)
- Nursing Documentation
Tini Suminarti (INA)
- Waveform Analysis During Mechanical Ventilation Patient
Aliana Dewi (INA)

09.40 - 09.50 WITA Question and Answer

**09.50 - 11.10 WITA TP 10
RESPIRATORY CRITICAL CARE
(Junior Ballroom 1)
Chairperson : Abdullah Alshimemeri (SAU)
Mahathar Wahab (MAL)**

- Empirical Antibiotic Therapy in Severe CAP/ARDS
Gurmeet Singh (INA)
- Advanced Positive Airway Pressure Modalities in ICU
Kannan Ramar (USA)
- "Prolonged Mechanical Ventilation: Management Strategies"
Kor Ai Ching (SGP)
- Influence of ABG to guide extubation in ICU Patients after Spontaneous Breathing Trial
Niraj Kumar Keyal (NPL)

- Antibiotic Dosing - What is The Optimal Duration of Therapy?
Gavin Joynt (HK)
- Empiric Antibiotic Therapy in Severe Sepsis
Dessmon Tai (SGP)
- Neutropenic Sepsis
Sekhar Dhanvijay (SGP)

14.50 - 15.00 WITA Question & Answer

13.30 - 14.50 WITA NURSING CARE
QUALITY CONTROL IN NURSING SERVICES
(Junior Ballroom 2)
Chairperson : Suryani Rahman (INA)

- Nutrition in Critically Patient
Aliana Dewi (INA)
- Easy Blood Gas Analysis: Implications for Nursing
I Putu Artawan (INA)
- Prolong Mechanical Ventilation: Nursing Management Strategies
Suryani Rahman (INA)
- Understanding Cardiogenic Shock : A Nursing Approach to Improve Outcome
Rita Kartika (INA)

14.50 - 15.00 WITA Question & Answer

15.00 - 16.20 WITA TP 16
INTENSIVE CARE
(Junior Ballroom 1)
Chairperson : April Retno (INA)

- Ventilator Waveforms in ICU
Kannan Ramar (USA)

15.00 - 16.20 WITA TP18
SHOCK

(Meeting Room 2)

Chairperson : Frans Pangalla (INA)
Hartono Joseph (INA)

- Angiotensin 2 Receptor: What it Means for Septic Shock Patients
Salim Surani (USA)
- Anaphylactic Shock In The Emergency Department
Sohil Pothlawala (SGP)
- Hypercytokinemia and Hyperlactatemia as Monitoring in Shock
Hiroyuki Hirasawa (JPN)
- Use of Hydrocortisone and ulinastatin in Tuberculosis Induced Septic Shock
Niraj Kumar Keyal (NPL)

16.20 - 16.30 WITA Question & Answer

15.00 - 16.20 WITA NURSING CARE
(Junior Ballroom 2)

- Critical Care Management of Acute Ischemic Stroke
Rita Kartika (INA)
- Nursing Perseptic in Invasive Haemodynamic Monitoring
Aliana Dewi (INA)
- Care of Patient Haemodialysis
Rita Kartika (INA)

16.20 - 16.30 WITA Question & Answer

17.00 WITA FACULTY DINNER
THE 26th APSCCEM 2019

NURSING CARE QUALITY CONTROL IN NURSING SERVICES

Room :
Junior Ballroom 2

Chairperson :
Suryani Rahman (INA)

Effective Communication in Nursing Care
Tini Suminarti (INA)

Infection Control in Intensive Care Unit
I Putu Artawan (INA)

Nursing Documentation
Tini Suminarti (INA)

Waveform Analysis During Mechanical
Ventilation Patients
Aliana Dewi (INA)

Waveform Analysis During Mechanical Ventilation Patients

Aliana Dewi (INA)

Ventilator waveforms are graphic representations of data collected from the ventilator and reflect patient-ventilator interactions. The 4 parameters pressure, volume, flow, and time are most descriptive of mechanical ventilation. Purposes of monitoring waveform are allow users to interpret, evaluate, and troubleshoot the ventilator and the patient's response to the ventilator, monitor the patient's disease status, assess the patient's response to therapy, monitor proper ventilator function, allow fine tuning of ventilator to decrease WOB, optimize ventilation, and maximize patient comfort, a skilled practitioner can use ventilator graphics to assess the status of the patient's lungs in the same way a cardiologist uses an EKG to view the condition of the heart and this is especially important for respiratory therapists to help make appropriate recommendations and to ensure proper functioning of the ventilator. Typically, 3 different graphs, also referred to as scalars, consisting of pressure versus time, volume versus time, and flow versus time, with time always plotted on the x-axis, are used. Changes in the ventilator settings as well as in the characteristics of the lungs such as airway resistance (R_{aw}) and respiratory system compliance (C_{rs}) can be recognized from specific variations in the waveforms. Flow-volume and pressure-volume loops provide additional information about changes in lung function. Patient-ventilator dyssynchrony is a common problem during mechanical ventilation and can lead to patient discomfort and an increased work of breathing. Ventilator waveforms are helpful to identify dyssynchrony, which can be divided into trigger, flow, cycle, and expiratory dyssynchrony. Ventilator waveforms allow the clinician to assess changes in respiratory mechanics, and can be useful in monitoring the progression of disease pathology and response to therapy. Adjustments in ventilator settings based on proper analysis and interpretation of these waveforms can help the clinician to optimize ventilation therapy.

NURSING CARE QUALITY CONTROL IN NURSING SERVICES

Room :
Junior Ballroom 2

Chairperson :
Suryani Rahman (INA)

Nutrition in Critically Patient
Aliana Dewi (INA)

ABGs Analysis: Easy For Nurses
I Putu Artawan (INA)

Prolong Mechanical Ventilation: Nursing Management
Strategies
Suryani Rahman (INA)

Understanding Cardiogenic shock: A Nursing Approach
to Improve Outcome
Rita Kartika (INA)

Nutrition in Critically Patient

Aliana Dewi (INA)

The significance of nutrition in the hospital setting (especially the ICU) cannot be overstated. Critical illness is typically associated with a catabolic stress state in which patients demonstrate a systemic inflammatory response coupled with complications of increased infectious morbidity, multiple-organ dysfunction, prolonged hospitalization, and disproportionate mortality. Over the past 3 decades, exponential advances have been made in the understanding of the molecular and biological effects of nutrients in maintaining homeostasis in the critically ill population. Traditionally, nutrition support in the critically ill population was regarded as adjunctive care designed to provide exogenous fuels to preserve lean body mass and support the patient throughout the stress response. Recently, this strategy has evolved to represent *nutrition therapy*, in which the feeding is thought to help attenuate the metabolic response to stress, prevent oxidative cellular injury, and favorably modulate immune responses. Improvement in the clinical course of critical illness may be achieved by early EN, appropriate macro- and micronutrient delivery, and meticulous glycemic control. Delivering early nutrition support therapy, primarily by the enteral route, is seen as a proactive therapeutic strategy that may reduce disease severity, diminish complications, decrease LOS in the ICU, and favorably impact patient outcomes.

NURSING CARE

Room :
Junior Ballroom 2

Chairperson :
Suryani Rahman (INA)

Critical Care Management of Acute Ischemic Stroke
Rita Kartika (INA)

Nursing Perspective in Invasive Haemodynamic Monitoring
Aliana Dewi (INA)

Nursing Perspective on Compressive Wounds
Rita Kartika (INA)

Nursing Perspective in Invasive Haemodynamic Monitoring

Allana Dewl (INA)

In the critically ill patient, early and effective hemodynamic management including fluid therapy and administration of vasoactive drugs to maintain vital organ perfusion and oxygen delivery is mandatory. Understanding the different approaches in the management of critically ill patients during the resuscitation and further management is essential to initiate adequate context- and time-specific interventions. Treatment of hemodynamic variables to achieve a balance between organ oxygen delivery and consumption is the cornerstone. In general, cardiac output is considered a major determinant of oxygen supply and thus its monitoring is regarded helpful. However, indicators of oxygen requirements are equally necessary to assess adequacy of oxygen supply. Currently, more and more less or even totally non-invasive monitoring systems have been developed and clinically introduced, but require validation in this particular patient population. Cardiac output monitors and surrogates of organ oxygenation only enable to adequately guide management, as patient's outcome is determined by acquisition and interpretation of accurate data, and finally suitable management decisions. This presents the currently available techniques in the field of hemodynamic monitoring in critically ill patients and briefly summarizes their advantages and limitations. Nurses, as the most frequent and common contact for patients, have the ability and opportunity to lead this change.

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PRE SYMPOSIUM COURSE & WORKSHOP
JULY 30 - 31, 2019

THE 26th ASIA PACIFIC SYMPOSIUM
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AUGUST 1 - 3, 2019

POST SYMPOSIUM COURSE & WORKSHOP
AUGUST 3 - 4, 2019



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