



# HKPNA Newsletter

Hong Kong Paediatric Nurses Association Ltd. [www.hkpna.com.hk](http://www.hkpna.com.hk)

## The Australian College of Children and Young People’s Nurses (ACCYPN) Conference 2013 with 4th International Congress on Paediatric Nursing and visit to the Royal Children’s Hospital(RCH), Melbourne

Teresa Poon, Ward Manager, Department of Paediatrics, Queen Elizabeth Hospital



With the generous support and sponsorship from the Hong Kong Paediatric Nurses Association, 10 nurses from various hospitals of Hong Kong attended the ACCYPN Conference 2013 on 24 -27 August. The ACCYPN conference provides an international platform for the exchange of evidence-based practices and solutions among nurse researchers, clinicians, educator, policy makers and managers. The conference, themed ‘connecting in children and young people’s health care’, invited participants to explore innovative strategies to promote excellence in children and young people’s nursing across the continuum of care. There were few presentations from the HK delegates. Ms. Susanna Lee, President of APPNA, had presented the ‘Asia Pacific Paediatric Nurses Association: working together to improve the health and well-being of children and young people in the Asia Pacific Region’ to promote APPNA and to invite more overseas paediatric nurses to join. CMC Ms. Carol Lo had presented three oral presentations including ‘effectiveness of gastrostomy feeding in children with severe developmental disabilities, reduction of pathological fracture in children with severe developmental disabilities, and Paediatric rehabilitation service: transition from acute care to home or community care’ to have shared her team’s experience, expertise and innovations in paediatric rehabilitative care. I was deeply impressed by the devoted efforts of overseas paediatric nurses to promote family-centered care, nursing education and paediatric end-of-life care. The use of tablet device to conduct visual double checks of medications, intravenous therapy and ventilator settings in home environment to name just a few nursing innovations.



uniquely designed for children and young people with spaces that are fun, stimulating and take healing beyond the bedside. Eighty per cent of patient rooms have views of the park and the building is oriented towards the north, making good use of natural light.

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Sliding door in-between 2 rooms



PICU bed Setting



Interactive display screen at lobby

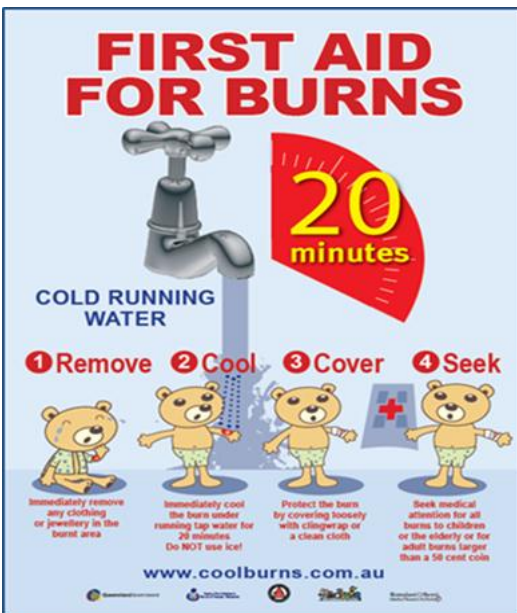
The environment is filled with plenty of fun and enjoyment such as interactive playgrounds and displays, outdoor play areas, a coral reef aquarium, a bean bag cinema and artwork to engage children of all ages. The hospital campus composes of six levels of clinical, research and education facilities. It provides improved accommodation and facilities for parents as well as additional shops, cafes and other amenities for patients, their families and staff.

Some of our nurses visited the Paediatric Intensive Care (Rosella) ward on Level 3. The Paediatric Intensive Care Unit is the National Paediatric Centre for heart transplantation, long-term ventricular assist device support, gastro-intestinal transplantation, and veno-venous extra corporeal life support. It is the State Paediatric Centre for trauma, liver transplantation, veno-arterial extra corporeal life support and it supports the Paediatric Emergency Transport Service (PETS) too. The unit consists of 30 single patient rooms with sliding doors in-between 2 rooms to facilitate effective nursing support. Parents and carers are always welcome to spend as much time as possible with their child and may also stay with their child during most medical treatments. The unit employs more than 100 nursing staff members, most of them have additional qualification in paediatric intensive care including the Nurse Unit Manager, the five Associate Unit Managers, clinical nurse specialists, case managers and registered nurses. Clinical nurse educators and clinical nurse facilitators are based in the unit to support nursing staff at the bedside and co-ordinate staff training. Clinical liaison nurses work with all unit and hospital staff to optimize the process of admission and discharge. Clinical technologists provide 24 hour support for specialized equipment and assist with provision of complex therapies.

We believe that the child-friendly design and environment, and the clinical setting of the new Royal Children's Hospital would give us an ideation on the design of the future Children's Hospital in HK.

### First Aid Management for Burns – Room for Improvement

Audrey Chan, Nurse Consultant (Paediatrics and Adolescent Medicine) Queen Mary Hospital



A 24 month boy sustained hot water scald at 10am in a hotel while travelling with his parents in Taiwan. He was taken to hospital and was diagnosed 20% scald. Dressing was done and bandaged around the whole trunk, the left upper and lower limbs. The family flew back to Hong Kong immediately. They were referred to QMH A&E by private hospital because of the extensive scald area requiring intensive care. He was admitted to PICU at 8pm. On admission he cried loudly. He had been fasted for 10hours without an IV line. When the dressing was removed, he was assessed to have 5 -8% scald only. Based on the clinical finding, he was transferred to paediatric surgical ward for care.

I attended a conference in Melbourne in August. The most stimulating and enlightening lecture I heard was on paediatric burn management. Both speakers are renowned in the clinical and the research field. The key message of the lecture was on the significance of 20 minutes first aid management of keeping cold running water onto the scald/burn area. It is recommended for up to 3 hours post injury. Evidence has shown that it reduces tissue damage, hastens wound re-epithelialisation and reduces scarring.

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Furthermore, there is a recent research demonstrating warm running water for 20 minutes is equally effective. As a result, the speaker opined that the 20minutes running water is the detrimental recovery factor but not the temperature of the water. If further studies confirm warm water is effective, the risk of hypothermia related to the first aid treatment will be minimized. Adding to the above finding, good pain control also has a synergistic effect on the recovery.

I think on the whole most people are aware that cold water can be used for first aid treatment for burn and scald. However, do they know that the cold water must be running water and the time frame has to be 20 minutes? I must admit that I have no such knowledge. In Australia, the public education has started about 2 years ago. There are joined forces between various associations spreading the information through different channels of media.

The admission to PICU of the 24 months old boy has further urged me to share out the newly acquired knowledge. In the year of 2012, there were over 550 children admitted to HA hospitals with diagnosis of burn /scald through the CDARS search. Among the group, there were cases admitted to PICU or burn unit because of the involved area was > 12% or because the site was around the chest. From my observation on the admitted PICU cases, majority of the parents or care takers had limited knowledge on first aid treatment. Mostly their first reaction was panic. As a result their action meant as first aid treatment was usually ineffective or even caused deeper or larger burn/scald area.

There was an article by Cuttle & Kimble published in 2010 stating the worldwide findings on cold water first aid treatment in high-income countries such as Australia and UK was 50-92% compared to 10-30% in regions of China and Africa. Though we do not know our local statistics, the findings demonstrate the need for public education. A simple and easy treatment yet leads to a significant impact upon a child's life.

Could we borrow our Australian counterparts' examples in spreading this evidence based first aid treatment into families, schools and our colleagues? As a matter of fact, I do think we have this responsibility in sharing out the message.

**References:**

1. Cuttle L, Kimble RM. First aid treatment of burn injuries. Wound Practice Research. 2010 Feb; 18(1):6-13.
2. Kim L, Martin H, & Holland A. Medical management of paediatric burn injuries: Best practice. Journal of Paediatric & Child Health. 2012; 48:290-295.
3. The Centre for Children's Burns and Trauma Research (CCBTR)
4. www.coolburns.com.au

**HKPNA Activities**

**Joint Annual Scientific Meeting 2013**

Tang Sze Kit, Chairman, Professional Development Committee

Joint Annual Scientific Meeting (JASM) by the Hong Kong Paediatric Nurses Association and Hong Kong Paediatric Society was held on 8 September 2013. More than 50 posters were presented by doctors and nurses in this year.

One of the panel of adjudicators, Professor Frances Wong highlighted the importance of the evidence base practice in our clinical area and encouraged us to employ scientific enquiry and to utilize the research finding from the scientific world. In the oral presentation of nurses' session covered wide range of topics which included community education project, patient care of using 24% sucrose of analgesia in neonates and young infants; health education in paediatric diabetes and nurse's training modality.

The best poster presentation award went to QEH Ms T H Chan for her study on the pilot study of paediatric early warning scores application and the best oral presentation award went to Dr. Regina Lee for her study on a mentorship training programme to help primary school students to become health ambassadors: the role of school nurse. After the announcement of the winners, all the presenters took photos to record this memorable moment.



The oral presentation winners of nurse session



## Professional Development Activities

Update Series on Child Health 2013 at Jordan Valley St. Joseph's Catholic Primary School on 29 June, 20 & 27 July and 10 August 2013. Total 97 members and 635 non-members attended.

Professional Forum on Child Health: Do Discrimination and Inequality Exist in Child Health in Hong Kong organized by the Hong Kong Paediatric Foundation and Hong Kong Paediatric Society, and supported by HKPNA was held on 16 July 2013 at QEH.

Lecture on Helping Adolescent in Transition to Adult Care was held on 3 September 2013 with 29 nurses attended.

The Hong Kong Paediatric Nurses Association and The Hong Kong Paediatric Society jointly organize the Annual Joint Scientific Meeting (JASM) on 8 September 2013 (Sunday) at QEH with 61 nurses attended.

Forum on Child Health: Media and Child Health in the 21<sup>st</sup> Century organized by the Hong Kong Paediatric Foundation and Hong Kong Paediatric Society and supported by HKPNA was held on 10 September 2013 at QEH.

1st Asian Paediatric Respiratory Forum & 16th HKSPR Annual Scientific organized by the Hong Kong Society of Paediatric Respiriology and supported by HKPNA was held on 6 October 2013.

Hong Kong Society of Paediatric Respiriology Post -AGM" Paediatric Home Non-invasive ventilation organized by the Hong Kong Society of Paediatric Respiriology and supported by HKPNA was held on 7 October 2013.

Short Course on Neonatal Emergencies was held on 22 & 31 October, 26 November 2013 at QEH.

## Forthcoming Events

Simulation based neonatal resuscitation program (NRP) at A&E Training Centre, RHTSK on 5 Jan, 12 Jan, 9 Feb, 16 Mar, 23 Mar 2014.

Please visit : <http://www.ha.org.hk/aetc>

Paediatric Advanced Life Support 2013 at : TSK, 3/F., A&E Training Centre.

Provider Course on 8 & 15 Dec 2013 and Renewal Course on 8 Dec 2013

## Renewal & Application of Membership

Registered and Enrolled nurses who have experiences in paediatric care are welcome as members. Any nursing undergraduate and pupil nurse, of the universities and nursing schools, who has interest in paediatric nursing are also welcome.

Please complete the **Membership Application/Renewal Form** and return it to "Hon. Dep. Secretary, Ms Iris Yeung, DOM (Paed), 9/Floor, Block F, QEH, Gascoigne Road" together with a cheque made payable to "Hong Kong Paediatric Nurses Association Ltd". Application forms can be obtained from HKPNA Hospital Coordinators or downloaded from web site <http://www.hkpna.com.hk>. Kindly fill in your email address when returning the completed form, so that we can keep you informed of the most update activity / course information.

**Life Members** are also welcome to update any personal particulars annually and furnish your email address using the same form.

## Members' Communication Channel

HKPNA treasures every idea and comment from members. Please forward your suggestions or input in writing to either the President, Ms. Susanna Lee at CNO office, Block A, KH or the Hon. Secretary, Ms. Ella Ma at WM's Office, Ward EF4, PMH. Besides, you can contact us via email address: [hkpna@ymail.com](mailto:hkpna@ymail.com)

## Submission to HKPNA Newsletter

The HKPNA Newsletter is published three times annually. Articles such as case studies, research findings, work reports, member's views and ideas are welcome.

Each article is preferably no more than 250 words. Submit either the hard or electronic copy of full text and photographs with subtitles. Author name(s) and contact details should be included. It is the author's responsibility to comply with patient privacy and data protection. Where necessary, informed consent should have been obtained before submission. The Editorial Committee reserves the right to select or reject the submitted article.

Send submission to: Ms. Mona Leung, C6 Ward, Tuen Mun Hospital *OR* e-mail: [leungm@ha.org.hk](mailto:leungm@ha.org.hk)

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