

Pediatric Anesthesiology 2002

March 7-10, 2002

Fontainebleau Hilton Resort
Miami Beach, Florida

Society for Pediatric Anesthesia



American Academy
of Pediatrics



A joint meeting sponsored by the Society for Pediatric Anesthesia
and the American Academy of Pediatrics - Section on Anesthesiology

Meeting Syllabus

The Society for Pediatric Anesthesia is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.



Society for Pediatric Anesthesia

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www.pedsanesthesia.org
Watch the website for meeting
updates and online registration.

Society for Pediatric Anesthesia



We wish to give special thanks to the following companies who have provided unrestricted educational grants for Pediatric Anesthesiology 2002

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Meeting Information

Education Mission Statement

Pediatric Anesthesiology 2002 will focus on several areas of pediatric anesthesia and critical care management. The overall goals for attendees of the program are to reinforce and enhance their existing fund of knowledge, introduce them to new and state-of-the-art issues that affect their practice, and particularly to improve the perioperative/critical care of pediatric patients.

Scope and Types of Activities

The Program brings together experts from clinical and basic science disciplines related to pediatric medicine, surgery, and anesthesia. General topic areas include pharmaco-politics, fetal surgery, pediatric cardiac anesthesia, and the quality of clinical care. The presentation format is varied, and includes formal lectures, refresher courses, panel discussions, hands-on workshops and problem-based learning discussions. Additionally, an important part of the program is that papers in areas of new clinical and basic research will be presented in oral and poster-discussion forums. Significant attendee involvement and feedback are encouraged in all aspects of the program, and will be facilitated by the use of real-time computerized audience polling as well as sessions where the audience directly participates in case discussions. Program content is, in fact, the direct result of membership input and extensive audience polling at prior meetings.

Target Audience

This program is intended for anesthesiologists and other practitioners who care for children in their practice of anesthesiology and/or critical care. It is also intended for clinical and basic researchers whose areas of investigation relate to pediatric anesthesia.

Accreditation & Designation

The Society for Pediatric Anesthesia is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The Society for Pediatric Anesthesia designates this continuing medical education activity for a maximum of 24.5 credit hours in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

Resort Information

The internationally-renowned Fontainebleau Hilton Resort is situated on 20 acres of Atlantic beachfront, 20 minutes from Miami International Airport and 12 minutes from the Port of Miami. The Hotel is easily accessible from I-95 and the Florida Turnpike.

The resort features a wide variety of watersports and recreational activities including tennis, windsurfing and jogging. There is a private dock with sightseeing, fishing and sailing charters. Golf is minutes away. The half-acre, free-form pool has cascading waterfalls with a raw bar and ice cream parlor beneath the rock grotto. A salt-water pool and cabanas are located nearby.

Travel Information

Association Travel Concepts (ATC) has been selected as the official travel agency for the Society for Pediatric Anesthesia Winter Meeting in Miami Beach, March 7-10, 2002. As the official agency, ATC has negotiated discounts with United, Continental and Alamo Rental Car to bring you special airfares and car rental rates that are lower than those available to the public. When calling ATC, you will save 10% to 15% off United and Continental Airline tickets purchased more than 60 days prior to the meeting. For tickets purchased less than 60 days prior, the discounts will be 5% to 10% off of the lowest available fares. Some restrictions may apply and a service fee may apply. ATC will also search for the lowest available fare on ANY airline serving Miami.

To take advantage of these great rates and personalized service, call Association Travel Concepts at 1-800-458-9383, Fax: (858) 581-3988, email: atc@asntravel.com, or go to www.asntravel.com

Above discounts apply for travel March 4 through 13, 2002.

ATC is available for reservations from 9:00 am until 8:30 pm Eastern Standard Time, Monday through Friday.

You may also call your own agency or the vendors directly and refer to the following I.D. numbers listed:

United:	556EG	800-521-4041
Continental:	U2HPLR	800-468-7022
Alamo:	72620GR	800-732-3232

Welcome

I invite you to join your colleagues and their families for Pediatric Anesthesiology 2002 in Miami Beach. The Society for Pediatric Anesthesia and the American Academy of Pediatrics-Section on Anesthesiology join forces to bring you the most up-to-date and practical information about pediatric anesthesiology, critical care and pain management. The 8th winter meeting will take place March 7-10 at the Fontainebleau Hilton Resort, which was chosen for its “family-friendly” ambience, luxurious accommodations, and superb meeting facilities. The program is devoted to clinical, educational, and research topics in pediatric anesthesiology and explores issues of interest to meet current anesthesia practice needs. Past meetings have been attended by more than 370 people and have received high marks for both content and atmosphere.

The meeting will draw upon experts from the field of anesthesia, pediatrics and health safety. Planned topics include:

- **Pharmaceutical Issues for the Pediatric Anesthesiologist**—addresses the implications of clinical drug trials in pediatrics, post-marketing safety considerations, and generic drug availability.
- **Fetal Surgery**—presents the spectrum of diseases for which fetal intervention is currently possible, the anesthetic management of mother and fetus, and the dilemmas posed in trying to conduct clinical trials to demonstrate safety and efficacy.
- **Update in Pediatric Cardiac Anesthesia**—focuses on hemodynamic impact of contemporary anesthetic agents, the current concepts in management of the “stress” response, and neuroprotection.
- **Debate the Value of Practice Standards**—do they improve patient care?
- **Pain Management Forum**—on oral analgesic options.
- **Oral and Poster Discussion Abstracts**—discussion of new clinical practices, new therapies, and new management techniques moderated by experts in the field.

Workshops will complement the didactic sessions and allow hands-on exploration of the following areas:

- **Airway Management**—includes lightwand, laryngeal mask airway, and fiberoptic techniques.
- **Pain Management**—instruction in routine and complex blocks.
- **Magic**—learn a few new tricks, in addition to other distracting techniques, as an alternative or supplement to pharmacologic premedication.
- **Designing Clinical Trials**—practical information for single and multicenter trials.

The program will continue to use real-time computerized audience polling to survey and display audience responses and practice patterns during the sessions. Additional opportunities to interact with national experts in Pediatric Anesthesia will occur in problem-based learning discussions (PBLD). The evidence-based forum of a panel of experts invites you to submit questions via the SPA website for discussion in an expanded “Jeopardy” format.

Sincerely,

James M. Steven, MD
Program Chair



James M. Steven, MD

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Faculty Disclosures

1. No relationship w/commercial supporters.
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Scientific Program

Thursday, March 7, 2002

8:00 am - 12:00 n	Meeting, Executive Committee - AAP, Section on Anesthesiology
12:00 n - 6:00 pm	Meeting, Board of Directors - SPA
3:00 - 7:00 pm	Registration
6:00 - 7:30 pm	Welcome Reception

Friday, March 8, 2002

6:30 am	Registration
7:00 - 7:50 am	Continental Breakfast with Exhibitors
7:50 - 8:00 am	Welcome — Peter J. Davis, MD; Lynne R. Ferrari, MD, FAAP
8:00 - 8:30 am	ASA UPDATE James E. Cottrell, MD First Vice President, ASA
8:30 - 11:30 am	PHARMACO - POLITICS Moderator: Peter J. Davis, MD
8:30 am	<i>Clinical Trials: Are Clinicians Getting the Information They Want?</i> Mark S. Schreiner, MD
9:00 am	<i>How Have Pediatric Clinical Trials Influenced Practice: Past & Future</i> Christopher Milne, DVM, MPH, JD
9:30 - 10:00 am	Break / Exhibits / Scientific Posters
10:00 am	<i>Post-Marketing Drug Safety: Does FDA Approval Provide Guarantees?</i> Jerrold Lerman, MD
10:30 am	<i>Generic Drugs: Availability and Viability</i> Clair M. Callan, MD
11:00 am	<i>Questions & Discussion</i>
11:30 am - 12:30 pm	Lunch with Exhibitors
12:30 - 2:30 pm	FETAL SURGERY Moderator: Francis X. McGowan, Jr., MD
12:30 pm	<i>Evolution and Spectrum of Fetal Interventions</i> N. Scott Adzick, MD
1:00 pm	<i>Anesthesia for Fetal Surgery</i> Jeffrey L. Galinkin, MD
1:30 pm	<i>Designing a Clinical Trial of Fetal Surgery: The Myelomeningocele Saga</i> Leslie N. Sutton, MD
2:00 pm	<i>Questions & Discussion</i>
2:30 - 3:00 pm	Break with Exhibitors
3:00 - 4:00 pm	PRO/CON: STANDARDS IMPROVE QUALITY OF CLINICAL CARE Moderator: Aubrey Maze, MD <i>PRO</i> : Burton S. Epstein, MD <i>CON</i> : Frederic A. Berry, MD

Scientific Program

4:00 - 6:00 pm

WORKSHOPS (By Ticket Only)

4:00 - 5:00 pm Session A	Workshop-A1 <i>Airway (2 hr)</i> Airway Faculty are designated with an * by their name in the faculty listing on page 5	Workshop-A2 <i>Managing Epidurals (2 hr)</i> J. Baxter, MD C. Deegear, RN	Workshop-A3 <i>What's New for Acute Pain</i> C. Houck, MD	Workshop-A4 <i>Upper Extermity</i> J. Tobias, MD	Workshop-A5 <i>Clinical Trial Design</i> Zeev N. Kain, MD
5:00 - 6:00 pm Session B			Workshop-B3 <i>Subarachnoid Blocks</i> E. Aladjem, MD	Workshop-B4 <i>Lower Extermity</i> A.K. Ross, MD	

4:00 - 6:00 pm

REFRESHER COURSES (1 Hour Sessions)

4:00-5:00 pm

- *PACU Problems and Solutions* - Jeffrey L. Galinkin, MD

4:00-5:00 pm

- *Ventilators in the OR* - Steven A. Stayer, MD

5:00-6:00 pm

- *Myopathies in Pediatric Anesthesia* - Julianne Bacsik, MD

5:00-6:00 pm

- *Perioperative Apnea in Neonates* - C. Dean Kurth, MD

6:00 - 7:00 pm

Reception with Exhibitors

Saturday, March 9, 2002

7:00 - 8:30 am

PROBLEM-BASED LEARNING DISCUSSIONS (Limited Space — By Ticket Only)

1. *Penetrating eye injury in a child with full stomach* - Lynn Ferrari, MD; Anne E. Ruscher, MD
2. *Appendectomy in a child with motor weakness* - Julianne Bacsik, MD; Mary C. Theroux, MD
3. *Spinal surgery in a patient with residual congenital heart disease* - Lynda J. Means, MD; Peter C. Laussen, MBBS
4. *Head trauma with difficult airway* - Patricia J. Davidson, MD
5. *Pyloric stenosis without IV access* - Scott D. Cook-Sather, MD
6. *Multiple trauma and pulmonary infiltrates* - Francis X. McGowan, Jr. MD; Lynne G. Maxwell, MD
7. *Critical care medicine fellow and propofol sedation* - Jayant K. Deshpande, MD; Joseph P. Cravero, MD
8. *Tracheoesophageal fistula and murmur* - Dean B. Andropoulos, MD; Constance C. Houk, MD
9. *Mediastinal mass for bone marrow aspirate in oncology clinic* - Ira T. Cohen
10. *Thoracic epidural for coarctation repair* - Julia C. Finkel, MD; Frank H. Kern, MD
11. *Failing spinal in former premie* - Letty M.P. Liu, MD; Santhanam, MD
12. *Infant for total cranial vault reshaping* - Irene B. O'Hara, MD; Anne M. Lynn, MD

7:30 - 8:30 am

Continental Breakfast at the Posters

8:30 - 10:00 am

Awards & Oral Presentations

Moderators: Joseph R. Tobin, MD; Lynne R. Ferrari, MD

Robert M. Smith Award - Dolly D. Hansen, MD

John Downs Resident Research Award, AAP Resident Research Award, and SPA Young Investigator Award

10:00 - 11:30 am

AAP ADVOCACY LECTURE

Moderator: Lynne R. Ferrari, MD

Ethical Implications of Pediatric Research

E. Greg Koski, MD, PhD

Pediatric Research from the Child's Perspective

Robert M. Nelson, MD, PhD

Scientific Program

11:30 am - 1:00 pm

WALK-AROUND POSTER DISCUSSIONS

Francis X. McGowan, Jr., MD; Frank H. Kern, MD; Zeev N. Kain, MD; Myron Yaster, MD; Steven A. Stayer, MD; C. Dean Kurth, MD; Joseph R. Tobin, MD; Santhanam Suresh, MD

1:00 - 1:30 pm

Lunch on Own / Lunch is provided to 1:30 pm Workshop participants

1:30 - 2:30 pm Session C	Workshop-C1 (Lunch Included) <i>Airway (2 hr)</i>	Workshop-C2 (Lunch Included) <i>Managing Epidurals (2 hr)</i> T. Mancuso, MD Red Starks, MD	Workshop-C3 (Lunch Included) <i>What's New for Acute Pain</i> C. Houck, MD	Workshop-C4 (Lunch Included) <i>Upper Extermity</i> J. Tobias, MD	Workshop-C5 (Lunch Included) <i>Magical Distractions for Children</i> J. C. Abajian, MD
2:30 - 3:30 pm Session D	Airway Faculty are designated with an * by their name in the faculty listing on page 5		Workshop-D3 <i>Subarachnoid Blocks</i> E. Aladjem, MD	Workshop-D4 <i>Lower Extermity</i> A.K. Ross, MD	

1:30 - 3:30 pm

WORKSHOPS (By Ticket Only)

3:30 - 5:30 pm

REFRESHER COURSES (1 Hour Sessions)

3:30-4:30 pm

- *Anesthesia for Children in Remote Locations* - Andrew Infosino, MD

3:30-4:30 pm

- *Induction Techniques in Children* - Aubrey Maze, MD

4:30-5:30 pm

- *Sedation Systems* - Thomas J. Mancuso, MD

4:30-5:30 pm

- *Neonatal Pain Management* - Joseph D. Tobias, MD

Sunday, March 10, 2002

7:00 - 8:30 am

The Baxter Breakfast

Moderator: Myron Yaster, MD

Oral Analgesics in Children

Julia C. Finkel, MD

8:30 - 10:30 am

UPDATE IN PEDIATRIC CARDIAC ANESTHESIA: NEW MYTHS

Moderator: Anne M. Lynn, MD

8:30 am

Anesthesia Agents and Myocardial Function

Dean B. Andropoulos, MD

9:00 am

Anesthetic and Stress Ablation

Peter C. Laussen, MBBS

9:30 am

Neuroprotection

C. Dean Kurth, MD

10:00 am

Questions & Discussion

10:30 am - 12:00 pm

PEDIATRIC ANESTHESIA JEOPARDY/EVIDENCE-BASED

Lynne G. Maxwell, MD; Freeric A. Berry, MD; Myron Yaster, MD; Lynn D. Martin, MD; Rita Agarwal, MD; Joseph P. Cravero, MD; Santhanam Suresh, MD; Scott D. Cook-Sather, MD

12:00 pm

Adjourn

Primary Objectives

- Review and expand current knowledge of pediatric perioperative practices.
- Introduce and incorporate new information and techniques from anesthesiology, surgery, and pediatric medicine.
- Facilitate the exchange of didactic and practical information between practitioners who care for pediatric patients in the perioperative period.

Secondary Objectives

Pharmaco-politics

Clinical trials: Are clinicians getting the information they want?

- Describe the study designs employed in typical pharmaceutical trials
- Contrast the information required for FDA approval from that which a clinician would ideally need to make treatment choices.

How have pediatric clinical trials influenced practice: Past and future.

- Review the historical evolution of drug trials in children from a practical and ethical standpoint.
- Project the manner in which clinical, regulatory, commercial and ethical forces might influence the conduct of future clinical trials.
- Relate this evolution in clinical trials to changes in patient care.

Post-marketing drug safety: Does FDA approval provide guarantees?

- Describe the limitations with respect to drug safety of research oriented to obtaining FDA approval.
- Cite specific examples in which drugs that achieved approval were subsequently found to pose significant safety concerns.

Generic drugs: Availability and viability

- Describe the various considerations that may have an impact on availability as a drug moves off patent.
- Evaluate whether generic drug shortages are increasing in frequency and any factors that might contribute.
- Propose a model that would enhance the commercial viability and availability of generic drugs.

Fetal surgery

Evolution and spectrum of fetal interventions

- Describe the evolution and current status of fetal interventions in humans.
- Project the future directions for fetal therapy and its enabling technologies.

Anesthesia for fetal surgery

- Discuss the physiologic, pharmacologic, and logistical implications that govern anesthetic management of the mother and fetus.
- Contrast the anesthetic approaches for various broad categories of fetal/intrapartum interventions.
- Weigh the merits of one anesthetizing team versus two (*i.e.* one each for fetus and mother).

Designing a clinical trial of fetal surgery: The myelomeningocele saga

- Describe the criteria, technique and results of fetal surgery for myelomeningocele.
- Discuss the barriers to design and conduct of a high-profile randomized clinical trial posed by philosophical differences between centers, media hype, and an enlightened consumer population.

Pro/Con: Standards improve quality of clinical care

- Discuss the evolution and formulation of standards in clinical medicine.
- Debate the evidence that standards have had a measurable impact on the quality of clinical patient care.

AAP Advocacy Lectures

Ethical implications of pediatric research.

- Review the ethical considerations that pertain to clinical research in human subjects.
- Contrast these considerations as they pertain to research on adults and children.
- Describe the impact these considerations have on regulatory initiatives.

Pediatric research from the child's perspective.

- Discuss the issue of "consent" from the pediatric subject's perspective.
- Relate the motivational factors that might influence a child to consider participation in research.
- Consider the impact of age on these issues.

Oral analgesics in children

- Outline pharmacological advances in oral analgesic options for children.
- Compare safety, efficacy, and side-effect profiles for oral analgesics in pediatric patients.
- Describe rational regimens for oral analgesia in specific painful conditions (*e.g.* acute postoperative, chronic inflammatory, or neuropathic pain).

Update in cardiac anesthesia

Anesthesia and myocardial function

- Review the current data on the impact of specific anesthetic agents on myocardial function.
- Link desired hemodynamic objectives to qualitatively predictable impact of anesthetics on cardiovascular variables.

Anesthetics and stress ablation

- Review the evolution of hypotheses linking stress response to outcome
- Critically appraise whether the stress response offers any adaptive benefits in the context of cardiac surgery.
- Consider current evidence that complete ablation of the stress response is necessary to achieve optimal patient outcome.

Neuroprotection

- Review the myriad strategies proposed to promote neuroprotection in the context of open heart surgery in infants and children.
- Consider the role that anesthetic agents might play in neuroprotection.

Jeopardy

- Solicit common problems and controversies encountered by pediatric anesthesiologists from registrants prior to the meeting
- Refer these topics to a panel of experts in advance.
- Survey meeting participants for additional pediatric anesthesia problems and controversies.
- Conduct a discussion of the best evidence available to arrive at potential solutions

Refresher courses

PACU problems and solutions

- Describe the array of problems commonly encountered in the PACU (*e.g.* emergence agitation, pain, vomiting, airway edema).
- Develop strategies for management of these issues.

Anesthesia for children in remote locations

- Identify the potential hazards and pitfalls when providing anesthesia outside the OR suite.
- Describe unique equipment and technique adaptations necessary for anesthesia in the non-OR environment.

Neonatal pain management

- Describe recent advances and specific concerns in pain management in neonates.
- Summarize protocols employing regional techniques, potent intravenous analgesics and adjuvant therapies in neonates.

Ventilators in the OR

- Describe the physiologic considerations for intraoperative mechanical ventilation in infants and children.
- Discuss the technological alternatives available to meet these specific goals.

Myopathies in pediatric anesthesia

- Summarize the more common myopathies of childhood and their physiologic ramifications.
- Describe the clinical manifestations that might suggest undiagnosed myopathy.
- Discuss ramifications of myopathies for anesthetic management.

Perioperative apnea in neonates

- Review the development of respiratory control and the epidemiology of perioperative apnea in neonates.
- Discuss management considerations including monitoring, pharmacologic intervention and discharge following elective surgery.

Sedation systems

- Discuss the evolution of sedation guidelines in improving the safety of infants and children.
- Consider the implications of credentialing and other policies designed to regulate practitioners and restrict use of certain drugs when sedation is conducted by health professionals of varying qualifications.

Induction techniques in children

- Summarize the options for induction of anesthesia in children.
- Discuss the merits of various facilitating “P” strategies: psychological preparation, parental presence and premedication.

Workshops

Airway

- Demonstrate advanced airway management techniques, including Bullard laryngoscope, lighted stylette, fiberoptic bronchoscope, airway camera, and emergency tracheostomy.
- Registrants will have the opportunity to perfect their skills with these devices.

Regional anesthesia for the lower extremity

- Demonstrate femoral, sciatic, knee and ankle blocks; techniques and drug selection.

Managing epidurals

- Review caudal to cervical approach, single-shot techniques, catheter placement and confirmation, monitoring, problem-solving and patient selection.

Sub-arachnoid blocks

- Develop familiarity with various anatomical approaches, equipment, drug selection, indications and complications of spinal anesthesia in infants and children.

Regional anesthesia for the upper extremity

- Consider the indications, anatomy, techniques and potential complications of a variety of approaches to the brachial plexus as well as other nerve blocks of the hand and forearm.

What's new for acute pain

- Demonstrate the spectrum of therapies available in the treatment of acute pain.

Designing clinical trials

- Review the essential components in design and execution of clinical trials.
- Describe the resources available to support clinical research endeavors.

Magical distractions for children

- Demonstrate magic illusions that can be employed to distract children (or surgeons) during induction of anesthesia.
- Compare the benefits of magic and other distractions to alternatives such as premedication.

PBLD's

After the completion of the PBLD, the participant should be able to:

1. Penetrating eye injury in a child with full stomach.

Case: 2 ½ year old presents to an ER with penetrating injury to the left eye. Parents report he just ingested a full breakfast.

- prioritize the anesthetic considerations involved with management of the full stomach and the impact of anesthetic management on intra-ocular pressure.

2. Appendectomy in a child with motor weakness.

Case: 5 year-old presents with acute abdomen believed due to acute appendicitis. On careful questioning, parents describe progressive inability to keep up with peers and delayed onset of walking in infancy. They have some vague recollection that an uncle died during anesthesia.

- outline the potential anesthetic hazards posed by myopathies and arrive at an anesthetic plan that encompasses drug selection, monitoring, airway management, as well as a follow-up instruction plan.

3. Spinal surgery in a patient with residual congenital heart disease.

Case: 20 year-old with scoliosis and tetralogy of Fallot. He had a repair early in childhood, but has cardiac sequelae including moderate branch pulmonary artery stenosis, severe pulmonary insufficiency, right ventricular dysfunction and ventricular arrhythmias.

- design a perioperative plan including: necessary pre-operative evaluations, hemodynamic monitoring, anesthetic induction and maintenance, intraoperative hemodynamic manipulation strategies and postoperative analgesia.

4. Head trauma with difficult airway.

Case: 9 year-old with Hurler's syndrome presents with a depressed skull fracture sustained in a fall. Parents report doctors saying it was nearly impossible to "get the breathing tube in" for previous surgeries. One elective procedure had to be cancelled after 4 hours of unsuccessful attempts. The child is unconscious, but breathing spontaneously.

- construct an anesthetic plan taking into account airway management and intracranial pressure as well as monitoring and other considerations raised by clinical conditions.

5. Pyloric stenosis without IV access.

Case: 4 week old infant presents for pyloromyotomy. He arrives in the OR holding area with an infiltrated IV. Intern in her first week of training reports that she has been trying to get a new one for the past 5 hours. Extremities are notable for numerous ecchymoses.

- identify the important elements in pre-operative evaluation, management and timing of surgery, relative merits of various airway interventions, and postoperative analgesia options.

6. Multiple trauma with pulmonary infiltrates

Case: 7 year old unrestrained passenger in a MVA presents with multiple traumatic injuries including closed head injury, bilateral femoral fractures, an open elbow fracture. Preoperative chest film shows bilateral pulmonary infiltrates.

- describe the differential diagnosis of pulmonary infiltrates with multiple trauma patients and prioritize the evaluation and management plans necessary to conduct resuscitation, monitoring and anesthetic care.

7. Critical care medicine fellow and propofol sedation

Case: Quality assurance nurse monitor reports to you that a critical care medicine fellow has taken a 4 year-old trauma patient to the MRI scanner and has asked the nursing staff to prepare propofol for infusion to facilitate the scan. The child is breathing through a natural airway. The fellow states that his attending is at home, but he is fully qualified to manage any airway issue that might arise.

- outline the considerations that enter into the development of sedation protocols; the basis of constraints upon practitioners from a regulatory or credentialing perspective as well as practical guidelines that govern the use of “anesthetic” drugs at various sites throughout the institution.

8. Tracheoesophageal fistula and murmur

Case: Newborn 35-week gestation infant with tracheoesophageal fistula scheduled for repair. Found to have a murmur on pre-operative evaluation.

- discuss the key features of preoperative assessment; intraoperative management of induction and maintenance; implications for co-existing cardiac and pulmonary disease; and postoperative analgesic options.

9. Mediastinal mass for bone marrow aspirate in oncology clinic

Case: 6 year old with newly diagnosed anterior mediastinal mass and leukocytosis for bone marrow aspirate in oncology clinic. Family reports a new “bluish” tinge to his face and mild periorbital edema. Oncologist advocating this “less invasive” diagnostic approach to avoid going to the OR for mediastinal biopsy.

- identify the important implications of mediastinal masses; the vital components of pre-anesthetic evaluation; strategic options for management (both timing and techniques).

10. Thoracic epidural for coarctation repair

Case: 4 year old with discrete coarctation of the aorta presents for surgical repair. Parents have heard that epidural analgesia is superior to conventional (intravenous) methods.

- describe the considerations relevant to regional analgesia for coarctation repair; appropriate patient selection; timing of placement (sedated vs. anesthetized; pre-clamp vs. post-clamp); impact systemic heparinization might have on decision; considerations related to neurologic surveillance; drug selection.

11. Failing spinal in a former premie

Case: 10 week old former 29-week gestation infant for bilateral herniorrhaphy. Infant had been home for one month prior to surgery on home apnea monitoring. Parents report several alarms, but they are questionable because the baby is fine when they check him. Spinal anesthesia selected, but the infant becomes quite restless and agitated, crying intermittently, before the surgeons have finished the first side.

- develop a management plan for this patient; list the various options; what are the consequences of these options; whether these options influence timing of discharge; the use and implications of respiratory stimulants; list the potential flaws in the original plan that might have influenced outcome.

12. Infant for total cranial vault reshaping.

Case: 9 month-old infant with severe Apert’s syndrome for major craniofacial surgery.

- identify the critical features in perioperative plan for major craniofacial surgery; pre-operative assessment; intraoperative monitoring; airway management options; preparation for massive blood loss and replacement; postoperative expectations.

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Aspect Medical Systems (NASDAQ: ASPM) is a global market leader in brain monitoring technology. To date, the company's Bispectral Index (BIS) technology has been used to assess more than four million patients and has been the subject of more than 800 published articles and abstracts. BIS is currently in use in the ORs and ICUs of more than 50 percent of the best-ranked hospitals in the U.S. (based on a U.S. News & World Report ranking of best hospitals) and is available in more than 160 countries. Aspect Medical Systems has recently secured OEM agreements with the six largest manufacturers of patient monitoring systems and partnerships with six of the largest group purchasing organizations in the United States. Based in Newton, Mass., Aspect employs more than 220 people worldwide. For more information, visit the company's web site at <http://www.aspectms.com>.

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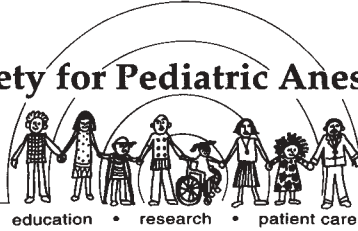
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Cook Critical Care will be exhibiting a variety of products including: the Arndt Endo-Bronchial Blocker, products for the Management of the Difficult Airway, and a variety of Pediatric Central Venous and Arterial Catheters. Cook Spectrum® Antimicrobial Impregnated Central Venous Catheters will feature the full Spectrum Tray.

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Society for Pediatric Anesthesia 2002 Annual Meeting

October 11, 2002

Rosen Centre
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Pediatric Anesthesiology 2003

*A joint meeting sponsored by the Society for Pediatric Anesthesia
and the American Academy of Pediatrics - Section on Anesthesiology*



February 20-23, 2003

Sanibel Harbor Resort
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of Pediatrics



Joint meeting of the **Society for Pediatric Anesthesia and the Japanese Society of Pediatric Anesthesiology**



October 10, 2003

Westin St. Francis Hotel
San Francisco, CA



Society for Pediatric Anesthesia

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