## CONFERENCE SESSION DESCRIPTION & OBJECTIVES
### Saturday, May 14, 2016

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Type</th>
<th>Title</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>0800-0830</td>
<td><strong>General Session</strong></td>
<td><strong>Principles of Bowel Management</strong></td>
<td>Ashley Bober, BSN, RN; Kaleigh Peters, MS, APRN</td>
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<td><strong>Session Description:</strong> This session will discuss bowel management bootcamp as well as bowel management strategies. This session will also discuss when surgery is indicated.</td>
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<td><strong>Objectives:</strong></td>
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<td>1) Review bowel management bootcamp: who qualifies, methodology, and goals.</td>
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<td>2) Review management strategies; laxative vs enema, understanding different types of laxatives and fiber.</td>
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<td>3) Review surgical indications.</td>
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<td>0830-0900</td>
<td><strong>General Session</strong></td>
<td><strong>Advances in Fecal Microbiota Transformation.</strong></td>
<td>Amanda Bradshaw, MPAS, PA-C</td>
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<td><strong>Session Description:</strong> The human microbiome has been an emerging topic within healthcare, particularly in relationship to human disease and immunologic response. We will investigate application in healthcare for fecal microbial transplant and its impact on these factors. Specifically, we will discuss the applications within the realm of Inflammatory Bowel Disease as well as recurrent Clostridium Difficile infections.</td>
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<td><strong>Objectives:</strong></td>
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<td>1) Understand the current applications for Fecal Microbial Transplant.</td>
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<td>2) Understand the procedure involved in preparing for and conducting Fecal Microbial Transplant.</td>
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<td>3) Understand the potential outcomes of Fecal Microbial Transplantation.</td>
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<td>0900-0915</td>
<td><strong>Podium Presentation</strong></td>
<td><strong>Automating Data in Clinical Documentation: Merging Clinical Care and Research in a Multidisciplinary Surgical Clinic.</strong></td>
<td>Elizabeth Nanney, MSN, APN, CPNP-BC</td>
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Session Description:
Background: Since 2009, the Division of Pediatric Surgery at Lurie Children’s Hospital has offered an individualized bowel management program. With increasing complexity of care, the method by which successful treatment is achieved has become difficult to evaluate. Obtaining specific data usually requires manual abstraction from medical records, which can be labor intensive and time consuming. Increasingly accessible features of Electronic Health Record (EHR) software including standardized notes and automatic data extraction offer a potential solution. Design/Implementation: Our program delivers a comprehensive approach to managing children with fecal incontinence. Progress is documented in an automated note template which can then be queried easily to track progress for short and long term follow up. We developed disease specific patient note templates in collaboration with the research team and implemented automatic extraction of variables retrospectively. Evaluation/Outcomes: The automated note template successfully captured 154 pertinent clinical variables. Prior to implementing the automated template 27 variables were identified. Structured notes along with automated data capture increased the number of clearly defined variables while improving consistency of documentation amongst providers. Implications To maintain an individualized bowel management regimen, our program was augmented by automated template notes. This method effectively captures a large amount of specific clinical information, increasing consistency and efficiency of clinical documentation. Data obtained by this method may help guide clinical decision making while improving workflow.

Objectives:
1) The learner will be able to identify the components of automatic data extraction.
2) The learner will be able to verbalize the importance of a templated note.
3) The learner will learn about the role the APN plays in process improvement.

0915-0930

Podium Presentation
Necrotizing Amoebic Colitis in a Child: A Rare, Often Fatal, Entity
Donna E. Nowicki, MN, RN, CPNP-PC

Session Description:
Entamoeba Histolytica is the causative agent of amebiasis. Necrotizing Amoebic Colitis (NAC) is a rare complication of intestinal amebiasis with only a few cases reported in the literature. The clinical course of NAC may cause severe outcomes in children. We propose to discuss a 2 year old male who presented with bloody diarrhea, fever, toxemia, and peritonitis. The differential diagnosis included infectious colitis, perforated appendicitis and intussusception. Treatment included drainage of intra-abdominal abscesses and emergent exploratory laparotomy due to deterioration of child’s condition. At laparotomy the colon was found to be necrotic with several perforations. Histopathology of the resected colon showed features of NAC. This presentation will: Review amebiasis and environmental factors; Variable outcomes of the disease; Human and parasite genetics; Mechanism of host
tissue destruction; Cytotoxicity. Case presentation: Despite delayed identification on the etiology of this child's illness, appropriate and aggressive treatment lead to a favorable outcome, early identification of intestinal amebiasis with appropriate treatment may prevent toxic amoebic colitis. Decreasing the severity of the clinical course may prevent intestinal perforation and associated mortality and morbidity.

**Objectives:**
1) The participant will be able to list causative and environmental factors leading to amebiasis.
2) The participant will be able to describe signs and symptoms of amebiasis and differential diagnoses.
3) The participant will be able to discuss pharmacologic and surgical treatment of intestinal amebiasis.

| 0930-1000 | General Session  
*Past, Present and Future Management of Gastroschisis*  
Claire Abrajano, MSN, WOCN, RNFA, CPNP-PC |
|-----------|-------------------------------------------------------------|
**Session Description:**
Gastroschisis is a structural defect of the anterior abdominal wall, typically diagnosed prenatally with an incidence of 4 per 10000 pregnancies. Babies born with gastroschisis require immediate surgical and prolonged neonatal intensive care management. The current survival rates are over 90%. Through the years, a variety of techniques have been considered to manage gastroschisis with the primary goal to reduce visceral contents within the abdominal domain. Traditionally, postnatal visceral reduction and sutured abdominal closure has been the mainstay. However, advances in neonatal nutritional support have allowed development of surgical approaches to allow gradual visceral reduction and delayed closure with placement of a preformed silo. Other recent modalities in current practice include the sutureless technique of abdominal closure. This can take place after primary visceral reduction, as well as, after preformed silo placement and has the added benefit of avoiding general anesthesia. The goal of this presentation is to review the historical aspect of gastroschisis closure, focus on the current surgical techniques, including the innovative sutureless closure, and present our preliminary data on our recent prospective randomized control trial study comparing outcomes of sutureless versus sutured gastroschisis closure at one institution, Lucile S. Packard Children’s Hospital at Stanford.

**Objectives:**
1) Define gastroschisis and one possible etiology of defect.
2) Describe the operative and non-operative surgical techniques of gastroschisis closure.
3) Recognize two outcomes that sutureless gastroschisis closure provides.
**Session Description:**
Pneumonia is a common and often serious infection in children that may result in considerable morbidities. Discussion of presentation and initial management will be presented in case study analyses incorporating current clinical practice guidelines and etiology specific antibiotic treatment. This session will also address the treatment options for complex pneumonia including: antibiotic therapy, thoracentesis, tube thoracostomy, fibrinolytic therapy, video-assisted thoracoscopic or open decortication. A suggested algorithm based on the most recent available evidence will be reviewed. The session will encourage dialogue regarding different institutional experiences, identify barriers to implementation, discussion of difficult cases, and encourage the development of new protocols for diagnostic imaging, indications for tube thoracostomy, treatment with antibiotics alone or in conjunction with intrapleural therapy, and indications for operative decortication.

**Objectives:**
1) Describe diagnostic evaluation, admission criteria, and antibiotic strategies for pneumonia
2) Describe the operative approaches and indications for tube thoracostomy to treat empyema.
3) Discuss indications for fibrinolytic therapy. Describe measurable treatment outcomes.

**ROUND TABLE PRESENTATIONS**

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<tr>
<th>Round Table</th>
<th>Round Table: Congenital Diaphragmatic Hernia</th>
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<tr>
<td>1400-1545</td>
<td><strong>Anatomy:</strong> Suzanne Kujawa Smith, APN, RNC, CPNP-PC</td>
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<td><strong>Preoperative Care:</strong> Linda B. Zekas, MSN, APN, NNP-BC, CPNP-PC, CWON</td>
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<td><strong>Intraoperative Care:</strong> Lisa Iamiceli, MSN, RN, CPNP, CNS</td>
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<td><strong>Postoperative Care – Inpatient:</strong> Jenifer D. Reitsma, MSN, CPNP</td>
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<td><strong>Postoperative Care – Clinic/Long Term:</strong> Elin Öst, PhD(c), RN</td>
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**Session Description:**
Operative Repair and Ongoing Management Abstract Summary: Congenital diaphragmatic hernia (CDH) is a condition which is considered life
threatening and frequently requires urgent though well planned surgical intervention. CDH is defined as a defect in the diaphragm allowing intestinal or abdominal organ migration into the chest cavity. The severity and associated complications from the presence of CDH during fetal development are more often related to the amount of abdominal organs in the chest cavity and not the size of the defect, those these may be directly associated as well. Advances in maternal screening, expertise of ultrasonography and other modalities of prenatal radiologic evaluation of gravid women have increased the ability to diagnose CDH prenatally. Prenatal diagnosis is essential in providing the maternal-fetal health team to develop a collaborative plan to optimize perinatal outcomes. This roundtable will discuss the pathophysiology, anatomy, perioperative diagnosis and evaluation, intraoperative treatment and considerations, acute phase postoperative management and long-term treatment of a patient with CDH.

**Objectives:**
1) Learner will be able to discuss pathophysiology of CDH and tools for diagnosis.
2) Learner will be able to describe intraoperative repair of CDH.
3) Learner will develop an understanding of postoperative inpatient and outpatient management of CDH.

**Round Table: Congenital Lung Lesions**

- **Anatomy:** Leah C. Barefoot, DNP, CPNP-PC
- **Preoperative Care:** Elizabeth Paton, MSN, RN-BC, PPCNP-BC
- **Intraoperative Care:** Christine Schultz, BSN, MSN, RN, CPNP
- **Postoperative Care – Inpatient:** Ronelle Caskey, MSN, APNP, PNP
- **Postoperative Care – Clinic/Long Term:** Maura E. O’Day, MS, RN, CPNP, CWON

**Session Description:**
Congenital lung lesions account for 5-18 per cent of all congenital malformations. These lesions are typically diagnosed in the prenatal period by ultrasound. Throughout the years, the nomenclature for these lesions and the timing of surgical intervention have changed. The specific malformations that will be covered in this roundtable discussion are congenital pulmonary airway malformation (CPAM) and congenital lobar emphysema (CLE). The discussions will include anatomy of the condition, prenatal and postnatal diagnostic studies, current nomenclature, preoperative evaluation, surgical management and inpatient and long-term post-operative care.

**Objectives:**
1) Describe the embryology and pathophysiology of CPAM and CLE.
2) Discuss preoperative evaluation and surgical timing for treatment of children with CPAM and CLE.
3) Verbalize understanding of the immediate and long term post-operative management of these children.

**Round Table: Hirschsprung Disease**

- **Anatomy**: Jennifer L. Kreiss, MN, RN, PCPNP-BC
- **Preoperative Care**: Patricia A. Kern, BSN, RN, CCRC, CPN
- **Intraoperative Care**: Sarah D. Wilhelm, BSN, RN; Sarah-Ross Tolin, MSN, RN, CNL, CPN
- **Postoperative Care – Inpatient**: Kimberly M. Cogley, MSN, MBA
- **Postoperative Care – Clinic/Long Term**: Kerri K. Baldwin, MSN, APN, FNP-BC, CWON; Elizabeth Nanney, MSN, APN, PNP-BC

**Session Description:**
The purpose of this activity is to increase the learner’s understanding and skills in caring for children with Hirschsprung Disease. The round table presentation consists of five stations, each covering an aspect of Hirschsprung disease in a 15 minute segment. The stations are: (1) anatomy and physiology; (2) preoperative care and assessment; (3) intra-operative care; (4) postoperative care; and (5) long-term concerns.

**Objectives:**
1) Describe pathologic evidence of abnormal ganglion cells as basis for diagnosis of Hirschsprung disease.
2) Describe surgical treatment for aganglionic bowel.
3) Describe challenges in long-term outcomes and strategies for management including pharmacologic.