ACORNS: 2016 Annual National Reports

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Austria (Maria Vittinghoff)

Pediatric Anesthesia in Austria

The Austrian working group of Pediatric Anesthesia is a section of the Austrian Society of Anesthesiology and Intensive Care Medicine (Österreichische Gesellschaft für Anaesthesiologie, Reanimation und Intensivmedizin – ÖGARI)

Since the statutes of the ÖGARI and the working groups were changed two years ago, the working group consists at the moment of 14 active members and 28 associate members. The active members meet at least twice each year to discuss actual problems, to formulate standards and recommendations. All members are invited to attend the general meeting which is held each year at the annual national congress (AIC 29. 09 – 01. 10. 2016, Innsbruck, Austria)

Activities of the working group:

Guidelines:
At the moment the working group is reassessing the guidelines for perioperative fluid management in pediatric anesthesia. The guidelines for anesthesia and perioperative management for day case surgery will be presented at this year’s annual meeting in Innsbruck.

Annual congress: AIC 29. 09 – 01. 10 2016, Innsbruck, Austria
The pediatric main session at this year’s AIC-Congress is covering topics concerning humanity and economic aspects in pediatric anesthesia considering issues of regional anesthesia, pain management and procedures for handicapped patients.

Annual Symposium for Pediatric Anesthesia:
For twelve years we have been organizing the Symposium on Pediatric Anesthesia. This symposium covers the basic topics of Pediatric Anesthesia including the preoperative management, induction and maintenance of anesthesia in general but also for specific cases and the management of emergency situations.
Furthermore topics such as pain management, regional anesthesia, management of patients with congenital heart disease, management of the newborn baby with malformations are outlined. The aim of this symposium is to give the participants practical advice how to manage certain situations in pediatric anesthesia.

Next year’s symposium: 31. 03. – 01. 04. 2017

**Belgium (Nadia Najafi)**

**Belgian Association for Paediatric Anaesthesiology**
www.bapanaesth.be

Members: 246

Activities:

- Annual Scientific Meeting once a year in April, which took place this year on April 23, 2016 in collaboration with the Belgian Paediatric Pain association and Belgian Association of Paediatric Surgery.
- Refresher Course on Paediatric Anaesthesiology once a year in January, which took place this year on January 16, 2016 in collaboration with the Society for Paediatric Anaesthesia.
- Meetings of the BAPA board members with a scientific and organisational component, 5 times a year.

It is our intention to collaborate closely in future with other organisations such as the Dutch Society for Paediatric Anaesthesia (SKA), the Belgian Paediatric Pain Association (BePPA), the Belgian Association of Paediatric Surgery (Belaps) and the Belgian Society for Anaesthesiology and Resuscitation (BSAR).

**Croatia (Sandra Kralik)**

Activities of the Section of Paediatric Anaesthesiology, Croatian Society of Anaesthesiology and Intensive Care for 2016:

- A regular meeting of the Board of Croatian Section of Paediatric Anaesthesiology took place in March 2016. when a new member of the Board and the Secretary of the Section was elected: Ivana Kerovec Soric, MD, due the previous Secretary has been transferred to the new position
- Further topics were discussed: permanent education, organisations of specialised courses and training, for the members and other colleagues, Recommendations of the Section in cooperation with the European Society for Paediatric Anaesthesiology
- Working group has presented recommendations “Preoperative evaluation of Children for Anaesthesia” in April 2016, and have now been sent to the members of the Section for introduction and further evaluation
- Majority of Section members have been included in NECTARINE Study in recruitment period of April-June 2016
- Working group has presented another recommendations "Perioperative Fluid Therapy" in July 2016 which are to be discussed at the next Section meeting
- The first Course “The Ultrasound in Paediatric Anaesthesia” has been planed in November 2016
- Symposium "Palliative care in paediatric medicine" is going to be held in October 2016
Czech Republic (Vladimír Mixa)

Paediatric Anaesthesia in the Czech Republic, 2016
Currently, there are around 2,000 anaesthesiologists in the Czech Republic. They are associated Czech Society of Anaesthesia, Resuscitation and Intensive Care Medicine (CSARIM, www.csarim.cz). Most of them are employed in state or private hospitals. A few of them run their own private practices. Around 900,000 anaesthesia are given in the Czech Republic every year. Around 10% of them are given to children aged between 0 and 19. Office based anesthesia is low, about three thousand per year.

An anaesthesiologist’s post-gradual study and training programme takes 5 years. The obligatory amount of trainings and internships have to be accomplished during the programme studies. They have to be done at specialised health centres and a trainee (an intern) has to carry out a given number of operations. A demanding and difficult exam has to be passed at the end of the study programme.

There are no specialised paediatric anaesthesiologists in the Czech Republic. The anaesthesiologists and intensive medicine specialists who carry out highly specialised operations on children do not need to pass any special exam or obtain any special certificate in the Czech Republic. A length of their working experience period (specialised practice) is the only aspect required and assessed in the Czech Republic. As the top paediatric surgery has been centralising in the Czech Republic (the top paediatric surgeons mostly carry out operations on new-born children, children suffering from cancer and children suffering from cardiovascular problems), anaesthesiologists who also operate on children’s patients have been associating in several centres. These are the specialised centres in the Paediatric University Hospital in Prague-Motol (10 thousand anaesthesia have been given to children there), the Paediatric University Hospital in Brno (9 thousand anaesthesia), Olomouc and Ostrava. Elective surgery is performed and simple operations are carried out there.

Only 50 doctors work as full-time paediatric anaesthesiologists in the Czech Republic. They are associated in the Section of Paediatric Anaesthesia and Intensive Care Medicine (SDAIM, www.sdaim.cz)

A big national congress is organised by the CSARIM every year, having around one thousand participants. They attend many paediatric anaesthesia lectures and intensive medicine lectures at the congress.

The 11th Czechoslovak Congress on Paediatric Anaesthesia and Intensive Medicine is to be held in High Tatras, Slovakia between 21 and 22 October 2015. Around 200 participants are anticipated there. The twelfth year of this congress is scheduled for October 2017 in Prague. One of the main topics of this congress is emergency care of a paediatric patient.

MUDr. Vladimír Mixa, Ph.D.
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Estonia (Reet Kikas)

Situation in paediatric anaesthesia in Estonia in 2016

General overview
Estonian society of anesthesiologists has 215 member anesthesiologists, 27 of those are pediatric anesthesiologists in Tartu University Hospital and Tallinn Children’s Hospital. New pediatric anesthesiologists are not needed every year. However, we are constantly emphasizing on modern education of our staff and residents.

In 2016, 11953 cases of anesthesia were performed on patients under 15 years of age. There were 63 cases of anesthesia for neonatal patients, 27 of those were performed by specialist pediatric anesthesiologists or under their supervision. More complex anesthesia cases on neonatal and young children are performed by pediatric anesthesiologists, who have received special training.
Goals and directions

For premature newborn all PDA ligations are done in neonatal intensive care unit and the anesthesia is carried out by same doctors who daily treat the same patients – in Estonia pediatric and neonatal intensive care doctors are educated as anesthesiologists. In Tallinn Children’s Hospital also abdominal surgery (i.e. for NEC, atresia, etc.) for unstable babies is carried out in the ward and the anesthesia is performed by intensive care specialists.

Additional information

The national website for anesthesiologists (http://www.anest.ee, in Estonian) contains information on training and guidelines for the work.

Estonian society of anesthesiologists is organizing Baltic anesthesia congress, 1-3 December 2016 in Tallinn, Estonia (http://www. baltanest2016.com/). Pediatric anesthesia topics are included in the program.

By actively participating in ESPA, we hope that is possible to obtain new information, instructions, training information.

Germany (Christoph Bernhard Eich)

ACORN report 2016 on paediatric anaesthetic activities in Germany
from the Scientific Working Group for Paediatric Anaesthesia (WAKKA) of the Germany Society of Anaesthesiology and Intensive Care (DGAI)

1. Advanced training in paediatric anaesthesia (fellowship programmes)
   Currently there is only one formally board-certified fellowship programme for paediatric anaesthesia in Germany at Münster University Medical Centre. However, there are several specialized institutions that offer one or two years rotations through their paediatric anaesthetic departments with some of them also including paediatric intensive care. Concurrently, the Scientific Working Group for Paediatric Anaesthesia (WAKKA) actively supports the project of an ESPA-endorsed Fellowship for Paediatric Anaesthesia that may be geared to the well established 2-year fellowship programme of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI).

2. Treatment Recommendations (“Handlungsempfehlungen”) of WAKKA and formal Guidelines of the German Association of the Scientific Medical Societies (AWMF)
   Ten years ago WAKKA had started to publish its popular clinical Treatment Recommendations (TR; “Handlungsempfehlungen”). So far thirteen TR have been published, covering many clinical key issues of paediatric anaesthesia. Most new TRs and those scheduled for revision will now be advanced and published as formal guidelines under the auspices of AWMF. To meet the three defined categories of AWMF guidelines (S1, S2k/e, S3) a formalized and supervised evidence and/or consensus process is mandatory.
Anaesthesia-associated neurotoxicity remains a major medical issue in Germany, lively discussed in professional and lay circles. Since 2012 the WAKKA and its representatives have published several statements on anaesthesia-associated neurotoxicity.


From the German point of view, paediatric anaesthesiologists should highlight the key issue that is “safe anaesthesia and perioperative care in children” rather than “neurotoxicity by anaesthetics” – clinically, scientifically, educationally and organisationally. Referring to this WAKKA appreciates and supports the “SafeTots Initiative” by Markus Weiss (Zürich) and international colleagues that focus on the monitoring and maintenance of comprehensive perioperative homeostasis (“10N Quality Paediatric Anaesthesia”).

Current treatment recommendations and guideline projects (TR, treatment recommendation; GL, guideline; year published):

- Out-patient anaesthesia (TR 2007, update 2016)
- Regional anaesthesia (TR 2007, update 2016)
- Perioperative and acute pain therapy (TR 2007, update 2017)
- Perioperative evaluation (TR 2007, update 2017)
- Rapid-Sequence-Induction (RSI) (TR 2007)
- PONV (TR 2007)
- Intraosseous infusion in emergency medical care (TR 2010, update as GL in 2016)
- Intraosseous infusion in paediatric anaesthesia (TR 2011)
- Procedural and diagnostic sedation (TR 2010, update as GL in 2017)
- Unexpected difficult airway (TR 2011)
- Interdisciplinary management of foreign body aspiration and ingestion (GL 2015) (English: Respiration – in press)
- Medication safety (GL 2016 – in press)
- Expected difficult airway (GL expected 2016)
- Central venous access (GL expected 2017)
- Emergence delirium (GL expected 2016)
- Perioperative management for adeno-tonsillectomy/-tonsillotomy (GL expected 2016)
- Anaesthesia in cardiac children for non-cardiac surgery (TR expected 2016)
- Anaesthesia in children with URI (GL expected 2016)
- Transfusion and patient blood management (TR expected 2016)
2. **OrphanAnesthesia project**

Many initiatives have been made to improve the perioperative care of patients with rare diseases. During anaesthesia this group has a particular risk of complications, both due to their underlying disease and due to the lack of evidence for optimal management. To address this problem the Scientific Working Group for Paediatric Anaesthesia (WAKKA) of the German Society of Anaesthesiology and Intensive Care (DGAI) created an open access, internet based, peer reviewed platform to concentrate the knowledge about anaesthesia in children/patients suffering from rare diseases. The internet platform **OrphanAnesthesia** is chaired by Prof. Tino Münster (Erlangen University Medical Centre, Germany) and has now been online for more than five years (www.orphananesthesia.eu). To date 93 guidelines are online in four languages.

**OrphanAnesthesia** actively recruits authors and reviewers to work on recommendations to achieve this goal. These recommendations are peer reviewed, readily accessible, up-to-date and reflect the best evidence available. **OrphanAnesthesia** is an international project. English is the main project language, but we are about to extend the project scope by adding additional languages such as Spanish, German, Italian or Portuguese. All **OrphanAnesthesia** recommendations are available free-of-charge without requiring special login data.

3. **Paediatric intensive care**

Since 2011 WAKKA had started new and successful efforts to support paediatric anaesthetic input in the field of paediatric intensive care – clinically, scientifically, educationally and organisationally.

By now paediatric anaesthetists are elected representatives in the boards of the two professional bodies for paediatric intensive care medicine of Germany, Austria and Switzerland (DIVI Section for Paediatric Intensive Care and GNPI). Furthermore the speakers of WAKKA are now formally invited to GNPI and DIVI section and board meetings and get formally involved in interdisciplinary issues (incl. guidelines, statements and working groups).

Clinically, an increasing number of anaesthetists now again enter paediatric intensive care, either as a permanent career or as an amplification of their qualification in paediatric anaesthesiology.

Paediatric intensive care has again become a visible part of (paediatric) anaesthesia and intensive care conferences. Finally, the German sections/societies for paediatric anaesthesia (WAKKA) and paediatric intensive care (GNPI) will hold their first joint annual meeting on June 8-10, 2017 in Dresden (Germany).

4. **Paediatric emergency care medicine**

Paediatric anaesthetists and WAKKA representatives have been actively involved in a number of activities in interdisciplinary paediatric emergency medical care in Germany such as a joint recommendation on the prehospital use of supraglottic airway devices (SGAs) for children, on post-resuscitation and post-TBI temperature management for children, interdisciplinary guidelines on paediatric multiple trauma and paediatric traumatic brain injury (TBI) as well as the establishment of an interdisciplinary working group on continuous improvement of pre- and inhospital paediatric emergency medical care.

Overall, WAKKA is continuously intensifying its co-operations with its neighbouring specialties/societies, (i.e. paediatric surgery, paediatric ENT, paediatric orthopaedics, paediatric intensive care and neonatology, paediatric pneumology), other Scientific Working Groups of DGAI (e.g. paediatric cardiac, neuro, airway, emergency medicine) and international societies (e.g. ESPA, ESA, APAGBI, SKA). That includes joint statements and guidelines as well as interdisciplinary conferences.
On June 9-10, 2016 the German (WAKKA) and Dutch Sections (SKA) for Paediatric Anaesthesia held their first joint annual meeting in Hannover (Germany). For 2018 a joint annual meeting with the Austrian (ARGE Kinderanästhesie) and Swiss (SGKA/SGAR) sections/societies for paediatric anaesthesia is intended.

Sept. 06, 2016

Christoph Bernhard Eich, Hannover (German ACORN representative of ESPA and Second Speaker of the German Scientific Working Group for Paediatric Anaesthesia, WAKKA)
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Karin Becke, Nürnberg (First Speaker of WAKKA and Chair of the ESA Scientific Subcommittee 5, Paediatric Anaesthesiology)
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Claudia Höhne, Leipzig (Secretary of WAKKA)
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Hungary (Tamas Kovesi)

Activities and situation in paediatric anaesthesia in Hungary

Paediatric anaesthesia still has a fairly accepted status in Hungary although the number of paediatric anaesthetists is still low and has not increased in the last couple of years. In smaller hospitals there are still a lot of paediatric anaesthetic work done by adult anaesthetists with very limited paediatric practice.

Among our activities the most important is the national congress in paediatric anaesthesia and paediatric intensive care, what is organized every spring with doctors and nurses of this field. Moreover pediatric anaesthesia has a whole section in the also yearly organized national congress of anaesthesia and intensive therapy.

I proudly report the coming out of a new handbook in hungarian with the title: Theory and Practice of Paediatric Anaesthesia, edited by Eniko ujhelyi and Tamas Kovesi (see attached photo of the cover). This small format book consist of 1200 well illustrated pages and has 44 authors.

The last hing to mention is that in Pecs University a few months ago within the Department of Anaesthesia and Intensive Care a new division of Paediatric Anaesthesia was created for special teaching purposes.

Italy (Nicola Disma)

SARNePI, the Italian Society of Pediatric and Neonatal Anesthesia, Pain and Intensive Care, represents anesthesiologists who are daily involved in the pediatric and neonatal practice. The Society is traditionally involved in the scientific development of guidelines and recommendations for anesthesia, intensive care and pain management. The Society is typically represented during the major conferences organized in Italy (SIAARTI and SMART), with dedicated pediatric sessions.

The president (Prof. Sammartino M) and the ExBo (Disma N, Mondardini C, Rossetti E, Sbaraglia F) the elected President (Conti G) and the former President (Astuto M) are all seeking for national and international collaborations to promote research in pediatric anesthesia, intensive care, pain and palliative medicine. Recent achievements:
The Society endorsed two CTNs promoted by the ESA, Nectarine and Apricot, with an enthusiastic and active recruitment of patients. Results from this two studies will be used to improve the pediatric anesthesia practice and safety in Italy.

The Sarnepi website has been recently completely renovated (www.sarnepi.it).

The 2017 Sarnepi congress will be organized in cooperation with ESPA.

Sarnepi recently became member of the WFPIICCS (Word Federation of Pediatric Intensive and Critical Care Society) with the aim to cooperate in developing research on pediatric sepsis.

New area of interest for 2016/2017:

1. Pediatric Day Surgery (Coordinator Simonetta Tesoro): this committee is developing recommendations for the pediatric day surgery, that should be published by the end of 2016.
2. New drugs and neuro-protective strategies (Coordinators: Angela Amigoni, Maria Cristina Mondardini): the mission of this study group is to promote clinical multicenter research projects for evidence of utilization, efficacy and safety of new drugs and protective strategies of central nervous system in pediatric age. In particular, documentation for dexmedetomidine use in children has been submitted and approved by the Italian Pharmaceutical Agency (AIFA).
3. Pediatric emergency care study group (Coordinator: Elisa Iannella): promote, develop and actuate the pediatric session within the European Awareness Campaign targeted to Cardiopulmonary Resuscitation (Event of the European Community and European Resuscitation Council). In Italy this Campaign has been named “VIVA!”.
4. A new study group has been recently formed: the CVVH study group. This study group is aimed at collecting data on continuous venous-venous ultrafiltration in children, with specific focus on morbidity and mortality.
5. A study group formed by member of Sarnepi and SIAARTI (Italian Society of Anesthesia) are developing clinical standards for pediatric anesthesia for those anesthetists that are involved in pediatric anesthesia in peripheral or district hospitals. A position paper will be published by the end of 2016.
6. A representative member of the Sarnepi (Dr Mondardini) participated to a technical table formed by the Italian Ministry of Health for future strategic decision on an Italian pediatric palliative care network.

Members of the Society are keen to share documents and research activities with other European societies of pediatric anesthesia (www.sarnepi.it; sarnepi@startpromotion.it)

The Netherlands (Lonneke Staals)

Activities and situation in Pediatric Anesthesia in 2016 in the Netherlands (Sectie Kinderanesthesie)

Education:

The Dutch Society for Pediatric Anesthesia (Sectie Kinderanesthesie / SKA) is describing Entrustable Professional Activities (EPAs) in pediatric anesthesiology to define skills and competency-based education targets for anesthesia residents. The Dutch Society for Anesthesiology is defining these EPAs for all subspecialties, and has asked the SKA to define these EPAs for pediatric anesthesiology training.

Also the SKA is developing a national education programme for fellows in pediatric anesthesiology, and residents in anesthesiology in their last year of residency.

In cooperation with the Belgian Association for Pediatric Anesthesiology (BAPA), on the 11th of March 2017, a Refresher Course is organized. The main goal of this Refresher Course is extra training for anesthesiologist working in general hospitals (not academic), and to give attention to all topics in pediatric anesthesia in a 4 year cycle.
Research:

A taskforce of pediatric anesthesiologist and neonatologists of the academic hospitals in the Netherlands have developed a national guideline for prevention of brain damage in neonates and prematures undergoing anesthesia.

The research committee of the SKA is planning to develop a national database of neonates and infants undergoing anesthesia, including a long-term follow up of this population.

Guidelines:

In fall 2016 a national guideline on Anesthesia in Children will be released. This guideline describes the conditions which must be met when providing anesthesia in children, for hospitals as well as anesthesiologists. Criteria for hospitals and anesthesiologist regarding number of patients treated, in different age groups (neonates, infants, children, adolescents), will also be described in this guideline.

Dutch representatives in ACORNS meeting:

Bouwe Molenbuur
Lonneke Staals

Norway (Erik Ramon Isern)

Erik Ramon Isern
Consultant
Paediatric Anaesthesia and Intensive Care
Department of Anaesthesia and Intensive Care
St. Olavs Hospital,
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Norwegian Acorns representative, ESPA
Erik.Isern@stolav.no

Dear colleagues,

The situation for paediatric anaesthesia in Norway is quite similar to what was presented in last year’s report in Istanbul. The only hospital with a group of anaesthesiologists working exclusively with children is Oslo University.
Hospital which offers both paediatric and neonatal surgery. Apart from Oslo there is another center for neonatal and paediatric surgery in Norway. This is located at Trondheim University Hospital which also has a team of dedicated paediatric anaesthesiologists with a 24 hour on call service. The paediatric anaesthesiologists in Trondheim have to do some general work as well. Correspondingly, the only proper paediatric intensive care units in Norway are found in Oslo and Trondheim and are for a major part run by anaesthesiologists. This is reflected by the Norwegian participation in the ongoing Nectarine Study. Oslo and Trondheim are the only centers enrolled.

The other university hospitals and larger hospitals in Norway will have one or more anaesthesiologists that specializes in paediatric anaesthesia but like Trondheim will have to work with adult patients some of the time. Typically today younger anaesthesiologists who want to focus on children will complete the SSAI (Scandinavian Society of Anaesthesia and Intensive Care Medicine) education in paediatric anaesthesia with new classes starting every second year.

Because of geography and climate Norway faces some challenges in providing specialized health care all over the country within reasonable time. If a condition can’t be treated at the local hospital in some instances it may be necessary to transport the patient for 3 - 5 hours to ensure proper medical care.

Paediatric anaesthesia is a highly specialized activity which probably will benefit from centralizing to large hospitals with high caseloads. This is also recognized in Norway. However, totally removing paediatric anaesthetic activity from local hospitals will make them less capable to handle or stabilize emergency cases.

This year The Norwegian Society for Anaesthesiology has reviewed its standard for good anaesthesiologic practice. Within the standard is a chapter for paediatric anaesthesiology. Because of the considerations described above the aim of the working committee (both the previous and the present ESPA Acorn member are part of the committee) has been to allow for some paediatric anaesthetic practice at the local hospitals while at the same time ensuring that small or sick children are being treated at the university hospitals or at the two centers for paediatric surgery. The standard make recommendations for the qualifications of the anaesthesiologists, the structure of the service, the facilities, work load and age specific caseloads.

Highly specialized care is recommended to children less than 1 year of age, especially neonates and sick infants. The work load per anaesthesiologist should be 1 : 1 under 3 years of age and preferably 2 anaesthesiologists per case for neonates and sick infants. Hopefully this standard will help improving the quality of paediatric anaesthesia in Norway.

This year’s upcoming congress for The Norwegian Society for Anaesthesiology has chosen professor Markus Weiss of Zürich, well known in the ESPA community, as a keynote lecturer for the general assembly. He is invited to give a speech about the Safe Tots initiative. We are glad to welcome professor Weiss. The Interest group for Paediatric Anaesthesiology and Intensive Care will also have a satellite meeting at the congress. Several topics from paediatric anaesthesiology and intensive care will be addressed. The last years this meeting has attracted a considerable audience to prove that paediatric anaesthesiology is a field of concern for Norwegian anaesthesiologists.

As ESPA representatives we use this platform to raise interest for the organization and the ESPA congresses but so far this has not succeeded in recruiting many new members. Nevertheless we will continue to promote ESPA at this and other occasions.

Kind regard to fellow ESPA delegates,

Erik Isern, MD.
Poland (Alicja Bartkowska-Śniatkowska)

On behalf of the Board of the Section of Paediatric Anaesthesia and Intensive Care in Poland kindly ask You to accept the report on the activities of our section in the year 2016.

1. Board of the Section of Paediatric Anaesthesia and Intensive Care

   Chair: Alicja Bartkowska-Śniatkowska
   Secretary: Bożena Główka
   Treasurer: Maciej Cettler

2. Conferences, scientific meetings

   A. IV Congress of Mechanical Ventilation and Ventilatory Treatment, Wisla, March 2-5, 2016
      a. 2 Sessions of Section of Pediatric Anesthesia and Intensive Therapy
         Session V Ventilation of children part I, Chairs: Przemysław Łaniewski-Wołńk (Warszawa), Marzena Zielińska (Wrocław)
         Session VI Ventilation of children part II, Chairs: Alicja Bartkowska-Śniatkowska (Poznań), Krzysztof Kobylarz (Krakow)

      a. Interdisciplinary conference: Polish Society of Neonatology, Section of Paediatric Anaesthesia and Intensive Care
      b. Chair of Scientific Committee Dr Wojciech Walas, Paediatric Anaesthesiologist and Intensivist

   C. C.E.E.A. Course, Mother and child. Adverse events. May 11 – 13, 2016, Poznan Poland

   D. Conference - Progress in paediatric and neonatal anaesthesiology and intensive care, June 2nd, 2016, Warsaw Poland

   E. October 6-8th, 2016, Opalenica (near Poznan), XVIII Symposium of Section of Pediatric Anesthesiology and Intensive Therapy

3. Publications


   B. Zielińska M, Bartkowska-Śniatkowska A, Cettler M, Kobylarz K, Mierzwksa-Schmidt M, Rawicz M, Piotrowski A
   Consens statement of the Paediatric Section of the Polish Society of Anaesthesiology and Intensive Therapy on general anaesthesia in children over 3 years of age. Part II

   C. Bartkowska-Śniatkowska A, Zielińska M, Cettler M, Kobylarz K, Mierzwksa-Schmidt, M, Rawicz M, Piotrowski A
4. Clinical Trials – participation of PICU’s centers in Poland in VESPER STUDY and NECTARINE STUDY

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Sincerely,
Alicja Bartkowska-Śniatkowska

Portugal (Fernanda Barros)

Portuguese Society of Anesthesiology – Section of Pediatric Anesthesia

In Portugal there are two big Central Hospitals (with over 1000 beds) with Pediatric Surgery Services including Neonatology Intensive Care and three Central Pediatric Hospitals, where Pediatric Anesthesia is taught.

Throughout the years the number of children that needed anesthesia outside those specific Hospitals increased; now we are faced with the great concern of “how and where” pediatric anesthesia should be taught and “how many procedures are enough” for an anesthesiologist to be considered experienced in pediatrics.

In order to give an answer to this problem the Portuguese Society of Anesthesiology (SPA) created a Section of Pediatric Anesthesia in July 2005. Now having 70 members of the 700 registered in the SPA.

Every two years we have a “Scientific Meeting” and now this section is working with the Portuguese College of Anesthesiology on the guidelines for Portuguese Pediatric Anesthesia.

This year we held the “VII Meeting of Pediatric Anesthesia”, on the 12th of March, in Figueira da Foz. This meeting was held on the third day of the annual Congress of The Portuguese Society of Anesthesiologists, for the entire duration of the day. About 200 anesthesiologists, interested in pediatric anesthesia were present; we also had the presence of two experts in pediatric anesthesia from Spain (Hospital La Paz), which helped make this a successful event.

The main topics discussed in the “VII Meeting of Pediatric Anesthesia” were the following:

- Outpatient Anesthesia in pediatrics – revision and new guidelines
- Analgesia based anesthesia for the critically ill children
- Anesthesia in neonatology
- “State of the art” in fluidotherapy and massive blood loss
- Per-operative critical adverse events in pediatrics

In this meeting it was also elected the new Board of the Section for the next four years, which is composed by three members: Fernanda Barros (President and ACORNS representative) Silvia Neves and Teresa Rocha.

05/09/2016

Fernanda Barros
President of the Section of Pediatric Anesthesia

Slovenia (Jelena Berger)

The Slovenian working group of Pediatric Anesthesia was found in 2009 when the new University Paediatric Clinic was built in Ljubljana and in 2015 became a subsection of the Slovenian Society of Anaesthesiology and Intensive Care Medicine (SSAICM).

The working group consists at the moment of six members – this is a core group (mainly from our University hospital), which meets at least twice each year to discuss actual problems and to formulate standards and recommendations. We have a full centralization which has left us with just one highly specialized center and a number of regional hospitals. Children less than 2 years of age and neonates are managed only in the University hospital in Ljubljana. All members of our national society are invited to attend to meeting which is held once each year dedicated to pediatric anesthesia. The meeting covers the basic topic of pediatric anesthesia including the perioperative management (pain management, regional anesthesia, etc) in general but also the management of emergency situations.

The working group is represented on the SSAICM homepage with an own section. We published the ESPA newsletters, invitation to ESPA congresses, recommendations and guidelines regarding pediatric anesthesia.

Activities of the working group:

1. The recommendations for perioperative fluid management in neonates, infants and children have been published
2. We organise workshop for MEPA every third month for our anesthesia trainees in simulating centre in our university hospital
3. Recommendations for awareness in children have been published
4. In cooperation with the Slovenian Pediatric society the first slovenian textbook on Pain Management in Children will be published in October 2016 with Neil Morton as an introducer.
5. In september 2016 we organised the workshop of US guided vascular access in children with Christian Breschan as a special guest
6. APRICOT/NECTARINE study
General

In Slovenia there are currently four anesthesists engaged in pediatric anaesthesia for full-time, who are all working in university children's hospital in Ljubljana. We perform all kinds of surgery procedures including cardiac and neonatal surgery. Pediatric anaesthesia is not registered as a specific field of anesthesiology. There are four months of training during the six years of residency and then it is assumed that after passing the postgraduate examination, each anesthesiologist is able to provide an uncomplicated anaesthesia of a child. We gained the narrow specialization through years of experience and working full time in pediatric anaesthesia.

Sweden (Angela Hanson)

The Swedish Society for Paediatric Anaesthesia and Intensive Care, SFBABI, organizes an autumn meeting every year with a scientific program as well as a presentation of ongoing projects, social activities and an annual meeting. Main topics of this year, 2016, will be treatment of acute kidney injury.

A symposium is held annually during the SFAI week. 2015 “Anaesthesia for the child with congenital heart disease in the general hospital” was presented. 2016 the topics were “No fear – premedication and procedural sedation” and “No pain – postoperative pain management”.

Annual courses in pediatric anaesthesia and intensive care are arranged for anaesthesia registrars. This is a 4-day course including a full day simulation based advanced pediatric life support training.

Sweden is a member of Scandinavian Society of Anaesthesia and Intensive Care Medicine, SSAI, and is participating in the expert training programs. The ongoing program has twelve delegates from Sweden.

Last year delegates from several hospitals in Sweden (hospitals that take care of children but not the specialized centers) were invited to a meeting held by SFBABI. The agenda was to investigate the interest of starting a network for continuous education in pediatric anaesthesia among consultants in Sweden. Currently a lot of effort is put into the task of creating three regional networks for anaesthesiologists and intensivists. By offering workshops and regular clinical training at tertiary units and providing an easily accessible discussion forum we hope not only to improve clinical care but also training for future specialists.

The Society has published several national guidelines and there is ongoing work on ambulatory surgery, rapid response systems and perioperative fluid replacement in children.

Ukraine (Dmytro Dmytriiev)

In Ukraine pediatric anesthesia is organized as a subcommittee at the Ukrainian society for Anesthesia and intensive care medicine. The society is regarded as the natural partner for political and medical matters regarding anesthesia and intensive care medicine. Politically centralization is still a hot topic in Ukraine. Centralization has left us with 7 highly specialized centers and a number of regional hospitals 23. To receive a doctor anesthetist certificate in Ukraine, the residency has to be completed which lasts for two years.

Concerning continuous education, Ukrainian society for Anesthesia and intensive care medicine traditionally organized one annual meeting: «satellite meeting» during the Ukraine annual congress of anaesthesiology in September, 2016, Dnepropetrovsk (We have two section of pediatric anesthesia on 22 September – Pediatric Anesthesia, 23 September-Intensive Care). Each meeting consist in 15 to 20 scientific presentations, covering any topics of pediatric anesthesiology, with the participation of local and/or internationally recognized experts.

We need support from ESPA following education project:

1. We are organized scientific education medical Journal “Pain Medicine” (most ESPA doctors include editor team) – need information (article, protocols and others information), others support, financial aid.
2. We will organize second scientific education medical Journal “Perioperative Medicine” – need information (article, protocols and others information), others support, financial aid.

3. On 3-Jun – 2017 in Vinnitsa we organize Summer Pain School “Pediatric Postoperative Pain” - need ESPA speaker, others support, financial aid.

4. We need fellowship education programe for Ukrainian doctors (Pain Education, Regional Anesthesia and more)