



# Ankur

....a seedling for the future growth of NEPAS....

Official Newsletter of Nepal Paediatric Society

March, 2024

## Editorial

### Celebrating the Six-Month Milestone of NEPAS' New Executive Committee

In the ever-evolving field of paediatric medicine, the Nepal Paediatric Society (NEPAS) has taken significant strides under the dynamic leadership of its new executive committee. The past six months, from July 2023 to the present day, have witnessed a remarkable transformation, redefining NEPAS as a hub of growth and innovation in paediatric healthcare, a movement in transforming NEPAS to Nepal Academy of Paediatrics (NAP). This journey of progress is aptly encapsulated in the latest edition of our official bulletin, "Ankur."

**1. Surge in Membership:** One of the most notable achievements of the new executive committee has been the substantial increase in NEPAS membership. The organization's outreach efforts have attracted a diverse array of paediatric healthcare professionals, fostering a sense of community and collaboration among members. This surge in membership not only signifies the growing influence of NEPAS but also showcases a commitment to advancing paediatric healthcare in Nepal.

**2. Digital Facelift:** Understanding the importance of a strong online presence, the committee has worked diligently to revamp NEPAS' digital platforms. The society's Facebook and Twitter handles have been revised to provide timely updates, share valuable insights, and engage with members and the wider community. Additionally, the official webpage ([www.nepas.org.np](http://www.nepas.org.np)) has undergone a makeover, ensuring that it serves as a user-friendly and informative resource for professionals and the public alike.

**3. Educational Empowerment through CMEs:** The executive committee has taken a proactive approach to continuing medical education (CME) by organizing monthly sessions. These CMEs are designed to keep paediatric healthcare practitioners abreast of the latest developments in the field, fostering a culture of lifelong learning and excellence. By prioritizing education, NEPAS is actively contributing to the professional growth of its members.

**4. Quality Improvement Initiatives:** Recognizing the importance of delivering high-quality paediatric healthcare, the committee has implemented quality improvement training programs. These initiatives are aimed at enhancing the skills of healthcare professionals, promoting best practices, and ultimately elevating the standard of

care provided to the young patients under NEPAS' purview. NeoQUIP training in collaboration with NNF and various other workshops are few examples of it.

**5. Establishment of Chapters:** Establishing paediatric subspecialty chapters, such as paediatric critical care, cardiology, nephrology, neonatology, endocrinology, growth and development, pulmonology, nutrition etc is crucial for enhancing specialized care and expertise in these areas. These chapters provide a platform for focused knowledge exchange, collaboration, and skill development among paediatricians tailoring their practice in focused manner, ensuring a higher standard of care for paediatric patients with specific medical needs. By fostering subspecialty expertise, these chapters contribute to comprehensive healthcare solutions for children, ultimately improving outcomes and advancing the field of paediatric medicine.

**6. Collaborative Conferences:** The collaboration between NEPAS and the Royal College of Paediatric and Child Health (RCPCH) in the joint mini-conference has been a highlight of the past six months. This partnership not only enriches the knowledge base of our members but also strengthens ties with international counterparts. Such collaborations are pivotal in fostering a global perspective on paediatric healthcare.

Apart from this regular publication of Ankur and journal of NEPAS is providing platform for all aspirants to publish their articles. As we celebrate these achievements, it's evident that NEPAS, under its new executive committee, is paving the way for a brighter future in paediatric healthcare. The strides made in membership, digital presence, education, quality improvement, establishment of chapters, and international collaboration are testament to the dedication and vision of the committee. We plan to establish provincial branches of NEPAS for which the legislative part is almost complete. The journey has just begun, and "Ankur" serves as a testament to the promise of continued growth and excellence in the days to come.

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## CME

Nepal Paediatric Society believes that the core backbone of its members is being up to date on their fields. Thus in last 3 months Nepas conducted three CMEs virtually where there were on average 60-70 participants. There was one hybrid format CME, where apart from in person present paediatricians, there were around 40 paediatricians joining the CME.

In coming days with formation of different chapters under NEPAS, CMEs will be channelled through these chapters.

### MONTHLY CME NEPAS ONLINE

**TOPIC:** Therapeutic Hypothermia for the management of Perinatal asphyxia: Evidence and experience

**Presenter:**  
Dr Srijana Basnet  
Associate Professor  
IOM



**Moderator:**  
Dr Pawana Kayastha  
Associate Professor  
KMC



**Date**  
26<sup>th</sup> Ashwin 2080 (13<sup>th</sup> October 2023) Friday

### SPECIAL CME NEPAS ONLINE

**TOPIC:** Approach to a child with Recurrent Pneumonia

**Speaker:**  
Dr Dhiren Gupta  
Deputy Director  
Division of Pediatric Emergency,  
Critical care, Pulmonology and Allergic disorders  
Sir Ganga Ram Hospital  
New Delhi



**Moderator:**  
Dr Mahesh K Gautam  
Consultant Pediatrician  
Asthma Allergy specialist  
National Asthma Allergy Center,  
Lazimpat

**Chair:** Dr Prashant Rijal  
Associate Professor  
Consultant Pediatric Pulmonologist  
**Chairperson:** Pediatric Pulmonology chapter, NEPAS

**Date**  
27<sup>th</sup> Mangsir 2080 (13<sup>th</sup> December 2023) Wednesday

### MONTHLY CME NEPAS ONLINE

**TOPIC:** Allergic Asthma

**Speaker:**  
Dr Dipak Kumar Gupta  
Professor  
Janaki Medical College,  
Janakpur



**Moderator:**  
Dr Mahesh K Gautam  
Consultant Pediatrician  
Asthma Allergy specialist  
National Asthma Allergy Center,  
Lazimpat



**Date**  
23<sup>rd</sup> Kartik 2080 (9<sup>th</sup> November 2023) Thursday

### Monthly CME NEPAS

**TOPIC:** Oncological Emergencies in Children

**Speaker:**  
Dr Saroj Kumar Yadav  
Pediatric Hematology,  
Oncology and BMT (fellowship)  
Lecturer, NAIHS



**Moderator:**  
Dr Sucharita Tuladhar  
Pediatric Hematooncologist  
Assistant Professor, PAHS



**Date**  
30<sup>th</sup> Mangsir 2080  
(16<sup>th</sup> December 2023)  
Saturday, 8:30am sharp

**Venue**  
Conference Hall  
Shree birendra hospital  
Chhauni, Kathmandu

## Neonatal Resuscitation Training Simulator

A seminar on "Neonatal Resuscitation Training Simulator" was held on 22 December 2023 at the National Health Training Center, MoPH, Teku. The seminar was organized by the Non-Profit Organization ASHA, Japan and ELECOM Co., Ltd., a Japanese PC peripheral company, to enhance the quality of existing neonatal resuscitation training in Nepal through a simulator by replicating real-life situations more accurately. The various stakeholders in attendance were representatives from National Health Training Center, MoHP, NEPAS and nurses. There was live demonstration of the simulator and discussion on how by incorporating this training in our existing national neonatal resuscitation program we could enhance the skills of healthcare professionals, ultimately contributing to a reduction in the neonatal mortality rate in Nepal.





## Eosinophilia meningitis due to slug ingestion

Fourteen years old boy from Hetauda presented in emergency with chief complaints of pain in bilateral lower limb for 1 month, fever with Headache for 2 weeks and altered sensorium for 12 hours. His GCS was 11/15 (E2V4M5). His vitals were normal but the boy was crying with pain when touched for examination so other neurological examination couldn't be done. On fundoscopic examination, there was bilateral early papilloedema. He was admitted with provisional diagnosis of Acute encephalitis syndrome (AES) with raised Intracranial pressure. CECT was normal. He was managed Inj Ceftioxone, 3% NS, Mannitol and admitted in HDU.

His TLC-19400/mm<sup>3</sup> N75% L 14% E 8% (1552/mm<sup>3</sup>) ,CRP-1.26. Peripheral Blood smear showed Moderate eosinophilia ,AEC-2002/mm<sup>3</sup>. LFT/RFT were normal. LP- TC-600/mm<sup>3</sup> (Polymorph-60%, monomorph-40%).

With these reports, the history was taken in further details and revealed few important piece of information. Twenty five days back, he along with his friends went to nearby village where they consume raw slugs. Two other men who consumed raw slug also had similar symptoms and one of them succumbed few days back during the treatment at local hospital. He was taken to local hospital of Hetauda for check up where USG B/L hip joint revealed minimal fluid suggestive of reactive arthritis so managed conservatively with tab cefixime and flexon. But since the child was deteriorating, he was taken to TUTH emergency.

With this history, his CSF was reviewed in cytopathology laboratory and the polymorph was predominantly eosinophils (Eosinophils 66%). So, final Diagnosis of Eosinophilic Meningitis was made. With this clinical presentation we assumed angiostrongyliasis as a causative agent.

The child was treated with Steroid (Inj Methylprednisilone) to reduce inflammation and after three days started on albendazole. His condition gradually improved and discharged after 10 days. One of his friend who had also taken slug and had similar complaints also arrived at our hospital. He also had eosinophilia so he was treated with albendazole too.

### Lesson learnt

History about intake of uncooked food like crab, fish, slug would be an important clue for possible cause for eosinophilia.

In a child with AES and peripheral eosinophilia, eosinophilic meningitis would be an important differential diagnosis.

Eosinophilia in CSF is only identified if the sample is sent to cytopathology laboratory.



**Dr. Srijana Basnet**

Associate Professor, IOM

## Poland syndrome

A 7 day female baby, delivered at term through normal vaginal delivery is brought with concerns of reduced movement and a drooping right shoulder.

### Do you notice any abnormalities in the chest?

**There is noticeable asymmetrical chest with small sized left breast.**

This is due to absence of pectoralis major muscle and ribs could be felt directly beneath the skin. Additionally, poorly formed anterior and posterior axillary folds were observed, along with a prominently visible right scapula



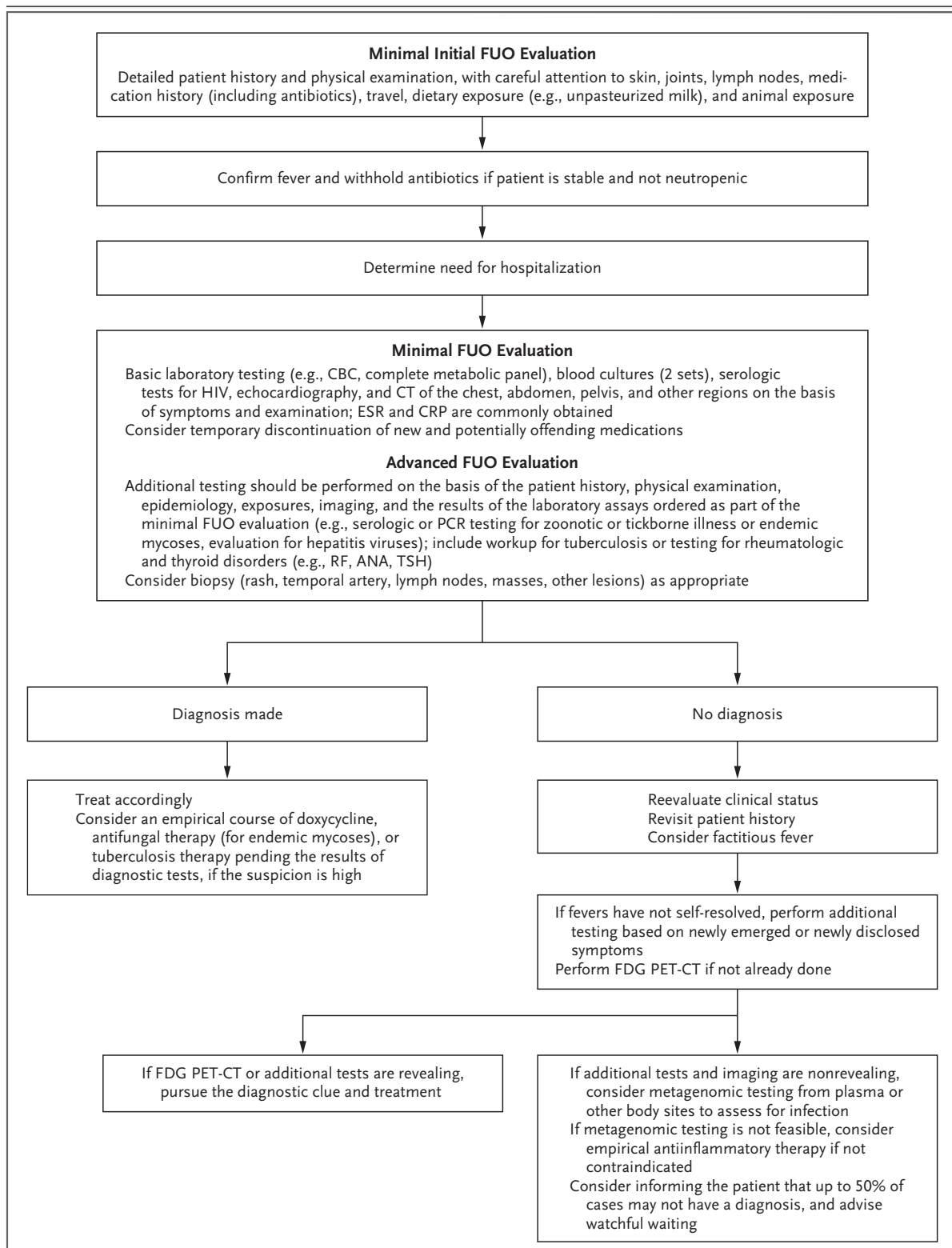
By clinical examination and investigations that ruled out cardiac, respiratory, cranial, abdominal, and renal abnormalities were ruled out.

### Final Diagnosis Poland syndrome

Poland syndrome is a congenital anomaly affecting the musculoskeletal system, characterized by the underdevelopment or absence of the pectoralis muscle and breast. While it commonly presents with limb anomalies on the same side, in some cases, it may also be associated with dextrocardia, chest wall defects, craniofacial dysplasia, renal agenesis, coloboma of the optic disc, and other anomalies. The prevailing theory attributes the syndrome to the disruption of proximal subclavian arteries and their branches, which supply the pectoralis muscle during fetal development.

Upon confirming the absence of associated abnormalities, the baby was discharged. Treatment options for Poland syndrome include reconstructive surgery to address chest wall defects or breast augmentation.

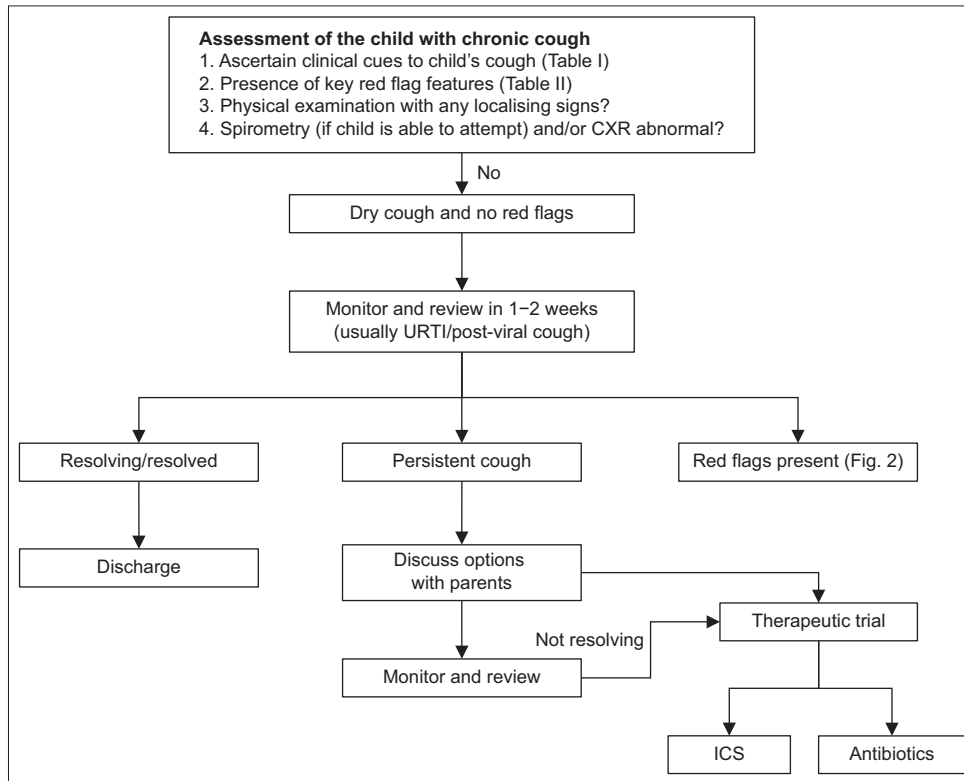
## The Fever Flow Chart



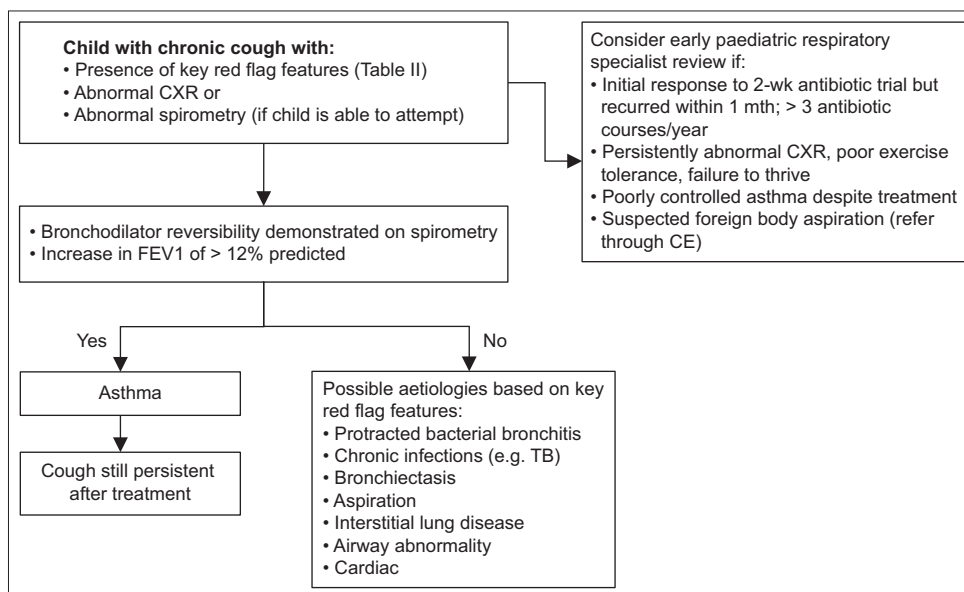
**Figure 1. Suggested Diagnostic and Management Algorithm for Fever of Unknown Origin (FUO).**

The approach should be individualized on the basis of the specific clinical scenario. ANA denotes antinuclear antibodies, CBC complete blood count, CRP C-reactive protein, CT computed tomography, ESR erythrocyte sedimentation rate, FDG PET-CT <sup>18</sup>F-fluorodeoxyglucose positron-emission tomography with CT, HIV human immunodeficiency virus, PCR polymerase chain reaction, RF rheumatoid factor, and TSH thyrotropin.





**Fig. 1** Flowchart shows approach to child with chronic cough and no red flags. CXR: chest radiography; ICS: inhaled corticosteroids; URTI: upper respiratory tract infection



**Fig. 2** Flowchart shows approach to child with chronic cough and red flags. CE: Children's Emergency; CXR: chest radiography; FEV1: forced expiratory volume in 1 second; TB: tuberculosis

Compiled by:  
**Dr. Anoop Singh Ranhotra**

## NEWS EVENTS

### News Article Competition

Representing NEPAS, Dr Sujeeta Bhandari attended "News Article Competition" about lead poisoning awareness, (ILPPW 2023 NEPAL) organized by CEPHED, WHO and MoHP.

It was one and half hour programme organized to honor journalist who wrote about the Lead poisoning and its impact on health -to aware general public .Total 5 journalist were awarded.

Everyone including chief guest Dr Dipendra Raman Singh, emphasized and asked all the concerned to help government by Awareness programs and by Advocating to make Policy and Law on lead levels on all the lead containing products.

The prize were distributed as follows:

FIRST PRIZE: Mr Kishor Khanal – Chitwan Post- Bharatpur, Chitwan

SECOND PRIZE: Mr. Chudamani Pokherel- Lumbini Danik, Butwal, Rupendehi.



THIRD PRIZE: Mr. Subhash karna- Daily Express- Jankpur, Dhanusha.

CONSOLATION PRIZE: Ms. Madhuri Mahato- Nagarik News- Birgunj, Parsa.

CONSOLATION PRIZE: Mr. Nabaraj Adhikari- Arthik Abhiyan- Kathmandu

The program concluded by asking government to check lead levels in all children in all provinces.

### ReSviNet Conference

Name of Conference: 8<sup>th</sup> ReSViNET Conference February 13-16,2024 Mumbai India.

Sponsor: Respiratory Syncytial Virus Foundation

Participant:

Dr. Arun Kumar Sharma

Dr. Ram Hari Chapagain

Dr. Rupesh Shrestha



Activities: Nepal Paediatric Society has conducted Cost of illness (COI) and Cost effectiveness analysis (CEA) on RSV under RSV Gold III study. Dr Arn and Dr Rupesh Presented the Poster on the conference. Dr Ram Hari participated as young researcher form LMIC countries. The data contribution of Nepal on the LMIC data was highly appreciated by the RSV Gold team.

Networking Activities: preliminary talk was initiated with BMGF for the NEPAS involvement as consortium member for proposed Africa and South Asia consortium for research to Policy advocacy on RSV control strategy.

### STAKEHOLDER'S MEETING RCPCH-NEPAS – OCT, 2023



A joint stakeholders' meeting was held on 1st October 2023, among Nepal MoH, NEPAS, RCPCH and UNICEF, with the theme "Strengthening facility-based perinatal, newborn, and paediatric care quality in Nepal". Between 2022 and

2024, NEPAS and RCPCH, working in partnership with the Nepal Ministry of Health and Population and UNICEF, have collaboratively designed and implemented the initial stage of an initiative aimed at enhancing the capacity of





neonatal and paediatric care within government hospitals situated throughout Madhesh Pradesh. - the Nepal Neonatal and Emergency Paediatric Care Programme (NNEPCP). This event served as an opportunity to assess the advancement of ongoing programs, showcase accomplishments, recognize emerging hurdles, and strategize forthcoming initiatives aimed at bolstering healthcare systems and enhancing clinical standards. These efforts will be directed at the comprehensive network of national hospitals, all in service of furthering Nepal's continuous journey towards achieving the maternal, newborn, and child health objectives outlined in the National Health Strategy and the Sustainable Development Goals.

During the program, Dr Sangita Shrestha welcomed all the dignitaries, Dr Baliram Mishra highlighted about the concept, progress and future of the project.

Similarly Dr Krishna Poudel from Ministry of health, focused

about the child health strategies and action plan of the government.

Dr Camilla Kingdon, RCPCH President presented about The Global Picture (RCPCH perspective), Progress in maternal and child survival-global and Nepal.

Likewise Dr Arun K Neopane, NEPAS President again highlighted about The Local Picture (NEPAS perspective), Strengthening Systems and Building Clinical Capacity for Quality Hospital Neonatal and Paediatric Care in Nepal.

Ground Report by Champions : Healthcare persons working in the field have given the excellent reports from their working sites. Dr. Gautam Prasad Mandal and Ms. Purnima Das from Rajbiraj Hospital talked about the Triage, Likewise Dr. Rakesh Tiwari and Ms. Khusboo Jha from Jaleshwar Hospital gave a brief report about SNCU and Dr. Niraj Jha and Ms. Subhadra Chaudhary from Narayani Hospital presented about the Referral system.

## RCPCH-NEPAS In house Meeting

There was a very useful in house meeting to discuss on Strategic Partnership way ahead. All NEPAS Executive members and representatives of RCPCH put their views and collective ideas about Program expansion and the vital role RCPCH can play in supporting to expand in other parts of the country. The meeting also discussed about enhancing learning and skill development of paediatricians of Nepal with the help of RCPCH.

The program ended after Presentation of mementos from NEPAS to the guests from RCPCH.





## Late Dr. Mahesh Kumar Gautam:

### *A Tribute to a Promising Paediatrician*

It is with heavy hearts that we bid farewell to a beloved member of the Nepal Paediatric Society and medical community, Dr. Mahesh Kumar Gautam, who left us too soon in a tragic car accident. Dr. Gautam was not just a skilled paediatrician but also a cherished friend, respected colleague, and a beacon of compassion in the medical fraternity.

Born and raised in Lazimpat, Kathmandu, Dr. Gautam exhibited a passion for healing from an early age. He did his schooling at the Bhanubhakta Memorial School and the National School of Sciences (NIST) Lainchaur. After completing medical school at Guangxi Medical University, [2007], Dr. Gautam went on to specialize in paediatrics, driven by a deep commitment to the well-being of children. He graduated MD paediatrics from China SouthWest University in 2014. He further persuaded his study as Diploma in Asthma and Allergy from CMC Vellore from 2017 – 2018. Furthermore he earned his Allergy / Immunology fellowship at Saveeta Medical College and Hospital, dedicating his career to the understanding and treatment of asthma and allergic diseases in children.

Dr. Gautam was the Medical Director of the National Asthma Allergy Center and made a significant contribution to the Paediatric Allergy/Immunology specialty in Nepal. His warm smile, comforting presence, and tireless dedication earned him the affection of not only the medical staff but also the countless families he served. Colleagues remember him as a dedicated professional with an unwavering commitment to providing the best possible care for every young patient. He possessed a rare combination of medical expertise and genuine empathy that endeared him to colleagues, patients and parents alike. His tireless efforts to educate parents and caregivers about managing paediatric asthma and allergies have left a lasting impact on the community.

Outside the clinic, Dr. Gautam was known for his involvement in community health initiatives, educational programs and philanthropic activities. He tirelessly worked to raise awareness about paediatric health issues including allergy and asthma, leaving an indelible mark on the child health community. His colleagues remember him as a team player, always willing to collaborate and share knowledge for the greater good of patient care.

Dr. Gautam will be deeply missed, but the impact of his compassionate care and enduring spirit will continue to inspire us all. Our thoughts and condolences go out to his family, friends, and colleagues during this difficult time. As we mourn his departure, let us remember and celebrate the remarkable contributions he made to paediatric medicine, leaving an indelible mark on the hearts of those he touched. May he rest in peace and may his legacy inspire future generations of healthcare professionals to continue the important work he started.





## भुइँचालो पछिको भावभूकम्प (कर्म-संस्मरण)

डा. नबराज के.सी.



भुइँचालोले ठूलो क्षति भयो भन्ने खबर आएपछि राति राति मोटरसाइकलको बुइमा ८ घण्टाको बाटो ६ घण्टामा सक्काउँदै जिल्ला अस्पताल जाजरकोट पुगेको थिएँ म । अस्पताल यति बेला जुलुस भएको थियो । रगतले पुरिएका मानव शरीर बोकेर अस्पताल कुदेका कुम र लास बोकेर अस्पतालबाट घर फर्किदै गरेका आफन्तहरूका कुम ठोक्किनथे । कतै बिरामी बोकेर हेलिकप्टर चढाउन कुदेका सुरक्षकर्मीहरूका बुट र हेलिकप्टरबाट फोटो खिचन झरेका ठूला नेताहरूलाई सुरक्षा दिनेहरूका बुटका आवाज पड्किएको थिए । अस्पताल एकै छिनमा भरियो। अलिअलि चोटपटक लागेकाहरू शरीरका चिराहरू सिलाएर तुरुन्त फर्किए, उनीहरूलाई ढलेको घरभित्र पुरिएका आफन्तका लासहरूले बोलाउँदै थिए सायद । अस्पताल बन्दै थियो जटिल उपचार सम्भव थिएन । सबै बिरामी केही घण्टा मै सेनाको हेलिकप्टरले देशका ठूला अस्पतालमा पुऱ्यायो । स्थानिय सबै जमिनमुनि हराएको आफ्नो संसार खोज्न गाउँतिर फर्किए। अस्पतालको विशाल बजार एकै दिनमा सक्कियो। केहि फोटो खिचन र खिचाउन आएकाहरू दायाँ बायाँ ढल्किँदै आफू पछाडि अस्पतालको ल्यान्डस्केप राखेर फोटो खिचीरहे। महाभुकम्पको इतिहासमा भर्खरै लासले भरिएको जाजरकोट जिल्ला अस्पतालको दृश्य थियो यो ।

अस्पतालको काम सकेर हामी गाउँतिर लाग्यौं, चिउरी भन्ने गाउँ पुगेर यात्रा टुंगिएको थियो । यो गाउँ यतिबेला जीवित कम लास धेरै भएको बस्ति बनेको थियो । आधा जमिन सेतो कपडाले ढाकिएको, लाग्थ्यो मान्छे होइन गाउँ आफैले प्राण त्याग गरेको छ।

तर यो कर्णाली हो, जो युगौंदेखि दुःख पचाउनमा माहिर छ। यो गाउँका एक हुल युवतीहरू ठाउँ ठाउँमा आगो बालेर साग र रोटी पकाउँदै थिए। युवाहरू सुकेका काठमा पलास्टिकको छानो उनेर ससाना घर बनाउँदै थिए। केहि मानिसहरू हरियो बास काट्दै थिए, उनीहरूको जिम्मा मरेकाहरूको थियो।

अल्लि पर एउटा भत्किएको घर अगाडि एउटी आमा बच्चाको लासलाइ आफ्नो काखमा बोकेर, आफ्ना हातले भत्किएको घर उधन्दै थिईन्। सबैजना चकित थिए, उनको परिवारमा उनी आफू बाहेक यही छोरो मात्र थियो । सबैलाई लाग्यो कतै बाँलाईन् कि ! हरियो बाँस काट्दै गरेका एउटा वृद्ध उनको नजिक गए। उनको काखमा रहेको बच्चाको नापो लिए । गाह्रो नपरोस भनेर सुस्तरी उनले एउटा मधुर प्रश्न गरे।





“नानि छोरो त काख मै छ! के खोजेको तिम्ले भत्केको घर भित्र? अब सतिगती गर्ने बेला भो। लेउ बाबुलाई। म उसकै शरीर नापोको बास काटेर तयार पाछु।”

आफ्नो गतिमा कुनै बदलाव नलिएर उनले घरलाई आफ्ना नंगाले उधनी रहिन्, हिक्क हिक्क आवाज निकालेर जोड जोडले उनी अलापी रहिन्।

“मेरो बाबुलाई तिहारको नयाँ कपडा किनी दिएको थिएँ, तिहार कै दिन लगाएर भैली खेल्न भनेको थियो यसले । म गरिब आमा, यो वर्ष बल्ल तल्ल एक जोर राम्रो नयाँ कपडा किन्न सकेकी थिएँ, कति खुसि भाथ्यो मेरो मुटु, मेरो बाबु नयाँ कपडा देखेर। म मेरो बाबुलाई तेही कपडामा बिदाइ गर्छु, पख एकछिन् पख, कपडा कतै पुरिएको छ, म मेरो बाबुलाई उसको मनपर्ने कपडामा बिदाइ गर्छु।”

यहाँ यी आमाको मातृत्व बेथाको सासनलाई रोक्ने हिम्मत कसैसँग थिएन । सबैले केहिछिन पर्खिए। केहि समय मै उनले आफ्नो सर्वस्वो निल्ने धर्तिको छाती चिरेर त्यो कपडा

निकालिन्, छोरोको लुलो शरीरबाट जमेको अन्तिम धुलो पुछिन् र नयाँ कपडा लगाईदिइन् । सानो आकारको उसकै शरीरको नापोमा बनेको हरियो बासको सवारी तयार थियो । सुन्दर चम्किलो नयाँ कपडालाई सेतो सस्तो कपडाले ढाक्यो । ढिलो हुन लागेको थियो। सबैजना लास भटाभट उठाएर फटाफट भेरी नदिको तिरै तिर लागे। कोहि संख बजाउँदै थिए तर चिच्चाइरहेका मानिसको आवाजमा संखको अवाज बिलिन भएको थियो । मैले आफ्नो जीवनमा पहिलोपल्ट लासको जुलुस देखेँ । यसछी केहि महिनासम्म देखिरहेँ, सपनामा।

यो भुइँचालोमा मर्ने मध्ये ६० प्रतिशतभन्दा धेरै बालबालिकाहरु थिए । भुइँचालोपछि चिसोले बिरामी हुने र ज्यान जानेमा पनि धेरै बालबालिका नै छन् । संसारमा दुर्गमता, भुइँचालो लगायत प्राकृतिक प्रकोप र युद्धका कारण ज्यान गुमाउने सबैभन्दा धेरै बालबालिका नै छन् । कुनै पनि प्रकोपमा बालरोग विषय विज्ञहरु संसारका सबैभन्दा महत्वपूर्ण भूमिका हुने रहेछ। राज्यले र बालरोग विषय विज्ञहरु आफैले यो कुरा बुझ्नु । जीवनका केहि घुम्तीहरुमा मानिसको आत्माको परीक्षा हुने रहेछ, जसमा पास भएपश्चात मात्र उ मानिस हुने रहेछ ।





## क्यान्सर बिरामीको पारिवारिक शिक्षा (Family education for Cancer Patient)



- डा. प्रवीना श्रेष्ठ  
बाल रोग विशेषज्ञ  
त्रि. वि. शिक्षण अस्पताल



**क्यान्सर** रोग लाग्यो भन्ने सुन्दा सबै जना तर्सिन्छन् । त्यसमा पनि बच्चालाई क्यान्सर भएको कुरा भन्ने व्यक्ति र सुन्ने व्यक्ति दुवैलाई असाध्यै गाह्रो हुन्छ । आमा बुवा र परिवार निककै भावुक हुने र अन्यौलमा पर्नसक्छ । यस्तो समयमा आफ्नो भावनालाई सम्हालेर बच्चाको रोगको तथ्य कुरा बुझ्न जरूरी हुन्छ । हालको अवस्था लाई स्वीकारेर उपचार तर्फ लाग्नुपर्दछ । यस कठिन घडीलाई सहज बनाउन र सही बाटो देखाउन स्वास्थ्यकर्मी समूहको भूमिका महत्वपूर्ण हुन्छ । कुनै बच्चामा क्यान्सरको निदान भएपछि उनी र उनका परिवारलाई दिइने जानकारी गरँदै रोगबारे शिक्षा दिइन्छ ।

त्यस छलफलमा पाँच सिद्धान्तहरू समावेश हुन्छ ।

१. यो जानकारी परिवारमुखी - परिवारको सामाजिक, आर्थिक, बौद्धिक पृष्ठभूमि अनुसार हुनुपर्छ ।
२. क्यान्सरको निदान भएपछि त्यसलाई मनन गर्न र अगाडीको योजना बनाउन परिवारलाई केही समय चाहिन्छ । त्यसपछि मात्र बिरामी बच्चाको राम्ररी हेरचाह गर्न सकिन्छ ।
३. बिरामीको परिवारसँग मुख्यतः ३ क्षेत्रमा छलफल गरिन्छ ।
  - क. रोगको निदान, उपलब्ध उपचार पद्धती, अनुमानित नतिजा, उपचारको योजना, लाग्ने समय, खर्च, हुनसक्ने जटिलताको बारेमा जानकारी दिइन्छ ।

लिखित सुसूचित मञ्जुरीनामा मा हस्ताक्षर गराइन्छ जुन दुवै पक्ष बिरामी र चिकित्सकको लागि जरूरी दस्तावेज हो ।

- ख. स्थिर मनस्थितिका साथ उपचारमा लाग्न प्रेरणा दिइन्छ । चिन्ता लागेका अरू विषयहरू पनि छलफल गर्नुपर्छ जस्तै:- अरू सन्तानको रेखदेखको जिम्मा, बस्ने ठाउँ, आवात जावात गर्ने व्यवस्था, आर्थिक व्यवस्थापन, सरकारी सुविधाको उपलब्धता आदि । आवश्यक परेमा मनोविज्ञको सहायता पनि लिनुपर्छ ।
- ग. बिरामी बच्चाको हेरविचार घरमा सुरक्षित तरिकाले कसरी गर्न सकिन्छ भन्ने कुराहरू उपचारको क्रममा विस्तारै सिकाइन्छ । जस्तै:-
  - कुन अवस्थालाई इमरजेन्सी मान्ने र के गर्ने?
  - कुन औषधी कसरी कति खुवाउने?
  - औषधीको अन्य असरहरू के-के हुनसक्छ?
  - संक्रमणबाट जोगाउन के गर्नुपर्छ रक गर्न हुँदैन ।
  - सरसफाइका कुराहरू आदि ।

४. परिवारलाई सूचित गर्ने क्रम सम्पूर्ण उपचार अवधि भरि चलि रहन्छ ।
५. स्वास्थ्यकर्मीले बिरामी र परिवारले राम्ररी बुझ्ने र सिक्ने वातावरण सिर्जना गर्नुपर्छ जसमा उहाँहरू विश्वस्त हुन्छन् कि “हामीले उहाँका कुरा धैर्यतापूर्वक सुन्छौं । सबै प्रश्नका सकेसम्म चित्तबुझ्दो उत्तर खोज्छौं । थप प्रश्न सोध्ने मौका पनि दिन्छौं । कुनै कुरा नबुझे भर्को नमान्ने पटक पटक सम्झाउँछौं” ।

यी सिद्धान्तहरूलाई अँगाल्दै बिरामी बच्चा र उनका परिवारसँग सहकार्य गर्दै उपचार अगाडि बढ्छ । स्वास्थ्यकर्मीको पूर्ण मेहेनत, बिरामीको सकारात्मक मनोबल र परिवारको बलियो साथ र हेरचाहले क्यान्सरलाई जित्न सकिन्छ ।

## RECENT UPDATES

# 2023 American Heart Association and American Academy of Paediatrics Focused Update on Neonatal Resuscitation: Umbilical Cord Management

Recommendations for Term/Late Preterm Newborn Umbilical Cord Management		
COR	LOE	Recommendations
2a	B-R	1. For term and late preterm newborn infants $\geq 34$ weeks' gestation who do not require resuscitation, delayed cord clamping (DCC) ( $\geq 30$ seconds) can be beneficial when compared to early cord clamping ( $< 30$ seconds).
2b	B-R	2. For nonvigorous term and late preterm infants (35–42 weeks' gestation), intact cord milking may be reasonable when compared to early cord clamping ( $< 30$ seconds).
3: No Benefit	C-LD	3. For term and late preterm newborn infants $\geq 34$ weeks' gestation who do not require resuscitation, intact cord milking is not known to be beneficial when compared to DCC ( $\geq 30$ seconds).

Recommendations for Preterm Newborn Umbilical Cord Management		
COR	LOE	Recommendations
2a	B-R	1. For preterm newborn infants $< 34$ weeks' gestation who do not require resuscitation, delaying cord clamping ( $\geq 30$ seconds) can be beneficial when compared to early cord clamping ( $< 30$ seconds).
2b	B-R	2. For preterm newborn infants between 28 and 34 weeks' gestation who do not require resuscitation and in whom DCC cannot be performed, intact cord milking may be reasonable.
3: No Benefit	B-R	3. For preterm newborn infants $< 28$ weeks' gestation, intact cord milking is not recommended.

Recommendations for Devices Used to Administer PPV for Newborn Infants		
COR	LOE	Recommendations
2a	B-NR	1. It can be beneficial to use a T-piece resuscitator instead of a self-inflating bag, with or without a positive end-expiratory pressure valve, for administering positive-pressure ventilation to newborn infants, particularly for preterm infants.

Recommendation for Interfaces Used to Administer PPV for Newborn Infants		
COR	LOE	Recommendations
2b	C-LD	1. It may be reasonable to use a supraglottic airway as the primary interface to administer PPV instead of a face mask for newborn infants delivered at $\geq 34$ 0/7 weeks' gestation.

## Few Recent Publications

Infants And Toddlers Face Delays In Socio-Emotional Development Due To COVID-19 Pandemic, Study Finds

<https://jamanetwork.com/journals/jamapediatrics/article-abstract/2812812>

Folic Acid Supplementation Throughout Pregnancy Correlated With Lower Risk Of Early-Onset Kawasaki Disease In Offspring, Study Finds

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2813408>

Study Finds Influenza Vaccination Significantly Decreased Risk For Pediatric Hospitalizations, ED Admissions, And Urgent Care Visits during 2022-2023 season.

<https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciad704/7424868?login=false>

ChatGPT Gave The Wrong Diagnosis For The Majority Of Pediatric Cases, Research Finds

[https://jamanetwork.com/journals/jamapediatrics/fullarticle/2813283?guestAccessKey=f6d43491-c9f0-4a06-ac4f-c6368c783876&utm\\_source=For\\_The\\_Media&utm\\_medium=referral&utm\\_campaign=ftm\\_links&utm\\_content=tfi&utm\\_term=010224](https://jamanetwork.com/journals/jamapediatrics/fullarticle/2813283?guestAccessKey=f6d43491-c9f0-4a06-ac4f-c6368c783876&utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tfi&utm_term=010224)

Smartwatches Increasingly Used By Cardiac Specialists To Help Diagnose Heart Problems In Children, Research Suggests

<https://pubmed.ncbi.nlm.nih.gov/38092993/>

<https://med.stanford.edu/news/all-news/2023/12/smartwatch-children-heart.html#:~:text=Smartwatches%20can%20help%20physicians%20detect,at%20Stanford%20Medicine%20Children's%20Health.>

Children Of Parents With Infertility Had Slightly Higher Autism Spectrum Disorder Risk, Study Finds

[https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2812080?utm\\_source=For\\_The\\_Media&utm\\_medium=referral&utm\\_campaign=ftm\\_links&utm\\_term=112023](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2812080?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=112023)

Pneumococcal Vaccines Do Not Help Prevent Otitis Media In Children, Study Suggests

<https://www.sciencedirect.com/science/article/pii/S0165587623003439>

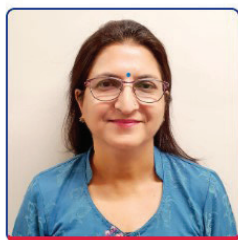
Common decongestant treatment labelled 'not effective' by FDA advisory committee

[https://publications.aap.org/aapnews/news/25875/Common-decongestant-treatment-labelled-not?searchresult=1&utm\\_source=MagnetMail&utm\\_medium=email&utm\\_term=drsantoshpokhrel%40gmail%2Ecom&utm\\_content=OnCall%2DWednesday%2C%20September%2013%2C%202023&utm\\_campaign=OnCall%20for%20Wednesday%2C%20September%2013%2C%202023](https://publications.aap.org/aapnews/news/25875/Common-decongestant-treatment-labelled-not?searchresult=1&utm_source=MagnetMail&utm_medium=email&utm_term=drsantoshpokhrel%40gmail%2Ecom&utm_content=OnCall%2DWednesday%2C%20September%2013%2C%202023&utm_campaign=OnCall%20for%20Wednesday%2C%20September%2013%2C%202023)

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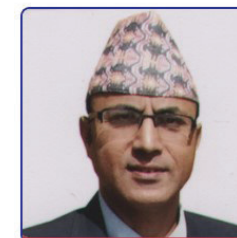
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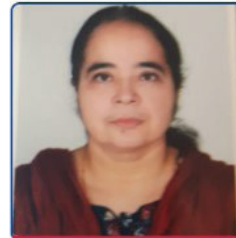
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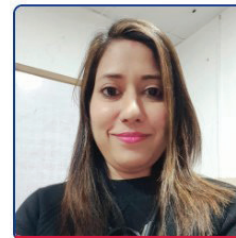
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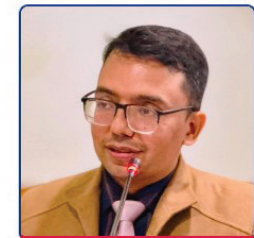
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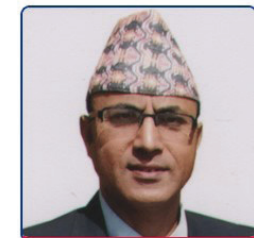
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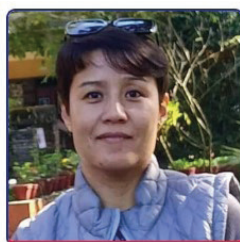
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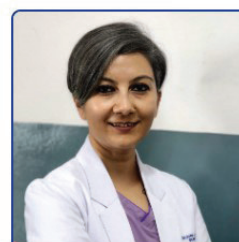
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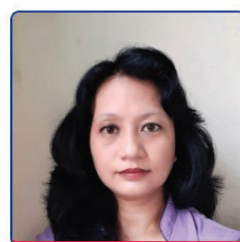
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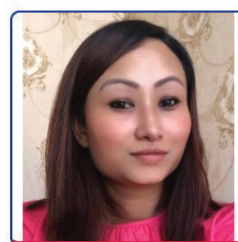
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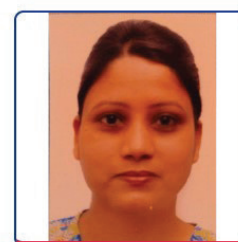
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