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PAEDIATRIC ACUTE CARE CONFERENCE - 2010

Building on the success of the 2009 Instructor Day, APLS will run a conference in 2010 – the Paediatric Acute Care Conference (PAC Conference). The PAC Conference will run from 2–4 September this year, and ensures a stimulating mix of interactive activities, research and critical care updates.

The conference will be held at the Hyatt in Yarralumla, Canberra, and opened by a very special guest speaker! The Hyatt is a luxurious accommodation, some of whose facilities include; a comprehensive fitness centre offering a fully equipped gymnasium, personal trainers, private massages, indoor pool offering aqua aerobics classes, spa, sauna and a synthetic grass, floodlit tennis court.

The first two days of the conference will be open to both APLS Instructors and other interested health care professionals, which will provide a diverse and exciting program focusing on paediatric acute care, while the third day (half day only) will be open only to APLS Instructors and will focus on APLS. For information on presentations already lined up, please see the enclosed flyer.

A Conference dinner will be held at the APLS War Memorial on 2 September, which will feature a guest speaker and has a cost of \$95 to attend. Please note that available seats for this dinner are limited, so make sure you send in your registrations early!

Also, a Cocktail function will be held directly after the conference has finished on day 2 (3 September), which guarantees to be a fun and relaxed evening for all.

Things to do while in the area:

Canberra is home to some of the most interesting and educational museums and galleries in Australia, including:

- The National Museum of Australia
- The Australian War Museum
- The National Portrait Gallery
- National Gallery of Australia
- Questacon: The National Science & Technology Centre.

If you wish to attend the conference, please complete the enclosed registration form and tax invoice, and send to the APLS office by fax or email as soon as possible. We look forward to seeing you there!

PRESIDENT'S REPORT

Dear APLS Members

2010 has certainly started with a rush for APLS.

The intense program of courses has been a great challenge for the organisation but has certainly had a great impression in reducing the waiting list.

The online registration for courses has meant a much-improved process for candidates, but the online course nomination process for Instructors has been a bit more problematic: hopefully we have these glitches ironed out.

The not-for-profit company Advanced Paediatric Life Support has now been in existence for 12 years. Of the original Board members only Chris Webber and myself still sit on the Board. In

the intervening time, there have been many valuable contributions from Board members who have come and gone and, in retrospect, our original constitution and articles of association have served us very well. They were written with the intention of giving a voice to all States and craft groups involved in the management of seriously ill and injured children during the very important establishment phase of our organisation.

However, times and company laws change and the Board is now actively examining the constitution and articles of association of APLS to ensure that we have the optimal structure with which to achieve our mission, aims and objectives.

It is likely that there will be some changes to these documents that will be put up to the Annual General Meeting this year.

It is the Board's intention to make these public and open for discussion long before there is a need to vote.

We look forward to your input into the debate.

Simon Young
President APLS (ANZ)



CLINICAL UPDATE

Backslab versus nonbackslab for immobilization of undisplaced supracondylar fractures: a randomized trial.

Oakley E, Barnett P, Babl FE. Department of Emergency Medicine, Royal Children's Hospital, Melbourne, Victoria 3052, Australia. ed.oakley@rch.org.au

OBJECTIVES: Immobilization of supracondylar fractures of the humerus, for 1 to 4 weeks in a backslab or a collar and cuff, produces good functional outcomes. This study assesses the pain associated with these 2 forms of immobilization.

METHODS: A randomized controlled trial comparing above-elbow posterior fiberglass slab and broad arm sling, with collar and cuff immobilization without plaster slab, was conducted at a children's hospital emergency department. Patients presenting with undisplaced supracondylar fractures were enrolled and reviewed after 2 weeks of immobilization. A daily diary was used during immobilization to assess pain, resumption of normal activity of the child, and parental satisfaction. Pain was assessed using a 100-mm visual analog scale.

RESULTS: Fifty patients were enrolled, of whom 27 were randomized to a slab and 23 were randomized to a collar and cuff. Immobilization in a slab was associated with a reduction in time to resumption of normal activity, while immobilized in the device, with a median of 2.0 days (interquartile range [IQR], 1.0-5.0 days) versus 7.0 days (IQR, 3.0-13.0 days; $P = 0.01$). For the slab group, the median duration of pain was 4.0 days (IQR, 1-8.0 days) versus 6.0 days (IQR, 5.0-9.5 days) for the collar and cuff group ($P = 0.07$). Median daily pain severity was 28 mm for the slab group versus 33 mm for the collar and cuff group ($P = 0.21$). Moreover, 96% of parents in the slab group and 83% in the collar and cuff group would use the immobilization again ($P = 0.17$).

CONCLUSIONS: For supracondylar fractures, use of an above-elbow posterior slab produces shorter duration of pain and reduces the time taken to become active again.

(Pediatric Emergency Care. 2009 Jul;25(7):452-6)



IMPORTANT DATES

PAC Conference 2010 – September 2 - 4

AGM – September 4

IMPORTANT COURSE CHANGES

The Course Committee wishes to advise that scenarios taught on Australian courses will no longer include a candidate critique of another candidate. This change will apply as of the APLS Candidate Course to be held in Perth 9-11 April 2010.

The debrief should still:

- Use the format
- How did you think that went?
- Tell us what went well
- Is there anything you could improve on/would do differently next time?
- Correct serious errors
- Ask the supporting instructor if they have any comments
- Ask the group if they have comments
- Close on a positive note with a balanced summary and clear “take home” messages.

A model that uses “Advocacy with Inquiry” will be considered for use in Australian courses during 2010.

A plan for implementing this model (which requires education and training) needs to be developed. Updates will be forwarded as they become available.

CAMBODIA: FIVE YEARS ON

In the late 1970s the Pol Pot regime destroyed most of Cambodia’s infrastructure, including its healthcare system. It has only been in the last decade that economic and political stability has begun to return, giving APLS Australia the chance to contribute to the redevelopment of Cambodia’s paediatric acute care health system.

During December 2009, the sixth APLS Provider course and third APLS Instructor course were held in Siem Reap at the Angkor Hospital for Children (AHC).

Thanks to the highly successful nature of the courses, and many Australian Instructors, APLS has become well-established in Cambodia’s developing paediatric health system as a pre-eminent paediatric resuscitation training and accreditation framework.

Now, at the beginning of 2010, there are 140 accredited APLS Providers, 9 fully qualified Instructors and 15 Instructor Candidates. This is a critical mass for APLS in Cambodia to become self-sustainable, and look to the creation of its own franchise. Faculties are now approaching 100% Khmer, with two local Course Directors each having completed their first Director Candidacy.

From here, we are looking to accredit Khmer Instructors to teach on the Instructor courses, and to obtain approval from the Cambodian Ministry of Health, for APLS to be the officially recognised standard for paediatric resuscitation training in Cambodia.

We continue to require assistance from APLS Instructors in Cambodia, if you are interested, please contact Setthy Ung, supersetthy@hotmail.com.

For further information about Cambodia, please see the AHC website www.fwab.org.



FROM THE CEO

Welcome to another brand new year. As we settle back into our everyday schedules and routines it is a time to reflect on the achievements of the past twelve months, and then to look forward to what the next twelve may bring.

Already we have seen society come together to help support those in need after some devastating natural disasters including the Haiti earthquake on 12 January, the Madeira floods and mudslides on 20 February, and the disastrous earthquake in Chile on 27 February.

Emergency workers, medical teams and volunteers have been working tirelessly to ensure the best outcome, which led to the successful rescue and subsequent survival of many children even weeks after these events occurred.

Such outcomes highlight what can be achieved when communities band together to form a united front for humanity.

With that in mind, APLS has a busy year ahead! Due to the success of last year's Instructor Day, we are now enthusiastically planning the first ever PAC Conference, to be held from 2-4 September. We are excited to be back at the Hyatt, where we held the 2009 Instructor Day, and have organised a very special guest to address the group on our opening day.

The APLS Annual General Meeting (AGM) will also be held alongside the PAC Conference on 4 September at the Hyatt in Canberra. We are looking forward to seeing all of you there.

APLS hopes this year will be one of learning, productivity, and compassion for all.

Vanda Fortunato
APLS CEO

DO YOU HAVE ANY INTERESTING CLINICAL CASES?

Have you had any fascinating or challenging patients lately that you would like to discuss with a group of your peers but haven't had the chance?

The organising committee for the Paediatric Acute Care Conference 2010 is looking for interesting cases to present during an interactive session at our conference in September.

Cases can cover the full spectrum of paediatric illness or injury and will be presented by a senior APLS instructor to generate group discussion including input from an expert panel. This promises to be an interesting and entertaining session.

If you have any cases that you feel may be suitable we would love to hear from you. We would obviously need your involvement in providing all the information but you would not be required to present the case. You may wish to be acknowledged or remain anonymous!

Please consider this opportunity to be involved and email the APLS office – vanda.fortunato@apls.org.au a very brief description of any potential cases. You will then be contacted to provide further details as required.

NEW AND EXCITING ADDITION TO KITS

What better way is there to get rid of all the chocolate Easter eggs sitting in our kitchen, than to share it with others over a coffee!

Following the Easter period, all Instructor kits will contain Coffee Machines!

This will be very useful over the coming cooler months to help you stay warm during winter, and to keep you alert during courses!

STAFF CHANGES

Two staff members have left us since the start of the New Year to pursue other experiences:

- Helen Berkeley-Kelly, who most of you know has provided many years of service at APLS, is leaving us to take on a new role with the Queensland Health Department.
- Usha Gokhool, who has been with us for 2 years in the Melbourne office, has departed APLS and Australia to head back home to Mauritius.

We thank them for their support and efforts while working with us, and wish them all the very best for the future in whatever path they may choose.



Advanced Paediatric
Life Support

59 Victoria Parade, Collingwood, VIC 3066
P 03 9412 9222 F 03 9415 9622 E info@apls.org.au
www.apls.org.au