2008 Course on Neonatal and Pediatric Critical Care Transport Medicine
Sponsored by the AAP Section on Transport Medicine

OCTOBER 12–14, 2008 | BOSTON, MA
Held in conjunction with the AAP National Conference & Exhibition

Renowned faculty will lead you through discussion panels and case-based sessions with specialized clinical and administrative tracks on:

- therapeutic interventions for brain injury
- the latest research on neonatal and pediatric transport
- innovations in high-risk “outborn” deliveries
- plus S.T.A.B.L.E. cardiac module
Schedule of Events

Sunday, October 12, 2008

10:00 AM exhibits in transport medicine Row in Exhibit Hall Available
1:00 PM Welcome and Section Business Meeting
1:15 PM Plenary: Brain Cooling in High Risk Infants - Would Cooling During Transport Improve Outcome? (Perlman)
2:00 PM Scientific Session - Abstract Presentations (Insoft & Klein)
3:00 PM Break
3:15 PM Plenary: Early Management of the Child with a Severe Brain Injury (Kernie)
4:00 PM Scientific Session - Abstract Presentations & Awards (Insoft & Klein)
5:00 PM Welcome Reception in Exhibit Hall - President's Reception
6:00 PM Adjournment

Monday, October 13, 2008

7:30 AM Continental Breakfast & Course Registration
8:00 AM Welcome
8:15 AM Plenary: Surveying the Workforce of Transport Teams (Karlsen)
9:15 AM Panel Discussion: Team composition - Accomplishing the goal of safely moving patients (Karlsen, Price Douglas, Lowe, Crawford, Marasco)
10:15 AM Break
10:30 AM Choose from the following:
   CLINICAL TRACK BREAKOUT
   • Ethical Dilemmas in Transport (Burns)
   • Newborn Case Reviews (Romito/Whyte)
   ADMIN TRACK BREAKOUT
   • So You Think Your Team Is Competent... How Do You Know? (Trautman)
   • Developing a Communications Center (Schwartz)
11:30 AM Break
11:45 AM Choose from the following:
   CLINICAL TRACK BREAKOUT
   • Ethical Dilemmas in Transport (Burns)
   • Newborn Case Reviews (Romito/Whyte)
   ADMIN TRACK BREAKOUT
   • So You Think Your Team Is Competent... How Do You Know? (Trautman)
   • Developing a Communications Center (Schwartz)

Tuesday, October 14, 2008

7:30 AM Breakfast
8:00 AM Announcements
8:15 AM Plenary: Should Neonatal Transport Teams Attend Deliveries of High Risk “Outborn” Infants? (Whyte)
10:15 AM Break
10:30 AM Panel Discussion: How Are We Doing: Let the Referring Physicians and Parents Tell All! (Insoft)
12:00 PM Closing Remarks and Adjournment

12:45 PM Break for Lunch & Exhibits - Transport Medicine Row in Exhibit Hall
2:45 PM Plenary: The Pediatrician and Disaster Preparedness (Chung)
3:45 PM Break
4:00 PM Choose from the following:
   CLINICAL TRACK BREAKOUT
   • Cardiac Cases (Kleinman)
   • Transporting Critically Ill and Injured Pediatric Patients - Not the Usual Transport (Abramo/Crawford)
   ADMIN TRACK BREAKOUT
   • Marketing Your Team: Outreach Education & More (Klein)
   • Developing & Managing a Transport Program for Competing Health Systems (Price Douglas)

OPTIONAL SESSION
STABLE Cardiac Module (4:00 PM until 7:00 PM) - must participate in entire session (Karlsen)
5:00 PM Break
5:15 PM Choose from the following:
   CLINICAL TRACK BREAKOUT
   • Cardiac Cases (Kleinman)
   • Transporting Critically Ill and Injured Pediatric Patients - Not the Usual Transport (Abramo/Crawford)
   ADMIN TRACK BREAKOUT
   • Marketing Your Team: Outreach Education & More (Klein)
   • Developing & Managing a Transport Program for Competing Health Systems (Price Douglas)

6:15 PM Adjournment (7:00 PM for STABLE participants)
Course Overview

SUNDAY, OCTOBER 10
The Section on Transport Medicine will be hosting the bi-annual Course on Neonatal and Pediatric Critical Care Transport Medicine in conjunction with its academic and scientific program. Through the Transport Course the Section assembles people from diverse regions, disciplines, and practice settings to learn and share their expertise in the challenging field of neonatal and pediatric transport medicine. The conference will open with the Section’s scientific and academic program. The primary focus of the plenaries will be therapeutic interventions for brain injury. Abstracts on the latest neonatal and pediatric transport research will also be presented. A reception welcoming attendees will round out the day.

MONDAY, OCTOBER 11
Specialty trained transport teams develop unique skills for extending advanced care to patients during transfer. These teams working with specialized centers and referring pediatricians create a vital continuum of patient care and pediatric community education. The second day of the conference will include multiple aspects of neonatal and pediatric transport medicine. Highlights include a presentation on the workforce of transport teams, a panel discussion on team composition, and a plenary on the role of the pediatrician in disaster preparedness. Breakout sessions will be divided into two tracks: a clinical track featuring sessions on ethical dilemmas, NICU cases, cardiac cases, critically ill and injured patients; and an administrative track covering team competency, communications, outreach education, and program development.

And for the first time ever a mini-S.T.A.B.L.E. cardiac module workshop will also be offered. S.T.A.B.L.E. (sugar, temperature, airway, blood pressure, lab work, and emotional support) is the first neonatal continuing education program that focuses exclusively on the post-resuscitation/pre-transport stabilization care of sick newborns.

TUESDAY, OCTOBER 12
The final day of the conference will offer a plenary on transport teams attending high-risk “outborn” deliveries, one on new technologies and innovations, and a lively panel discussion with referring physicians and parents.

Plenary Session Descriptions

BRAIN COOLING IN HIGH RISK INFANTS – WOULD COOLING DURING TRANSPORT IMPROVE OUTCOME?
Neurodevelopment outcomes for infants with acute hypoxic-ischemic injury may be improved by early initiation of cranial or systemic cooling. Patient selection and the timing of intervention are important determinants of outcome. This session will review the rationale for cooling of infants at risk for perinatal hypoxic ischemic injury as well as the outcomes of infants subjected to either selective head or systemic cooling. Finally will discuss how to manage such infants during transport.
Faculty: Jeffrey Perlman, M D , FAAP

EARLY MANAGEMENT OF THE CHILD WITH A SEVERE BRAIN INJURY
Mortality rates following severe brain injuries in children continue to decline, though the associated long-term neurologic morbidity is becoming increasingly more apparent. We will discuss emerging strategies aimed at neuroprotection during the initial stabilization of children following traumatic and hypoxic brain injuries.
Faculty: Steven Kernie, M D , FAAP

SURVEYING THE WORKFORCE OF TRANSPORT TEAMS
Results of a comprehensive survey of neonatal and pediatric specialty transport teams including management structure, personnel and services provided.
Faculty: Kristine Karlsen, N P
General Course Information

THE PEDIATRICIAN AND DISASTER PREPAREDNESS
This session will explore topics of self-preparedness vulnerabilities in children with regards to: biological, chemical, nuclear agents, and natural disasters; challenges in pediatric population during and after disasters; specific planning for pediatrics and the role of pediatricians in developing disaster plans; and the role of pediatric transport teams in planning and disaster-related activity both in and out of our hospitals.
Faculty: Sarita Chung, M D , FAAP

SHOULD NEONATAL TRANSPORT TEAMS ATTEND DELIVERIES OF HIGH RISK “OUTBORN” INFANTS?
Delivery room outcomes of high risk neonates are improved when deliveries occur in referral centers. Can these benefits be achieved when transport teams trained in delivery room resuscitation attend outborn deliveries?
Faculty: Hilary Whyte, M D

NEW TECHNOLOGIES FOR TRANSPORT: INNOVATION AT HEART
Innovative technologies are becoming available for use in the transport settings. Will there be benefits to our patients?
Faculty: Thomas Abramo, M D , FAAP

Panel Discussion Descriptions

TEAM COMPOSITION – ACCOMPLISHING THE GOAL OF SAFELY MOVING PATIENTS
Transport team members from varied disciplines share the organization and division of responsibilities on their teams.
Faculty: Lowell Crawford RRT, NREMT-P; Kristine Karlsen, NP; Calvin Lowe, M D , FAAP; Webra Price Douglas, RN, PhD; Margaret Marasco RNC, MS, CPNP/NNP

HOW ARE WE DOING: LET THE REFERRING PHYSICIANS AND PARENTS TELL ALL!
This panel discussion will include transport managers, referring physicians and parents whose newborns/children required critical care transport. The audience will have opportunity to discuss with the panelists as to what transport teams need to do to be effective.
Faculty: Robert Insoft, M D , FAAP

Clinical Track Breakout

NEWBORN CASE REVIEWS
Facilitated discussion and problem solving of challenging neonatal transport cases.
Faculty: Janice Romito, RN C, M SN, NNP; Hilary Whyte, M D

CARDIAC CASES
Description: This interactive session will permit attendees to participate in case discussions and review of pathophysiology and management of pediatric patients with heart disease.
Faculty: Monica Kleinman, M D , FAAP

TRANSPORTING CRITICALLY ILL AND INJURED PEDIATRIC PATIENTS – NOT THE USUAL TRANSPORT
Description: Facilitated discussion, problem solving and management strategies for pediatric patients with respiratory failure.
Faculty: Thomas Abramo, M D , FAAP; Lowell Crawford RRT, NREMT-P

ETHICAL DILEMMAS IN TRANSPORT
Description: Facilitated discussion of ethical challenges encountered in the transport setting: patients, families, referring hospital staff and scientific investigation.
Faculty: Jeffrey Burns, M D , MPH, FAAP

Administrative Track Breakout

MARKETING YOUR TEAM: OUTREACH EDUCATION & MORE
An interactive session – with, hopefully, significant audience participation – in which we discuss various ways to foster relationships with referrers, increase the number of transports, and even improve pre-transport care.
Faculty: Bruce Klein, M D , FAAP

SO YOU THINK YOUR TEAM IS COMPETENT... HOW DO YOU KNOW?
Training, assessing and monitoring your team’s competency. How do we do this? Sharing ideas and strategies for critical review.
Faculty: Michael Trautman, M D , FAAP

DEVELOPING A COMMUNICATIONS CENTER
Communication is a cornerstone of transport team activity. Explore ways assessing and developing a communication center to meet the needs of your team.
Faculty: Hamilton Schwartz, M D , FAAP

DEVELOPING & MANAGING A TRANSPORT PROGRAM FOR COMPETING HEALTH SYSTEMS
Review the unique opportunity and challenges encountered when establishing a regional transport team to serve the needs of multiple hospital systems – another lesson in diplomacy.
Faculty: Webra Price Douglas, RN, PhD
## Faculty

### Director
- **Sherrie Hauft, MD, FAAP**  
  St. Louis, Missouri  
  Medical Director  
  Neonatal and Pediatric Transport Team  
  St. Louis Children's Hospital

### Co-Director
- **Michele Moss, MD, FAAP**  
  Little Rock, Arkansas  
  Medical Director  
  Pediatric Transport Service  
  Arkansas Children's Hospital

### Co-Director
- **Janice Romito, RNC, MSN, NNP**  
  El Paso, Texas  
  Advanced Practice Nursing Director  
  Neonatal Services  
  Pediatric Medical Group

### Section Chairperson
- **Robert Insoft, MD, FAAP**  
  Boston, Massachusetts  
  Medical Director  
  Newborn Intensive Care Unit & Neonatal Respiratory Therapy  
  Brigham & Women's Hospital

### Medical Director
- **Thomas Abrams, MD, FAAP**  
  Nashville, Tennessee  
  Pediatric Emergency Medicine Medical Director, Pediatric Emergency Department  
  Medical Director, Pediatric Transport  
  Pediatric Emergency Physician in Chief  
  Vanderbilt Children's Hospital

### Section Chairperson
- **Jeffrey Burns, MD, MPH, FAAP**  
  Boston, Massachusetts  
  Chief, Division of Critical Care Medicine  
  Director, Medical/Surgical Intensive Care Unit  
  Edward & Barbara Shapiro Chair of Critical Care Medicine  
  Children's Hospital Boston

### Medical Director
- **Sarita Chung, MD, FAAP**  
  Boston, Massachusetts  
  Division of Emergency Medicine  
  Children's Hospital Boston

### Respiratory Therapist
- **Lowell Crawford RRT, NREMT-P**  
  Dallas, Texas  
  Respiratory Therapist  
  Children's Medical Center of Dallas

### Neonatal Nurse Practitioner
- **Kristine Karlson, PhD, APRN**  
  Park City, Utah  
  Neonatal Nurse Practitioner  
  Founder, Author, National Program Director, President  
  S.T.A.B.L.E., Inc.

### Medical Director
- **Steven Kernie, MD, FAAP**  
  Dallas, Texas  
  Director  
  Perot Family Center for Brain and Nerve Injuries  
  Children's Medical Center Dallas

### Medical Director
- **Bruce Klein, MD, FAAP**  
  Washington, DC  
  Chief, Division of Transport Medicine  
  Children's National Medical Center

### Medical Director
- **Monica Kleinman, MD, FAAP**  
  Boston, Massachusetts  
  Medical Director, Transport Program  
  Medical Director, Pediatric Advanced Life Support  
  Medical Director, Pediatric Basic Life Support  
  Children's Hospital Boston

### Medical Director
- **Calvin Lowe, MD, FAAP**  
  Los Angeles, California  
  Medical Director  
  Children's Emergency Transport Team  
  Children's Hospital Los Angeles

### Medical Director
- **Margaret Marasco RNC, MS, CPNP/NPN**  
  Rochester, New York  
  Pediatric/Neonatal Nurse Practitioner, Neonatal Intensive Care Unit  
  Transport Coordinator, Neonatal Transport Team  
  Golisano Children's Hospital at Strong

### Medical Director
- **Jeffrey Perlman, MD, FAAP**  
  New York, New York  
  Division Chief  
  Newborn Medicine  
  New York Presbyterian Hospital

### Medical Director
- **Webra Price Douglas, RN, PhD**  
  Baltimore, Maryland  
  Transport Coordinator  
  Maryland Regional Neonatal Transport Program - Collaborative Neonatal Transport Program  
  University of Maryland Medical System and Johns Hopkins Hospital

### Medical Director
- **Hamilton Schwartz, MD, FAAP**  
  Cincinnati, Ohio  
  Medical Director, Statline  
  Medical Director, Cincinnati Children's Critical Care Transport Team  
  Cincinnati Children's Hospital Medical Center

### Medical Director
- **Michael Trautman, MD, FAAP**  
  Indianapolis, Indiana  
  Medical Director, Neonatal and Pediatric Transport Program  
  James Whitcomb Riley Hospital for Children

### Staff Neonatologist
- **Hilary Whyte, MD**  
  Toronto, Ontario (Canada)  
  Staff Neonatologist  
  The Hospital for Sick Children, Toronto, Ontario
Registration

The Course is being held in conjunction with the 2008 AAP National Conference & Exhibition (NCE). All Course attendees must register for the NCE in order to participate. To obtain 2008 NCE registration and hotel forms, visit www.AAPxperience.org/CCMT or call 866/TH-E-AAP1 (866/843-2271). Advance registration is open June 2 through August 29, 2008. On-site registration rates apply August 30 through October 14, 2008.

Fees

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<th>TRANSPORT COURSE</th>
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<td>Plus NCE fees listed below</td>
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<tr>
<td><strong>AAP MEMBERS</strong></td>
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<td>Fellows &amp; Members</td>
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<tr>
<td>Allied Health Professionals</td>
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Exhibit Hours

Including a row of exhibits dedicated to transport medicine vendors.

**HYNES CONVENTION CENTER**

Saturday, October 11 ......................... 12:15 pm – 4:00 pm
Sunday, October 12 ............................ 10:00 am – 7:00 pm
Monday, October 13 ........................... 10:00 am – 2:00 pm

Continuing Medical Education (CME) Credit Designation

The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCM E) to provide continuing medical education for physicians. The AAP designates this educational activity for a maximum of 54 AMA PRA Category 1 Credit(s). Physicians should only claim credit commensurate with the extent of their participation in the activity. This activity is acceptable for a maximum of 54 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the AAP.

The American Academy of Physician Assistants accepts AMA PRA Category 1 Credit(s) from organizations accredited by the ACCME. Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending. This program is approved for 54 NAPNA P credit hours, pharmacology (Rx) contact hours to be determined per the National Association of Pediatric Nurse Practitioners Continuing Education Guidelines. AMA PRA Category 1 Credits are not designated for social events and identified sessions.

CLAIMING AMA PRA CATEGORY 1 CREDIT

A certificate of attendance and credit claim worksheet listing all educational sessions offered at the NCE and the number of CME credits available for each session is provided to you in a red envelope in your tote bag to assist in tracking your credits. Please keep your completed certificate of attendance for your records, even if you do not want to record AMA PRA Category 1 Credit on your AAP transcript.

RECORDING AMA PRA CATEGORY 1 CREDIT

As a member or PediaLink® subscriber, you have the option of logging onto PediaLink® to record your AMA PRA Category 1 Credits on your AAP transcript. If you have not already done so, you may activate your PediaLink® subscription by logging on to www.pedialink.org. It is your responsibility to record your credits on your AAP transcript. Nonmembers will receive instructions regarding claiming credit on site in specially marked red envelopes in official NCE tote bags.

S.T.A.B.L.E. Cardiac Module

The S.T.A.B.L.E. Cardiac Module provides general guidelines for the assessment and immediate stabilization of neonates with suspected congenital heart disease (CHD). Prompt, effective, and appropriate care for neonates with severe CHD can reduce secondary organ damage, improve short and long-term outcomes, and reduce morbidity and mortality. This highly visual, fast-paced session will include cyanotic ductal dependent, cyanotic non-ductal dependent, and left outflow tract obstructed ductal dependent lesions.

Information

For information on the AAP Section on Transport Medicine, please contact:

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