NURSING PRESENTATIONS

Sp 18

Haematological emergencies and the early warning score tool for nurses

Dana Parness

This talk will focus on major hematological emergencies, and the nurse's role in recognizing the red flags, responding acutely and treating, while educating the next generation

I will discuss three main hematological emergencies using real life clinical cases, to review the relevant classification scores, risk factors, and treatment approach- enabling better understanding of the nurse's role in early diagnosis and treatment

TLS-tumor lysis syndrome- Recognizing patients at risk for TLS, and monitoring them for early signs of TLS, while applying prevention strategies, such as Allopurinol and hydration for high-risk patients. Using the Cairo Bishop classification score for definite diagnosis, using clinical and laboratory data. We will further discuss, how to best monitor and treat patients with established TLS, as recommended by the latest guidelines, through the different clinical cases presented.

SVCS- superior vena cava syndrome

We will discuss the myriad of symptoms and signs pointing to SVC syndrome, the different risk factors, and etiologies, as well as the differential diagnosis and approach to establishing a definite diagnosis. As abovementioned, using clinical cases we will discuss the updated approach to diagnosis and treatment, focusing on the nurse's crucial role in prevention and early response and management

Neutropenia fever-sepsis

Viewing this crucial subject in treating hematological patients, we will discuss in depth the definitions of neutropenia, and the different scores used to delineate sepsis, septic shock and severe shock. We will then continue to case studies, exploring the approach, to the febrile neutropenic patient- starting from the basic management, eg hemodynamic monitoring, fluid resuscitation, laboratory workup. Thereafter, we will continue to practice early signs of sepsis and grades of shock, then covering in brief the diagnostic possibilities and various treatment regimens available, by clinical, laboratory and imaging studies, stressing the importance of thorough physical exam, blood cultures, early initiation of broad-spectrum antibiotics, and adequate fluid balance. To summarize this subject, we will discuss different strategies for prevention of sepsis, and the crucial role of the nurse team in diagnosing, treating and preventing complications

We will close the meeting, with a summary of the abovementioned subjects, emphasizing the importance of the nurse's role in every patient case- whether by frequent monitoring, attention to subtle changes or by creating close and trusting relationships with the patients and their caregivers, all of which enable early recognition and intervention, crucial to the lives of our patients.

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Sp 19

How to COVID pandemic changed clinical practice

Medine Yılmaz

The corona virus disease (COVID) 19 pandemic has affected the entire health system and the delivery of health services. This influence has brought about the change in clinical practices. Nurses are essential in the fight against the patient care, COVID 19. The management of COVID 19 has shown some differences according to the countries' health systems and health manpower. In this context, this presentation talk will focus on the reflections of the COVID 19 pandemic on clinical practices in Turkey.

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PEDIATRIC PRESENTATIONS

Sp 09

Congenital neutropenias: Türkish Registry

Deniz Yılmaz Karapınar

Severe congenital neutropenia is a rare disease, and autosomal dominantly inherited. ELANE mutation is the most frequently observed genetic defect in the registries from North America and Western Europe. However, in eastern countries where consanguineous marriages are common, autosomal recessive forms might be more frequent.

Two hundred and sixteen patients with severe congenital neutropenia from 28 different pediatric centers in Turkey were registered. Patients inclusion and exclusion strategies apre shown in Figure-1.

The most frequently observed mutation was HAX1 mutation (n = 78, 36.1%). A heterozygous ELANE mutation was detected in 29 patients (13.4%) in our cohort. Biallelic mutations of G6PC3 (n = 9, 4.3%), CSF3R (n = 6, 2.9%), and JAGN1 (n = 2, 1%) were also observed (Table 1). Eighty seven percent of HAX1 mutations were detected in the same point of p.

Table 1 – Congenital Neutropenia mutations and their frequencies in the Turkish Severe Congenital Neutropenia Registry

Mutation analyses	n(%)
HAX1 (+)	78(36.1)
ELANE (+)	29(13.4)
G6PC3 (+)	9(4.2)
CSF3R (+)	6(2.8)
JAGN1 (+)	2(1)
ELANE-/HAX1-	23(10.6)
ELANE-/HAX1-/G6PC3-	20(9.3)
ELANE-/HAX1-/G6PC3-/JAGN1-/CSF3R-	22(10.2)
GSDtype 1b	5(2.3)
SBDS	3(1.4)
No genetic testing performed	19 (8.8)