

36th Global Experts Meeting on

Neonatal Nursing and Maternal Healthcare

August 11-12, 2022 | Webinar



NEONATAL NURSING CONGRESS 2022

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Volume: 08

How to make a universally defined definition of 'fever' and 'hyperthermia'

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Today, fever is defined as a temperature of 38 degrees Celsius (100.40 F). The same temperature is used to determine hyperthermia. The only common sign of fever and hyperthermia is a temperature above 38 degrees.

Fever and hyperthermia are treated by lowering the temperature because there is no distinction between fever and hyperthermia.

Therefore, no specific definition, diagnosis, or treatment is required to distinguish between the two.

Researchers agree that fever, and 'hyperthermia', are not yet universally defined¹ and that there is no basic knowledge of fever in the modern medical literature².

1. There is a difference between fever and the temperature of fever. Temperature of fever is only a part of the fever. The temperature does not rise at the beginning of the fever and at the end of the fever.

There is a difference between fever and the temperature of fever, symptoms of fever and symptoms of hyperthermia, and signs of fever and signs of hyperthermia, actions of fever, and actions of hyperthermia. There are no similarities between these.

2. But there is no similarity between what happens when there is a fever and what happens when there is hyperthermia, and they are contradictory.

3. There is a sharp difference between symptoms, signs and actions of fever and hyperthermia. There is no similarity between these.

4. Hyperthermia cannot be created by substances that cause fever. Nor can fever be created by hot substances that cause hyperthermia.

5. Fever cannot be created by heat-inducing substances. Fever can be created by heat-reducing materials. In Tamil Nadu, the practice of "Thalaikku oothal" is the practice of killing a person by creating fever.

Fever never shows symptoms, signs and actions of hyperthermia. At the same time all the symptoms and signs of hypothermia can be seen in fever too. That means there is a common basic science behind these phenomena.

Biography

A practicing physician in the field of healthcare in the state of Kerala in India for the last 34 years and very much interested in basic research. My interest is spread across the fever, inflammation and back pain. I am a writer. I already printed and published Ten books on these subjects. I wrote hundreds of articles in various magazines. After scientific studies, we have developed 8000 affirmative cross checking questions. It can explain all queries related to fever.

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Addressing cell phone addiction in pediatric primary care

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The overuse of varied electronic devices, in particular the cell phone, adds to an increasing concern for potential harm for children's health. The cell phone, or "smartphone" with accessorized capabilities, has become an especially important mobile access point to the internet among American children. A 2015 Pew Research report found that 73% of 13 to 17 year olds had their own smart phones or had access to one, and 24% said they were online "almost constantly" (Homayoun, 2018). A 2016 survey found that half of teenagers felt addicted to their devices, and 78% checked their devices on an hourly basis at minimum (Homayoun, 2018). Seventy-two percent of teens reported they felt pressured to respond immediately to texts, notifications and social media messaging (Homayoun, 2018). Likewise, a recent 2018 international survey discovered that 32% of children felt unimportant and felt a need to compete with technology for their parents' attention when their parents were distracted by their own cell phone use (Sturm-Niz, 2018). Researchers have dubbed this phenomenon "technoference" in parent's relationships with their children, alluding that everyday interactions were interrupted by mobile or digital device use (Vomiero, 2018). Although there is currently no official medical recognition of "cell phone addiction" as a disease or disorder, the term ascribes to obsessive behaviors that alter the course of daily activities in a way that mirrors patterns similar to substance abuse (Homayoun, 2018). The education of parents to monitor, limit, and role-model appropriate cell phone use may be a protective mechanism for their children. Pediatric health care providers play an integral role screening for social and emotional risks with the overuse of technology impacting pediatric clients and their families.

Biography

Susan Solecki, is an associate clinical professor in the college of nursing and health professions at Drexel University in Philadelphia. She is board certified as both a family and pediatric nurse practitioner by the American Nurses Credentialing Center (ANCC). She has thirty-five years of varied experience as a clinician, mentor, and preceptor in the areas of pediatrics, women's health, adult health, and occupational health. She maintains current clinical practice at an outpatient pediatric office in Philadelphia. She has attained her doctorate in the DrPH Program in community health and prevention in the School of public health at Drexel University with her research focusing on violence in the adolescent population. She is a member of the National Association of Pediatric Nurse Practitioners (NAPNAP), National Organization of Nurse Practitioner Faculties (NONPF), and Sigma Theta Tau International (STTI).

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Changes in sexual behaviors due to the utilization of PrEP as a preventive method for the transmission of HIV

Michael Dean Kaltenbach

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According to The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), approximately 33.4 million individuals throughout the world have been affected by HIV/AIDS in the last 30 years or so (Bonacquisti & Geller, 2013). The medication, Truvada, otherwise known as PrEP, has been introduced to serve as a harm reduction technique to combat the spread of HIV infection. PrEP is an antiretroviral drug that lowers the risk of HIV exposure. This is a qualitative study examining the sexual behaviors of gay and bisexual men prescribed PrEP as a preventive method for the transmission of HIV. I (Michael Dean Kaltenbach) conducted 30 semi-structured in-depth interviews of people who had been prescribed PrEP for at least 30 days in three cities: Los Angeles, Philadelphia, and New York City. The results indicate that contextual factors shaped the sexual behaviors of participants on PrEP, leading them to lower risk at times, and elevate it at others. PrEP caused individuals to experience changes within their communication patterns with their medical providers and their sexual partners. The results shed light on the way people on PrEP engage in sexual and health-seeking behaviors and help to develop a blueprint for the way service providers engage with this community.

Biography

Michael Dean Kaltenbach is a part-time lecturer at Rutgers University School of social work, teaching a course in human behavior in the social environment. He has previously taught Bachelor of Social Work (BSW) and Master of Social Work (MSW) level courses in crisis intervention and brief therapy, introduction to social welfare / human services, communication in social work practice, human behavior and the social environment, and emotional disorders in childhood and adolescents at Temple University and the University of Southern California.

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Harnessing nurse's experience and characteristics to advance medical technologies and innovation

Edith Bianchi

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Nurses are one of the human resources that are always in high demand as a tremendously important part of any healthcare establishment. It is a global phenomenon that has even taken its expression in special immigration schemes for nurses to countries striving for skilled work labor in this sector. There is another aspect of nursing that was overlooked for many years and recently is fewer disregards. That is the fact that nurses unique characteristics and experience may have a valuable contribution for technological and structural break throughs. With nurses being constantly in touch with patients, medical technologies and treatments routines, they seem to know best where challenges lay and often may even have a concrete direction for potential solution of a specific challenge. There are some excellent examples in which nurses took part in products development, resulting in not only a better design and functionality of the product but also with a more rapid adoption and implementation by the medical staff. Moreover, the nurses' continuous need to provide care under extremely challenging conditions and shortness of staff, seem to be another factor that contributes to nurses' resourcefulness and initiative to creatively approach daily challenges. Such features are turning this workforce population into a voice that should be getting the appropriate attention. Indeed, some commercial entities as well as hospitals have recognized their valuable perspective and have structured programs aiming to facilitate and encourage nurses' innovation. However, as logical as it may be, such initiatives are often not taking off due to several factors. Hence, opportunities for improvements that may create value for the nurses as well as the whole healthcare ecosystems and eventually the patients, are missed. Governments as well as commercial entities need to embrace the understanding of how important it is to let nurses voice be heard. A supportive and tailored structure needs to form in order to overcome obstacles that prevent nurses from cooperating.

Biography

Edith Bianchi is a senior global business development expert, specializing in the medical device industry. She has an impressive and quite extraordinary multi-disciplinary background and qualifications. Those are combining both clinical records as a CRA and registered nurse with CICU experience, as well as strong business management orientation with an MBA degree from University of Derby. She has a long track international record in medical device firms and was a key person in little meaningful strategic cooperation between major global players in the industry. She has proactively raised initiatives such as International group-Nurses Lead Technology, and continuously advocates for patients, medical staff and biomedical companies.

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Survivorship care in cancer: An imperative for nurses

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The cadre of individuals who are living after a diagnosis of cancer is growing steadily. In developed countries, as many as 78% of pediatric patients are alive five years following diagnosis, as are 60% of adult patients. With the anticipated increase in the incidence of cancer around the world and the success of treatment approaches, it is anticipated this cadre will continue to grow. Unfortunately, cancer survivorship does not come without cost. It is becoming increasingly evident there are late and long-term effects cancer survivors experience, both physical and psychosocial, that can compromise quality of life and increase the burden of suffering. As well, quality of life issues are different for survivors than for individuals at the point of diagnosis and treatment. Cancer survivors face a range of physical and psychosocial challenges. Up to 75% of survivors have health deficits related to their treatments, more than 50% live with chronic pain, 70% have experienced depression, and between 18% and 43% have reported emotional distress. Regardless of tumor type, there are commonly reported challenges: living with fear and uncertainty; changes in family roles; alterations in self-image and self-esteem; changes in comfort, physiological functioning and mobility; alterations in cognitive functioning; changes in employment and recreation; altered fertility and sexuality. Clearly, cancer survivors are a vulnerable population. New approaches are needed to overcome the barriers, cancer survivors experience and ensure they receive appropriate care. This presentation will highlight the challenges faced by cancer survivors and outline innovative approaches and nursing roles for providing care to this population.

Biography

Margaret I Fitch has a Bachelor's of nursing from Dalhousie University and Master's of science in nursing and Doctorate from University of Toronto. She is Professor (Adjunct) in the Lawrence S Bloomberg faculty of nursing and professor in the school of graduate studies at the University of Toronto. She is the Editor-in-Chief for the Canadian Oncology Nursing Journal. She maintains a research program in supportive cancer care. She was the founding president of the Canadian Association of Nurses in Oncology and served as the president of the International society of nurses in cancer care.

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