

Paediatric Study Group report – 2009

The last meeting was at Noosa in March. The chair and nursing representatives were all re-elected, and nursing representation from each unit was introduced. Many PSG members participated in the full CTG meeting, with particular interest in the InFACT presentation by Steve Webb, since paediatrics has a great deal to gain from international collaboration because of our small scale.

Ongoing studies discussed were as follows.

Aminophylline

This is a randomised, controlled trial (RCT) of aminophylline for bronchiolitis, funded by the ANZICS foundation. Problems of access to advice from study personnel, study drug funding and pathology costs are being addressed, including using a roster posted on a study website, and the application for supplemental funding. The study has recently recommenced, and hopefully will be completed by the end of next winter.

Central venous catheter audit

This was a six-month, prospective observational study of all central venous catheters in PICUs to determine their number, type, duration and incidences of catheter-related blood stream infection (CRBSI) and clinical thrombosis. A pilot randomised controlled trial of intravenous heparin is planned for two or three sites.

HITBIC

Recruitment for the pilot has now reached 42 of the target 50, and should be finished early next year. The proportion enrolled of those screened is lower than the Canadian HYPHIT study, with regional variation in consent rates. Once the pilot is complete, the protocol will be reviewed and revised for the full study. The chief investigator, John Beca, will be applying for NHMRC funding. Negotiations are underway with Canadian and US colleagues to expand to an international study.

Proposed studies

SAFE-EPIC

This is a point prevalence study of the degree to which the findings of the SAFE (saline versus albumin fluid evaluation) study has been translated into practice, and to detect the degree of national or regional variation in practice. Colleagues from the CTG are co-investigators and we will be working with the George Institute for data management. The study will be international in scope, to investigate regional variations in practice as opposed to patient factors. The ANZICS Foundation will be approached for funding.

Others

Studies of renal replacement therapy and pertussis management have been discussed and will require surveys of practice. Monash Medical Centre in Victoria has approached us for collaborating on a linkage study on transfusions.

The current H1N1 influenza pandemic has prompted the CTG (Steve Webb) and colleagues in other disciplines to apply for a NHMRC grant for a prospective, observational study, at short notice. The PSG is a member of the group, and we look forward to working with our adult CTG colleagues this winter.

ANZPIC Registry

The data collection and management process continues to evolve. The Registry now collects post-ICU hospital mortality data, which at first glance appears to be about 1%, but may be confounded by multiple PICU admissions. ECMO on admission (i.e. from cardiac theatre) versus started in PICU will now be differentiated. Audits have been done again by employing extra auditors, but since data have been good, the process may be reduced to every two years, and involve local auditors, rather than exchanging auditors between units. The Registry continues to produce outcome-based manuscripts. Lahn Straney, our PhD student, has produced a paper on risk-adjusted outcomes, and the PIM3 severity index has UK data to include.

Overall, the year ahead looks interesting for the group. We are taking small steps towards collaboration both internationally and with our adult colleagues, both long-held aspirations for the PSG.

Michael Yung, 18 June 2009