Ada Chan, DOM of PAM, PWH

HKPNA as Secretariat of Asia Pacific Paediatric Nurses Association (APPNA) joined the APPNA team of HK nurses attended the 5th Asia Pacific Congress of Paediatric Nursing (APCPN) organized by the APPNA, held on 22-24 January 2016, concurrently with the 15th Asia Pacific Congress of Pediatrics (APCP) and 53rd Annual Conference of Indian Academy of Pediatrics (PEDICON), held on 21-24 January 2016 in Pearl City of India – Hyderabad, jointly organized by Indian Academy of Pediatrics (IAP), and hosted by Twin Cities Branch of IAP. Hyderabad in Telangana is a beautiful city in India and being well known for its magnificence in terms of rich history, culture, monuments and heritage.

Theme of the Conference was “Child Health Priorities in the Post-MDG World”. (Post-MDG denotes the progress in eight critical development areas — Millennium Development Goals post 2015.) There were more than 20 expert speakers invited. The core speakers were renowned experts, namely Dr. Chan Chok Wan, Honorary President, The Asia Pacific Paediatric Association; Dr. Masako Kanai-pak, the 1st Vice President, International Council of Nurses and Ms. Fiona Smith, Professional Lead for Children’s and Young People’s Nursing, Royal College of Nursing, London, United Kingdom. Participants could broaden their horizons on child health, role of healthcare professionals and global child health.

There were two panel discussion sessions that provided the platform for trans-disciplinary team discussion and the topics were “Challenges and Issues in Paediatric Care from Birth to Adolescence”; “Advanced Nursing Practice in Paediatrics: What are the Benefits for Patients and Clinicians?” Panelists were doctors, nurses, midwives, educators, allied health professionals all-embracing maternal care to adolescent health. Concerns were not only focused on the child’s physical health, but also psychological status. Other child health challenges in Asia-Pacific of today including home care support and child abuse issues were also discussed. Both panelists and participants expressed their views and comments enthusiastically, covering clinical issues, right and equity, past to future. Their passion and advocacy for child health had been thoroughly demonstrated, despite all the difficulties mentioned.

Ms. Fiona Smith, Prof. Yumiko Nakamura and the HK participants at the entrance of conference hall.
The Conference revealed the importance of partnership between maternal, newborn and child health workers, as they are key players in global child health fighting the battle in child health priorities for our children. I recalled Dr. Chan CW’s concluding remarks that had enchanted the participants: “Children make up 20% of our population but represent 100% of our future and we really have to join in the powerful voice for our children.” By working together, we hope to become a group with powerful unified voice to speak up for our children of today and into the future!

Automated Peritoneal Dialysis Training Program in a Paediatric Nephrology Unit

Lee Wing Ki, RN, PAM, PMH

Being the sole Paediatric Nephrology Unit of Princess Margaret Hospital (PMH) of Hospital Authority (HA) in Hong Kong, our unit looks after children with end stage renal failure (ESRF) and provides dialysis and transplant service. Peritoneal dialysis (PD) is the preferred dialysis modality for paediatric patients with ESRF. Patients are deemed to have entered ESRF when their Glomerular Filtration Rate (GFR) falls below 15 ml/min/1.73m². Broadly speaking, there are two modalities of PD, namely, continuous ambulatory peritoneal dialysis (CAPD) and automated peritoneal dialysis (APD). CAPD is more commonly used in adults. It is a machine-free technique where the patient infuses the dialysate into the peritoneum, the fluid is then allowed to dwell for several hours during the day, and drained after the dwell. For APD, the main difference is that an electrical cycler helps with the infusion and drainage of the peritoneal dialysate. This allows dialysis to be conveniently performed at night.
In 2015, there were 32 paediatric patients suffering from ESRF requiring dialysis in our unit, with 22 patients undergoing APD. APD was preferred in paediatric nephrology patients because PD can be carried out during sleep nocturnally without disturbance of their daily life. We provide home APD training program to patients and family in our center. The APD machines are funded by Standard Chartered donation since 1996 and we are celebrating the 20-year anniversary of the APD program this year. About 100 patients have been benefited from this program in the last two decades and we hope to continue to improve our service.

In the APD training of each patient-carer pair, the renal nurse takes up the roles of both educator and assessor. A qualified APD trainer should have completed a qualified renal nurse training course. The APD training program lasts for six days, with five days for training and a day for assessment. The program provides information on concepts on PD, procedures, complications, trouble-shooting and Tenckhoff PD catheter exit site care. The nurse provides the basic information with the use of standardized training materials. Each procedure may be broken down into small learning units and taught separately before combining into the sequential order of steps for demonstration and returned demonstration. To ensure patient and carer are able to perform procedures accurately and safely at home, they must pass the APD program exit assessment before discharge. The renal nurse would also liaise with the PD Machine supplier to arrange home visit with the aim of assessing patient’s home environment and providing suggestion on hygiene, safety and organization of the home spacing for machine and PD fluid bags’ placement. Yearly reassessment on the dressing and procedure techniques will be arranged. Hotline service is provided for them to call back ward nurse or the supplier for support if any query in practice or machine operation issues respectively.

Being the APD program trainer, it is important to assess the learning abilities and progress of each learner. We should be able to identify their abilities and weaknesses and develop an individualized plan of training. From my experience, the most difficult part for them was the trouble shooting of the APD machine, thus provision of some scenarios for training will be helpful.

To ensure the standard of providing APD, we need to monitor the peritonitis and exit site infection rate, so as to review the effectiveness of the program. At the end of the program, trainees are invited to fill in the evaluation form and checked their satisfaction, we then take note of any areas for improvement. Although the APD program is labour intensive, it is worthwhile because this is the most comprehensive way to deliver the information on PD to our patients. We are hoping that our patients would enjoy better quality of life whilst awaiting kidney transplantation, which is the ultimate treatment for end stage renal disease.

Reference:
The Team Building and Strategic Planning Workshop

Ella Ma, Editorial Committee

The workshop was held on 12 December 2015 in Breakthrough Village, Shatin and was attended by 30 Board members and Committee members who were full of expectations to come out with some directions for HKPNA to move forward. The workshop commenced at 14:00 till 18:00. Dr Luk from Nethersole Institute of Continuing Holistic Health Education (NICHE) led us through different activities, starting from getting to know each other, then brainstorming ideas to explore the current situation of HKPNA. Problems were identified with the possible solutions and it was followed with BBQ dinner with mix and chat among the group.

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<tr>
<th>Problems identified</th>
<th>Possible Solution / Recommendation</th>
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<tr>
<td>1 Competition with other nursing / paediatric professional bodies on organizing courses</td>
<td>⚫ cooperation by coorganizing&lt;br&gt;⚫ providing more updated courses with greater varieties such as management course, simulation training, web based or online course, evidence based medicine, new skills workshop, psychosocial course.</td>
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<td>2 Decreasing number of active participating members</td>
<td>⚫ enhance engagement by organizing activities such as hiking, jogging, art workshop</td>
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<td>3 Decreasing number of new members</td>
<td>⚫ explore means such as facebook, appoint young coordinators, enrich the HKPNA homepage, to attract and enhance the engagement of the young nurses.</td>
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<tr>
<td>4 Unclear focus of mission</td>
<td>⚫ enhance professional image and mission of HKPNA via channels such as:&lt;br&gt;⚫ school involvement&lt;br&gt;⚫ volunteer work&lt;br&gt;⚫ charity work&lt;br&gt;⚫ NGO / community district&lt;br&gt;⚫ badge and T-shirt production&lt;br&gt;⚫ community health promotion activity</td>
</tr>
<tr>
<td>5 Unclear direction</td>
<td>⚫ survey of members’ opinion&lt;br&gt;⚫ enhance community involvement</td>
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<tr>
<td>6 Status quo, stagnant</td>
<td>⚫ organize more varieties of activities</td>
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Participants were excited and found the workshop fruitful with an opportunity to know other fellow workers for team building, and to learn from each other’s view and opinion on HKPNA and generously make suggestions for improvement. Group members were talented to bring forth their ideas of the ‘present’ HKPNA and their ‘dreams’ of the HKPNA-to-be via drawings. Ms Connie Wan, President, was grateful for members’ involvement and encouraged members to continue his/her contributions if elected in the coming new office 2016-2018 and to help actualize our thoughts of the HKPNA mission.
My First Seven Months in Paediatrics

Fung Wei Heng, RN, QMH

Time flies and I have been working in paediatric ward for seven months. Looking back everything that I had encountered in these seven months as a new graduate nurse, they were full of challenges, excitement and happiness. Due to lacking of exposure to paediatric care during my student years, I was unfamiliar with the diseases and nursing care of children. I still remembered the first time that I took care of a convulsive child. Being her case nurse for several times, I witnessed her condition going through the journey from being unstable to being controlled. Since I was inexperienced, I was so upset and feeling myself useless. However; when the girl was discharged, she gave me a hand-made flower with “Thank you for your care” written on it. Her mother also came to thank me for taking good care of her daughter during her hospitalization. Although she knew I was a junior nurse, she could feel my passion in caring patients. She encouraged me to continue to be a good nurse.

Establishing an effective communication between nurses and relatives was not easy. Further, developing a trustful relationship between the two parties was also challenging. I was grateful that the girl and her mother appreciated my care and were willing to trust me. Their words empowered me and boosted my confidence.

Obstacles always appear in my daily life, affecting my performance and emotion. Nevertheless, seeing the smile from children, hearing the thanks from them and their parents, and having the support from my colleagues; I felt the happiness and satisfaction in return. After these first seven months in a paediatric ward, I believe everything will be manageable.

The HKPNA Spring Dinner

Cheng Sau Wai, Editorial Committee

Spring dinner was held on 4 March 2016 at Golden Federal Restaurant in Nathan Road, Jordan. More than 134 guests and members filled up the banquet hall with 11 tables sharing the precious moment together to celebrate the Year of Monkey 2016. Members were greatly responsive and supportive. We had especially three young members from Prince of Wales Hospital as the Masters of Ceremony including one male nurse. Thanks for the thoughtful preparation for lucky draw with plenty of gifts and fun games from the Promotion Committee and our invited guests. We look forward to your presence at another joyous Spring Dinner of 2017.

HKPNA Activities

Members were showing HKPNA Facebook on their phone screens and won the game.
The Orbis’s annual charity walk: “Walk for Sight 2016” was held on 13 March 2016. It is aimed to raise funding for the visually impaired. In the past 16 years, Orbis has raised a total of over $32,000,000 in support of various global sight-saving initiatives. HKPNA donated $4500 for this event. Our team, consisting of 10 members joined the 6 km walk. Although the weather was a bit misty and cloudy, the warm philanthropic atmosphere has heated up the spirit of all the participants. With every step we took, HKPNA have contributed to restore those visually impaired people’s sight.

Professional Development Activities

**Neonatal Surgical Forum 2015** co-organized with Hong Kong Society of Paediatric Surgery was held on 27/2/2016 with attendance of 59.

**2nd Annual Scientific Meeting and Urodynamic Study Workshop** co-organized with Hong Kong Society of Paediatric Surgery was held on 19/3/2016 with attendance of 27 and 19 respectively.

Forthcoming Events

**Short Course of Metabolism in Paediatrics** will be held on 29/4, 13/5 and 26/5/2016 at Block M, G/F., Lecture theatre, Queen Elizabeth Hospital.

**Update Series on Child Health 2016** co-organized with the Hong Kong Paediatric society and the Hong Kong College of Paediatricians will be held on 28/5, 18/6, 16/7 and 13/8/2016 at the Jordan Valley St Joseph’s Catholic Primary School.

**8th World Congress on Paediatric Intensive and Critical Care** will be held 5-8 June, 2016 in Toronto, Canada [www.picc2016.com](http://www.picc2016.com)

**HKPNA 16th Annual General Meeting (AGM)** will be held on 17/6/2016.

**Short Course – Paediatric Emergency** will be held on 29/9, 6/10 and 27/10/2016 at Block M, G/F., Lecture theatre, Queen Elizabeth Hospital.

Renewal & Application of Membership

Registered and Enrolled nurses who have experience in paediatric care are welcome as members. Any nursing undergraduate and pupil nurse, of the universities and nursing schools, who has interest in paediatric nursing are also welcome.

Please complete the **Membership Application/Renewal Form** and return it to Ms Caroline Lee, Hon. Dep. Secretary, Ward B9, QEH, Gascoigne Road together with a cheque made payable to “Hong Kong Paediatric Nurses Association Ltd”. Application forms can be obtained from HKPNA Hospital Coordinators or downloaded from web site [http://www.hkpna.com.hk](http://www.hkpna.com.hk). Kindly fill in your email address when returning the completed form, so that we can keep you informed of the activity / course information updates.

Life Members are also welcome to update any personal particulars annually and furnish your email address using the same form.

Member’s Communication Channel

HKPNA treasures every idea and comment from members. Please forward your suggestions or input in writing to either the President, Ms Connie WAN at DOM (PAM) Office, KG34, QMH or the Hon. Secretary, Ms Ella Ma, ward PS, PMH. Besides, you can contact us via email address: hkpna@ymail.com

Submission to HKPNA Newsletter

The HKPNA Newsletter is published three times annually. Articles such as case studies, research findings, work reports, member’s views and ideas are welcome.

Each article is preferably no more than 250 words. Submit either the hard or electronic copy of full text and photographs with subtitles. Author name(s) and contact details should be included. It is the author’s responsibility to comply with patient privacy and data protection. Where necessary, informed consent should have been obtained before submission. The Editorial Committee reserves the right to select or reject the submitted article.

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<td>Chan Eugenie, QMH (Chief Editor)</td>
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