Abstract Outline Format

Research/Systematic Review/Meta Analysis Study:

ABSTRACT TITLE (BOLD, ALL CAPS, ARIAL 11)
Primary Author, Co Author 1, Co Author 2 (Underlined for presenting author, Arial 11, single spacing)
Affiliation/Institution (Arial 11, single spacing)

Objective (Arial 11, Bold)
Content (Arial 11, align justify, single spacing)

Method (Arial 11, Bold)
Content (Arial 11, align justify, single spacing)

Result (Arial 11, Bold)
Content (Arial 11, align justify, single spacing)

Conclusion (Arial 11, Bold)
Content (Arial 11, align justify, single spacing)

Case Report:

ABSTRACT TITLE (BOLD, ALL CAPS, ARIAL 11)
Primary Author, Co Author 1, Co Author 2 (Underlined for presenting author, Arial 11, single spacing)
Affiliation/Institution (Arial 11, single spacing)

Objective (Arial 11, Bold)
Content (Arial 11, align justify, single spacing)

Case (Arial 11, Bold)
Content (Arial 11, align justify, single spacing)

Conclusion (Arial 11, Bold)
Content (Arial 11, align justify, single spacing)

Research Abstract Sample

FACTORS INFLUENCING OUTCOME OF NEONATES WITH PERINATAL ASPHYXIA IN NEONATAL INTENSIVE CARE UNIT (NICU) AT RUTENG GENERAL HOSPITAL

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Objective
Asphyxia is the second lead cause of neonatal death in Indonesia. Perinatal asphyxia is defined as the inability of a new-born baby to start and maintain adequate respiration soon after being born. Several factors including factors from the baby, the mother, the placenta and the delivery method can cause asphyxia in newborns. This study aimed to determine factors associated with the prevalence of neonatal asphyxia and neonatal mortality caused by asphyxia in Ruteng General Hospital.

Method
This study used an analytical method with a cross-sectional design. Data were obtained from patient's medical record. A total of 56 newborns, diagnose with asphyxia were admitted to the Neonatal Intensive Care Unit (NICU) of Ruteng General Hospital from February to May 10, 2024. Any factors estimated to be associated with intubation and mortality were collected and analysed using a statistical Chi-square test on SPSS.

Result
Among 56 newborns with asphyxia, 39 (69.6%) were using invasive mechanical ventilation (intubated), with neonatal death (mortality) occurred to 13 (23.2%) of them. Delivery method ($p = 0.062$), comorbidities of the mother (maternal factor) ($p = 0.021$), and meconium aspiration ($p = 0.005$) are significantly associated with the incidence of intubation on neonatal asphyxia. Meanwhile, factors that significantly associated with mortality are intubation ($p = 0.007$), comorbidities of the mother ($p = 0.027$) and neonatal birth-weights ($p = 0.12$).

Conclusion
This study found that delivery method, comorbidities of the mother and meconium aspiration were significantly associated with the use of invasive mechanical ventilation (intubation) on newborns with asphyxia. Meanwhile intubation, comorbidities of the mother and neonatal birth-weight were significantly associated with newborns mortality. Early detection and intervention for mother with high-risk pregnancy may help to improved the early outcome of asphyxiated neonates.

Keywords: Asphyxia, Neonatal, Neonatal Intensive Care Unit (NICU)

Case Report Abstract Sample

ABCDE STRUCTURED APPROACH FOR MECHANICAL VENTILATION WEANING DIFFICULTIES AFTER PEDIATRIC CARDIAC SURGERY

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Objective
Mechanical ventilation weaning difficulties may result in pulmonary infections, prolonged hospitalization, higher risk of pulmonary edema and failure extubation. The ABCDE structured approach (airway and lung, brain, cardiac, diaphragm, and endocrine dysfunction evaluation) is one feasible strategy for identifying the causes of weaning issues.

Case
A five months old boy, with transposition of great arteries and intact ventricular septal (TGA-IVS), was admitted for arterial switch operation (ASO), ASD closure, and PDA ligation. He previously undergone a successful balloon atrial septostomy (BAS) intervention at one week of age. On the 3rd day post operative, the patient experienced a pulmonary hypertension crisis. He received cardiopulmonary resuscitation and delayed sternal closure. He experienced a seizure after which cerebral hemorrhage was ruled out. The patient also received treatment for euthyroid sick syndrome.
During his hospitalization, he acquired atelectasis, pulmonary edema and ventilator-associated pneumonia. Bronchoalveolar lavage culture identified *Acinetobacter Sp*. The patient's clinical condition gradually improved, and in the 3rd week after surgery, an extubation trial was performed directly to a non-invasive ventilator, which failed. Lung ultrasonography revealed low right diaphragm excursion (right = 5 mm, left = 19 mm), and fluoroscopy verified right diaphragm paralysis. Direct rhinopharyngolaryngoscopy revealed bilateral vocal cord adduction paralysis. He had diaphragm plication, tracheostomy, and was recommended physiotherapy and neuromuscular electrical stimulation (NMES) of the rectus abdominis, supra- and infrahyoid muscles. The ventilator settings were steadily weaned until successful extubation. The patient was finally discharged after nine weeks of hospitalization.

Conclusion
The ABCDE structured approached could be useful in determining the contributing factors to weaning difficulties due to the physiology's complexity.

Keywords: ABCDE structured approached, weaning difficulties, mechanical ventilation, diaphragm paralysis, vocal cord adduction paralysis.