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IMPROVING CHILD SURVIVAL:PEDIATRIC CRITICAL CARE TRAINING AND EDUCATION IS THE KEY

SUMMARY

To reduce global under-five mortality by two-thirds by 2015 in low and middle-income countries to achieve UN Millennium Development Goal 4, besides the augmenting preventative measures, there is a need to strengthen health systems to provide good quality Emergency and critical care services. which is one of the weakest parts of the health system. Emergency triage and treatment has been developed for paediatric patients with promising results. Imparting training to health care providers in effective triage, fundamentals of critical care concentrating on ABC - airway, breathing, and circulation - and management of common medical emergencies can contribute substantially to the child survival and quality of life without being resource intensive. Training increases short-term knowledge improves attitude and skills. Community education to administer simple emergency treatments at home and in village, and access the emergency care system is needed to bring down child mortality. Wide spread use of radio and TV can be made to educate parents on early recognition, first-aid steps and visit to health care facility. All health care providers, be it PHC workers, paramedics, nurses or doctors, should be trained in Basic Pediatric Emergency care, appropriate for their professional level, incorporating a triage system to quickly recognizes the critically ill patients, and focus on a simple A (airway), B (breathing and C (circulation) approach. This, integrated with training in managing common medical emergencies, with appropriate guidelines, using simple emergency treatments such as suction and oro-pharyngeal airways to keep airways open, Oxygen and Bag-valve mask resuscitator for patients with breathing difficulty, pulse oximetery to treat hypoxemia and monitor oxygenation, oral rehydration solution, intravenous access and fluids for correction of Dehydration and shock, antibiotics for pneumonia, sepsis and meningitis, emergency

drugs such as diazepam etc. can be a successful way to organize critical care protocols in rural and small hospitals. Mothers and family members can be trained as care providers be it home or hospital to meet the resource deficit. Rather than attempting to create a system *de novo,* introducing effective triage and emergency treatments, and delivery system using established health care facilities is possible within available resources. A framework for training commensurating with level of care and available facilities is outlined.