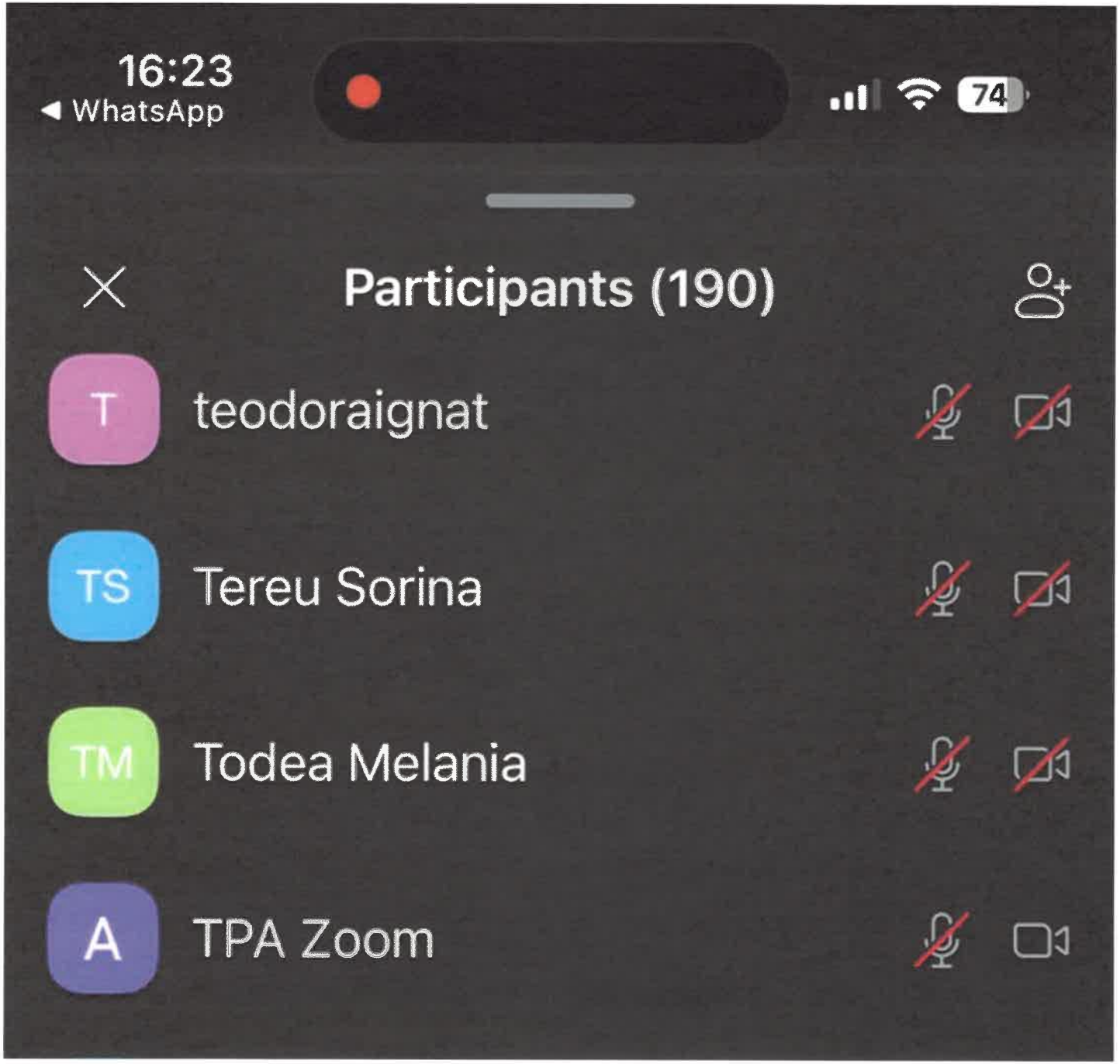
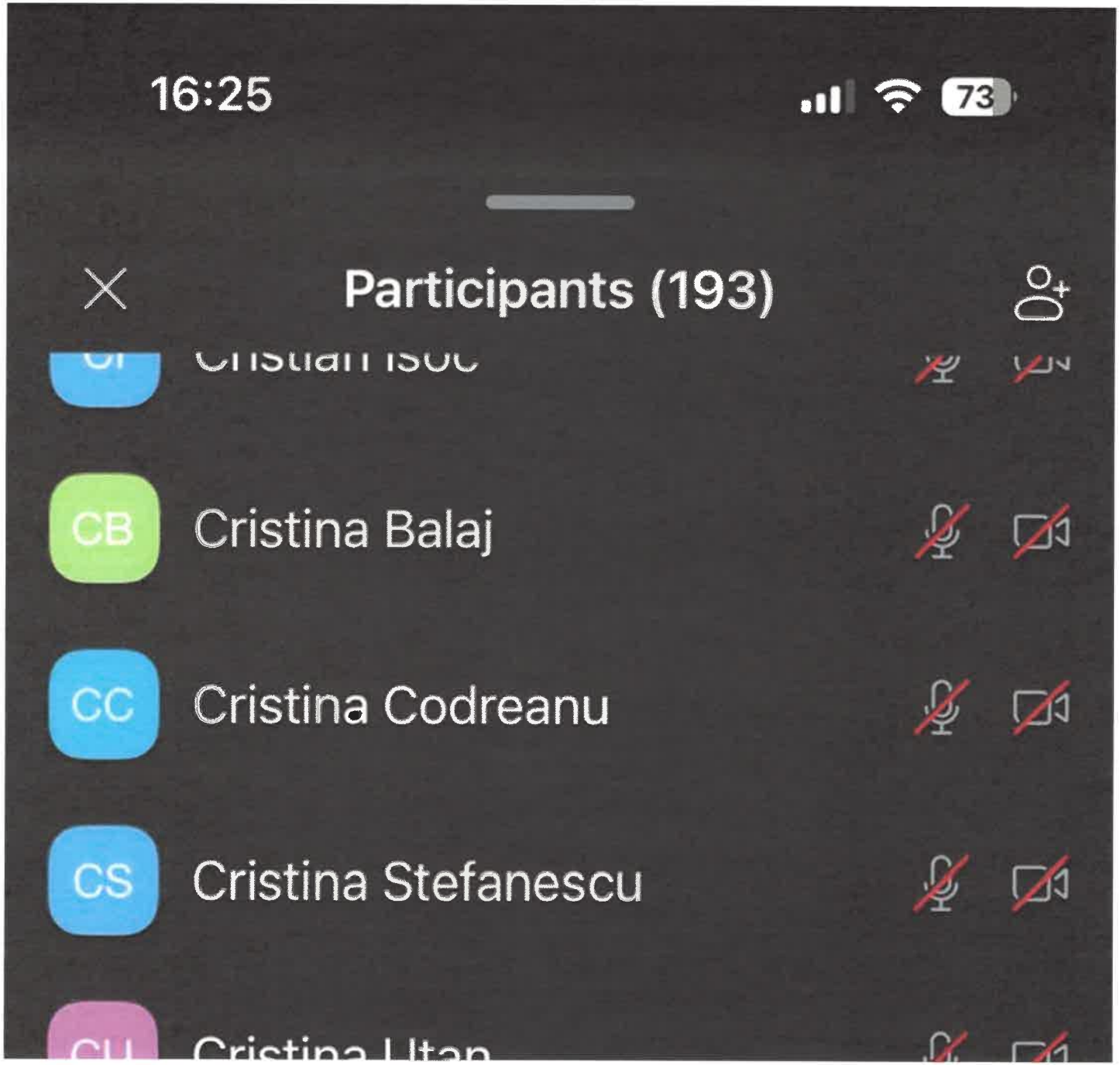
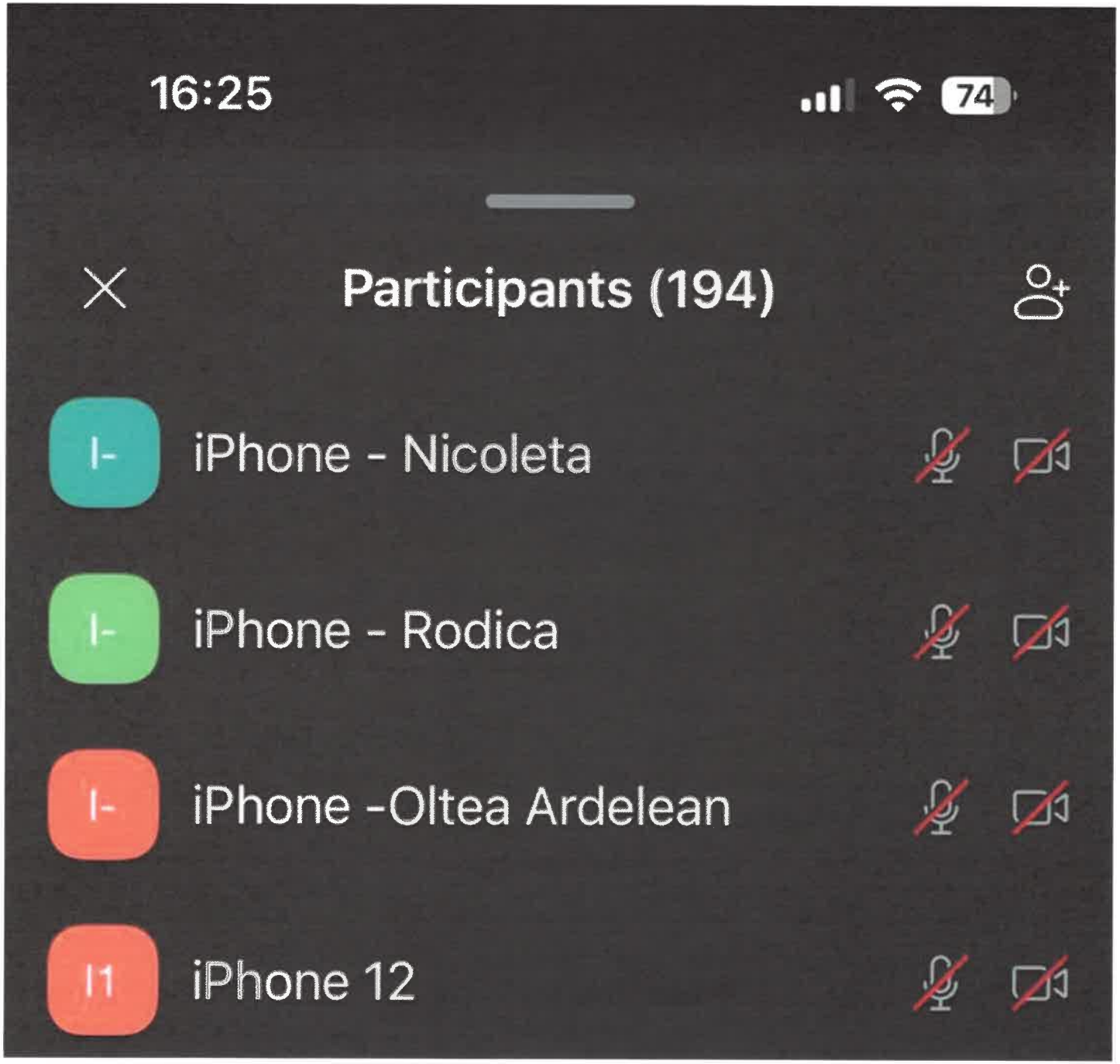
WEBINAR 1

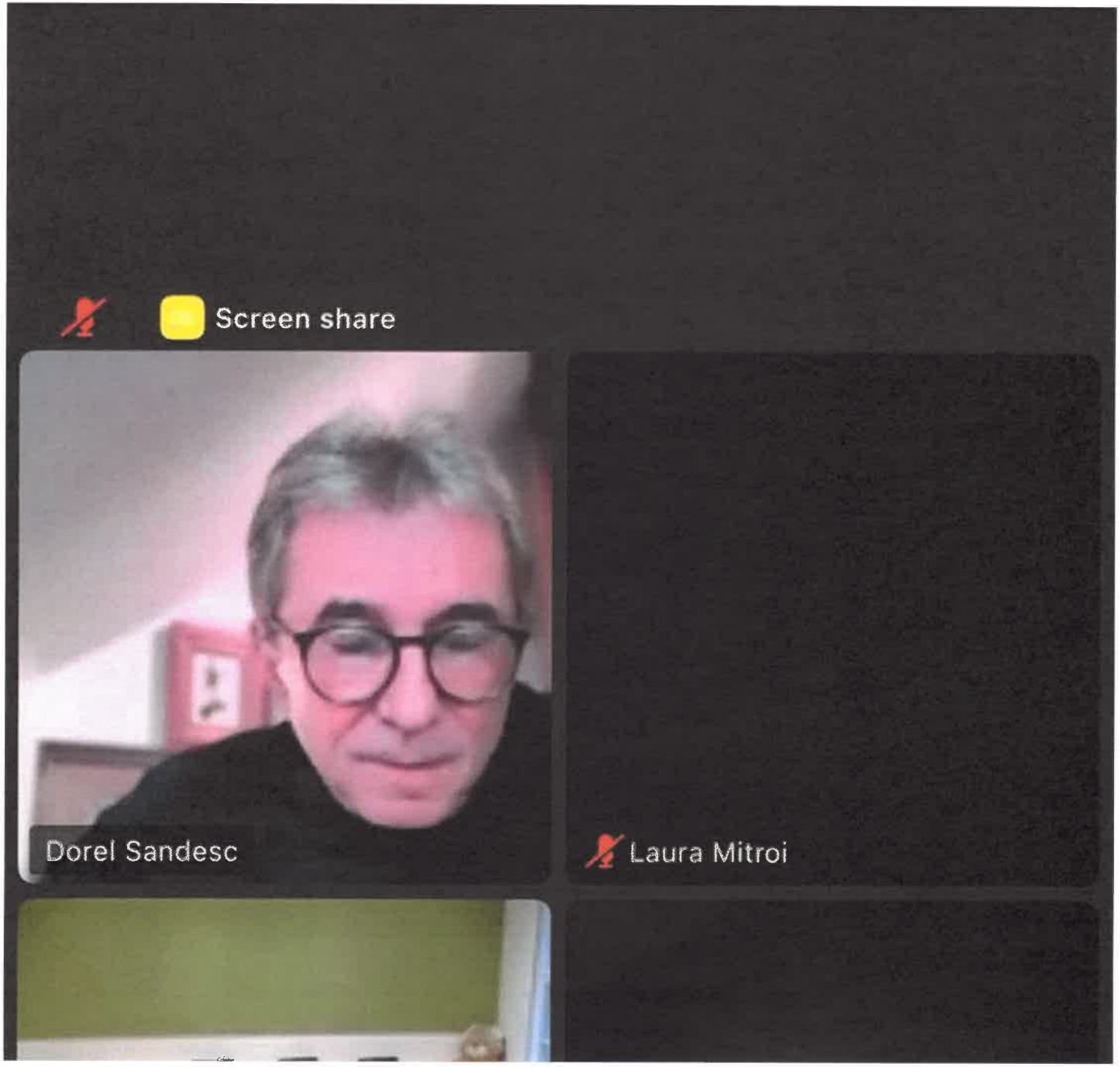
20 IANUARIE 2026, TIMIȘOARA

Modernizarea Anesteziologiei și Terapiei Intensive în România: Legislație și Programe de Finanțare


16:23
WhatsApp
74
Participants (190)
T
teodoraignat
TS
Tereu Sorina
TM
Todea Melania
A
TPA Zoom


16:25
73
Participants (193)
CB
Cristina Balaj
CC
Cristina Codreanu
CS
Cristina Stefanescu

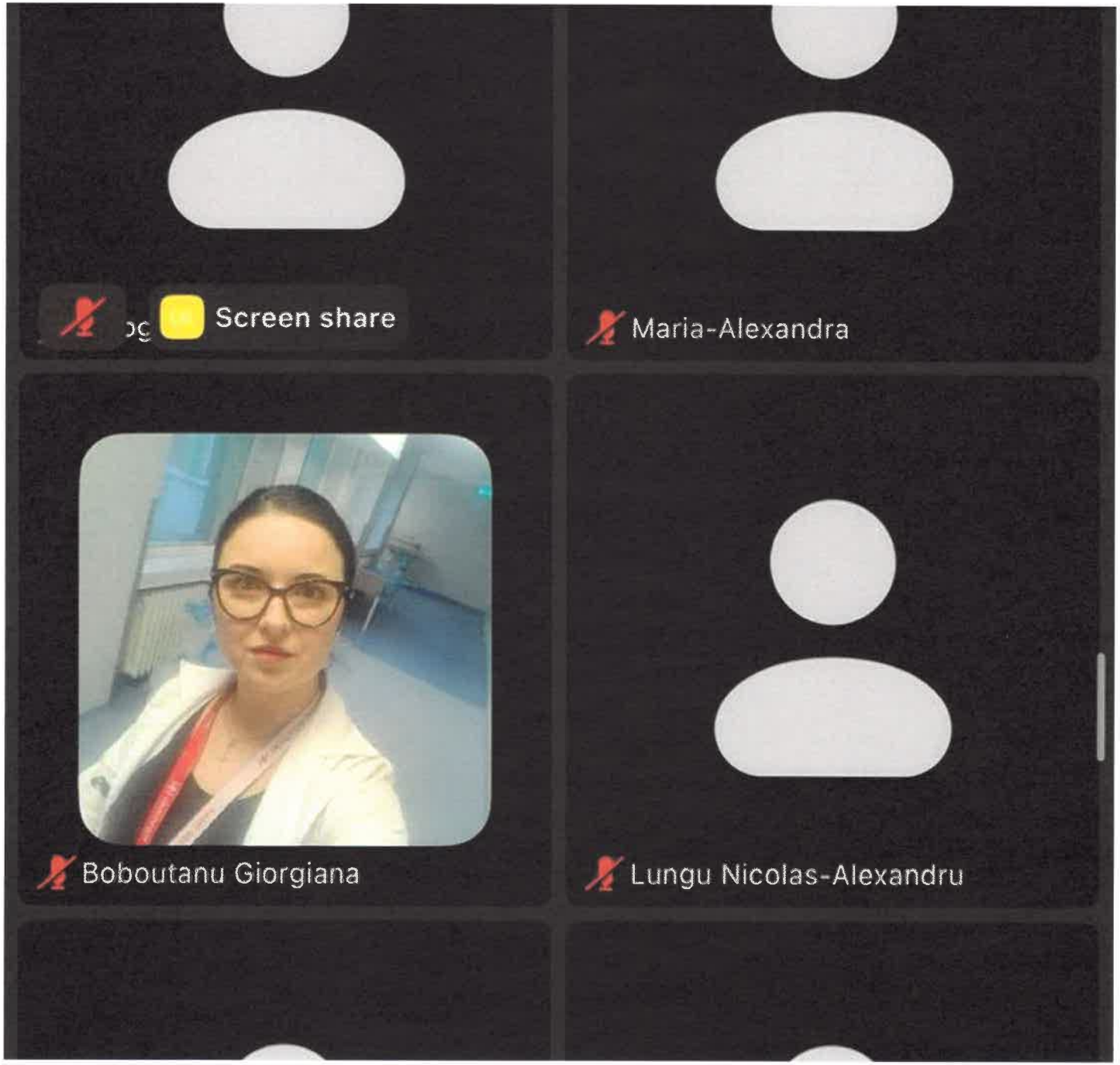

16:25
74
Participants (194)
I-
iPhone - Nicoleta
I-
iPhone - Rodica
I-
iPhone -Oltea Ardelean
I1
iPhone 12

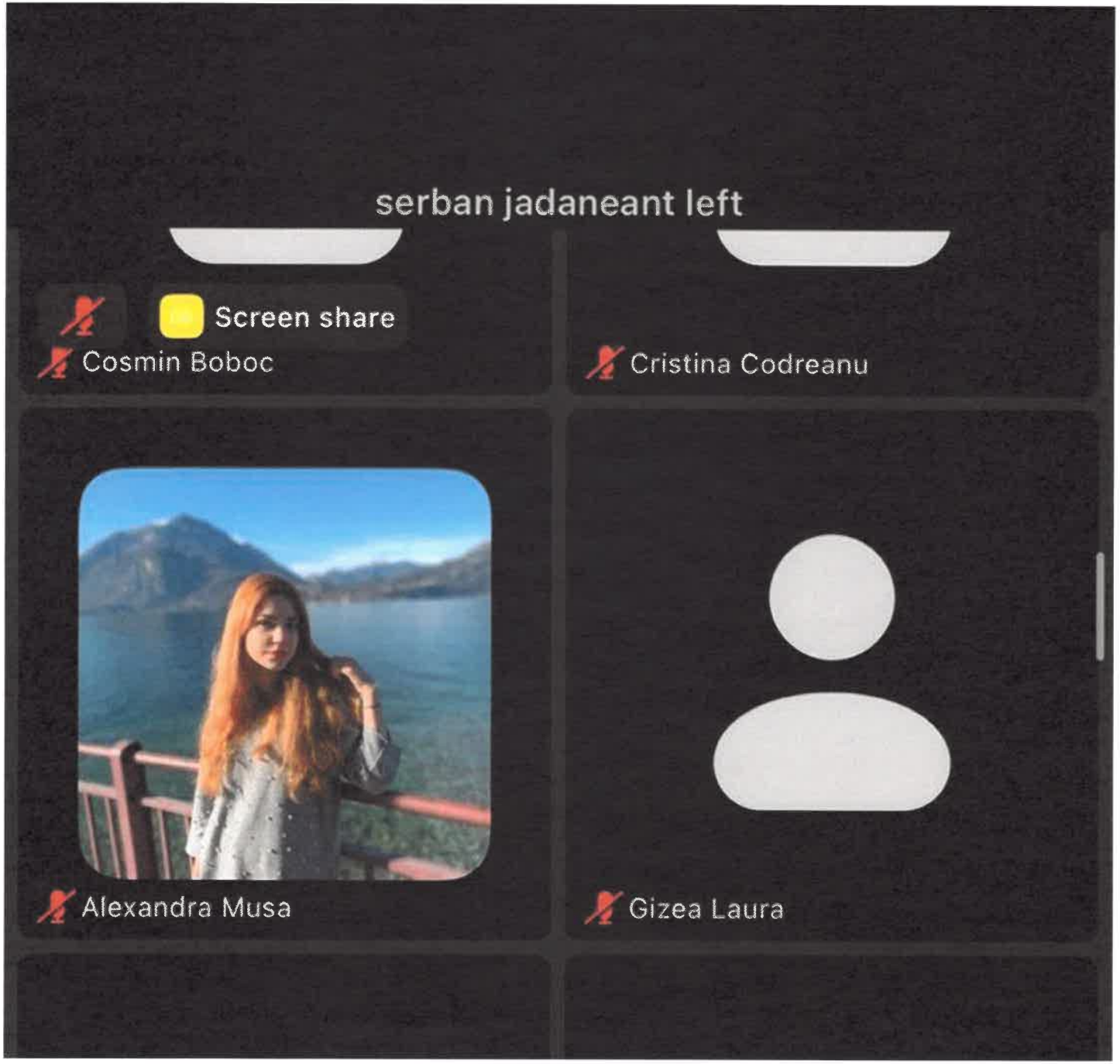

Screen share
Dorel Sandesc
Laura Mitroi

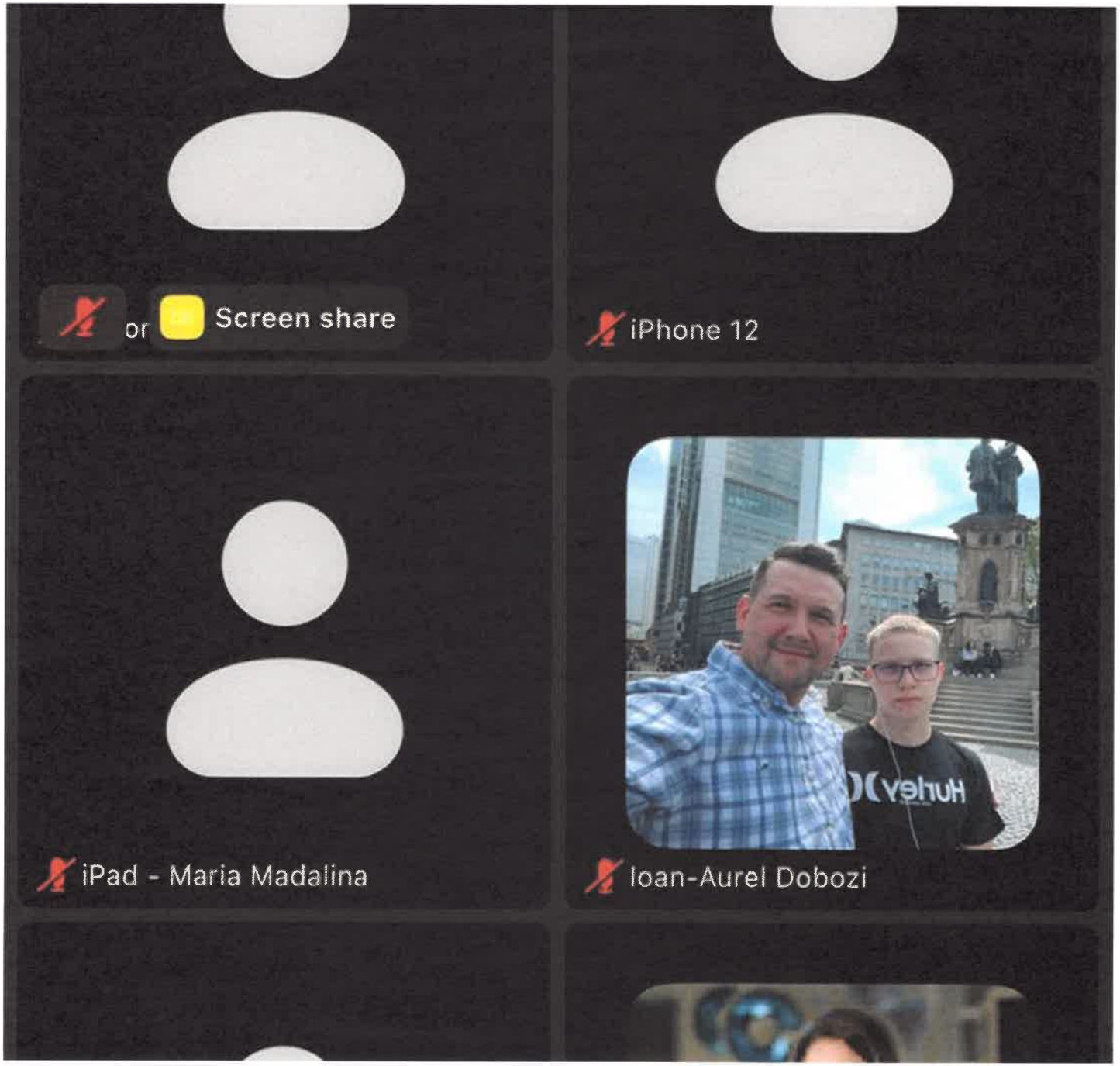
Spitalul Clinic Județean de Urgență „Pius Brînzeu” Timișoa

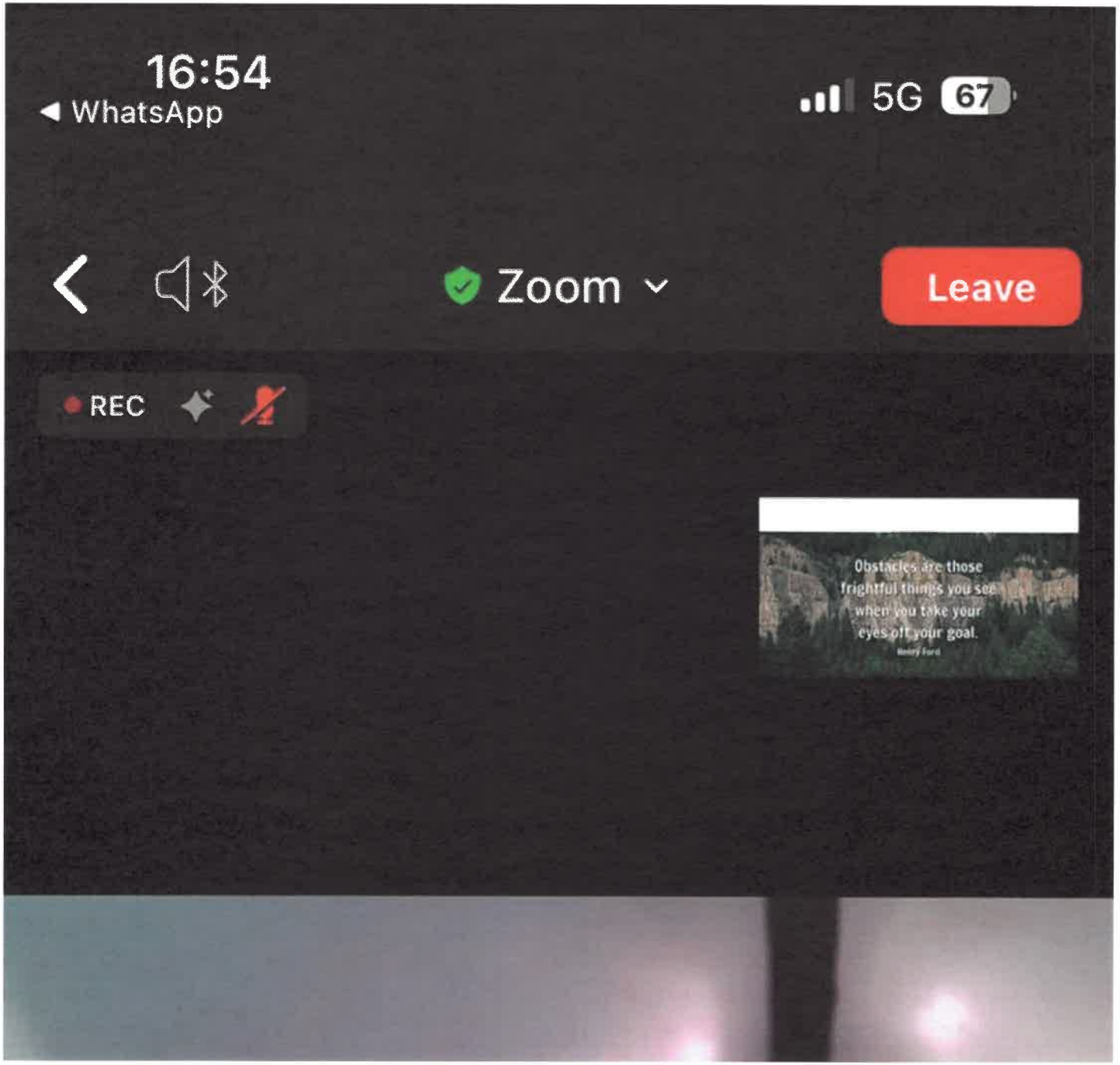
Acolo unde medicina de excelență prinde




Screen share
Maria-Alexandra
Boboutanu Giorgiana
Lungu Nicolas-Alexandru


serban jadaneant left
Screen share
Cosmin Boboc
Cristina Codreanu
Alexandra Musa
Gizea Laura

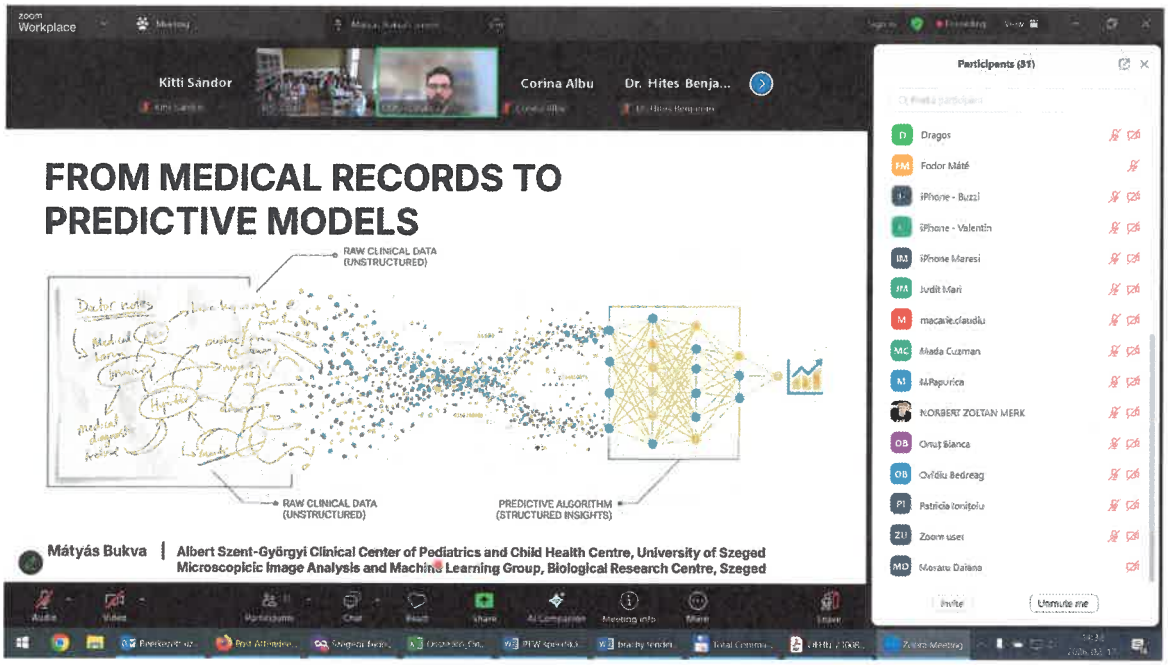

or Screen share
iPhone 12
iPad - Maria Madalina
Ioan-Aurel Dobozi

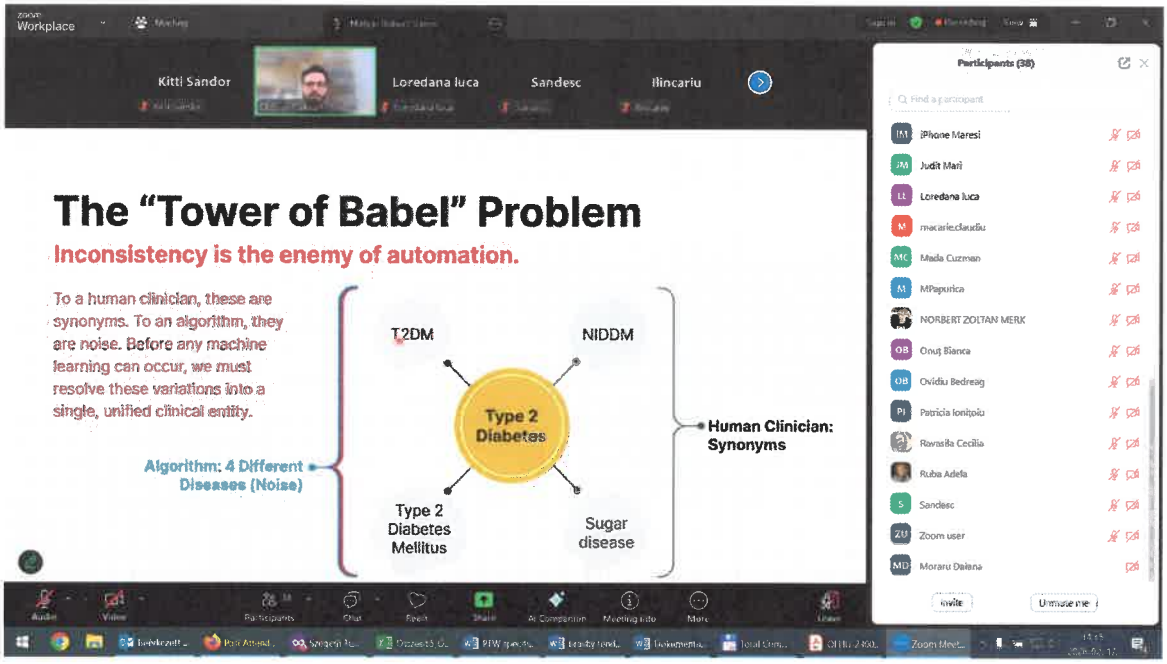

16:54
WhatsApp
5G
67
Zoom
Leave
REC
Obstacles are those
frightful things you see
when you take your
eyes off your goal.

WEBINAR 2

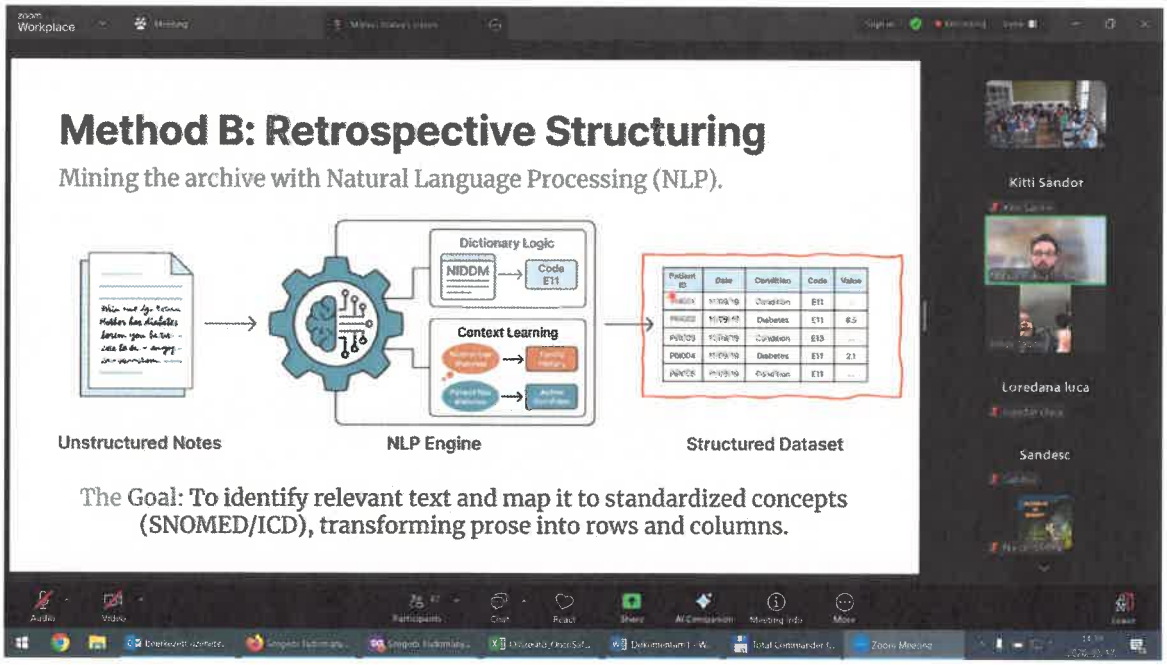
17 FEBRUARIE 2026, SZEGED

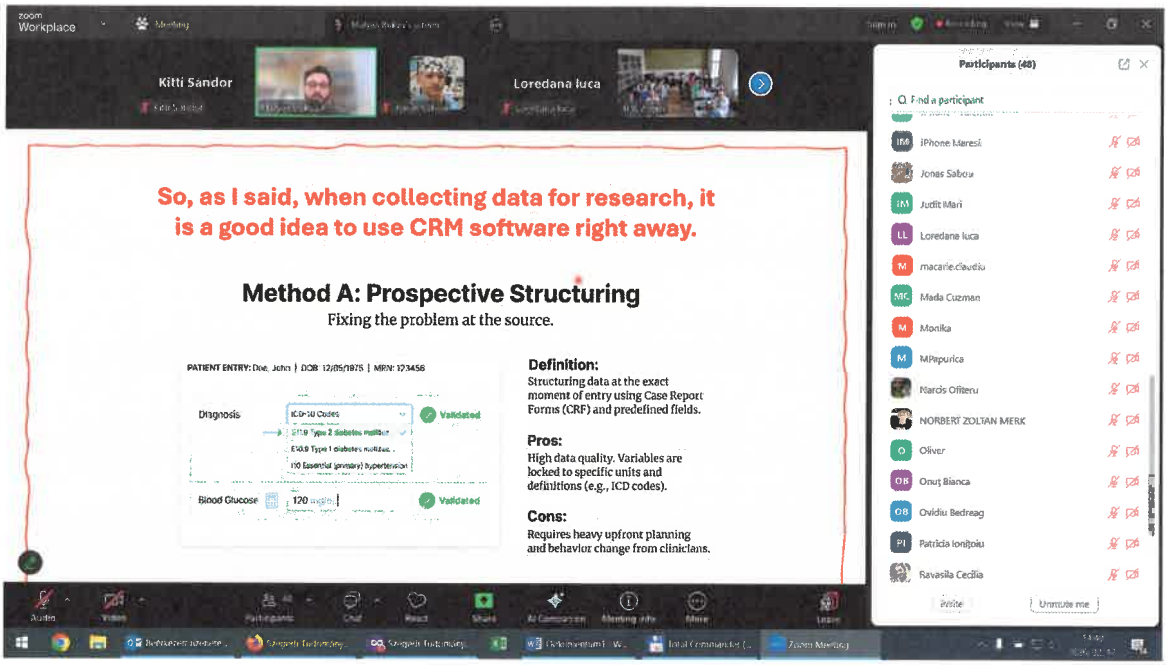
Managementul datelor medicale, aspecte juridice privind datele din domeniul sănătății și colectarea datelor din secțiile de terapie intensivă (ATI)


Kitti Sándor
Corina Albu
Dr. Hites Benja...
Participants (31)
FROM MEDICAL RECORDS TO PREDICTIVE MODELS
RAW CLINICAL DATA (UNSTRUCTURED)
RAW CLINICAL DATA (UNSTRUCTURED)
PREDICTIVE ALGORITHM (STRUCTURED INSIGHTS)
Mátyás Bukva | Albert Szent-Györgyi Clinical Center of Pediatrics and Child Health Centre, University of Szeged
Microscopicic Image Analysis and Machine Learning Group, Biological Research Centre, Szeged


Kitti Sándor
Loredana Iuca
Sandesc
Ilincariu
Participants (38)
The "Tower of Babel" Problem
Inconsistency is the enemy of automation.
To a human clinician, these are synonyms. To an algorithm, they are noise. Before any machine learning can occur, we must resolve these variations into a single, unified clinical entity.
Algorithm: 4 Different Diseases (Noise)
T2DM
NIDDM
Type 2 Diabetes
Type 2 Diabetes Mellitus
Sugar disease
Human Clinician: Synonyms


Kitti Sándor
Loredana luca
Sandesc
Participants (42)
Method B: Retrospective Structuring
Manual data input
Phase 1: Unstructured Documentation
Phase 2: The Extraction Process
Phase 3: Analyzable Dataset
Raw Clinical Narrative
Manual Clinical Review
Standardized Database
A clean table where each row represents a unique patient or event.
High Heterogeneity
Information contains varying terminology,
High Precision
but
Extremely Time- and Resource-Intensive
NLP & Dictionary Logic
Using automated engines to map text to standardized codes like ICD-10 or SNOMED
Defined Variables & Codes
Columns contain uniform data such as ICD-10 codes, lab values, and binary outcomes.


Method B: Retrospective Structuring
Mining the archive with Natural Language Processing (NLP).
Dictionary Logic
NIDDM
Code E11
Context Learning
Unstructured Notes
NLP Engine
Structured Dataset
The Goal: To identify relevant text and map it to standardized concepts (SNOMED/ICD), transforming prose into rows and columns.
Kitti Sándor
Loredana luca
Sandesc

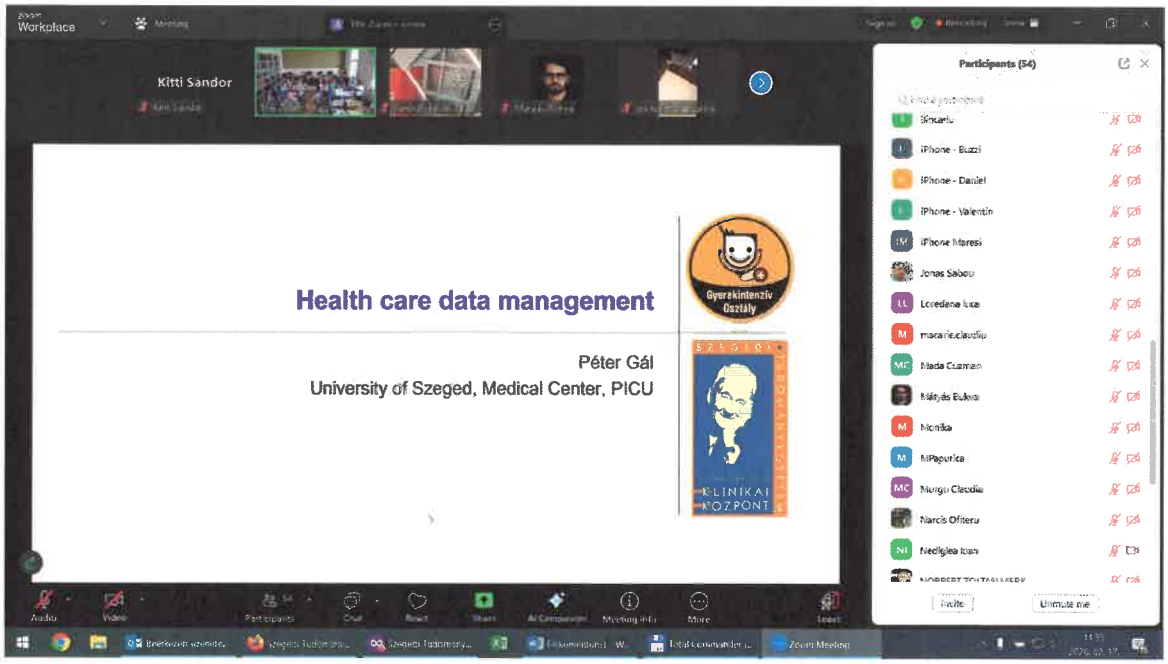

Kitti Sándor
Loredana Iuca
So, as I said, when collecting data for research, it is a good idea to use CRM software right away.
Method A: Prospective Structuring
Fixing the problem at the source.
PATIENT ENTRY: Doe, John | DOB: 12/05/1975 | MRN: 123456
Diagnosis
ICD-10 Codes
Validated
Blood Glucose
120 mg/dL
Validated
Definition:
Structuring data at the exact moment of entry using Case Report Forms (CRF) and predefined fields.
Pros:
High data quality. Variables are locked to specific units and definitions (e.g., ICD codes).
Cons:
Requires heavy upfront planning and behavior change from clinicians.
Participants (48)
Find a participant
iPhone Maresi
Jonas Sabou
Judit Mari
Loredana Iuca
macarie.claudiu
Mada Cuzman
Monika
MPapurica
Narcis Ofiteru
NORBERT ZOLTAN MERK
Oliver
Onuț Bianca
Ovidiu Bedreag
Patricia Ionițoiu
Ravasila Cecilia
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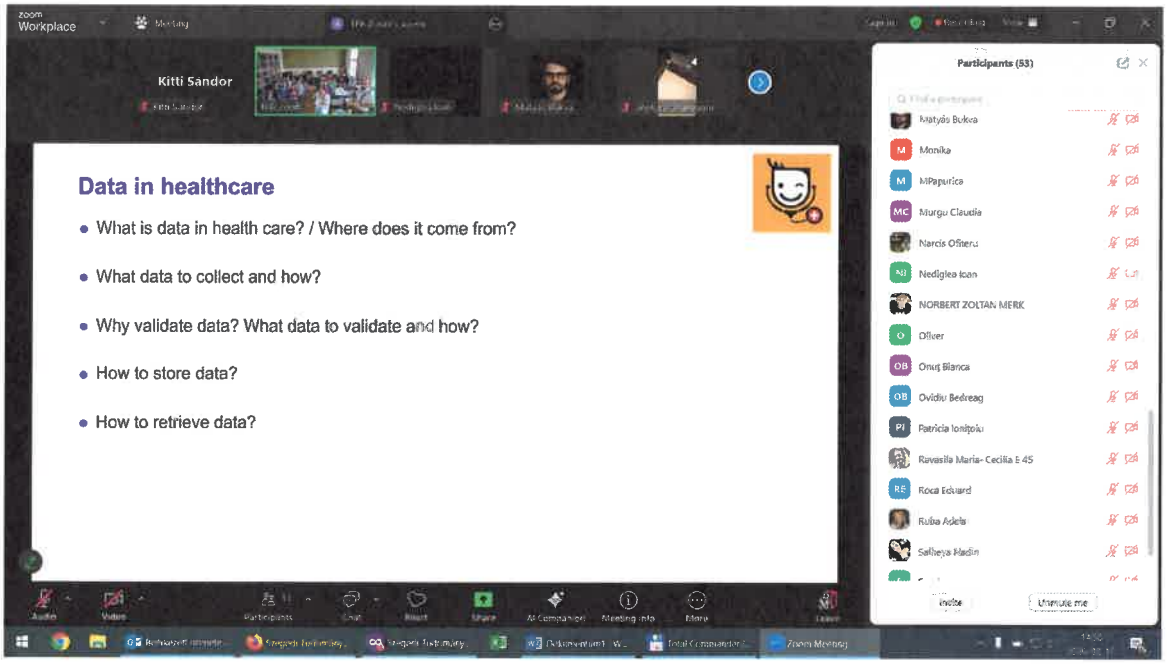

Kitti Sándor
Case Study: Predicting IVF Success
Can we predict cycle success using only pre-procedural data?
Machine Learning-Based Prediction of IVF Outcomes: The Central Role of Female Preprocedural Factors
Age
BMI
Hormones (AMH/FSH)
Sperm Params
XGBoost Classification
Cycle Success Prediction
0%
50%
100%
High Probability
Overall accuracy reached 81.67%
Why it worked:
Success relied on pre-structured data. Every predictor was a numeric or coded column before modeling began.
Participants (50)
Loredana Iuca
macarie.claudiu
Mada Cuzman
Monika
MPapurica
Narcis Ofiteru
NORBERT ZOLTAN MERK
Oliver
Onuț Bianca
Ovidiu Bedreag
Patricia Ionițoiu
Ravasila Cecilia
Ruba Adela
Sandesc
Zoom user
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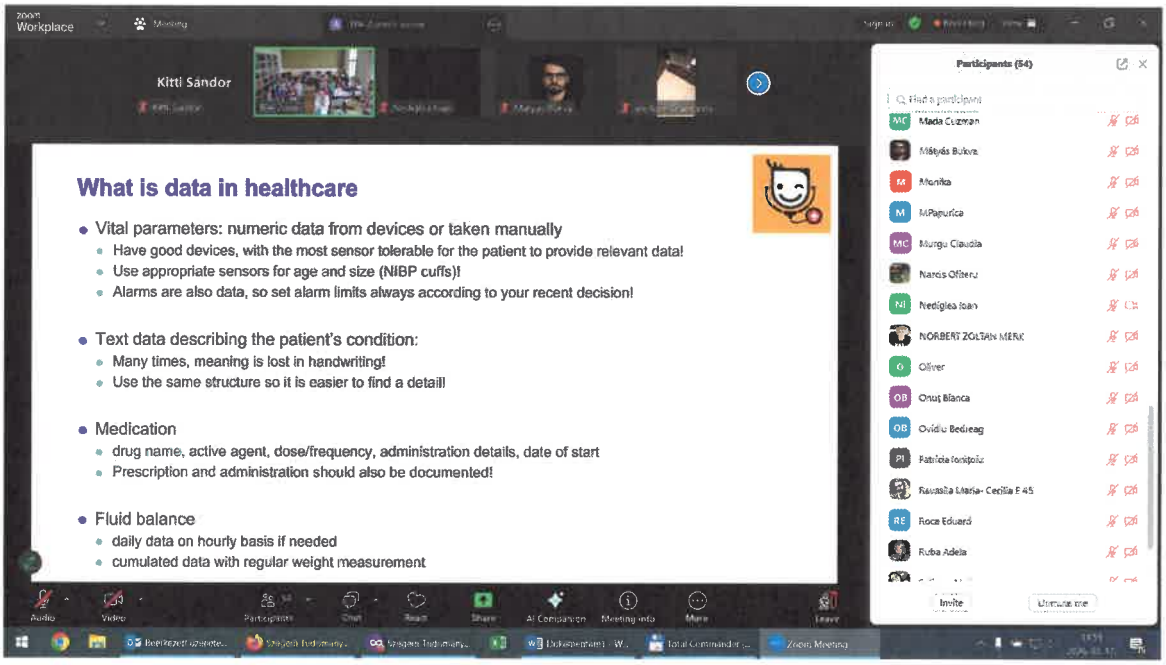

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Kitti Sándor (Me)
TPA Zoom (Host)
TPA Zoom (Co-host)
Mátyás Bukva
Claudiu Neamtu
Nicușor
PIC
Plavat Cosmin
A.B.
Adrian Barna
Alex Novacescu
Alexandra Musa
Alina Stelescu
Anca Chirca
Andrea
Kitti Sándor
Loredana Iuca
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Video
Participants
Chat
React
Share
AI Companion
Meeting info
More
Leave

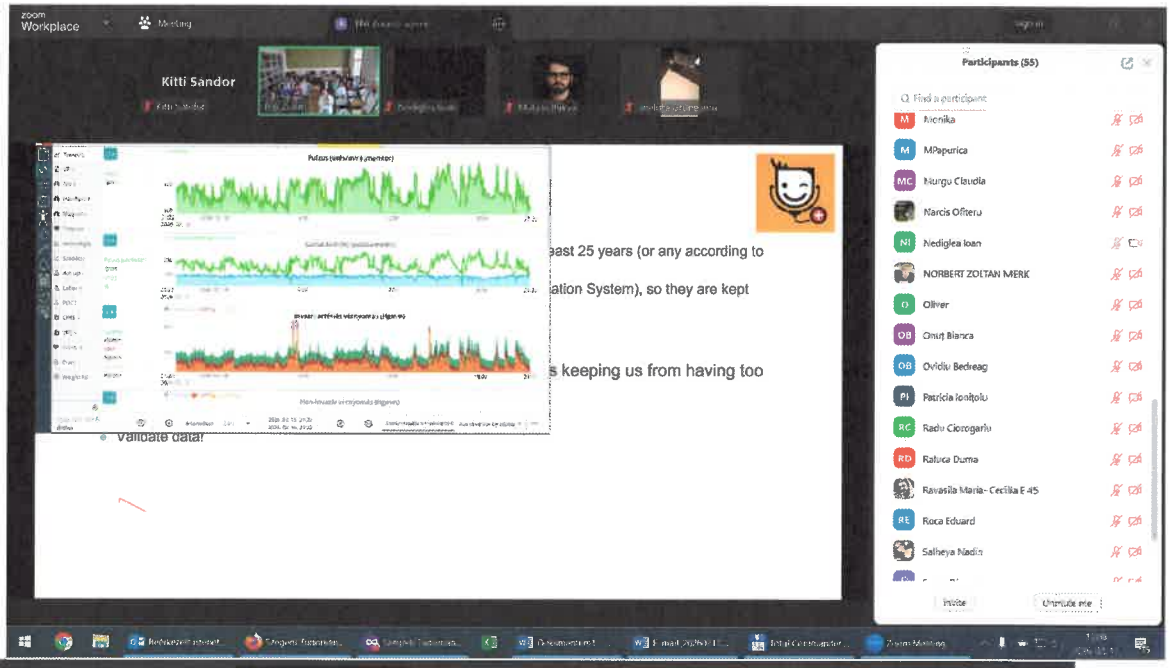

zoom Workplace
Kitti Sándor
Dorian
Participants (52)
Legal and data protection rules for health data
National rules: locally
Shared EU-level rules: several connected rules
Cross-border healthcare directive
MyHealth@EU
European Health Data Space Regulation
GDPR
Research (for example clinical trials)
Medical devices
MDR
IVDR
Artificial Intelligence Act
Cybersecurity rules
NIS2 Directive
Romanian-Hungarian cooperation: no special bilateral agreement only for health data (but social insurance/social security)
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Video
Participants
Chat
React
Share
AI Companion
Meeting info
More
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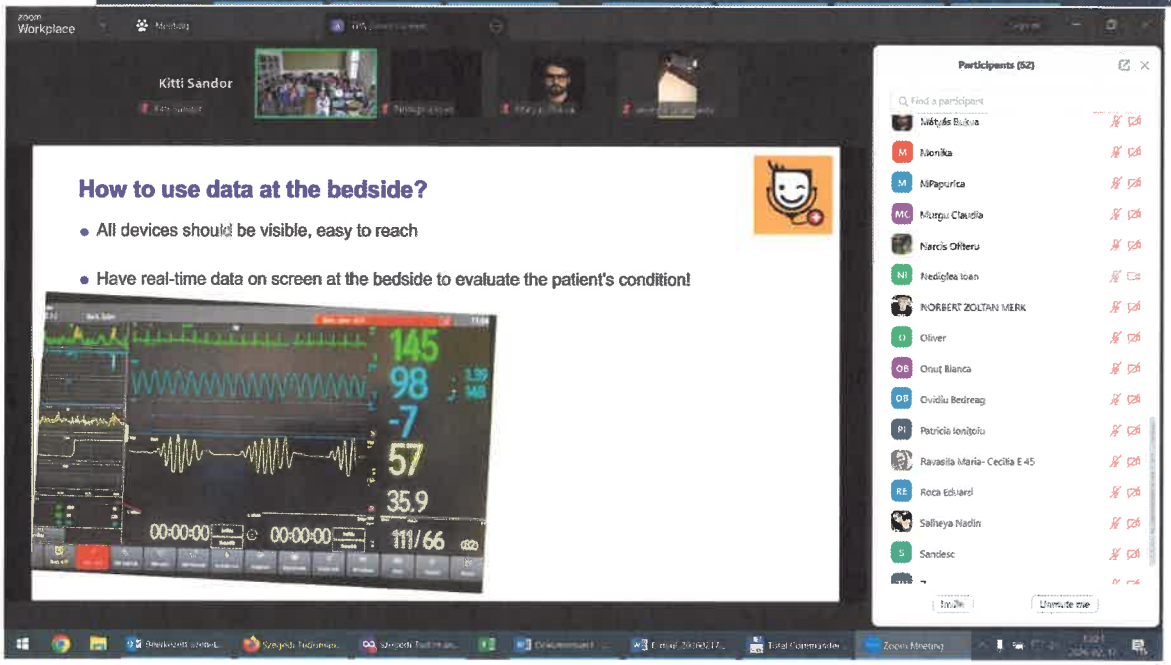

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Workplace
Participants (54)
Kitti Sándor
Iincariu
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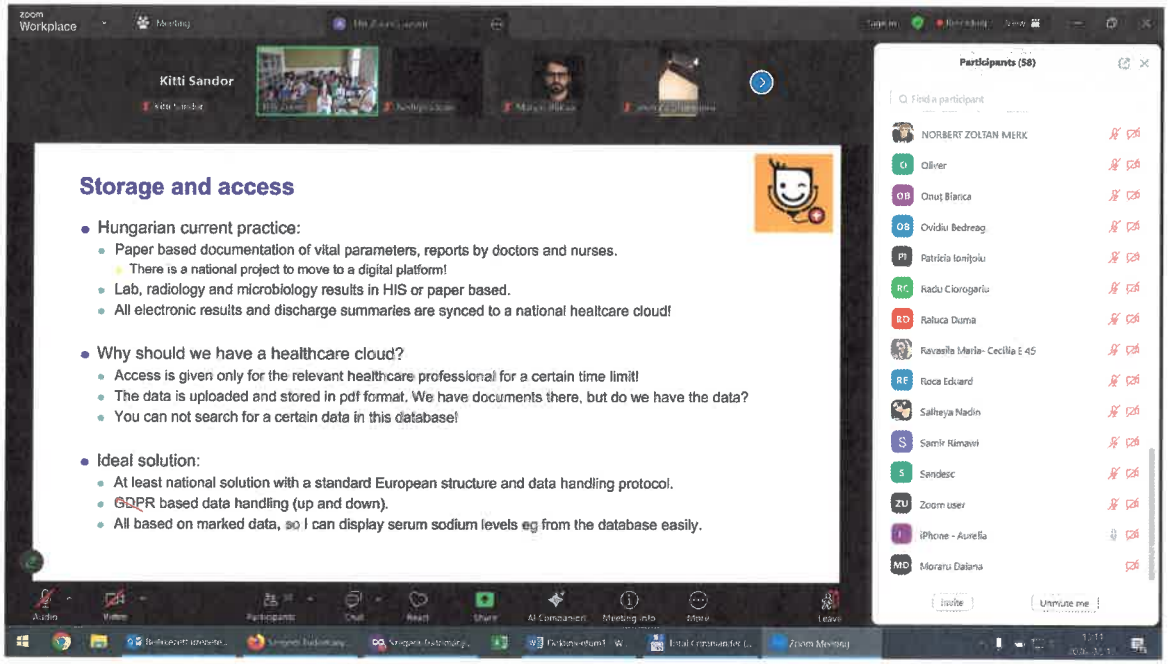

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Kitti Sándor
Participants (54)
Health care data management
Péter Gál
University of Szeged, Medical Center, PICU
Gyerekintenzív Osztály
KLINIKAI KÖZPONT
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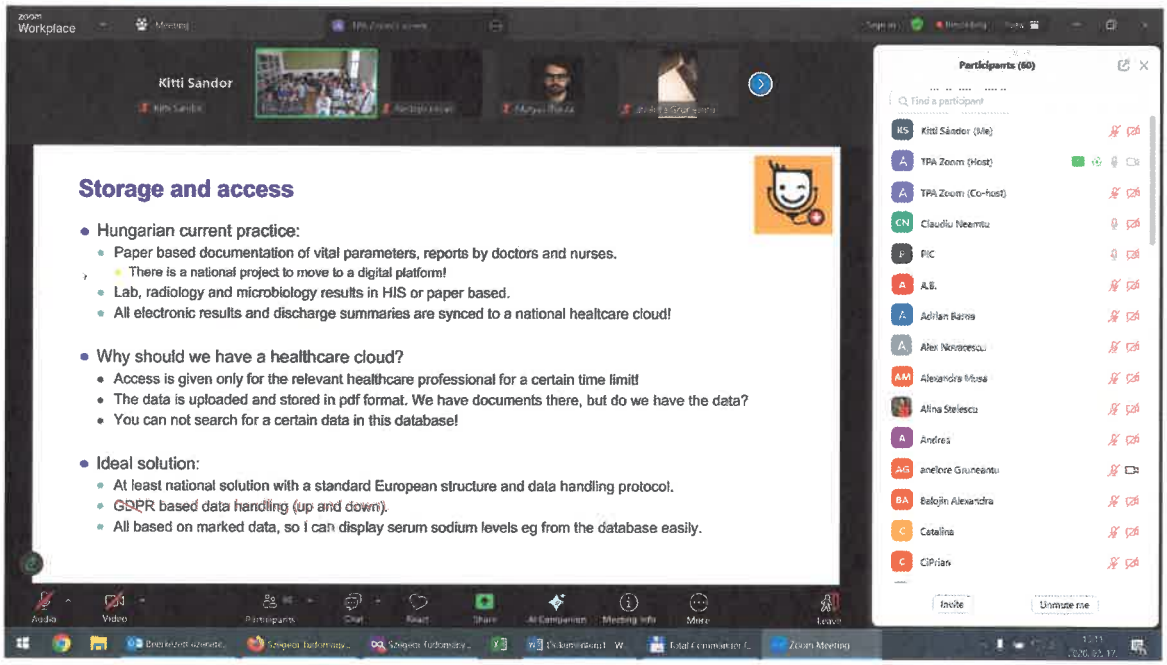

Kitti Sándor
Data in healthcare
What is data in health care? / Where does it come from?
What data to collect and how?
Why validate data? What data to validate and how?
How to store data?
How to retrieve data?
Participants (53)

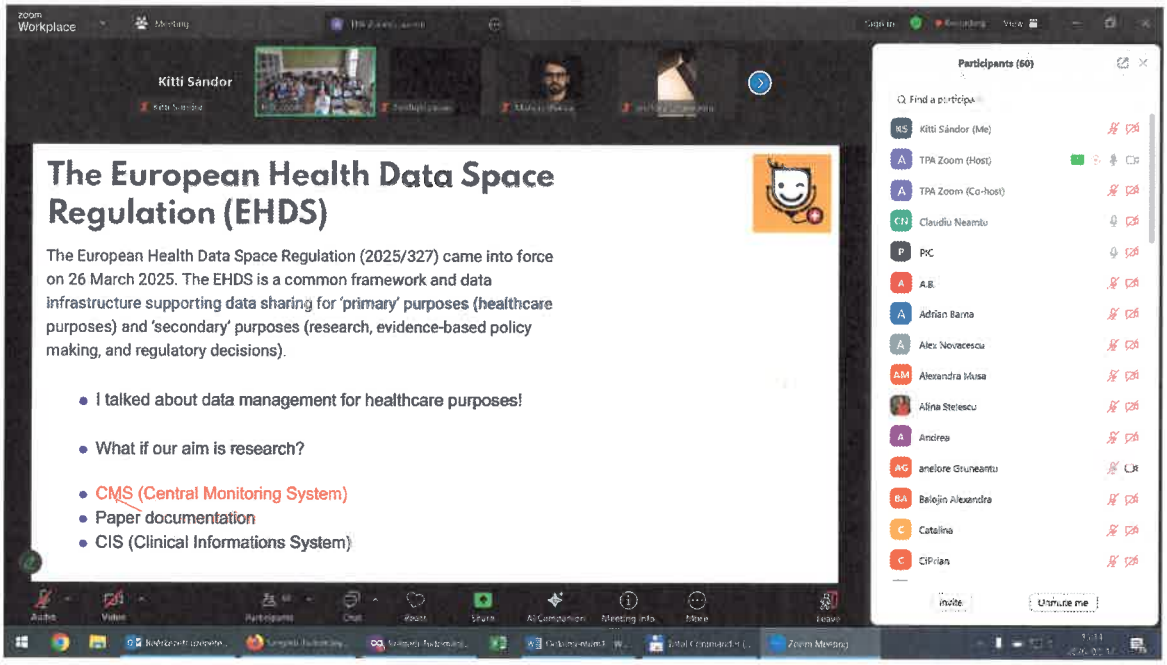

Kitti Sándor
What is data in healthcare
Vital parameters: numeric data from devices or taken manually
Have good devices, with the most sensor tolerable for the patient to provide relevant data!
Use appropriate sensors for age and size (NIBP cuffs)!
Alarms are also data, so set alarm limits always according to your recent decision!
Text data describing the patient's condition:
Many times, meaning is lost in handwriting!
Use the same structure so it is easier to find a detail!
Medication
drug name, active agent, dose/frequency, administration details, date of start
Prescription and administration should also be documented!
Fluid balance
daily data on hourly basis if needed
cumulated data with regular weight measurement
Participants (54)


zoom Workplace
Kitti Sandor
Participants (55)
Monika
MPapurica
Murgu Claudia
Narcis Ofiteru
Nediglea Ioan
NORBERT ZOLTAN MERK
Oliver
Onuț Bianca
Ovidiu Bedreag
Patricia Ionițoiu
Radu Ciorogariu
Raluca Duma
Ravasila Maria- Cecilia E 45
Roca Eduard
Salheya Nadin
ast 25 years (or any according to
ation System), so they are kept
s keeping us from having too
Validate data!


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Participants (52)
Monika
MPapurica
Murgu Claudia
Narcis Ofiteru
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Patricia Ionițoiu
Ravasila Maria- Cecilia E 45
Roca Eduard
Salheya Nadin
Sandesc
How to use data at the bedside?
All devices should be visible, easy to reach
Have real-time data on screen at the bedside to evaluate the patient's condition!
145
98
-7
57
35.9
111/66

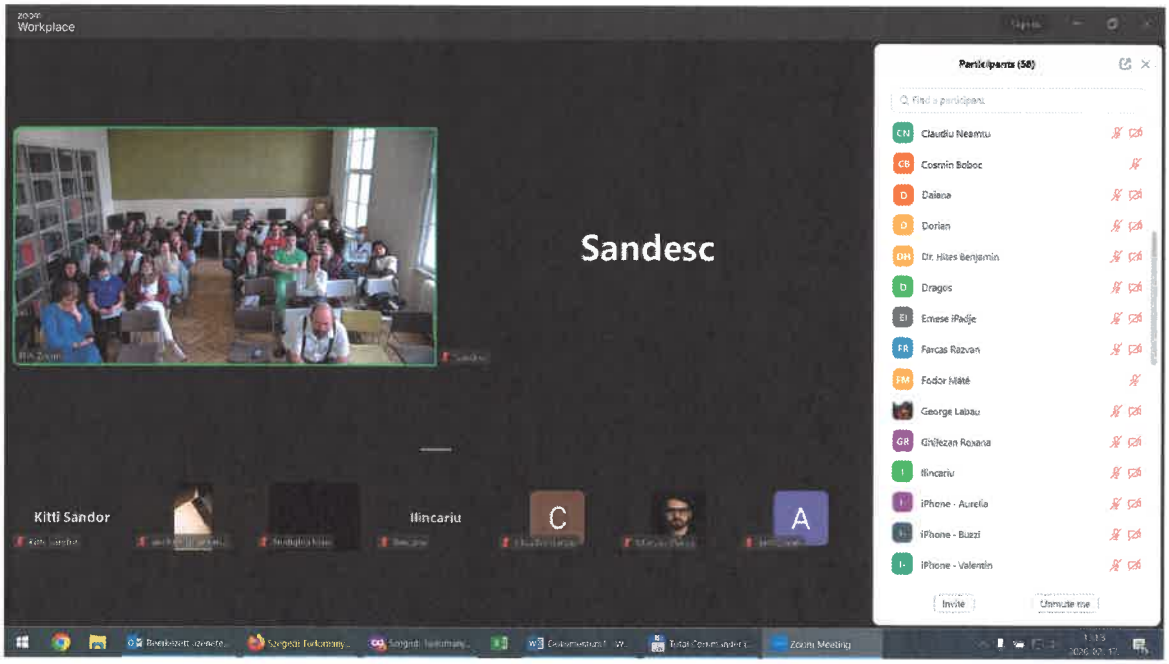

Workplace
Kitti Sandor
Storage and access
Hungarian current practice:
Paper based documentation of vital parameters, reports by doctors and nurses.
There is a national project to move to a digital platform!
Lab, radiology and microbiology results in HIS or paper based.
All electronic results and discharge summaries are synced to a national healtcare cloud!
Why should we have a healthcare cloud?
Access is given only for the relevant healthcare professional for a certain time limit!
The data is uploaded and stored in pdf format. We have documents there, but do we have the data?
You can not search for a certain data in this database!
Ideal solution:
At least national solution with a standard European structure and data handling protocol.
GDPR based data handling (up and down).
All based on marked data, so I can display serum sodium levels eg from the database easily.
Participants (58)
Find a participant
NORBERT ZOLTAN MERK
Oliver
Onuț Blanca
Ovidiu Bedreag
Patricia Ionițoiu
Radu Ciorogariu
Raluca Duma
Ravasila Maria- Cecilia E 45
Roca Eduard
Salheya Nadin
Samir Rimawi
Sandesc
Zoom user
iPhone - Aurelia
Morariu Daiana
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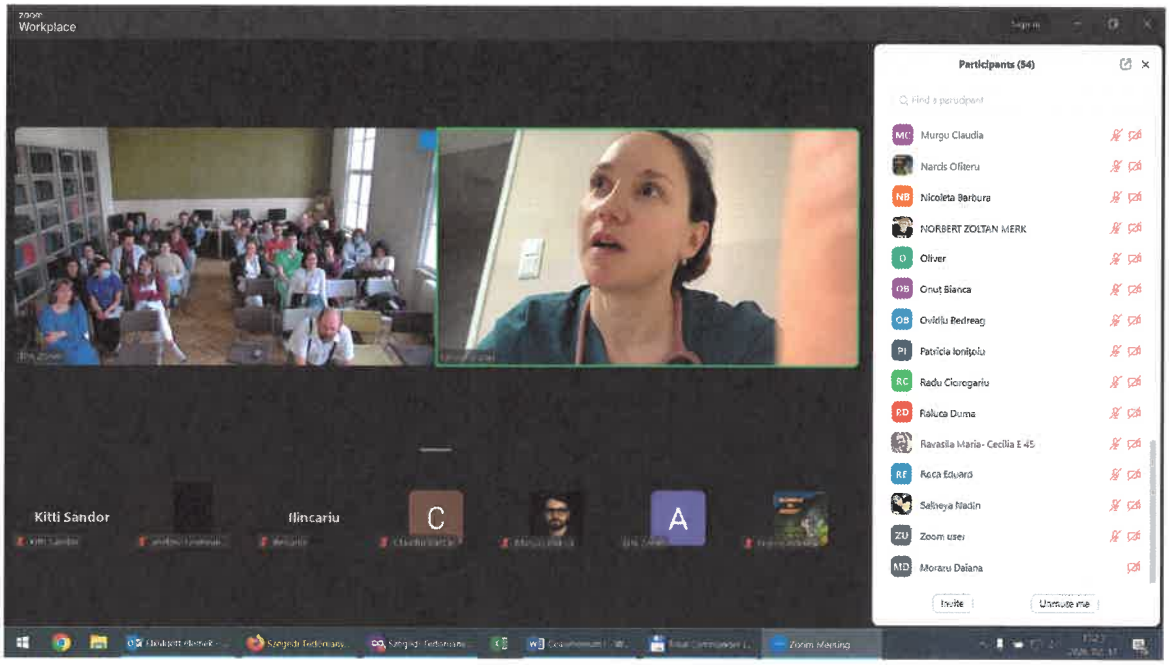

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Participants (60)
Find a participant
Kitti Sándor (Me)
TPA Zoom (Host)
TPA Zoom (Co-host)
Claudiu Neamtu
PIC
A.B.
Adrian Barna
Alex Novacescu
Alexandra Musa
Alina Stelescu
Andrea
anelore Gruneantu
Balojin Alexandra
Catalina
CIPrian
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Workplace
Kitti Sándor
The European Health Data Space Regulation (EHDS)
The European Health Data Space Regulation (2025/327) came into force on 26 March 2025. The EHDS is a common framework and data infrastructure supporting data sharing for 'primary' purposes (healthcare purposes) and 'secondary' purposes (research, evidence-based policy making, and regulatory decisions).
I talked about data management for healthcare purposes!
What if our aim is research?
CMS (Central Monitoring System)
Paper documentation
CIS (Clinical Informations System)
Participants (60)
Kitti Sándor (Me)
TPA Zoom (Host)
TPA Zoom (Co-host)
Claudiu Neamtu
PXC
A.B.
Adrian Barna
Alex Novacescu
Alexandra Musa
Alina Stelescu
Andrea
anelore Gruneantu
Balejin Alexandra
Catalina
CIPrian
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Workplace
Kitti Sándor
Corina Albu
Ilincariu
Participants (61)
Claudiu Neamtu
Corina Albu
Cosmin Bobec
Daiana
Daniela Craciun
Dorian
Dr. Hites Benjamin
Dragos
Emese iPadje
Farcas Razvan
Fodor Máté
George Labau
Ghilezan Roxana
Ilincariu
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Participants (59)
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Claudiu Bârsac
Claudiu Neamtu
Cosmin Boboc
Daiana
Daniela Crackin
Dorian
Dr. Hites Benjamin
Dragos
Emese iPadje
Farcas Razvan
Fodor Máté
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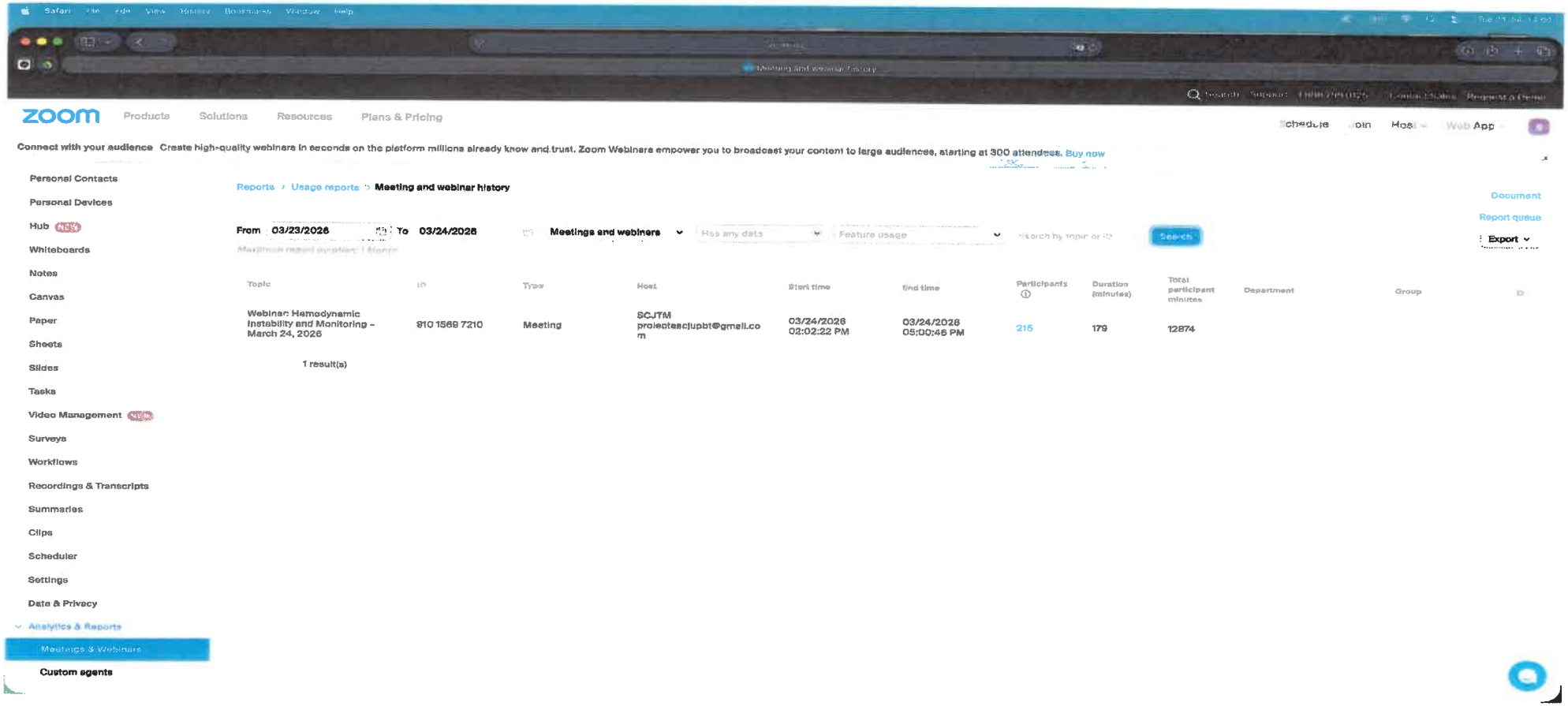

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Cosmin Boboc
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Dr. Hites Benjamin
Dragos
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Fodor Máté
George Labau
Ghilezan Roxana
Ilincariu
iPhone - Aurelia
iPhone - Buzzi
iPhone - Valentin
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Participants (84)
Find a participant
Murgu Claudia
Nardis Ofiteru
Nicoleta Barbura
NORBERT ZOLTAN MERK
Oliver
Onut Bianca
Ovidiu Bedreag
Patricia Ionitoiu
Radu Cioregariu
Raluca Duma
Ravasila Maria- Cecilia E 45
Roca Eduard
Selheya Nadin
Zoom user
Moraru Daiana
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Kitti Sandor
Ilincariu
C
A
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WEBINAR 3

24 MARTIE 2026, TIMIȘOARA

Instabilitatea hemodinamică și monitorizarea acesteia în medicina perioperatorie și terapia intensivă

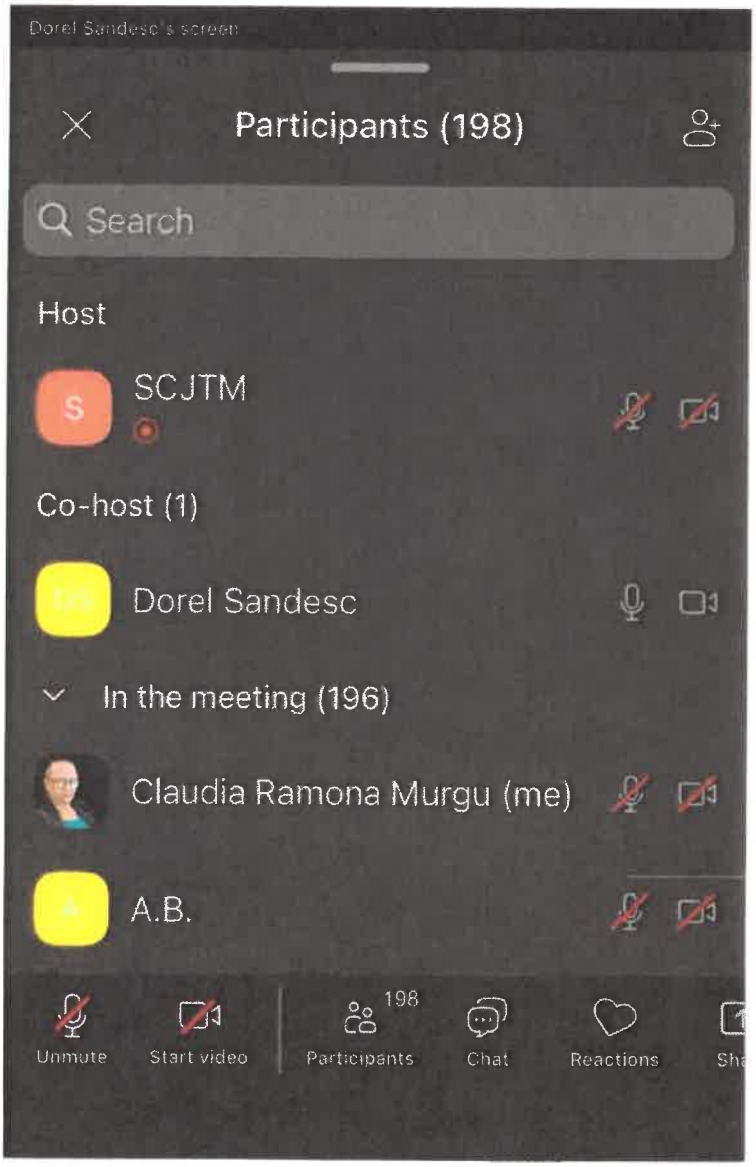

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Scheduler
Settings
Data & Privacy
Analytics & Reports
Meetings & Webinars
Custom agents
Reports › Usage reports › Meeting and webinar history
Document
Report queue
Export
From 03/23/2026 To 03/24/2026
Meetings and webinars
Has any data
Feature usage
Search by topic or ID
Search
Topic
ID
Type
Host
Start time
End time
Participants
Duration (minutes)
Total participant minutes
Department
Group
Webinar: Hemodynamic Instability and Monitoring – March 24, 2026
910 1569 7210
Meeting
SCJTM proiectesciupbt@gmail.com
03/24/2026 02:02:22 PM
03/24/2026 05:00:46 PM
215
179
12874
1 result(s)

A National Program for financing Anesthesia&I...'s
("Priority Action"-PA)

Standards of costs-examples

-Plasmo-pheresis: 3500 Euros
-HDF: 3100 Euros
-PiCCO monitoring: 282 Euros
-ICP monitoring: 340 Euros
-Interventional Lung Assist: 2900 Euros
-Nutrition, Anti-fungals, Antibiotics, etc.

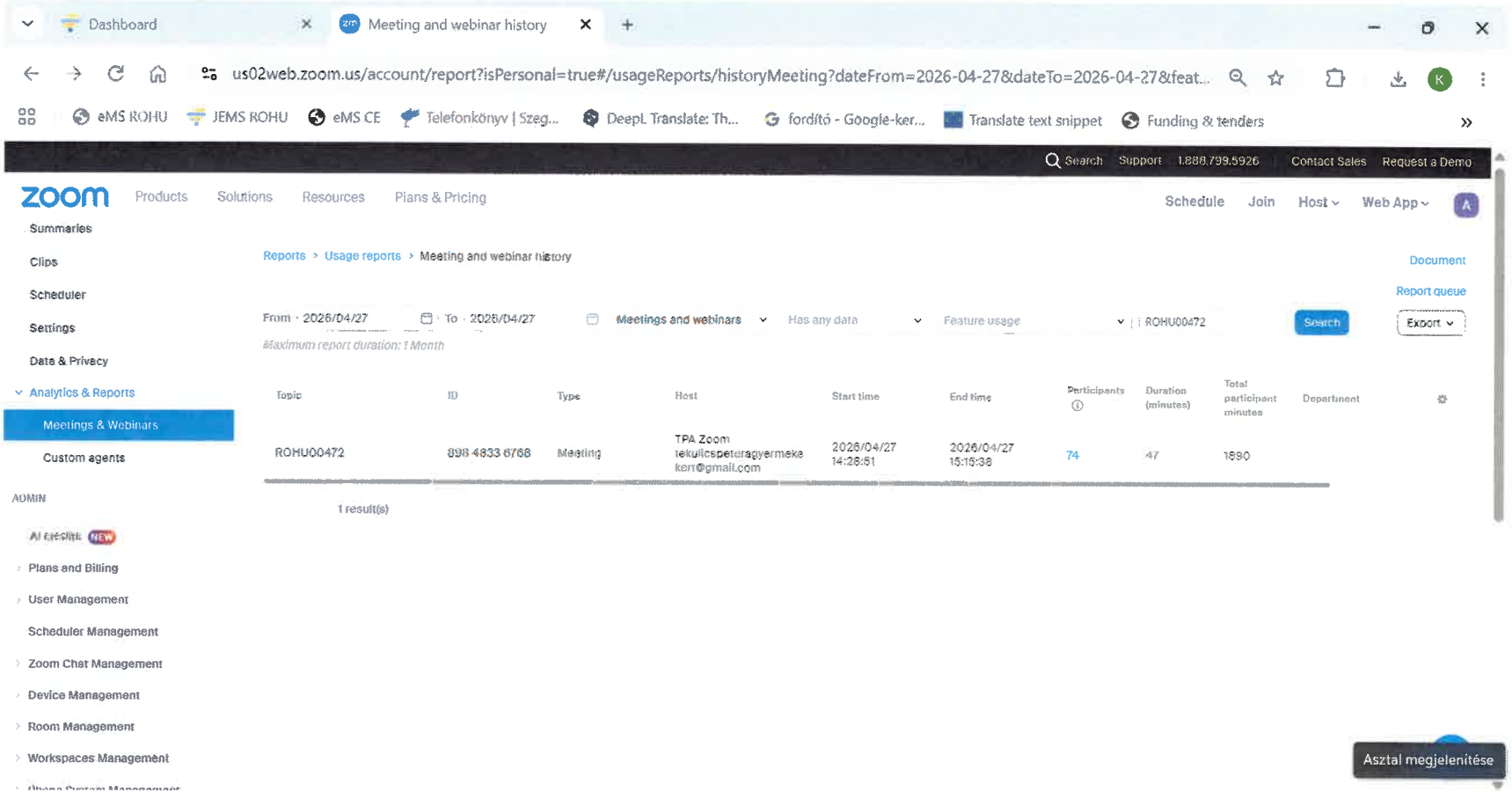
The Program is approved in 2013
Budget : 35 millions euros/2013-50 millions/2015-59 MILLIONS/2024

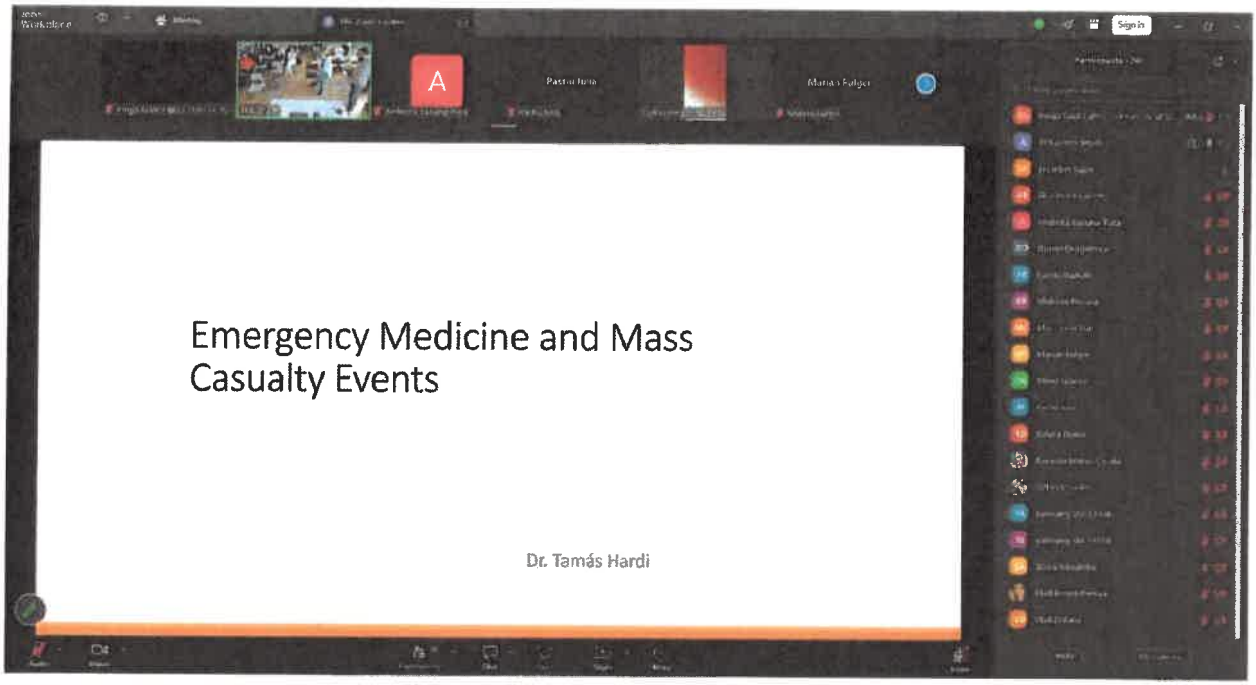


WEBINAR 4

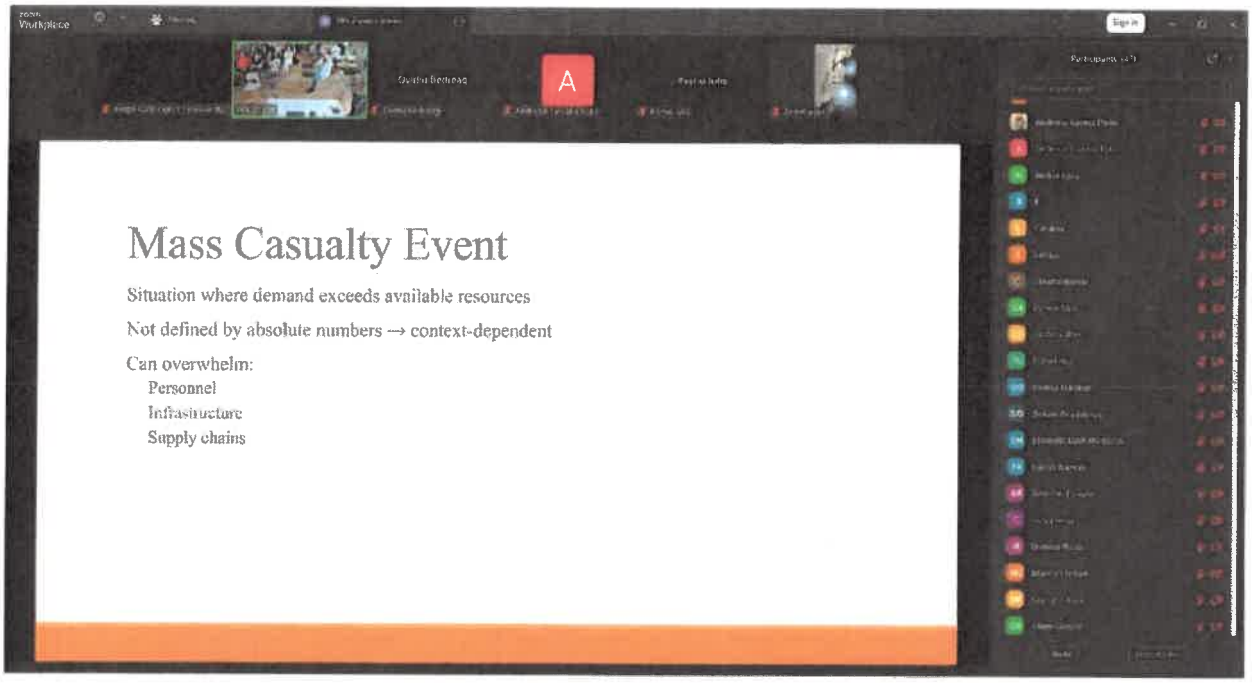
27 APRILIE 2026, SZEGED

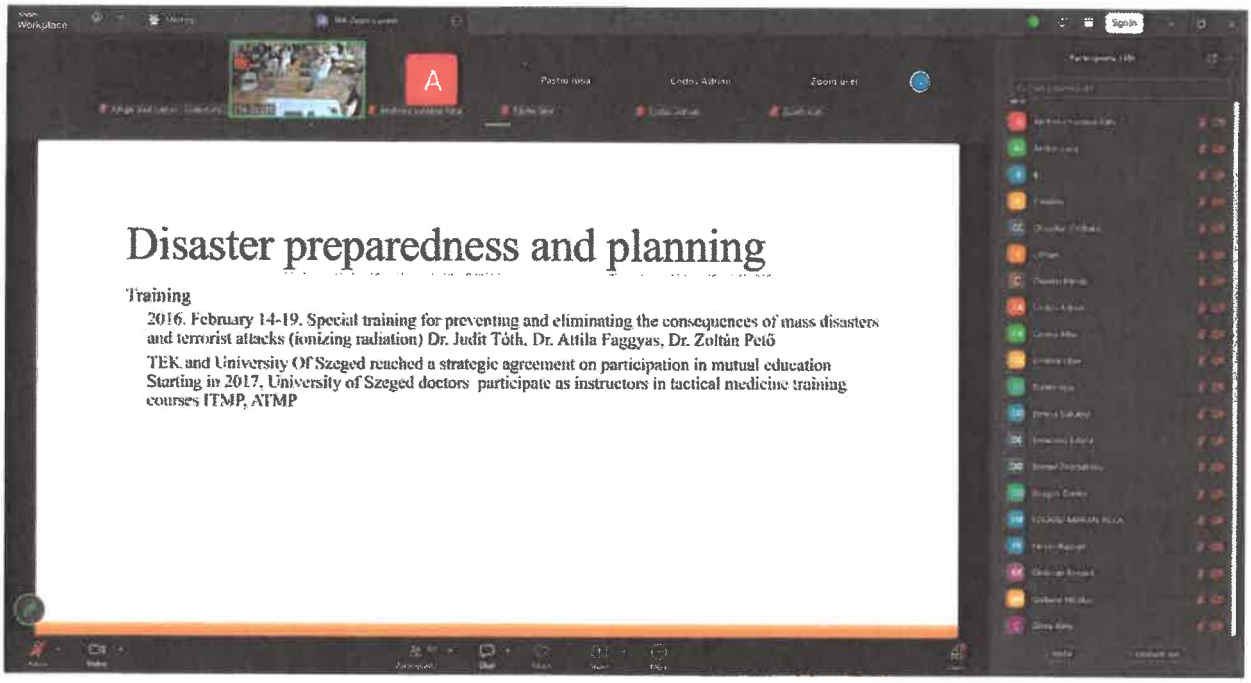
Medicina dezastrelor, asistența medicală de urgență în medii cu resurse limitate și gestionarea incidentelor cu victime multiple


Dashboard
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Asztal megjelenítése


Emergency Medicine and Mass Casualty Events
Dr. Tamás Hardi


Why was it so devastating?
1. Shallow, high-energy quake Shallow depth → brutal surface shaking
2. Two major earthquakes (double hit)
7.8 → already destroying
7.7 → what remains is demolished
second wave kills survivors + rescuers
3. Mass building collapse - Poor regulation / construction
4. Timing – environment
Dawn → people sleeping indoors
Winter → cold, hypothermia
Poor infrastructure → late rescue


Mass Casualty Event
Situation where demand exceeds available resources
Not defined by absolute numbers → context-dependent
Can overwhelm:
Personnel
Infrastructure
Supply chains


Disaster preparedness and planning
Training
2016. February 14-19. Special training for preventing and eliminating the consequences of mass disasters and terrorist attacks (ionizing radiation) Dr. Judit Tóth, Dr. Attila Faggyas, Dr. Zoltán Pető
TEK and University Of Szeged reached a strategic agreement on participation in mutual education
Starting in 2017, University of Szeged doctors participate as instructors in tactical medicine training courses ITMP, ATMP

Mobile Hospital

Heated tent, with portable lighting, generator for power,

2 beds (possibility of a 3rd care point on the ground)

Monitor, defibrillator, ventilator

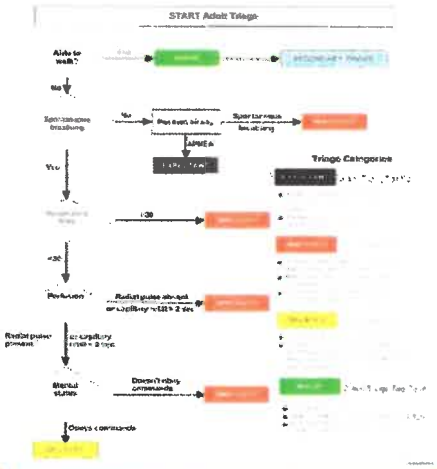
Medicines and devices are what we brought from home

Nine main healthcare providers: 7 doctors 2 paramedics

Specialties: anesthesiology and intensive therapy (3 people), emergency medicine (4 people), pediatric intensive care (1 person), internal medicine (1 person), nephrology (1 person), military disaster medicine (1 person)

START Triage

- not like hospital triage
- requires different mindset
- no treatment
- no extensive examinations



Typical cases: crush syndrome

In this event it is caused by crushing/squeezing of a body part due to collapsing buildings (crush injury).

There may be other causes in other locations: being trapped in a vehicle/wreck, lying still for a long time (e.g. immobility during anesthesia/intoxication), injury in a panicking crowd, electric shock, etc.

As a result of crushing/squeezing, the blood circulation in the exposed body part becomes insufficient, cell death, and tissue disintegration occur.

During rescue, the substances that were previously stagnant in the exposed area enter the circulation (potassium, phosphorus, myoglobin, disintegrated hemoglobin, tissue debris).

This can be followed by the "smiling death" event without treatment, when the rescued person is happy to be rescued, and then suddenly (usually within 20 minutes) dies of ventricular fibrillation.

Survivors may develop kidney failure.

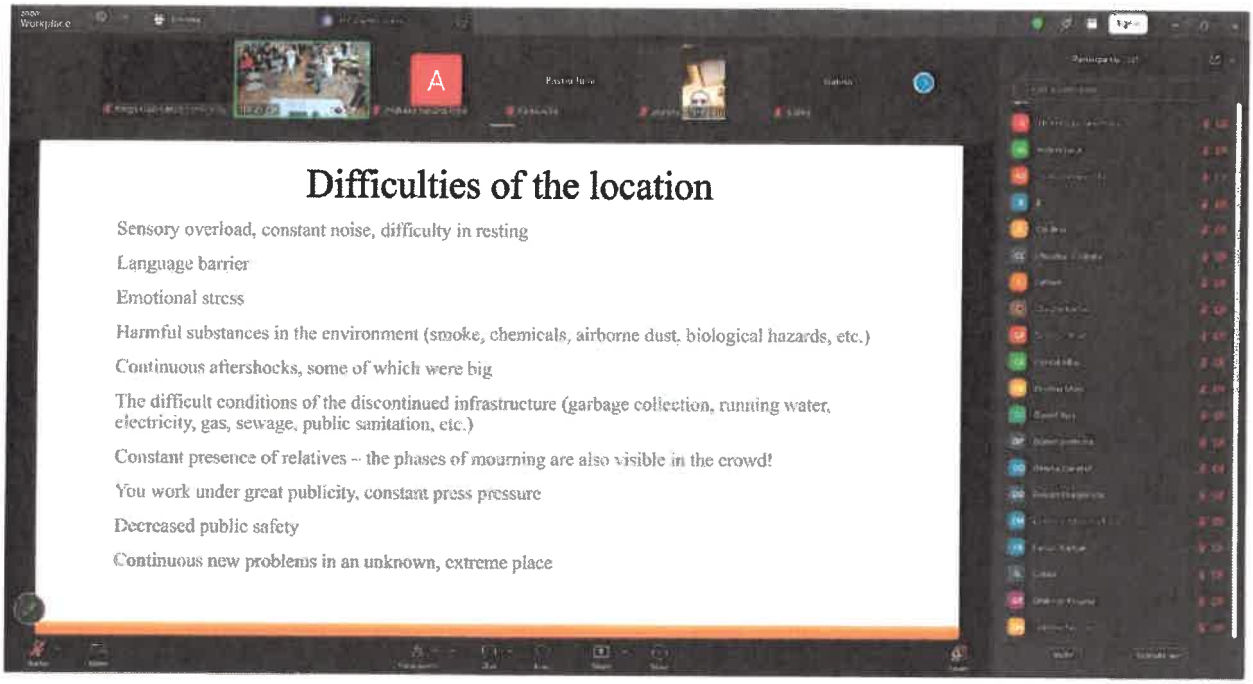
Untreated crush injury developes into crush syndrome

Mobile hospital

„documentation"



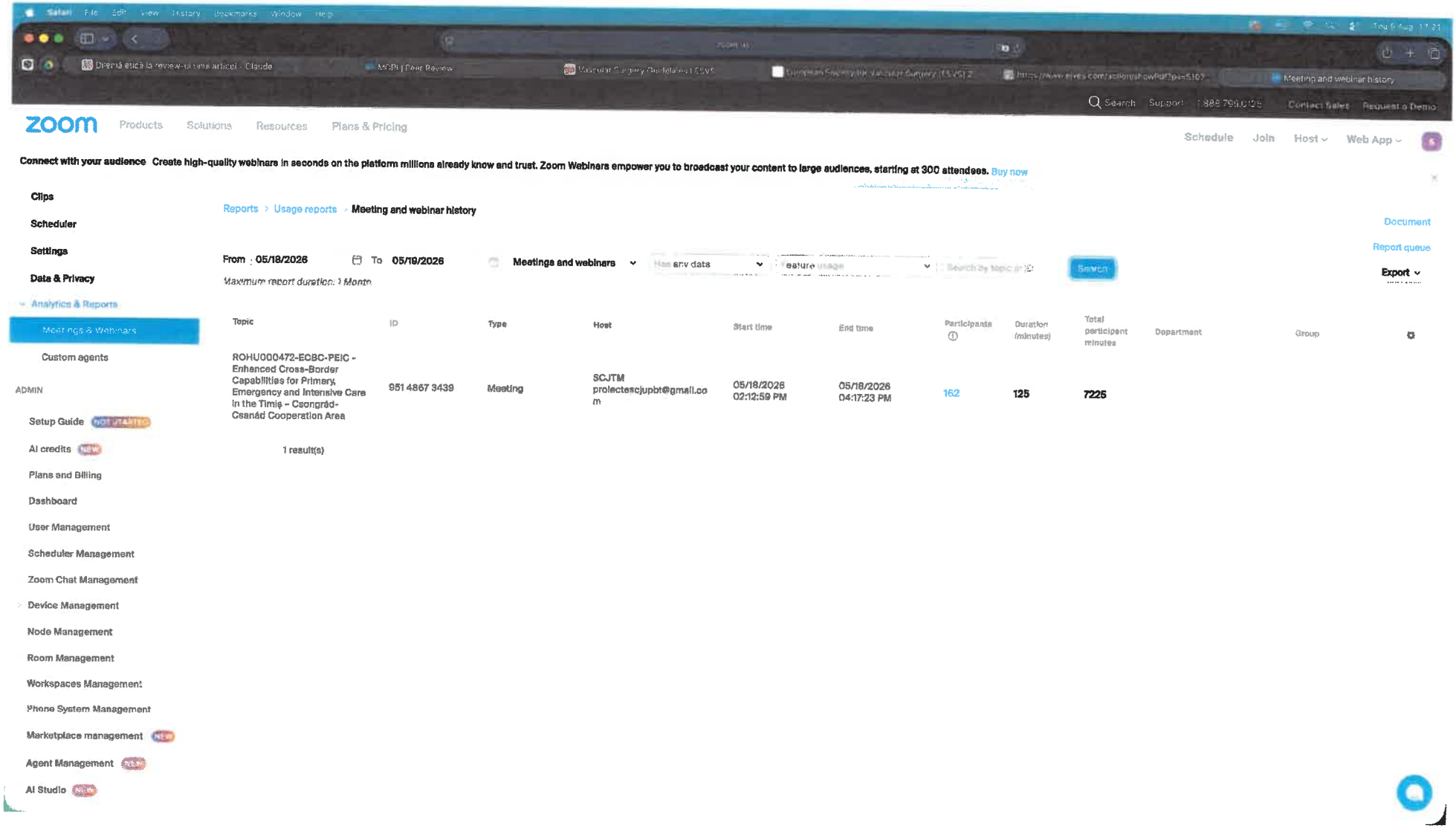


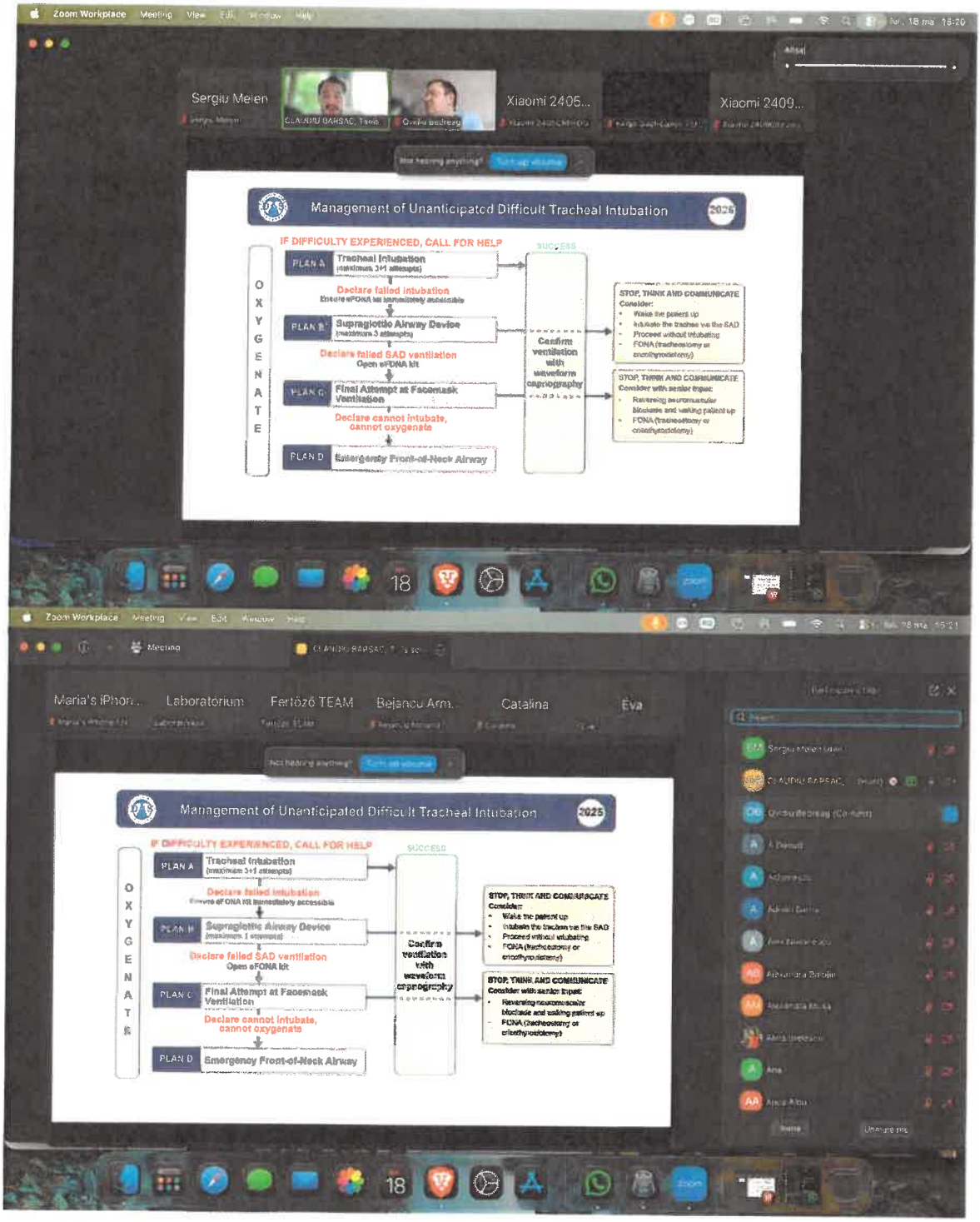

Difficulties of the location
Sensory overload, constant noise, difficulty in resting
Language barrier
Emotional stress
Harmful substances in the environment (smoke, chemicals, airborne dust, biological hazards, etc.)
Continuous aftershocks, some of which were big
The difficult conditions of the discontinued infrastructure (garbage collection, running water, electricity, gas, sewage, public sanitation, etc.)
Constant presence of relatives – the phases of mourning are also visible in the crowd!
You work under great publicity, constant press pressure
Decreased public safety
Continuous new problems in an unknown, extreme place

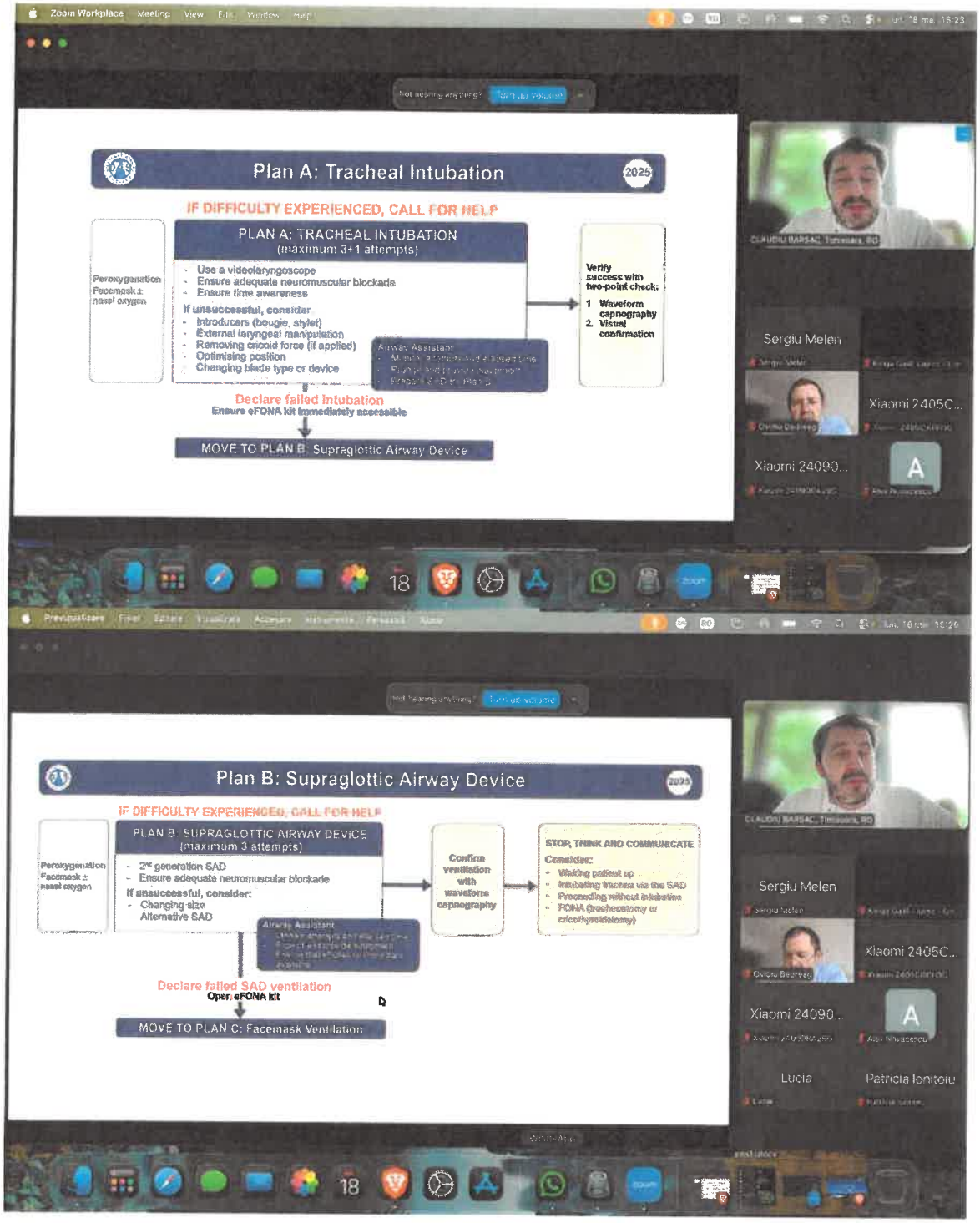
WEBINAR 5

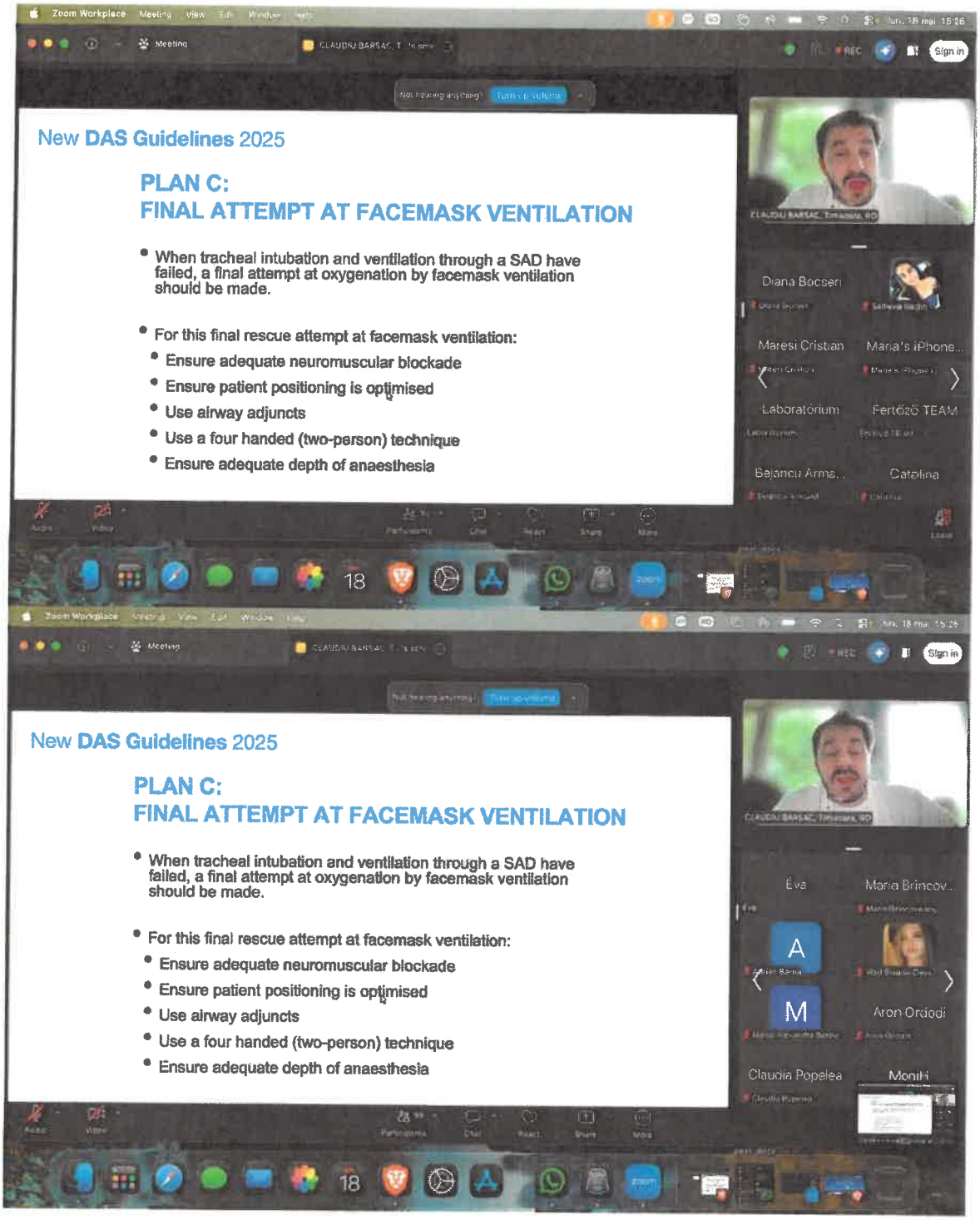
18 MAI 2026, TIMIȘOARA

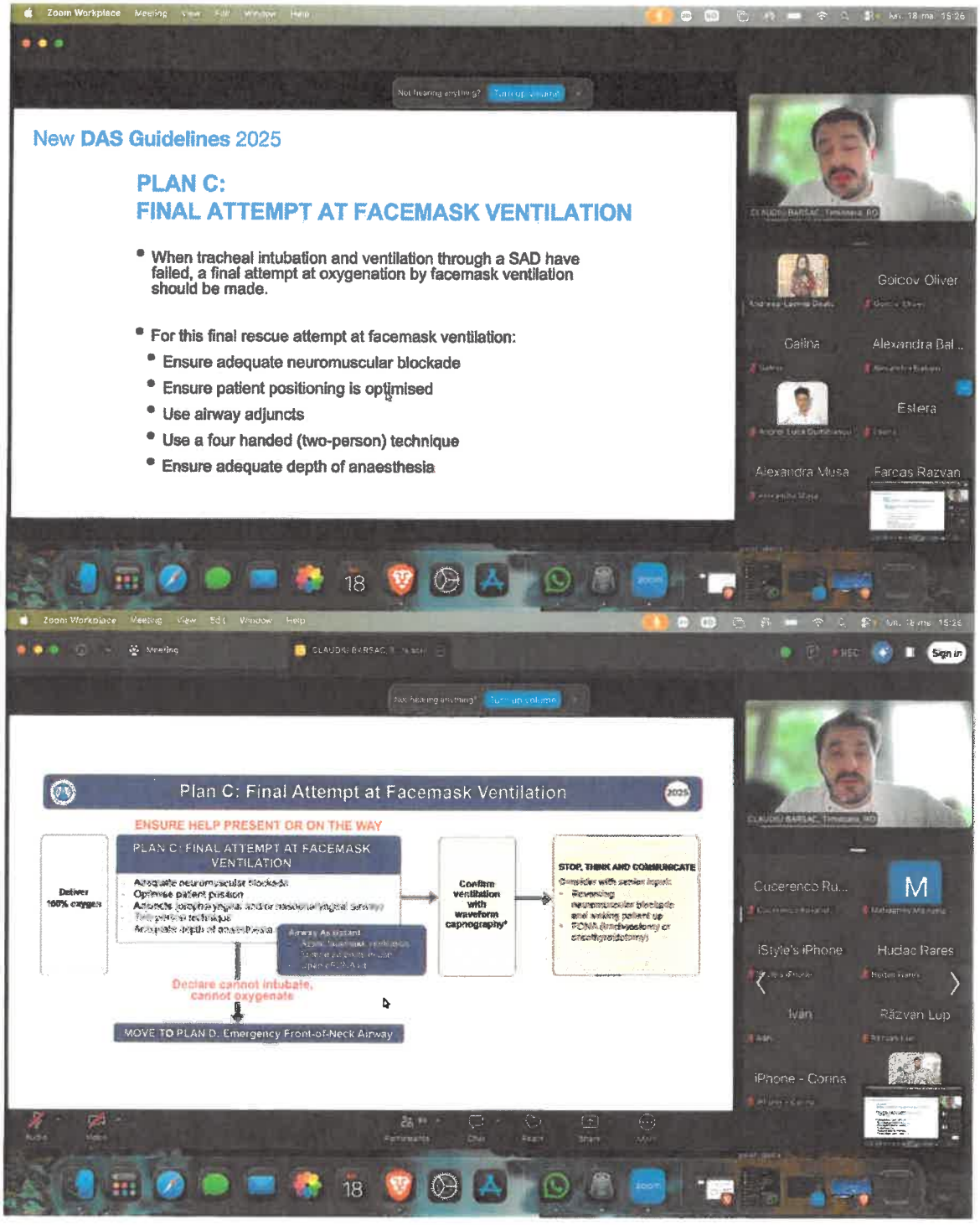
Managementul căilor aeriene dificile în secțiile de terapie intensivă și pachete de măsuri standardizate de îngrijire pentru pacienții în stare critică

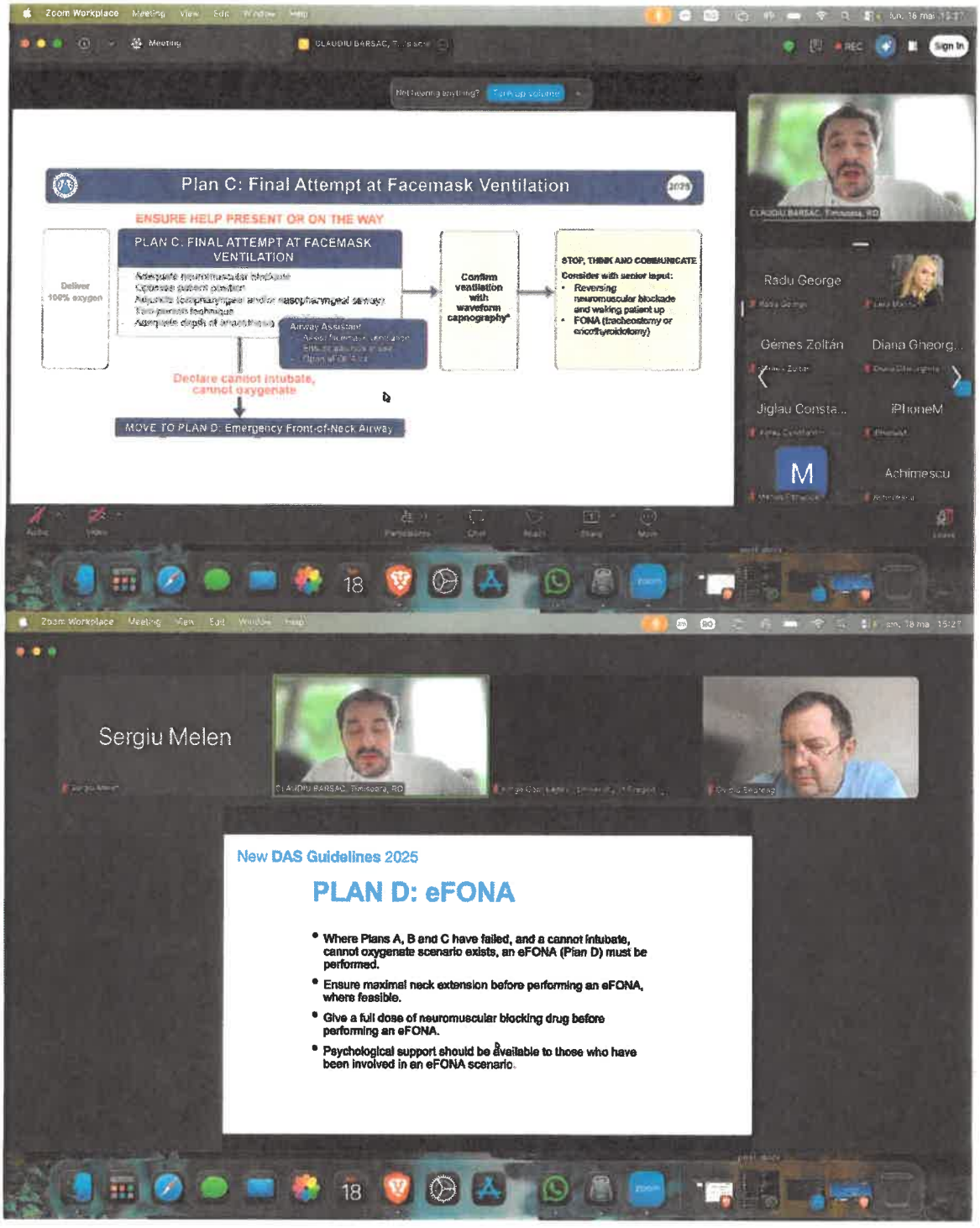

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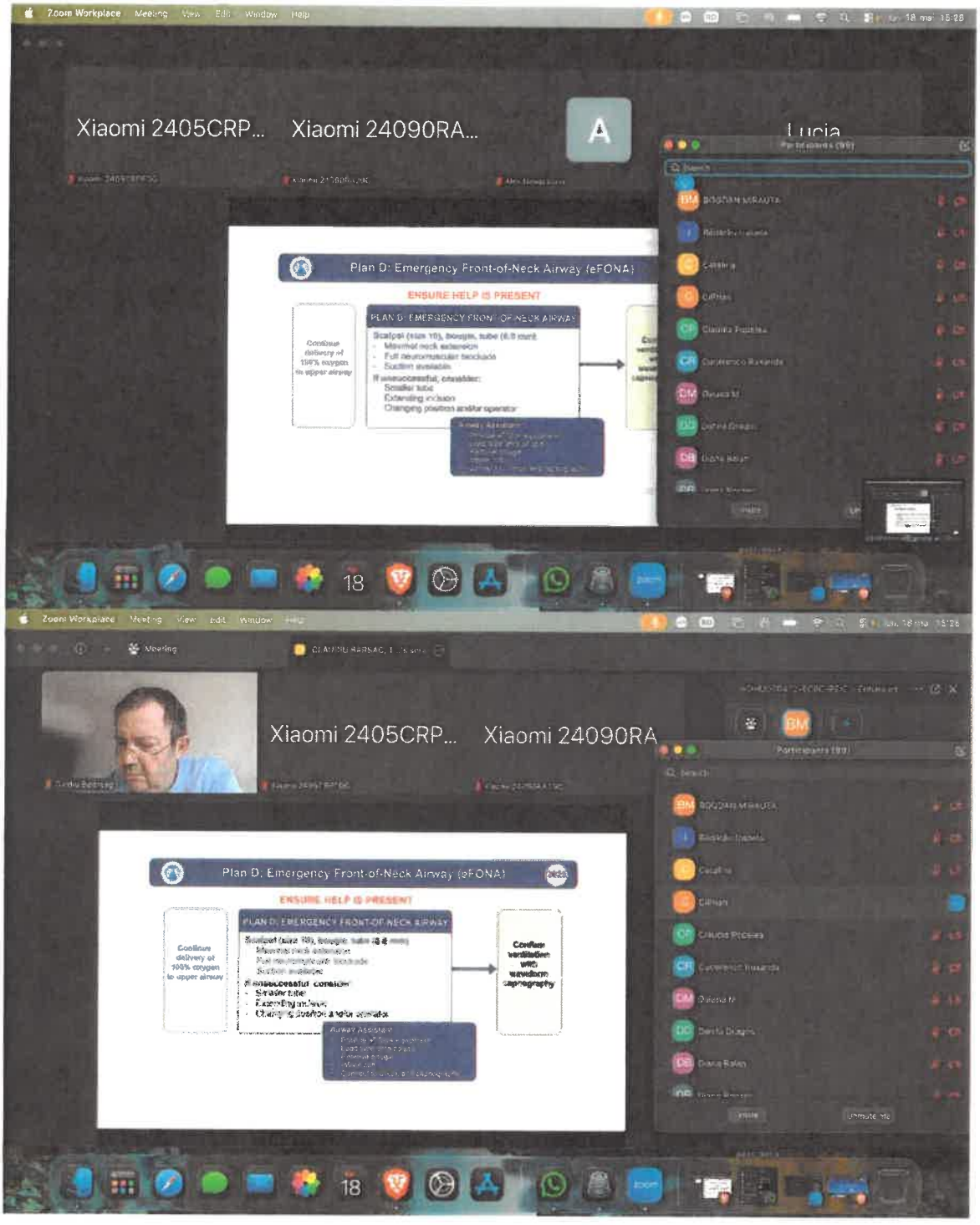

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Meeting
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Sergiu Melen
Xiaomi 2405...
Xiaomi 2409...
Management of Unanticipated Difficult Tracheal Intubation
2025
IF DIFFICULTY EXPERIENCED, CALL FOR HELP
OXYGENATE
PLAN A
Tracheal Intubation
(maximum 3+1 attempts)
Declare failed intubation
Ensure eFONA kit immediately accessible
PLAN B
Supraglottic Airway Device
(maximum 3 attempts)
Declare failed SAD ventilation
Open eFONA kit
PLAN C
Final Attempt at Facemask Ventilation
Declare cannot intubate, cannot oxygenate
PLAN D
Emergency Front-of-Neck Airway
SUCCESS
Confirm ventilation with waveform capnography
STOP, THINK AND COMMUNICATE
Consider:
Wake the patient up
Intubate the trachea via the SAD
Proceed without intubating
FONA (tracheostomy or cricothyroidotomy)
STOP, THINK AND COMMUNICATE
Consider with senior input:
Reversing neuromuscular blockade and waking patient up
FONA (tracheostomy or cricothyroidotomy)
Maria's iPhon...
Laboratórium
Fertőző TEAM
Bejancu Arm...
Catalina
Eva

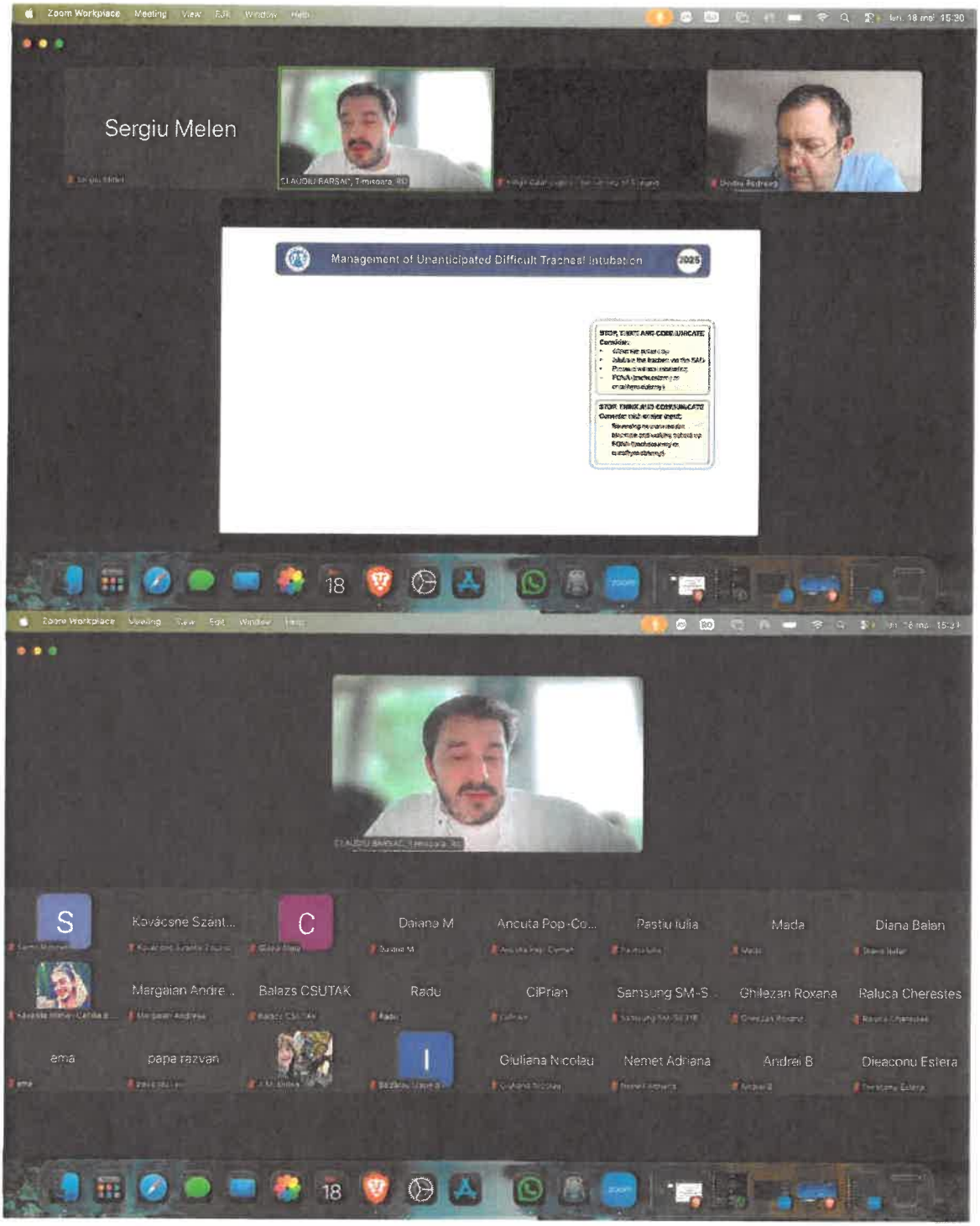

Plan A: Tracheal Intubation
2025
IF DIFFICULTY EXPERIENCED, CALL FOR HELP
Peroxygenation
Facemask ± nasal oxygen
PLAN A: TRACHEAL INTUBATION
(maximum 3+1 attempts)
- Use a videolaryngoscope
- Ensure adequate neuromuscular blockade
- Ensure time awareness
If unsuccessful, consider
- Introducers (bougie, stylet)
- External laryngeal manipulation
- Removing cricoid force (if applied)
- Optimising position
- Changing blade type or device
Airway Assistant
Verify success with two-point check:
1 Waveform capnography
2. Visual confirmation
Declare failed intubation
Ensure eFONA kit immediately accessible
MOVE TO PLAN B: Supraglottic Airway Device
Sergiu Melen
Xiaomi 2405C...
Xiaomi 24090...
A
Plan B: Supraglottic Airway Device
2025
IF DIFFICULTY EXPERIENCED, CALL FOR HELP
Peroxygenation
Facemask ± nasal oxygen
PLAN B: SUPRAGLOTTIC AIRWAY DEVICE
(maximum 3 attempts)
- 2nd generation SAD
- Ensure adequate neuromuscular blockade
If unsuccessful, consider:
- Changing size
Alternative SAD
Airway Assistant
Confirm ventilation with waveform capnography
STOP, THINK AND COMMUNICATE
Consider:
- Waking patient up
- Intubating trachea via the SAD
- Proceeding without intubation
- FONA (tracheostomy or cricothyroidotomy)
Declare failed SAD ventilation
Open eFONA kit
MOVE TO PLAN C: Facemask Ventilation
Sergiu Melen
Xiaomi 2405C...
Xiaomi 24090...
A
Lucia
Patricia Ionitoiu

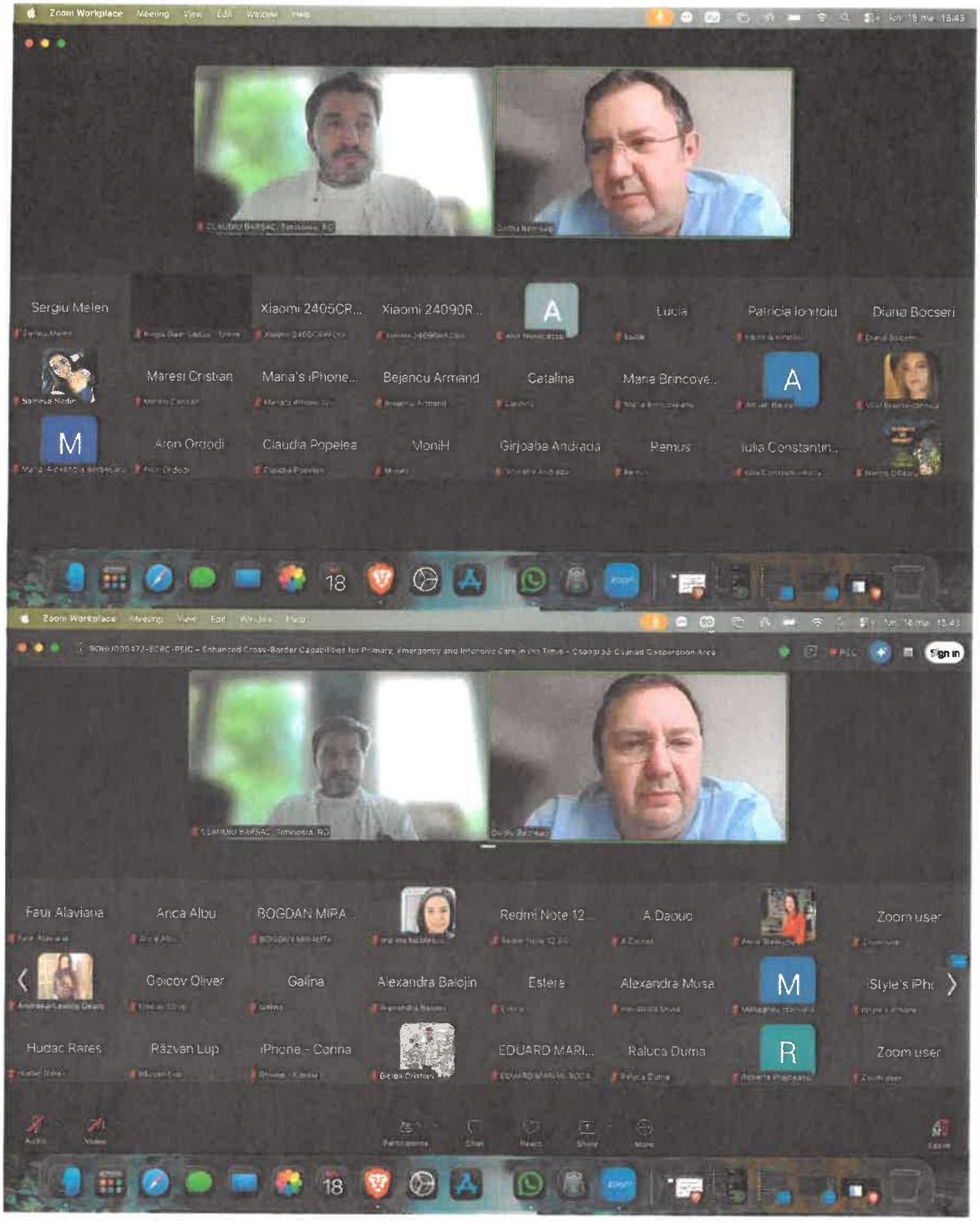

New DAS Guidelines 2025
PLAN C:
FINAL ATTEMPT AT FACEMASK VENTILATION
When tracheal intubation and ventilation through a SAD have failed, a final attempt at oxygenation by facemask ventilation should be made.
For this final rescue attempt at facemask ventilation:
Ensure adequate neuromuscular blockade
Ensure patient positioning is optimised
Use airway adjuncts
Use a four handed (two-person) technique
Ensure adequate depth of anaesthesia
Diana Bocseri
Matesi Cristian
Maria's iPhone...
Laboratórium
Fertőző TEAM
Bejancu Arma...
Catalina
New DAS Guidelines 2025
PLAN C:
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Use airway adjuncts
Use a four handed (two-person) technique
Ensure adequate depth of anaesthesia
Éva
Maria Brincov...
Aron Ordodi
Claudia Popelea
Monika

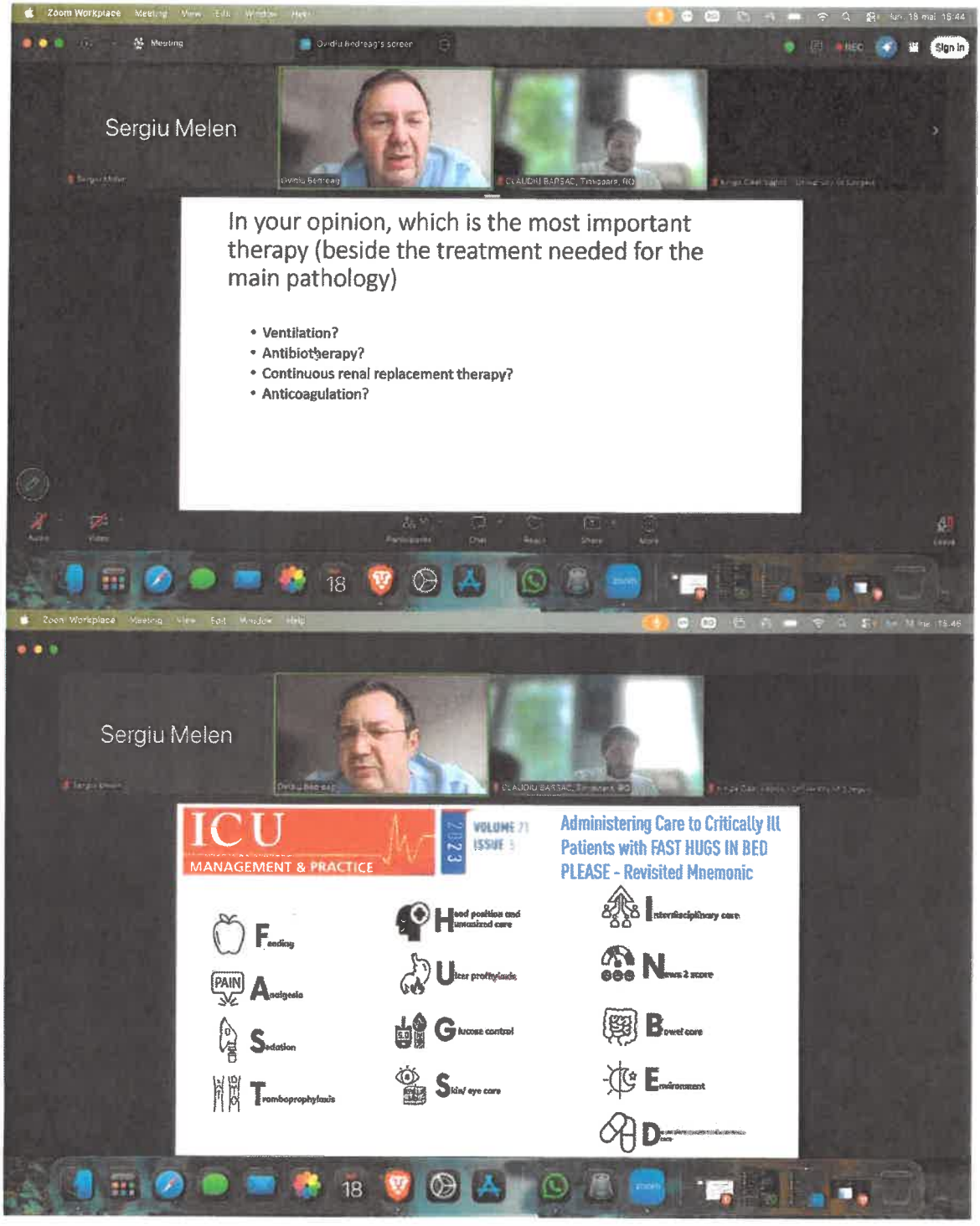

New DAS Guidelines 2025
PLAN C:
FINAL ATTEMPT AT FACEMASK VENTILATION
When tracheal intubation and ventilation through a SAD have failed, a final attempt at oxygenation by facemask ventilation should be made.
For this final rescue attempt at facemask ventilation:
Ensure adequate neuromuscular blockade
Ensure patient positioning is optimised
Use airway adjuncts
Use a four handed (two-person) technique
Ensure adequate depth of anaesthesia
Goicov Oliver
Galina
Alexandra Bal...
Estera
Alexandra Musa
Farcas Razvan
Plan C: Final Attempt at Facemask Ventilation
2025
ENSURE HELP PRESENT OR ON THE WAY
Deliver 100% oxygen
PLAN C: FINAL ATTEMPT AT FACEMASK VENTILATION
Confirm ventilation with waveform capnography*
STOP, THINK AND COMMUNICATE
Declare cannot intubate, cannot oxygenate
MOVE TO PLAN D: Emergency Front-of-Neck Airway
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iStyle's iPhone
Hudac Rares
Ivan
Răzvan Lup
iPhone - Corina

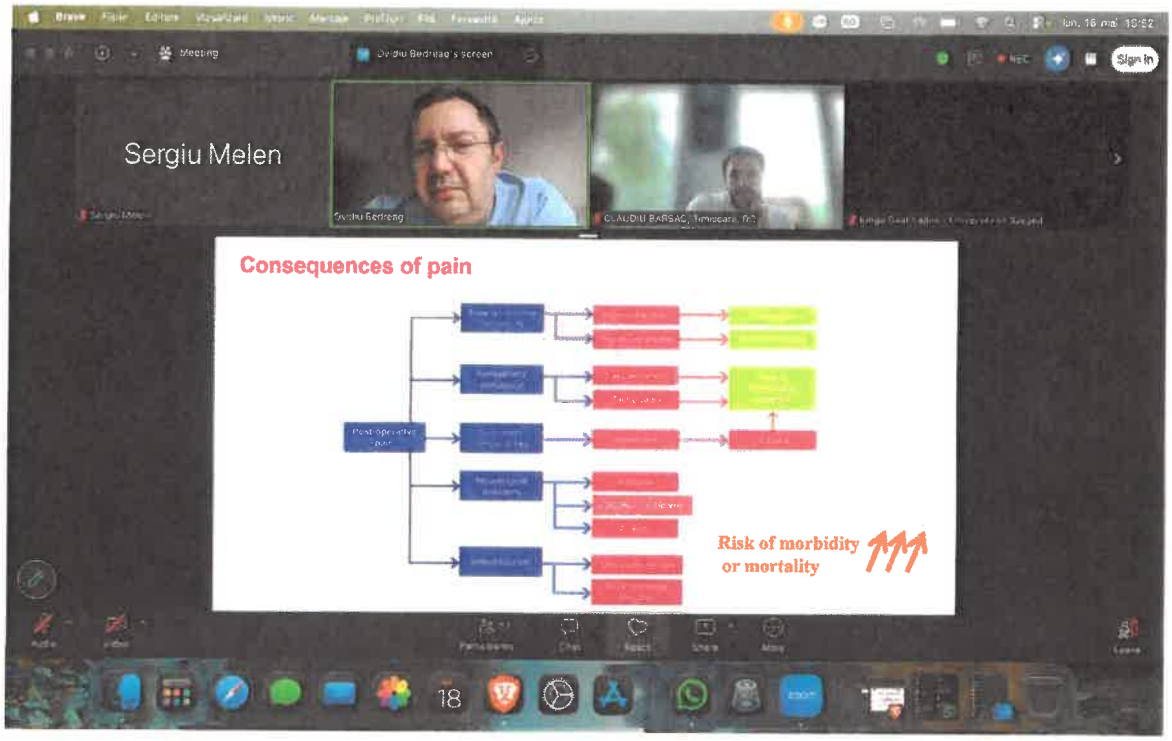

Plan C: Final Attempt at Facemask Ventilation
ENSURE HELP PRESENT OR ON THE WAY
PLAN C: FINAL ATTEMPT AT FACEMASK VENTILATION
Deliver 100% oxygen
Airway Assistant
Confirm ventilation with waveform capnography*
STOP, THINK AND COMMUNICATE
Consider with senior input:
Reversing neuromuscular blockade and waking patient up
FONA (tracheostomy or cricothyroidotomy)
Declare cannot intubate, cannot oxygenate
MOVE TO PLAN D: Emergency Front-of-Neck Airway
Radu George
Gémes Zoltán
Diana Gheorg...
Jiglau Consta...
iPhoneM
Achimescu
Sergiu Melen
New DAS Guidelines 2025
PLAN D: eFONA
Where Plans A, B and C have failed, and a cannot intubate, cannot oxygenate scenario exists, an eFONA (Plan D) must be performed.
Ensure maximal neck extension before performing an eFONA, where feasible.
Give a full dose of neuromuscular blocking drug before performing an eFONA.
Psychological support should be available to those who have been involved in an eFONA scenario.


Xiaomi 2405CRP...
Xiaomi 24090RA...
Plan D: Emergency Front-of-Neck Airway (eFONA)
ENSURE HELP IS PRESENT
Xiaomi 2405CRP...
Xiaomi 24090RA
Plan D: Emergency Front-of-Neck Airway (eFONA)
ENSURE HELP IS PRESENT


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Sergiu Melen
Management of Unanticipated Difficult Tracheal Intubation
2025
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Margaian Andre...
Balazs CSUTAK
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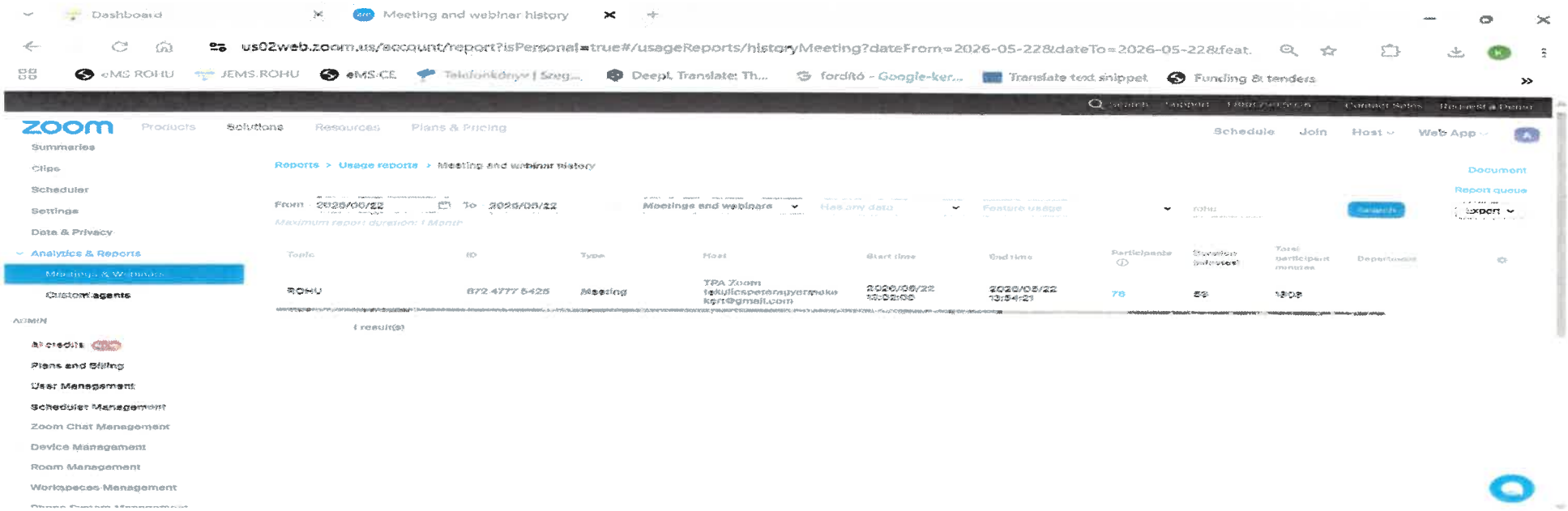

Sergiu Melen
In your opinion, which is the most important therapy (beside the treatment needed for the main pathology)
• Ventilation?
• Antibiotherapy?
• Continuous renal replacement therapy?
• Anticoagulation?
Sergiu Melen
ICU
MANAGEMENT & PRACTICE
2023
Administering Care to Critically Ill Patients with FAST HUGS IN BED PLEASE - Revisited Mnemonic
Feeding
Analgesia
Sedation
Thromboprophylaxis
Head position and weaning care
Ulcer prophylaxis
Glucose control
Skin/ eye care
Interdisciplinary care
Nurse 2 nurse
Bowel care
Environment

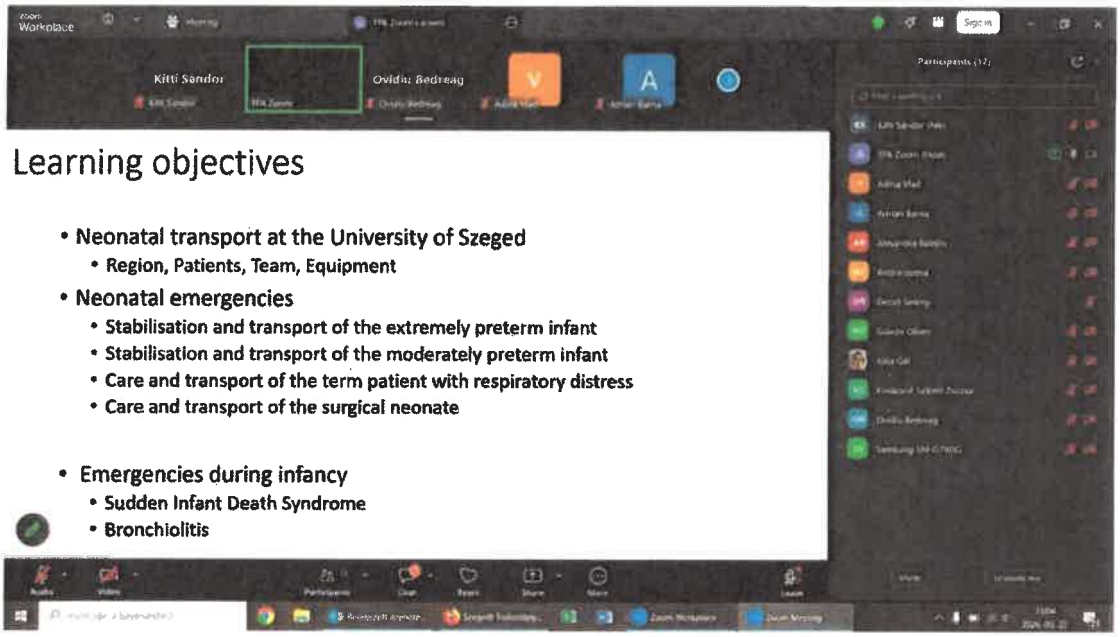

Sergiu Melen
Consequences of pain
Risk of morbidity
or mortality

WEBINAR 6

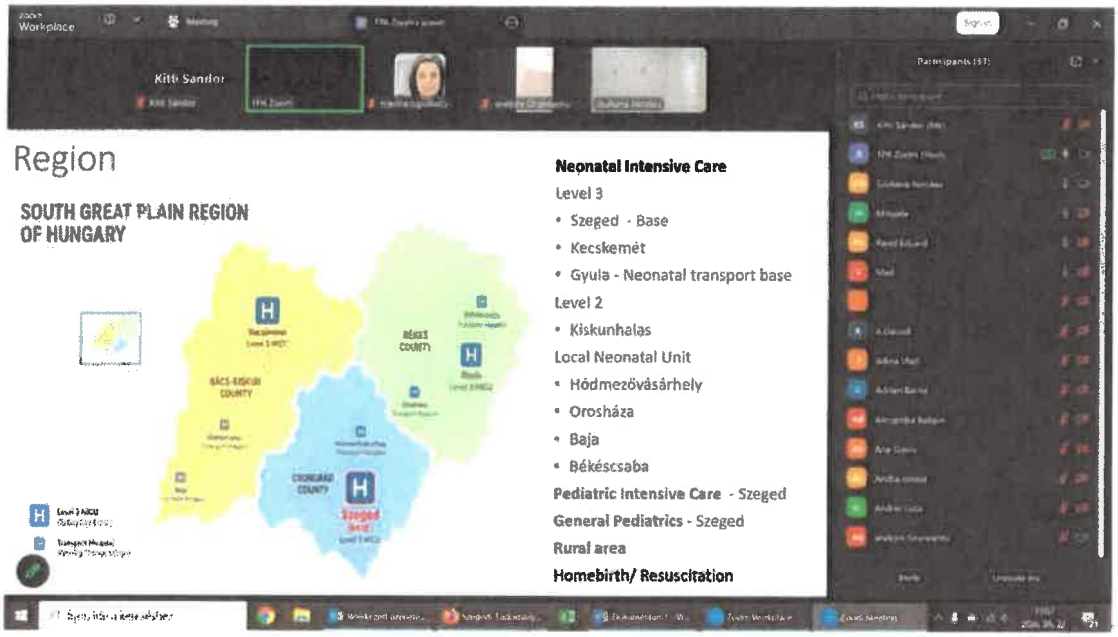
22 MAI 2026, SZEGED

Asistența medicală de urgență și transportul nou-născuților și sugarilor


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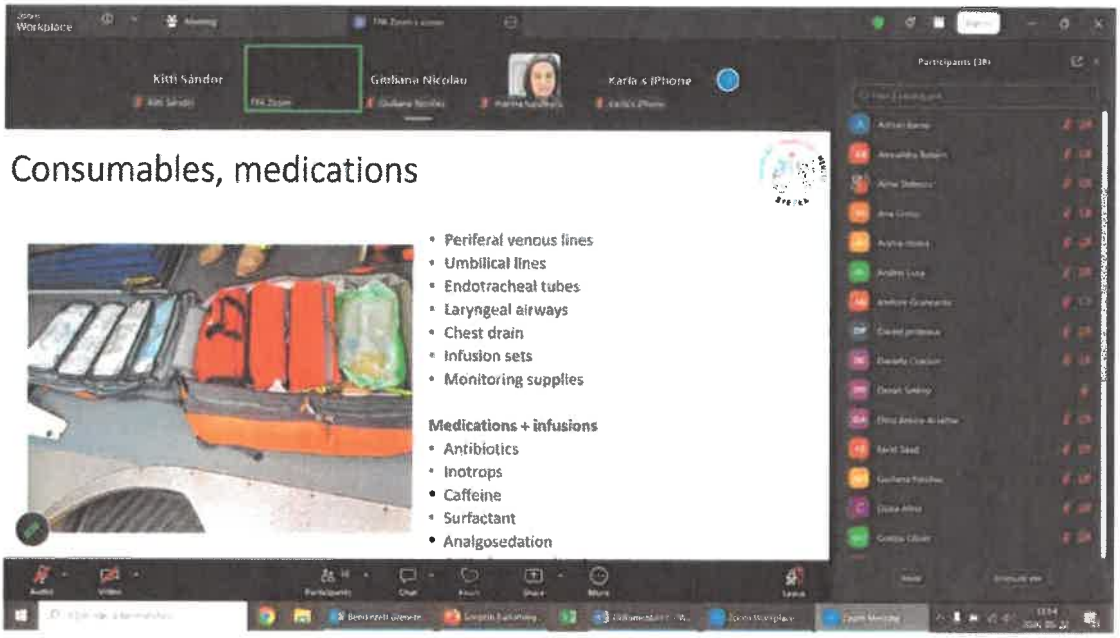

Kitti Sándor
Ovidiu Bedreag
Learning objectives
• Neonatal transport at the University of Szeged
• Region, Patients, Team, Equipment
• Neonatal emergencies
• Stabilisation and transport of the extremely preterm infant
• Stabilisation and transport of the moderately preterm infant
• Care and transport of the term patient with respiratory distress
• Care and transport of the surgical neonate
• Emergencies during infancy
• Sudden Infant Death Syndrome
• Bronchiolitis

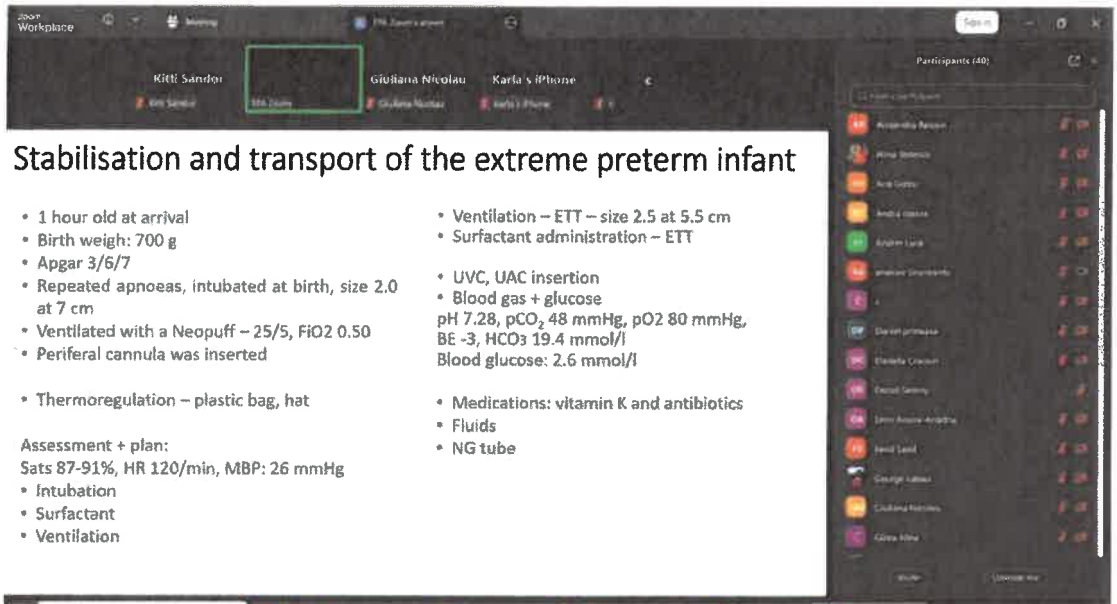

Kitti Sándor
Neonatal transport service University of Szeged
Transfers
• Emergency transfers: Emergency stabilisation and transport of premature and critically ill newborns from regional hospitals or homes to tertiary intensive care centres
• Transfers within the University: In-hospital transport of critically ill neonatal and pediatric intensive care patients for diagnostic and surgical procedures
• Elective transfers: Returning recovering patients to hospitals closer to their families and homes
Number and distance of retrieval
• 800-850 transfers/year
• 36000 km/year


Kitti Sandor
Region
SOUTH GREAT PLAIN REGION OF HUNGARY
BÁCS COUNTY
BÁCS-KISKUN COUNTY
CSONGRÁD COUNTY
Szeged
Neonatal Intensive Care
Level 3
• Szeged - Base
• Kecskemét
• Gyula - Neonatal transport base
Level 2
• Kiskunhalas
Local Neonatal Unit
• Hódmezővásárhely
• Orosháza
• Baja
• Békéscsaba
Pediatric Intensive Care - Szeged
General Pediatrics - Szeged
Rural area
Homebirth/ Resuscitation


Kitti Sandor
Patients
Patients < 6 kg, 60 cm
Newborn transfer
• Preterms – extreme prematurity, respiratory support, feeding difficulty
• Term - respiratory support, sepsis, meconium aspiration
• Surgical problems
• Congenital heart defects, cardiac failure
• Congenital abnormalities – investigation
• Home birth and resuscitation
Infant transfer
• ENT abnormalities
• fectious disease
epsis, respiratory support


Kitti Sándor
Giuliana Nicolau
Karla s iPhone
Thermoregulation, patient safety
• Temperature monitoring – Homebirth !!!
• Transport incubator
• Neohelp
• Transwarmer
• Vacuum mattress – safety and comfort


Kitti Sándor
Giuliana Nicolau
Karla s iPhone
Consumables, medications
• Periferal venous lines
• Umbilical lines
• Endotracheal tubes
• Laryngeal airways
• Chest drain
• Infusion sets
• Monitoring supplies
Medications + infusions
• Antibiotics
• Inotrops
• Caffeine
• Surfactant
• Analgosedation



Stabilisation and transport of the extreme preterm infant

- 1 hour old at arrival
- Birth weigh: 700 g
- Apgar 3/6/7
- Repeated apnoeas, intubated at birth, size 2.0 at 7 cm
- Ventilated with a Neopuff – 25/5, FiO2 0.50
- Periferal cannula was inserted

- Thermoregulation – plastic bag, hat

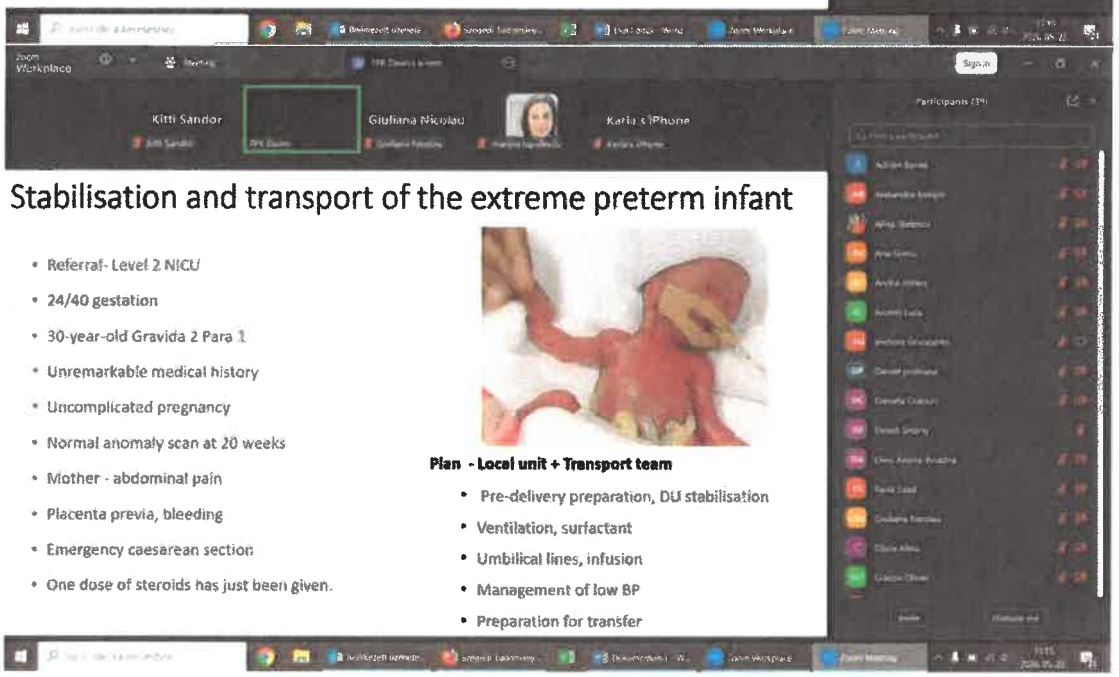
Assessment + plan:
Sats 87-91%, HR 120/min, MBP: 26 mmHg
- Intubation
- Surfactant
- Ventilation

- Ventilation – ETT – size 2.5 at 5.5 cm
- Surfactant administration – ETT

- UVC, UAC insertion
- Blood gas + glucose

pH 7.28, pCO_2 48 mmHg, pO2 80 mmHg,
BE -3, HCO_3 19.4 mmol/l
Blood glucose: 2.6 mmol/l

- Medications: vitamin K and antibiotics
- Fluids
- NG tube

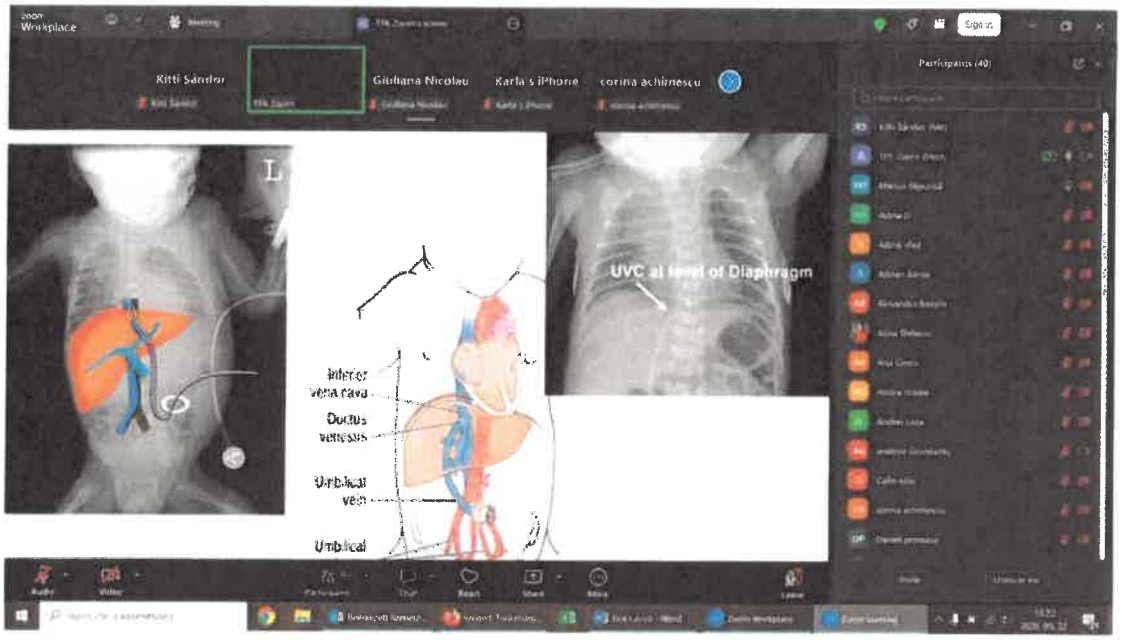


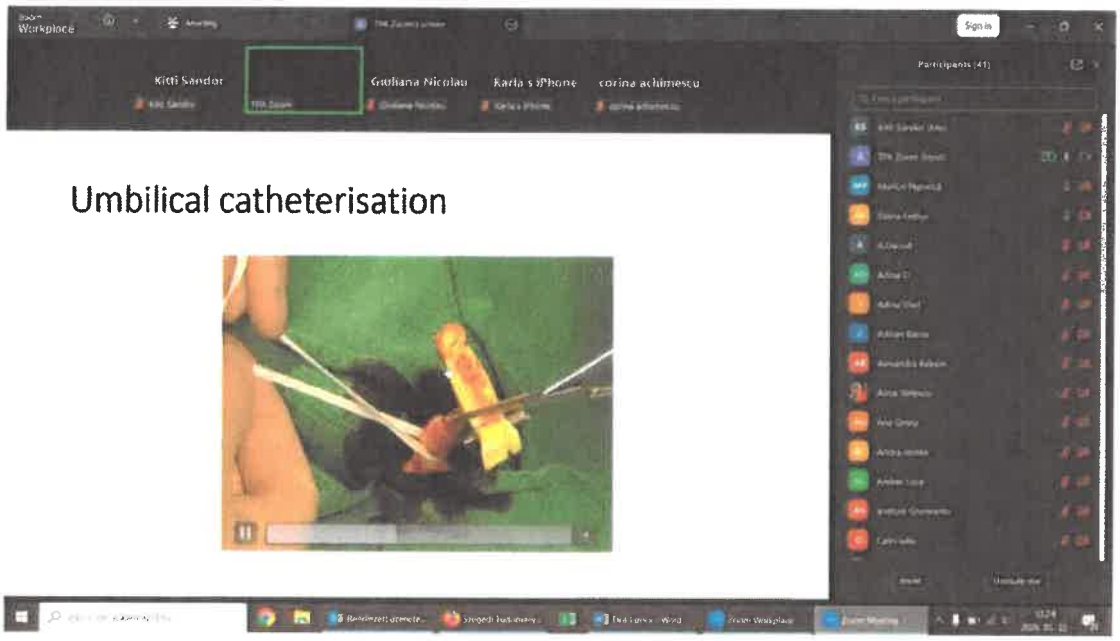
Stabilisation and transport of the extreme preterm infant

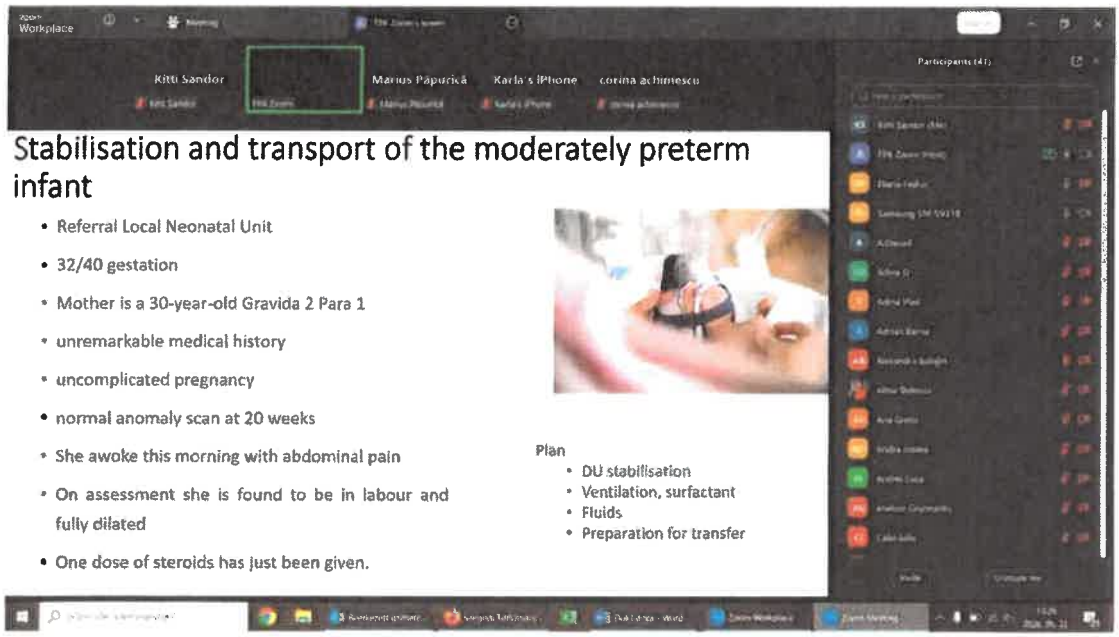
- Referral- Level 2 NICU
- 24/40 gestation
- 30-year-old Gravida 2 Para 1
- Unremarkable medical history
- Uncomplicated pregnancy
- Normal anomaly scan at 20 weeks
- Mother - abdominal pain
- Placenta previa, bleeding
- Emergency caesarean section
- One dose of steroids has just been given.

Plan - Local unit + Transport team

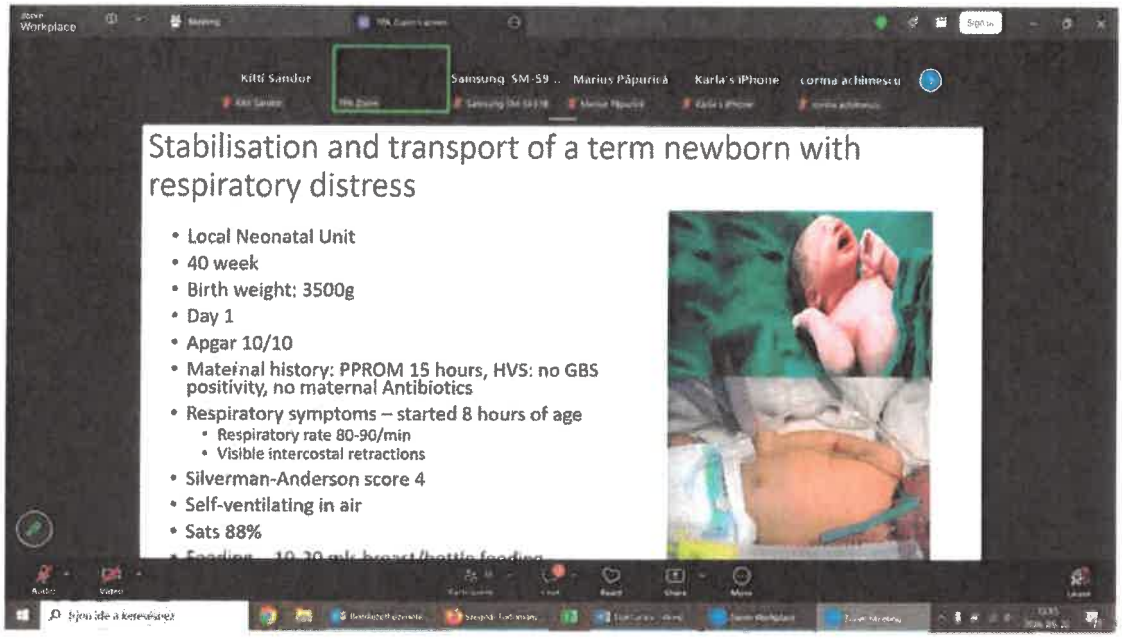
- Pre-delivery preparation, DU stabilisation
- Ventilation, surfactant
- Umbilical lines, infusion
- Management of low BP
- Preparation for transfer

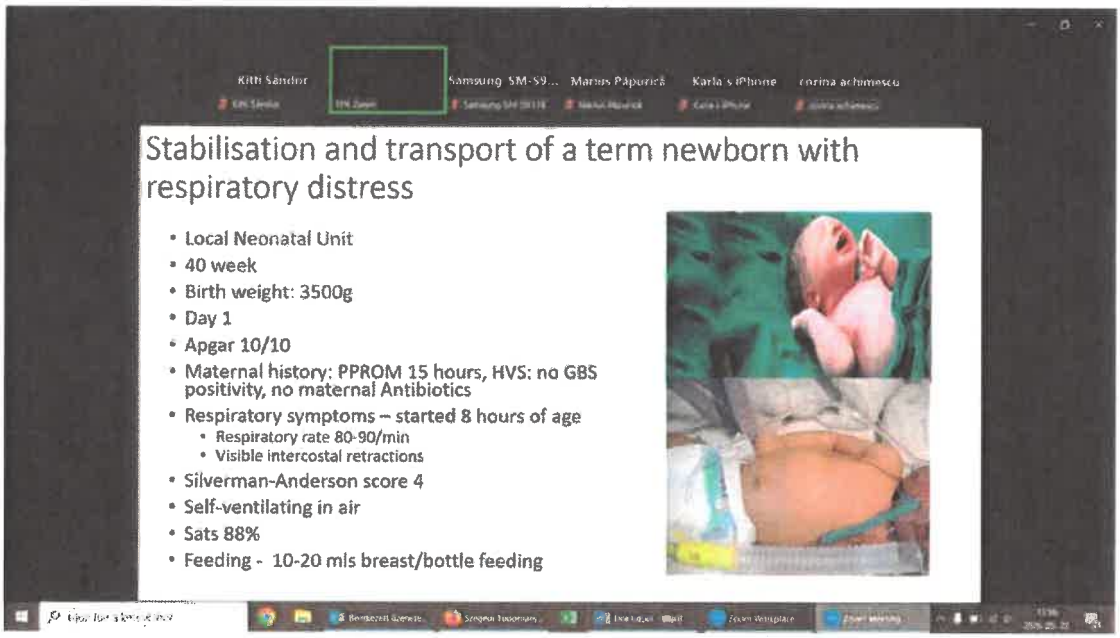

Kitti Sandor
Giuliana Nicolau
Karla s iPhone
corina achimescu
UVC at level of Diaphragm
Inferior vena cava
Ductus venosus
Umbilical vein
Umbilical

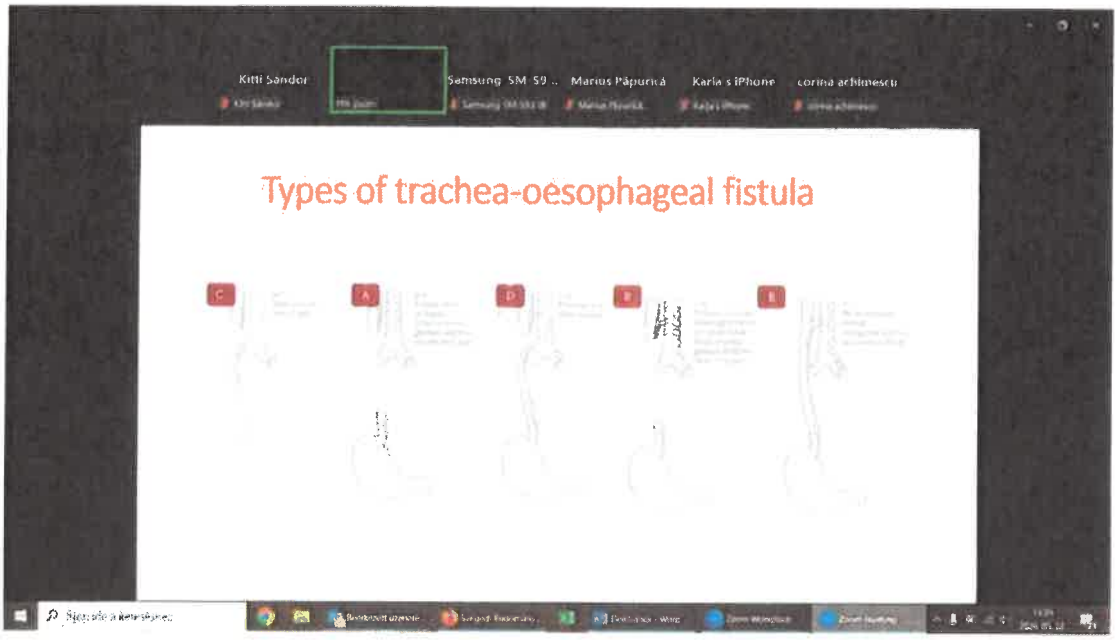

Kitti Sandor
Giuliana Nicolau
Karla s iPhone
corina achimescu
Umbilical catheterisation

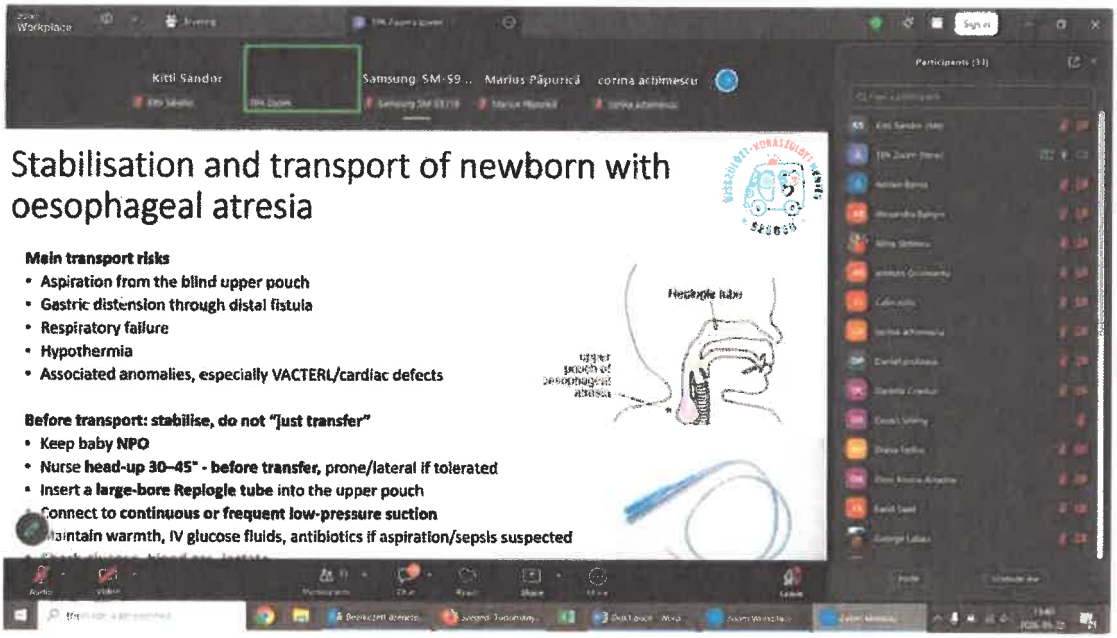

Workplace
Kitti Sandor
Marius Păpurică
Karla's iPhone
corina achimescu
Stabilisation and transport of the moderately preterm infant
• Referral Local Neonatal Unit
• 32/40 gestation
• Mother is a 30-year-old Gravida 2 Para 1
• unremarkable medical history
• uncomplicated pregnancy
• normal anomaly scan at 20 weeks
• She awoke this morning with abdominal pain
• On assessment she is found to be in labour and fully dilated
• One dose of steroids has just been given.
Plan
• DU stabilisation
• Ventilation, surfactant
• Fluids
• Preparation for transfer

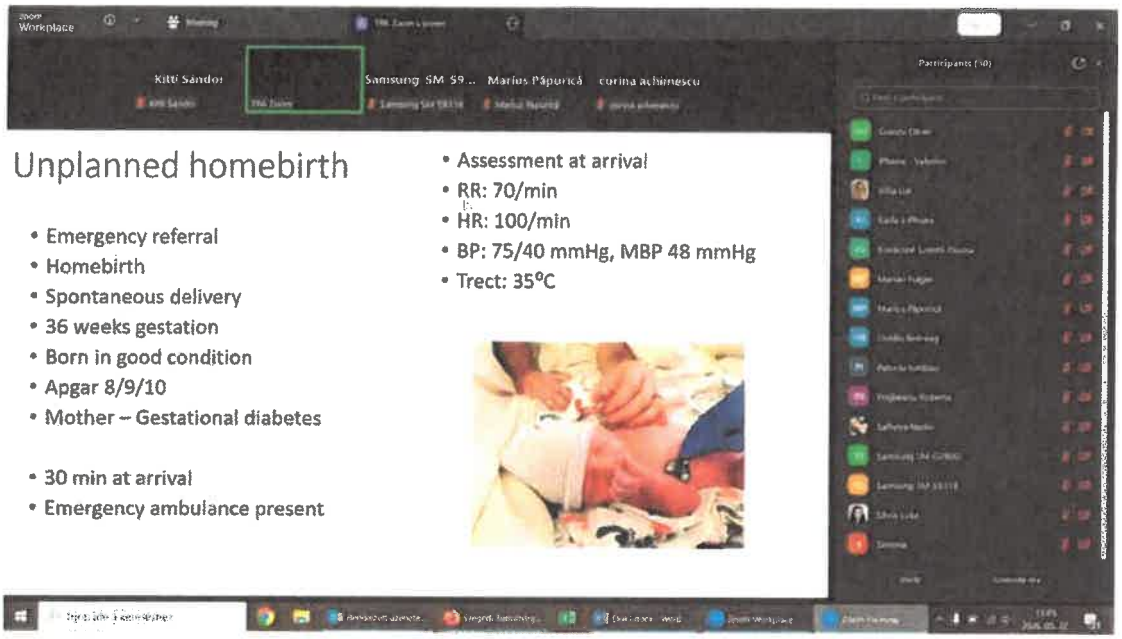

Workplace
Kitti Sandor
Samsung SM-S9...
Marius Păpurică
corina achimescu
Stabilisation and transport of the moderately preterm infant
Medications
• Vitamin K
• Caffeine citrate 20 mg/kg loading dose
Fluids – Dextrose 10%
Fluid ml/kg/day
Weight
Days 0 1 2 3 4 5
<1000 90 100 120 140 150 160
1000-1499 80 100 120 140 150 160
≥1500 70 90 110 130 150 160

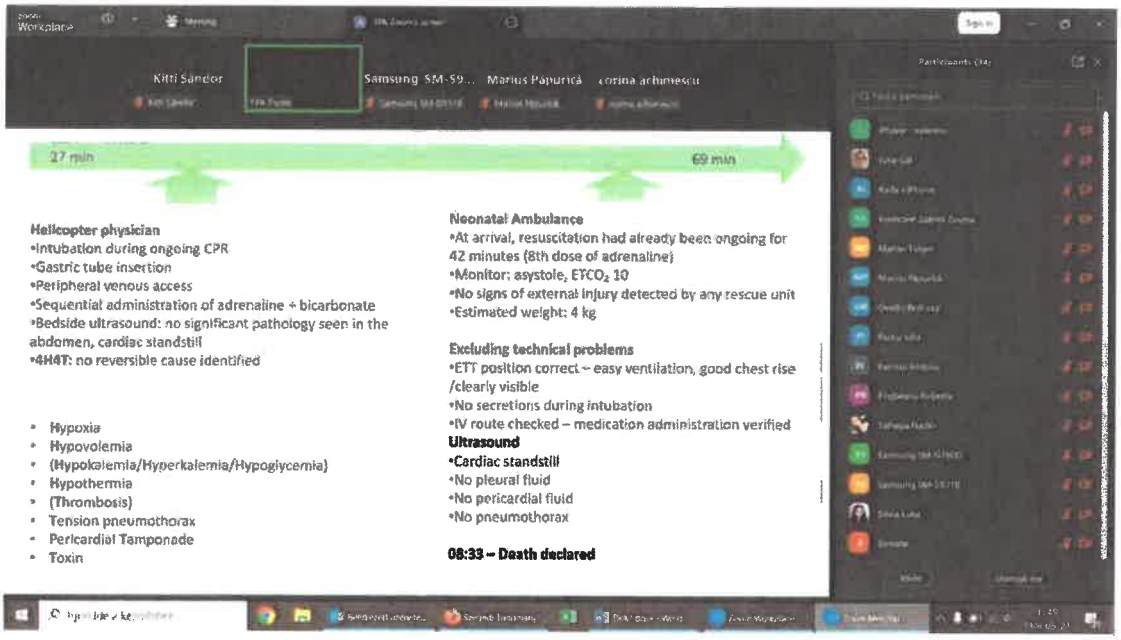

Kitti Sandor
Samsung SM-S9...
Marius Păpurică
Karla's iPhone
corina achimescu
Stabilisation and transport of a term newborn with respiratory distress
• Local Neonatal Unit
• 40 week
• Birth weight: 3500g
• Day 1
• Apgar 10/10
• Maternal history: PPROM 15 hours, HVS: no GBS positivity, no maternal Antibiotics
• Respiratory symptoms – started 8 hours of age
• Respiratory rate 80-90/min
• Visible intercostal retractions
• Silverman-Anderson score 4
• Self-ventilating in air
• Sats 88%


Kitti Sandor
Samsung SM-S9...
Marius Păpurică
Karla's iPhone
corina achimescu
Stabilisation and transport of a term newborn with respiratory distress
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• Silverman-Anderson score 4
• Self-ventilating in air
• Sats 88%
• Feeding - 10-20 mls breast/bottle feeding


Kitti Sandor
Samsung SM-S9 ..
Marius Păpurică
Karla s iPhone
corina achimescu
Types of trachea-oesophageal fistula


Kitti Sandor
Samsung SM-S9 ..
Marius Păpurică
corina achimescu
Stabilisation and transport of newborn with oesophageal atresia
Main transport risks
• Aspiration from the blind upper pouch
• Gastric distension through distal fistula
• Respiratory failure
• Hypothermia
• Associated anomalies, especially VACTERL/cardiac defects
Before transport: stabilise, do not "just transfer"
• Keep baby NPO
• Nurse head-up 30–45° - before transfer, prone/lateral if tolerated
• Insert a large-bore Replogle tube into the upper pouch
• Connect to continuous or frequent low-pressure suction
• Maintain warmth, IV glucose fluids, antibiotics if aspiration/sepsis suspected
Replogle tube
upper pouch of oesophageal atresia


Workplace
Kitti Sándor
Samsung SM-S9...
Marius Păpurică
corina achimescu
Participants (10)
Unplanned homebirth
• Emergency referral
• Homebirth
• Spontaneous delivery
• 36 weeks gestation
• Born in good condition
• Apgar 8/9/10
• Mother – Gestational diabetes
• 30 min at arrival
• Emergency ambulance present
• Assessment at arrival
• RR: 70/min
• HR: 100/min
• BP: 75/40 mmHg, MBP 48 mmHg
• Trect: 35°C


Workplace
Kitti Sándor
Samsung SM-S9...
Marius Păpurică
corina achimescu
27 min
69 min
Helicopter physician
•Intubation during ongoing CPR
•Gastric tube insertion
•Peripheral venous access
•Sequential administration of adrenaline + bicarbonate
•Bedside ultrasound: no significant pathology seen in the abdomen, cardiac standstill
•4H4T: no reversible cause identified
• Hypoxia
• Hypovolemia
• (Hypokalemia/Hyperkalemia/Hypoglycemia)
• Hypothermia
• (Thrombosis)
• Tension pneumothorax
• Pericardial Tamponade
• Toxin
Neonatal Ambulance
•At arrival, resuscitation had already been ongoing for 42 minutes (8th dose of adrenaline)
•Monitor: asystole, ETCO2 10
•No signs of external injury detected by any rescue unit
•Estimated weight: 4 kg
Excluding technical problems
•ETT position correct – easy ventilation, good chest rise /clearly visible
•No secretions during intubation
•IV route checked – medication administration verified
Ultrasound
•Cardiac standstill
•No pleural fluid
•No pericardial fluid
•No pneumothorax
08:33 – Death declared

Kitti Sándor | Samsung SM-S9... | Marius Păpurică | Karla s iPhone | Corina Achimescu

Transfer within the University - Bronchiolitis

- Referral from Pediatric Infectology Unit
- 2 months old
- RSV infection
- HFNC
  - FiO2 0.80
  - 8 l/min
- Tachypnoea, dyspnoea
- Blood gas
- pH 7.32, pCO_2 45, pO_2 63, HCO_3 21



- Continuous monitoring
- Transfer PICU