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The various flavors....
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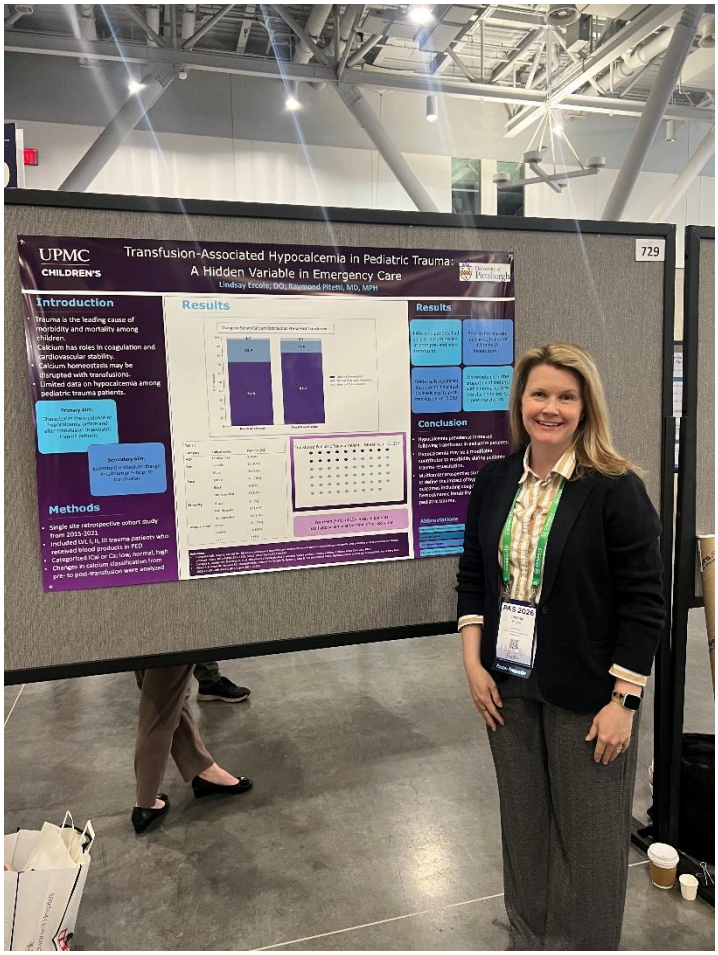
Background
Risk Adjustment is the Foundation of Meaningful Benchmarking
• Variations in outcomes persist between NICUs
• Comparison of crude mortality rates fail to consider differences in patient population characteristics (i.e. severity of illness, case mix, etc.)
• Risk adjustment is the statistical process of controlling for these differences in populations longitudinally over time and across centers
• Facilitates the comparison of observed to expected mortality (i.e. Standardized Mortality Ratio (SMR))


UPMC CHILDREN'S
Transfusion-Associated Hypocalcemia in Pediatric Trauma: A Hidden Variable in Emergency Care
Lindsay Ercole, DO, Raymond Pitetti, MD, MPH
University of Pittsburgh
729
Introduction
Trauma is the leading cause of morbidity and mortality among children.
Calcium has roles in coagulation and cardiovascular stability.
Calcium homeostasis may be disrupted with transfusions.
Limited data on hypocalcemia among pediatric trauma patients.
Primary Aim:
Secondary Aim:
Methods
Single site retrospective cohort study from 2015-2021.
Included ISS ≤ 8, III trauma patients who received blood products in PED
Categorized iCa as Low, normal, high
Changes in calcium classification from
Changes in pre- to post-transfusion were analyzed
Results
Results
Conclusion
Hypocalcemia prevalence increased following transfusion in trauma patients.
Hypocalcemia may act as a modifiable contributor to modifiable distal outcomes in trauma resuscitation.
Abbreviations
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Early Recruitment Matters:
Rethinking "Rest" Ventilation
During Neonatal ECMO
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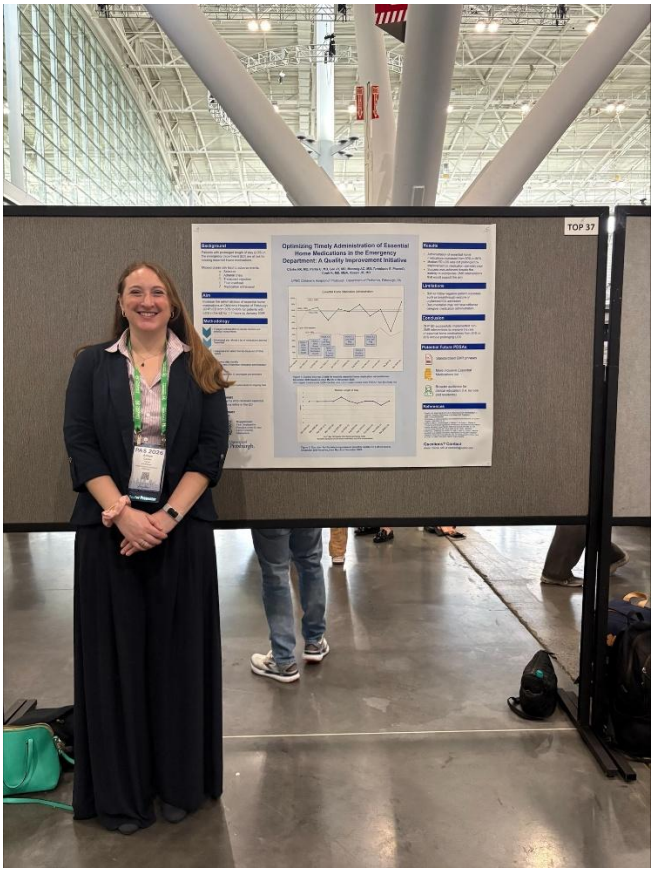
TOP 37
Optimizing Timely Administration of Essential Home Medications in the Emergency Department: A Quality Improvement Initiative

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Group B *Streptococcus* encodes multiple proteins that utilize host heme during bloodstream infection
Presenter Name: Thomas Hooven, MD
Email: thomas.hooven@chp.edu
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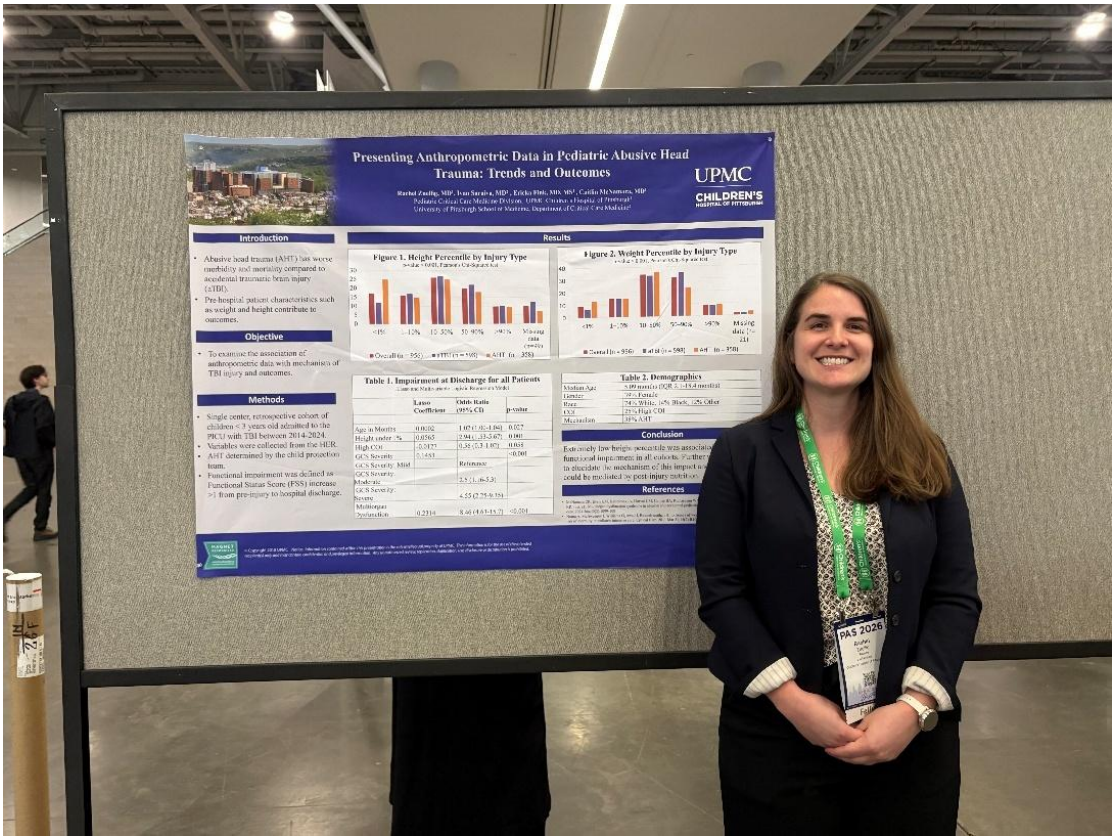
Presente
Anna Cady Clouse
Youth Program Coordinator
& Peer Specialist
Parent/Professional
Advocacy League & Youth
MOVE Massachusetts


Presenting Anthropometric Data in Pediatric Abusive Head Trauma: Trends and Outcomes
UPMC
CHILDREN'S
Introduction
Objective
Methods
Results
Figure 1. Height Percentile by Injury Type
Figure 2. Weight Percentile by Injury Type
Table 1. Impairment at Discharge for all Patients
Table 2. Demographics
Conclusion
References
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Trainee Zone
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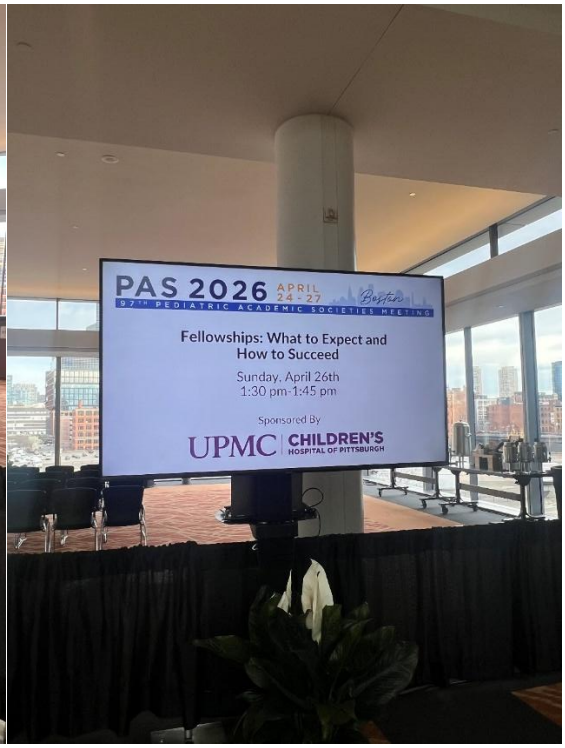
Boston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APRIL 24 - 27
Boston
97TH PEDIATRIC ACADEMIC SOCIETIES MEETING
Fellowships: What to Expect and How to Succeed
Sunday, April 26th
1:30 pm-1:45 pm
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Trainee Zone

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Eleanor Sharp, MD, MS
Moderator | Hospital Medicine 1: Clinical
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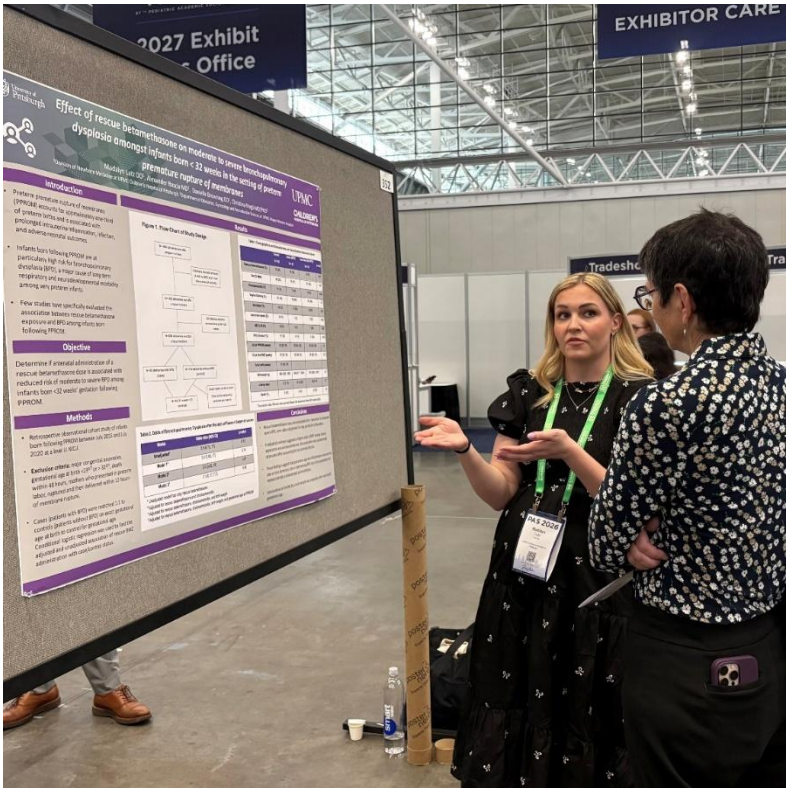
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EXHIBITOR CARE
Effect of rescue betamethasone on moderate to severe bronchopulmonary dysplasia amongst infants born < 32 weeks in the setting of preterm premature rupture of membranes
Introduction
Objective
Methods
Results
Conclusion
UPMC
CHILDREN'S
Tradesho

Parents' Perspectives on Pediatric Emergency Department Care After First-Time Food Allergic Reactions in Young Children
UPMC CHILDREN'S HOSPITAL OF PITTSBURGH
Angeliz Caro Monroig, MD, MPH; Ursula Parlin, MD; Craig Yarger, BSN, RN; Jane Soung, MD; Christine Mauch, MD, MS; Hey Jin Chong, MD, PhD
University of Pittsburgh Medical Center, Children's Hospital of Pittsburgh
University of Pittsburgh
INTRODUCTION
Food allergies affect 8% of children, with rising prevalence in infants and toddlers.
Emergency department (ED) visits for food-induced allergic reactions are increasing, yet most patients are discharged home.
Infants and toddlers often present with atypical symptoms and limited communication, making recognition and diagnosis challenging.
Objective: To explore parents' perspectives on pediatric emergency care after their child's first food allergic reaction to identify management and educational needs.
METHODS
- Qualitative study of parents of children ≤3 years with a first food-allergic reaction
- Participants recruited from the pediatric emergency department (PED) or outpatient allergy clinic
Parents of children ≤3 y First food-allergic reaction
Semi-structured interviews Audio-recorded and transcribed
Reflexive thematic analysis Inductive & deductive coding
RESULTS
8 (±11) months
77% male
77% White
67% Non-Hispanic
85% private insurance
31%
31%
23%
15%
95% Met anaphylaxis criteria*
54% Received epinephrine in ED
15% Received allergy action plans
56% Received Allergy referrals
*100% Received EpiPen & training
Theme 1: Challenges in Emergency Department Triage, Recognition, and Management
"Her whole body was covered in hives... and she continued spitting up...but nothing was done immediately."
Theme 2: Insufficient Discharge Guidance for Acute Allergy Management at Home
"They showed us how to use the EpiPen, but not clearly when to use it. I still don't feel 100% confident about when to inject."
Theme 3: Inconsistent Guidance Shaping Daily Allergen Avoidance and Feeding Practices
"I'm nervous to do tree nuts, soy, and fish because what if he has another reaction?"
Theme 4: Long Wait Times for Allergy Specialty Care Prolong Anxiety and Limit Management
"...there's a responsibility to bridge the gap in the meantime... there's more parents need to navigate to keep them thriving."
Parent-Identified Priorities for Improving Care Across the Post-ED Interval
✓ Clear ED triage and epinephrine criteria, including subtle presentations
✓ Standardized, written discharge materials (e.g., Allergy Action Plan)
✓ Interim feeding and allergen guidance while awaiting specialty care
✓ Scheduling support and interim check-ins
DISCUSSION
✓ Parents support established discharge guidelines, but experience inconsistent implementation
✓ Parents report low confidence recognizing and managing reactions in young children
✓ Educational needs persist beyond pediatrician follow-up and are not met at ED discharge
✓ Delayed allergy follow-up contributes to prolonged anxiety and feeding uncertainty
✓ Parents recommended concrete priorities for improving care across the ED to Allergy follow up trajectory
CONCLUSION
Parent-identified gaps in ED care and delayed allergy follow-up highlight the need for age-specific discharge and interim guidance to reduce uncertainty, support safer home management, and bridge the gap to Allergy care.
Future directions:
✓ Parent-informed discharge materials
✓ Development of infant-specific food allergy clinic guidelines
✓ Improved ED–Allergy care coordination
Contact: caromonroig@upmc.edu
PAS 2026

Urine testing in spina bifida
Alexandra Vestal, MD*, David Chu, MD, MSCE*, Catherine Reiner, MD, MSc*
*Children's Hospital of Pittsburgh
†Ann & Robert H. Lurie Children's Hospital of Chicago
Background
In spina bifida:
- Urinary tract infections (UTI) are common, but overdiagnosed
- No standardized definition of UTI
- Routine urinalysis (UA) leads to contrasting cultured from urine
Aim
Determine the association between clinical predictors and the outcome of negative urine studies in children with spina bifida
Methods
- Retrospective cohort study
- Inclusion criteria: diagnosis of myelomeningocele, cared for at one of two academic medical centers between 2016-2021, aged <18, paired UA and urine culture as part of routine clinical care
- Exclusion criteria: immunodeficiency, taking immunosuppressive medications, genitourinary surgery within the previous four weeks, taking systemic antibiotics to treat an infection, discharge diagnosis of Kawasaki disease or multisystem inflammatory syndrome in children, samples that were collected by bags
Primary Outcome
Negative urine studies, defined as: WBC <10 and LE <1+
- Modified Urologic Management to Preserve Initial Renal Function (UMPIRE) definition
Statistical Analysis
- Chi square test, t-test, and Wilcoxon rank-test were done to compare variables in table 1
- Multivariable logistic regression model done in R studio on variables in table 2
Pump the breaks on automatic urinalysis.
Results
Conclusion
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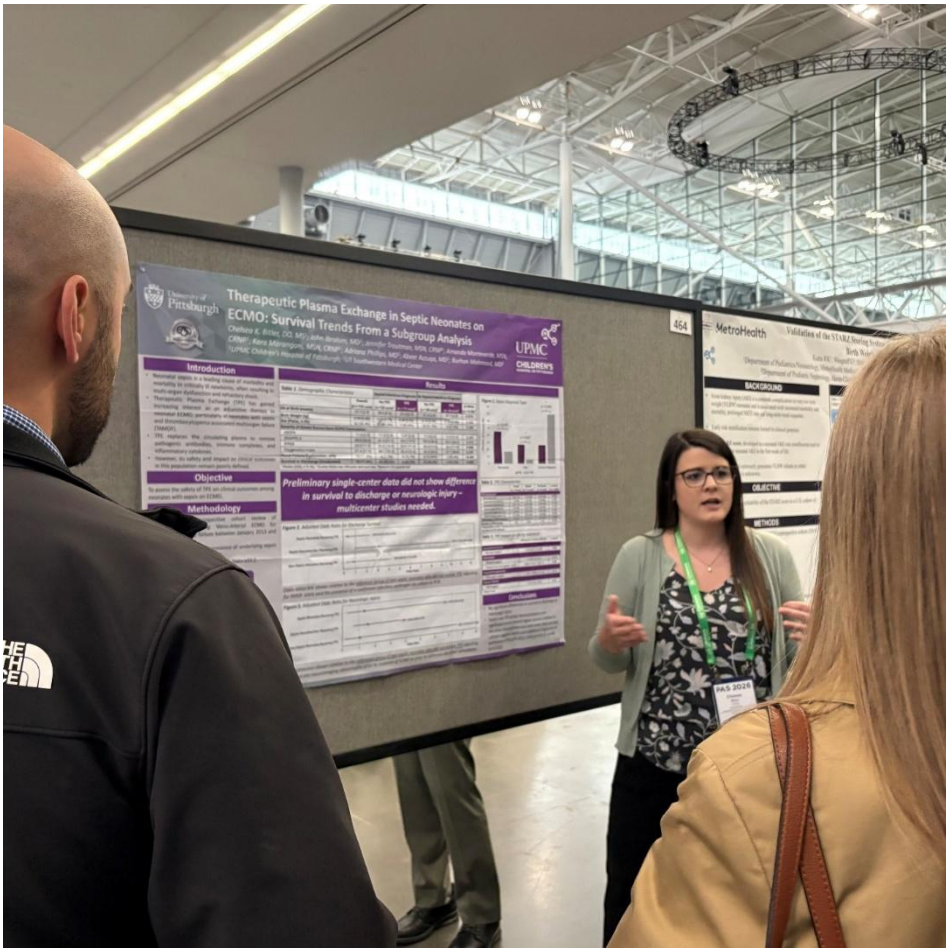
Therapeutic Plasma Exchange in Septic Neonates on ECMO: Survival Trends From a Subgroup Analysis
University of Pittsburgh
UPMC
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Introduction
Results
Objective
Methodology
Preliminary single-center data did not show difference in survival to discharge or neurologic injury – multicenter studies needed.
Conclusions
464
MetroHealth
BACKGROUND
OBJECTIVE
METHODS
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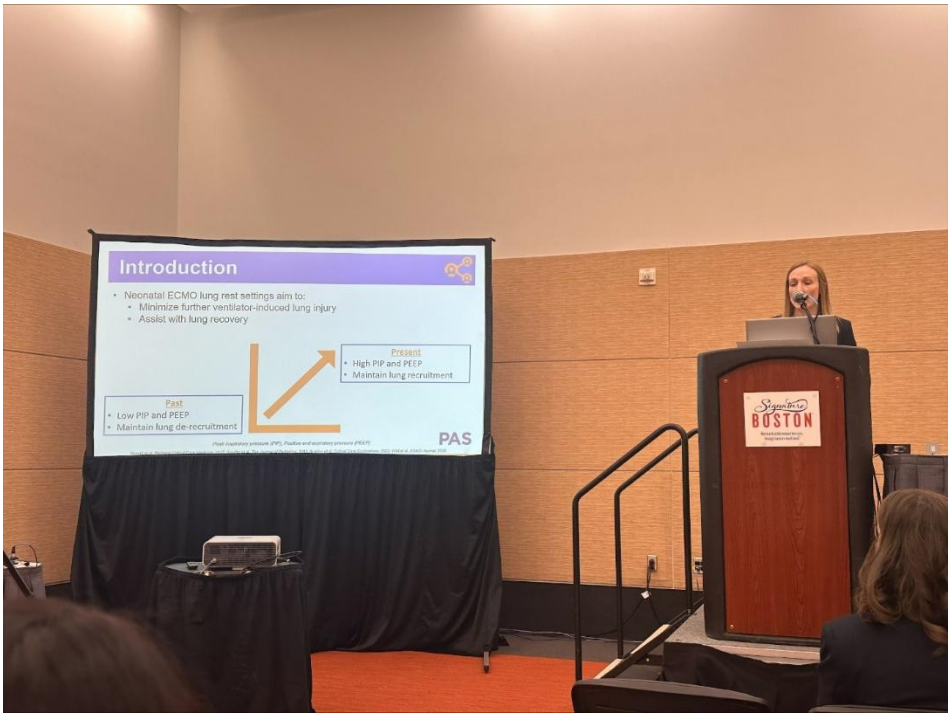
Introduction
Neonatal ECMO lung rest settings aim to:
Minimize further ventilator-induced lung injury
Assist with lung recovery
Present
High PIP and PEEP
Maintain lung recruitment
Past
Low PIP and PEEP
Maintain lung de-recruitment
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