



World Federation of Pediatric Intensive &
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PROCEEDING BOOK

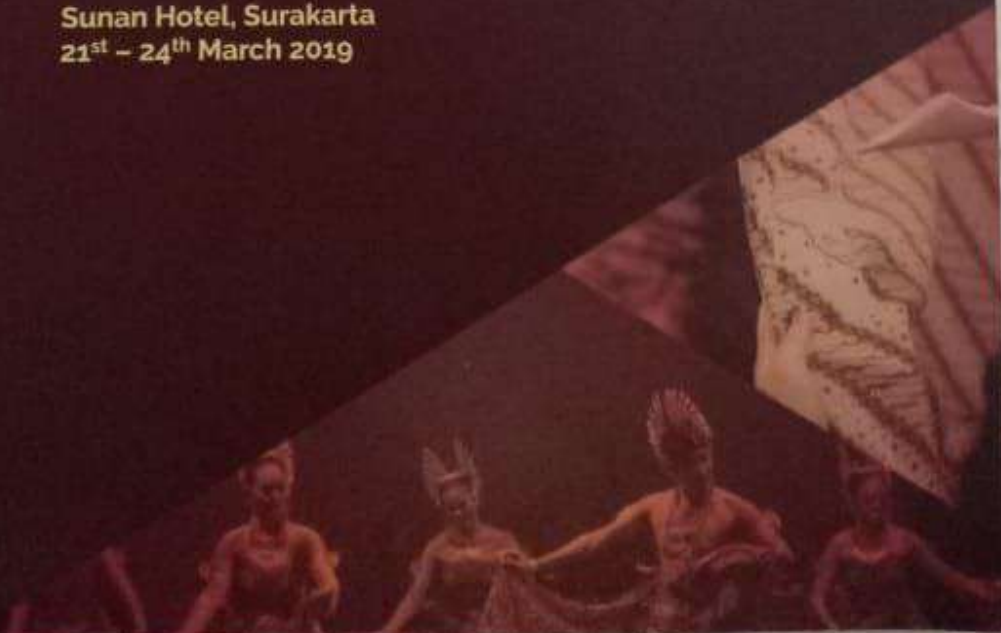


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-Abstract No.36-

A 1-month-old boy child with intracranial hemorrhage post craniotomy and left lung atelectasis : a case report

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Background: to report a 1-month-old boy child who suffered from intracranial hemorrhage and then he underwent craniotomy surgery, treated in PICU (Pediatric Intensive Care Unit), being ventilated mechanically for about 33 days, finally got better health condition.

Case presentation Summary: the patient was admitted for decrease consciousness after being massage on his head, he was the diagnosed as intracranial hemorrhage and underwent craniotomy. After the surgery, he treated in PICU, mechanically ventilated, got intra venous fluid, antibiotic of cephalosporin (ceftriaxone), and partial parenteral nutrition. The ventilator setting was BIPAP with PEEP 5, Ti 0,5, Respiration Rate (RR) of 40 time per minute, FiO₂ of 80%. The patient was stable with Heart Rate (HR) for about 130-140 time per minute, RR 40-43 time per minute, and SpO₂ 98-100%. On the 17th day of treatment, respiratory condition was worse than before, he was dyspnea and desaturated in which SpO₂ was 79%-84%. His blood and sputum culture were sterile, thorax x-ray showed atelectasis of left lung. The ventilator setting was changed into PC-AC with PEEP 5, Ti 0,5, FiO₂ of 80% and antibiotic was changed into ceftazidim. On the 24th day, there was an improvement in which SpO₂ was around 98%-100%. On the 33rd day, the patient was tried to be weaned from ventilator.

Learning points: the case showed a process of gradually ventilator weaning and empirically antibiotic switching.

Keyword : atelectasis; intracranial hemorrhage; mechanical ventilator