



**Welcome to the newsletter for the CaPSNIG  
(Canadian Pediatric Surgical Nurses Interest Group)**

Purpose of the CaPSNIG is to network and exchange information.

There is no cost to join the CaPSNIG group. To join the list, please send a brief email to [monping.chiang@sickkids.ca](mailto:monping.chiang@sickkids.ca) and confirm whether or not you wish to remain a member.

Make sure to include your full name, hospital/employer, area of expertise, and preferred email address. Please let us know if it's okay to share your email address with the rest of the group, since each hospital in Canada have different communication channels and confidentiality rules.

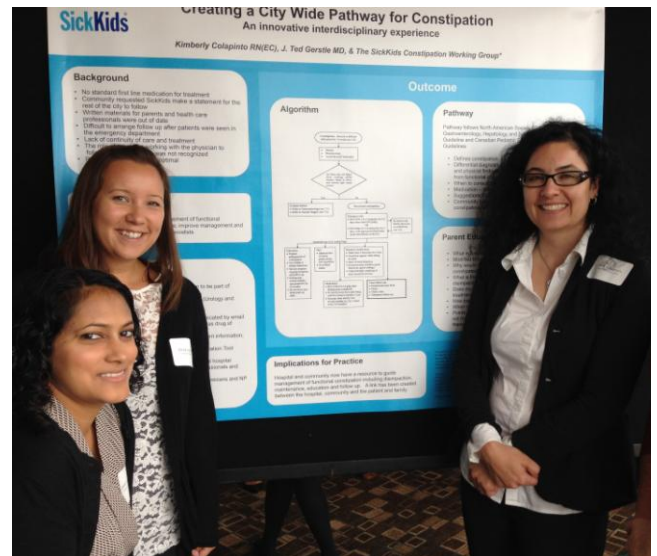
Monping Chiang RN (EC) MN, Nurse Practitioner General Surgery  
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**Annual Meeting September 18, 2014**

**Montreal, Quebec**

Nurses attending CaPSNIG's Annual Meeting also have the option to register for The Canadian Association of Pediatric Surgeons (CAPS) Annual Meeting  
[www.caps.ca](http://www.caps.ca)

**September 18-20  
Montreal, Quebec**





## Call for Oral Presentations 10<sup>th</sup> Annual CaPSNIG Conference

This is the call for abstracts for the 10<sup>th</sup> annual meeting of the Canadian Pediatric Surgical Nurses Interest Group (CaPSNIG) to be held **Thursday, September 18, 2014 in Montreal.**

Everyone submitting an abstract must complete all information requested. After the form is completed and sent, you will receive confirmation via email that your submission has been received.

### Eligibility

Abstracts for presentation are welcome in any subject in clinical and experimental pediatric general surgery including interesting cases, research outcomes, and tips in management of challenging cases. **We are trying to focus on case study presentations this conference. Got any interesting cases? G/GJ/C tube management, challenging wounds, ethical dilemma or anything else you've come across in practice; we would love to hear from you!**

### Deadline

**April 11<sup>th</sup>, 2014**

### Criteria for Abstracts:

- 1) Length is limited to 300 words, single-spaced, 10 pt, Arial font. ( separate word document)
- 2) Include authors name and credentials, title of position and institution, contact information, and a brief biography. ( attached form, separate from abstract document)
- 4) Specify the abstract category you are applying for (i.e., Practice abstract, Case study abstract, or Research abstract)
- 5) The format outlined below should be utilized

### For Practice Abstracts

1. Background: Include a description that identifies the problem and need for the practice change or innovation.
2. Objective: Clearly state the objective for the practice innovation.
3. Outcomes: Describe the outcomes. Indicate the key measures or indicators used to evaluate the outcomes.
4. Conclusion

### For Case Study Abstracts

1. Statement of Clinical Problem: Articulate clearly the clinical problem relevant to pediatric surgical nursing. Include relevant clinical data such as age, gender, primary related diagnosis, and relevant comorbidities.
2. Description of Past Management: Include a description of the duration of the clinical problem, past management approaches, and patient response.
3. Current Clinical Approach: Describe the changes made to the management plan along with a rationale.
4. Patient Outcomes: Describe the patient response including time frame for response, objective and subjective data.
5. Conclusions: Identify clinical implications along with limitations.

### For Research Abstracts

1. Background: Provide context/background to the need for the study and the significance of the problem

2. Research Question/Purpose
3. Methods: Describe the study design and data collection, including number and characteristics of subjects studied and the strategies used to recruit them. What are the outcomes measures?
4. Results
5. Implications for practice and conclusion

Notification

**The author will be informed of the status of their submission by May 9th, 2014.**

Format

Oral presentations will be 20 minutes in length.

**There will only be one designated presenter per presentation.**

Presentations must be in Powerpoint format.

Presentations must be submitted to Monping Chiang on CD or memory stick on September 18, 2014.

*Presenters are responsible for conference fees, lodging and travel. Please go to the CAPS website for further information ([www.caps.ca](http://www.caps.ca))*

**Please fill out demographic form (available online at [www.caps.ca](http://www.caps.ca)) and submit with abstract by April 11th, 2014 to: Monping Chiang ([monping.chiang@sickkids.ca](mailto:monping.chiang@sickkids.ca))**





## CLINICAL CORNER

Question 1:

**We are updating our nursing procedure to determine the correct placement of a nasogastric tube in the stomach with the pediatric population and we are interested to know what your institution is doing to confirm to position.**

Answer: (Janeway and BCCH also shared their policies with the group)

We use pH testing along with other clinical findings

We utilize pH testing to confirm correct placement

We use respiratory assessment, obtain gastric aspirates and pH. A chest x-ray is performed if placement is uncertain.

For us it is policy to obtain stomach contents and check the pH. It is our belief that auscultation is not reliable. If uncertain the child is sent for x-ray.

Question 2:

**I am currently looking to change the type of PEG gastrostomy tube we use in the OR. What PEG tubes are you using in your institution?**

Answer: (Several different tubes are used by different institutions)

The Kendall Entristar P.E.G., the Kangaroo tube from Kendall (only if placed laparoscopically), the Mic-Key by Kimberley Clark or the Nutriport by Covidien, the Kimberley-Clark MIC PEG or the Bower PEG from Source Medical, the Cook Mac-Loc pigtail (for the laparoscopic assisted PEG)

## Congratulations on your Retirement Lida!

Lida Jones , longtime member of CaPSNIG retired in July 2013. Lida was one of the first members of CaPSNIG and a strong supporter of the group. Lida submitted the winning design for our present CaPSNIG logo.

Lida began her career at the hospital for Sick Kids in Toronto. She then moved to the Hamilton General Hospital and then the “new” McMaster University Medical Center where she spent the balance of her career. She spent the majority of her career in the pediatric clinics, surgical, nephrology, spina bifida to name a few . Her expertise will be missed by those who worked with her.

We will miss you Lida, thank you for your contributions to the CaPSNIG group!!!



2007 St John's NFLD



2008, Toronto, ON



Halifax, NS. 2009



Saskatoon, SK. 2010



Ottawa, ON. 2011



Victoria B.C. 2012



Charlottetown PEI , 2013

