



Pediatric intensive care in Nepal is still in its infancy, and there is a need for improved organization, services, and training” Khanal et al (2016).

Abstract:

**OBJECTIVES:** To describe the state of pediatric intensive care and high dependency care in Nepal. Pediatric intensive care is now a recognized specialty in high-income nations, but there are few reports from low-income countries. With the large number of critically ill children in Nepal, the importance of pediatric intensive care is increasingly recognized but little is known about its current state.

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DESIGN: Survey.

SETTING: All hospitals in Nepal that have separate physical facilities for PICU and high dependency care.

PATIENTS: All children admitted to these facilities.

INTERVENTIONS: None.

MEASUREMENTS AND MAIN RESULTS: A questionnaire survey was sent to the chief of each facility. Eighteen hospitals were eligible and 16 responded. Two thirds of the 16 units were established in the last 5 years; they had a total of 93 beds, with median of 5 (range, 2-10) beds per unit. All 16 units had a monitor for each bed but only 75% could manage central venous catheters and only 75% had a blood gas analyzer. Thirty two percent had only one functioning mechanical ventilator and another 38% had two ventilators, the other units had 3-6 ventilators. Six PICUs (38%) had a nurse-to-patient ratio of 1:2 and the others had 1:3 to 1:6. Only one institution had a pediatric intensive care specialist. The majority of patients (88%) came from families with an income of just over a dollar per day. All patients were self funded with a median cost of PICU bed being \$25 U.S. dollars (interquartile range, 15-31) per day. The median stay was 6 (interquartile range, 4.8-7) days. The most common age group was 1-5. Sixty percent of units reported respiratory distress/failure as their primary cause for admission. Mortality was 25% (interquartile range, 20-35%) with mechanical ventilation and 1% (interquartile range, 0-5%) without mechanical ventilation.

CONCLUSIONS: Pediatric intensive care in Nepal is still in its infancy, and there is a need for improved organization, services, and training.

Reference:

Khanal, A., Sharma, A. and Basnet, S. (2016) Current State of Pediatric Intensive Care and High Dependency Care in Nepal. Pediatric Critical Care Medicine. September 27th. .  
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