# ATS Highlights 2023:
# Critical Care Assembly Early Career Professionals


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***Tell us about yourself.***

I am a Nurse Scientist and critical care nurse in the Pediatric Intensive Care Unit (PICU). I completed a PhD in Nursing at the University of Connecticut, and a postdoctoral fellowship at the Children's Hospital of Philadelphia – gaining invaluable experience in pediatric critical care research and outcomes. I am currently funded by an NIH/NIGMS R00 and NIH/NHLBI R25 Supplement.

***Tell us about your research.***

My research aims to understand outcomes in critically ill children who survive the PICU. The translational component is exploring the potential role that inflammation throughout critical illness, may impact post-PICU morbidity in survivors; especially those with conditions of marked inflammation such as pneumonia and sepsis.

***Where do you see yourself in 5 years?***

In the next 5 years, I hope to have a prominent and active program of research in pediatric critical care. I hope to create innovative interventions, which best promote healing and resiliency in children, as we move from mortality to morbidity research.

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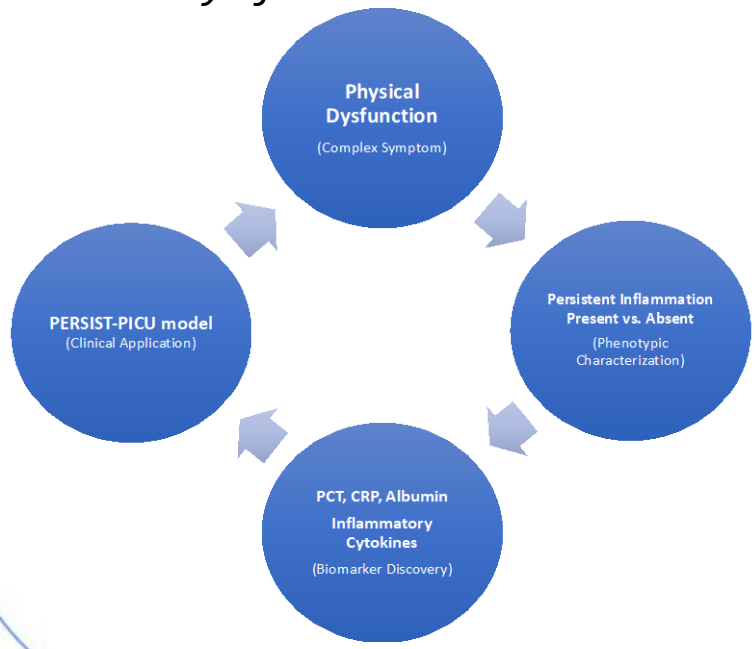


Adapted from Cashion et al. (2016). NIH Symptom Science Model sheds light on patient symptoms.

### PEdiatric Recovery after sepSIS Treatment in the Pediatric Intensive Care Unit (Persist-PICU) – R00GM145411

**Significance:** One in five children who survive severe sepsis and/or pneumonia will have poor physical and functional outcomes after discharge from the PICU. The reason for poor outcomes is not completely understood, yet we hypothesize that inflammation throughout critical illness may play a role.

**Design:** Single center, prospective study of critically ill children 2 weeks to 17 years of age, who survive the PICU with sepsis and/or pneumonia (cases) and without (controls).

**Approach:** We will assay specific inflammatory biomarkers in plasma and collect acute clinical and post-PICU outcome measures. Whole blood will be collected at 3 pre-specified time points among cases. Controls will have blood collected at a single timepoint. Follow-up questionnaires assessing new or worsening functional morbidity will be completed at PICU discharge, and repeated at 1-month and 3-months after discharge

**Clinical Implications:** Findings from Persist-PICU may lead to an increased understanding of underlying mechanisms involved in post-PICU outcomes and inform future research to optimize critically ill children's function after PICU discharge

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