



Proceedings of the Qatar Paediatric Emergency Medicine 2026 Conference Selected Abstracts

Guillaume Alinier^{1,2,3,4}, Muthukumar Sakthivel⁵, Syed Haris Huda⁵

INTRODUCTION

Welcome to this issue of Panorama of Emergency Medicine (POEM) dedicated to the 10th Qatar Paediatric Emergency Medicine (Q-PEM) International Conference which was organised and hosted by Sidra Medicine (Doha, Qatar) and held online from January 16 to 18, 2026. Since its first iteration in 2017, Q-PEM has steadily evolved into an international forum for clinicians, educators, and researchers involved in the acute care of children to exchange knowledge, reflect on clinical practice, and share emerging research in paediatric emergency medicine. In 2025, the conference welcomed 2,000 online delegates from 22 countries and the programme included over 55 speakers [1]. Adopting a similar format, with 3 parallel sessions covering different important and contemporary topics, the event proved as popular in its 2026 edition with nearly identical numbers, yet we marked an important milestone for the Q-PEM community.

Building on the success of previous years, the meeting again attracted a large international audience with multidisciplinary participation from physicians, nurses, pharmacists, allied health professionals, and trainees involved in paediatric emergency care. Similar to previous editions, the scientific programme combined plenary sessions, focused tracks, and research presentations to provide practical, evidence-based updates relevant to frontline emergency care. The conference was designed to enhance recognition and management of serious illness and injury in children, promote patient safety, and facilitate the translation of evidence into everyday clinical practice.

Emergency Medicine is still a relatively young specialty, yet it is important to recognise that it includes a number of subspecialisations with clinicians of different professions each with their specific skill sets and knowledge to match the needs of the distinctive patient groups they care for [2]. Emergency Medicine continues to expand into highly specialized domains requiring multidisciplinary expertise. Paediatric Emergency Medicine represents one of the most demanding of these areas, where clinicians must rapidly recognize critical illness, manage complex physiological responses in children, and coordinate care within

CORRESPONDING AUTHORS

Guillaume Alinier and Syed Haris Huda
(Hamad Medical Corporation Ambulance Service, Doha, Qatar, Weill Cornell Medicine-Qatar, Doha, Qatar, School of Health, Medicine, and Life Sciences, University of Hertfordshire, Hatfield, UK, Faculty of Health and Life Sciences, Northumbria University, Newcastle upon Tyne, UK, Sidra Medicine, Doha, Qatar)

galinier@hamad.qa and
shuda@sidra.org

A COMPLETE LIST OF THE AUTHORS' AFFILIATIONS
IS AVAILABLE AT THE END OF THE ARTICLE.

SUBMITTED: 2 MARCH 2026

ACCEPTED: 11 MARCH 2026

© 2026 THE AUTHOR(S).

PUBLISHED BY NEW HEALTH CONCEPT
PANORAMAOEM.CLOUD

Copyright: This is an Open Access article, distributed under the terms of the Creative Commons Attribution 4.0 International license (<https://creativecommons.org/licenses/by/4.0>), which permits unrestricted re-use, distribution, and reproduction in any medium, provided the original work is properly cited.

How to cite this paper? Alinier G, Sakthivel M, Huda SH. Proceedings of the Qatar Paediatric Emergency Medicine 2026 Conference Selected Abstracts. Panorama of Emergency Medicine 2026,4(2) <https://doi.org/10.26738/poem.v4i2.9>

dynamic team environments. Q-PEM was established to support this evolving field by providing a platform for clinicians to share experiences, explore best practices and discuss emerging challenges in paediatric emergency care.

A new and welcome development in the 2026 conference was the introduction of a call for abstracts, allowing delegates to contribute directly to the scientific programme. A total of 23 abstracts were received, all of which were reviewed by a panel of experienced clinicians from various countries. It resulted in 19 abstracts being presented during the conference in the form of e-posters. The abstracts presented reflect several important themes within contemporary paediatric emergency practice. We are now pleased to publish Open Access a selection of the accepted poster abstracts in collaboration with the journal POEM. Topics ranged from a systematic review exploring the use of simulation in training paramedics caring for paediatric patients [3] to the development of a prehospital paediatric sepsis screening tool designed to improve early recognition and referral pathways [4]. These contributions highlighted the diversity of ongoing work within paediatric emergency medicine, spanning clinical research, quality improvement initiatives, and educational innovation. They also illustrate the growing emphasis on early detection of critical illness, multidisciplinary education, and system-level approaches to improving outcomes for children in emergency settings. The presenters of the top 3 abstracts [5-7] as ranked by the review panel were invited to deliver short oral presentations during the conference.

PLENARY SESSIONS

The plenary sessions provided a broader perspective on the evolving challenges facing paediatric emergency medicine globally. International experts explored topics such as advances in resuscitation science, systems-based approaches to emergency care, and the integration of evidence-based protocols into busy emergency departments.

Several plenary discussions emphasized the realities of decision-making under pressure—particularly in overcrowded departments where clinicians must balance speed, accuracy, and team coordination. Themes such as cognitive load, team leadership during resuscitation, and the importance of structured decision frameworks were recurrent throughout these sessions. Speakers also highlighted emerging tools that support clinical decision-making, including cognitive aids, simulation-based training, and digital health innovations.

Collectively, the plenary sessions reinforced the importance of structured resuscitation approaches, effective team communication, and continuous

professional development in improving outcomes for critically ill children presenting to emergency departments.

CONFERENCE TRACKS

To allow deeper exploration of specific domains within paediatric emergency medicine, the Q-PEM 2026 scientific programme was structured around several parallel thematic tracks, each addressing key clinical and professional areas relevant to modern paediatric emergency practice.

PAEDIATRIC EMERGENCY MEDICINE CORE TRACK

The PEM core track focused on the fundamental clinical presentations encountered in paediatric emergency departments, including acute respiratory illness, shock states, neurological emergencies, and metabolic crises. Sessions emphasized structured clinical reasoning and the application of evidence-based management pathways for common but potentially life-threatening conditions.

Participants gained updated perspectives on recognizing early clinical deterioration in children and applying standardized approaches to diagnosis and stabilization. The track reinforced the importance of maintaining strong clinical fundamentals while adapting to evolving evidence and guidelines.

Learning outcomes included:

- Improved recognition of early warning signs of serious illness in children.
- Application of evidence-based pathways in common paediatric emergencies.
- Strengthening clinical reasoning in time-critical decision-making.

CRITICAL CARE AND RESUSCITATION TRACK

The Critical Care and Resuscitation track addressed the management of high-acuity paediatric emergencies, including septic shock, traumatic injury, cardiac arrest, and respiratory failure. Sessions highlighted advances in resuscitation science, high-performance team dynamics, and post-resuscitation care. Speakers emphasized the role of structured resuscitation algorithms, coordinated multidisciplinary teamwork, and rapid escalation pathways. Discussions also explored the challenges of maintaining clinical clarity during high-stress scenarios and the strategies that support effective leadership during resuscitation events.

Learning outcomes included:

- Updated approaches to paediatric resuscitation and shock management.
- Improved understanding of high-performance team communication during resuscitation.
- Recognition of the importance of early stabilization and escalation of care.

TOXICOLOGY TRACK

The Toxicology track explored acute poisoning and toxic exposures in children, a frequent yet often complex presentation in paediatric emergency departments. Sessions addressed the identification of high-risk ingestions, emerging toxicological threats, and evidence-based management strategies. Presenters discussed practical approaches to risk assessment, antidote use, and supportive care, while also highlighting the role of poison control systems and multidisciplinary collaboration in managing toxicological emergencies.

Learning outcomes included:

- Recognition of red-flag features in paediatric toxicology presentations.
- Evidence-based approaches to managing common and high-risk ingestions.
- Improved coordination with toxicology specialists and poison centres.

ACADEMIC AND RESEARCH TRACK

The Academic and Research track focused on advancing scholarship within paediatric emergency medicine, including clinical research methodologies, quality improvement initiatives, and innovations in medical education. Sessions encouraged participants to critically evaluate evidence, translate research findings into practice, and contribute to the growing academic foundation of the specialty. The introduction of abstract presentations during Q-PEM 2026 further strengthened this academic component by providing a platform for clinicians and trainees to share original work with an international audience.

Learning outcomes included:

- Strengthening research literacy among clinicians.
- Encouraging participation in quality improvement and scholarly work.
- Promoting evidence-based practice in paediatric emergency medicine.

COMMUNICATION AND PATIENT SAFETY TRACK

Recognizing that safe paediatric emergency care extends beyond clinical decision-making, this track focused on communication, teamwork, and patient

safety within emergency systems. Topics included medication safety, safeguarding pathways, digital safety tools, and strategies for reducing system errors. Speakers emphasized that improving outcomes for children often requires not only clinical expertise but also well-designed systems, effective interprofessional communication, and a culture of safety within healthcare teams.

Learning outcomes included:

- Improved communication strategies in high-stress clinical environments.
- Identification of common patient safety risks in paediatric emergency care.
- Integration of safety frameworks into daily clinical practice.

NURSING TRACK

The Nursing track highlighted the critical role of paediatric emergency nurses in frontline resuscitation, patient monitoring, and family communication. Sessions addressed practical clinical care, nursing leadership during emergencies, and strategies for improving multidisciplinary collaboration. By focusing on the perspectives and expertise of nursing professionals, this track reinforced the importance of a truly team-based approach to paediatric emergency care.

Learning outcomes included:

- Strengthening nursing leadership during emergencies.
- Enhancing collaboration between physicians and nursing teams.
- Improving patient-centred care in the paediatric emergency environment.

LOOKING AHEAD

Across the programme, a consistent message emerged: clinicians value practical, evidence-informed education that directly supports bedside decision-making. Delegates particularly appreciated sessions that combined clinical evidence with real-world experience, interactive discussion, and multidisciplinary perspectives. The introduction of the abstract programme further strengthened the academic dimension of the conference and provided an opportunity for clinicians to share their work with the wider paediatric emergency medicine community. We are very thankful for everyone's contribution to the success of Q-PEM 2026. As interest in the conference continues to grow, future editions of Q-PEM will aim to expand opportunities for research dissemination, skills-based learning, and global collaboration, notably through the likely reiteration of a call for abstracts in 2027.

KEYWORDS**EMERGENCY MEDICINE, PAEDIATRICS, QATAR, CONFERENCE, CALL FOR ABSTRACTS****AUTHORS' DETAILS**

1. Hamad Medical Corporation Ambulance Service, Doha, Qatar
2. Weill Cornell Medicine-Qatar, Doha, Qatar
3. School of Health, Medicine, and Life Sciences, University of Hertfordshire, Hatfield, UK
4. Faculty of Health and Life Sciences, Northumbria University, Newcastle upon Tyne, UK
5. Sidra Medicine, Doha, Qatar

AUTHOR CONTRIBUTIONS

All authors contributed equally and validated the final version of record.

ACKNOWLEDGEMENTS

Special thanks to the abstract submitters and reviewers for their input to the conference programme and to Panorama of Emergency Medicine for supporting the Open Access publication of a selection of the accepted Q-PEM 2026 abstracts.

For more information about Q-PEM, please visit:

<https://q-pem.com/>

DECLARATIONS**CONFLICTS OF INTERESTS**

The Authors declare that there is no conflict of interest.

FUNDING

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

REGISTRATION

No registration applicable.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICAL APPROVAL

Ethical approval for this study was not required.

REFERENCES

1. Blackie B, Al Ansari K, Alinier G, Haidar N, Huda S, Adeola R, Akram S, Reid L, Sendad N. (2024). The Qatar Pediatric Emergency Medicine International Conference – Knowledge Translation Successes and Challenges. Proceedings of the Qatar Health Congress 2023 and 3rd Public Health Conference. Manara – Qatar Research Repository. Conference contribution. <https://doi.org/10.57945/manara.25709457>
2. Heymann EP, Lim R, Maskalyk J, Pulfrey S, Chun S, Osei-Ampofo M, Desouza K, Landes M, Lang E. Emergency medicine: a global perspective on its past, evolution, and future. *Internal and Emergency Medicine*. 2025,20(6):1917-21. <https://doi.org/10.1007/s11739-024-03812-3>
3. Al Badawi AK, Tomeh B, Alinier N, Alinier G. Literature review of the use of simulation for the training of paramedics in relation to caring for pediatric patients. *Panorama of Emergency Medicine*. 2026,4(2) <https://doi.org/10.26738/poem.v4i2.6>
4. Naidoo V, Ashou R, Gueddes A. Development and Implementation of a Prehospital Paediatric Sepsis Screening Tool: Enhancing Early Recognition, Resuscitation, and Referral. *Panorama of Emergency Medicine*. 2026,4(2) <https://doi.org/10.26738/poem.v4i2.7>
5. Ali N, Shakeel E, Raheem A, Ather H, Bano S. Risk Factors of Perintubation Cardiac Arrest in Critically Ill Pediatric Patients Presenting to the Emergency Department of a Low-Middle-Income Country: A Case-Control Study. *Panorama of Emergency Medicine*. 2026,4(2) <https://doi.org/10.26738/poem.v4i2.3>
6. Fatahi M, Shahidi R. Diagnostic accuracy of ultrasound findings for distinguishing complicated appendicitis from simple appendicitis in pediatric patients: A systematic review and meta-analysis. *Panorama of Emergency Medicine*. 2026,4(2) <https://doi.org/10.26738/poem.v4i2.8>
7. Fahmi A, Al-Kuwari S, Al-Ansari A, Hashem S, Kamal M. Reversal of Bradycardia through Nutritional Rehabilitation in Paediatric Anorexia Nervosa: A Retrospective Study from Qatar. *Panorama of Emergency Medicine*. 2026,4(2) <https://doi.org/10.26738/poem.v4i2.1>