กรมการแพทย์
DEPARTMENT OF MEDICAL SERVICES

The 35th Annual Academic Meeting
of Rajavithi Hospital

INTEGRATED HEALTHCARE SYSTEM

FOR SUSTAINABILITY

March 20-21, 2025

BANGKOK
THAILAND

ชื่อหนังสือ หนังสือประชุมวิชาการประจำปีโรงพยาบาลราชวิถี ครั้งที่ 35 ประจำปี 2568

จำนวนหน้า 133 หน้า

ภายใต้งาน การจัดประชุมวิชาการประจำปีโรงพยาบาลราชวิถี ครั้งที่ 35 ประจำปี 2568
ระหว่างวันที่ 20 – 21 มีนาคม 2568
ณ ห้องประชุมชั้น 11
อาคารเฉลิมพระเกียรติ 6 รอบพระชนมพรรษา โรงพยาบาลราชวิถี

เจ้าของลิขสิทธิ์ โรงพยาบาลราชวิถี กรมการแพทย์ กระทรวงสาธารณสุข
เลขที่ 2 ถนนพญาไท เขตราชเทวี
กรุงเทพมหานคร 10400
โทรศัพท์ 02-206-2900

จัดทำโดย โรงพยาบาลราชวิถี กรมการแพทย์ กระทรวงสาธารณสุข
เลขที่ 2 ถนนพญาไท
เขตราชเทวี กรุงเทพมหานคร 10400
โทรศัพท์ 02-206-2900
ในนามของ คณะอนุกรรมการฝ่ายเอกสารในคณะกรรมการจัดประชุมวิชาการ
ประจำปีโรงพยาบาลราชวิถี ครั้งที่ 35 ประจำปี 2568

พิมพ์เมื่อ 20 มีนาคม 2568

เลขมาตรฐานสากลประจำหนังสืออิเล็กทรอนิกส์ 978-616-11-5398-4

Contents

Message from the Director General, Department of Medical Services, Ministry of Public Health	1
Message from the Director of Rajavithi Hospital	2
Message from the chairman of the 35th AAM-RH organizing committee	3
Preface	4
Editorial board of this supplement issue	5
Schedule	6
Presentation of Nursing Research	8
Medicine Research Contest	11
Poster Presentation	16
คณะกรรมการจัดการประชุมวิชาการ ครั้งที่ 35 ประจำปี 2568	119

Message from the Director General

Department of Medical Services, Ministry of Public Health

Dear distinguished guests and colleagues,

It is with great pleasure that I have the opportunity to welcome this distinguished gathering in the 35th Annual Academic Meeting of Rajavithi Hospital (35th AAM-RH) held during 20th – 21st March, 2025 at Rajavithi Hospital, Bangkok, THAILAND. This year theme is "Integrated Healthcare System for Sustainability".

The Department of Medical Services is the national body responsible for the health service system development in Thailand. Rajavithi Hospital is one of the super-tertiary care and center of excellence which serves Thailand's UHC implementation. It is obliged to support provincial tertiary hospitals as a central hospital of the referral system of the country. Not only the complicated diseases were referred to us but also rare disease as well. We, as the community of human resources for health, would make sure people have the support and care they need, with compassion, respect and dignity they deserve.

Medical knowledge could be emerged from any parts of medical section but the knowledge scattered and separated without direction. This conference will integrate all of healthcare technology and innovation to make a huge step in development of medical breakthrough. I wish you successful meeting and, more importantly, put it into your work for the mankind.

I would like to extend my sincere thanks to all members of the organizing committees for their great contributions to this important conference. My A special appreciation would also go to all speakers for your invaluable contributions. I wish you, all, every success in this event.

(Taweesin Visanuyothin, MD)
Director General, Department of Medical Services,
Ministry of Public Health

Message from the Director of Rajavithi Hospital

We, the Rajavithi Hospital, is so proud for our long journey to support Thai population since 1951. It is one of the largest tertiary referral centers of the Ministry of Public Health which had saved many lives for more than seven decades. In the context of Universal Health Coverage, we are one of important piece to complete the achievement of the country. As a long history of medical service, we never stop to develop and adapt to new medical skills, that is why we organized this meeting in this theme "Integrated Healthcare System for sustainability". This meeting will open opportunity for people to learn the new medical technology in several aspects.

The 35th Annual Academic Meeting of Rajavithi Hospital is a great event for exchange and learning among various experts from many medical fields. Knowledge arising from this conference will expand your basic for further advance in health service system in Thailand and advancing Rajavithi Hospital to the next level. In this year, the scientific committee has planned a diverse and interesting program. As part of the committee, we will have a variety of different educational and scientific programs addressing your needs as a professional in health care service that will provide you with value.

I think it is fair to conclude that the conference is a great success. So many people have contributed in so many ways to turn this event into a smoothly running meeting with many very interesting presentations and a very good space for all to discussing and sharing their knowledge.

(Jinda Rojanamatin, MD)
Director of Rajavithi Hospital

Message from the chairman of the 35th AAM-RH organizing committee

The 35th Annual Academic Meeting of Rajavithi Hospital (35th AAM-RH), "Integrated Healthcare System for Sustainability" will be held on 20th – 21st March 2025 at Rajavithi Hospital, Bangkok, Thailand. On behalf of the organizing committee, we gratify to welcome all medical sections to join academic event covering aspects of healthcare technology and innovation that lead us to next step of sustainable knowledge. There are a lot of change in way of medical practice. This conference concept is updating trend in practice including medical artificial intelligence.

The main objective of AAM-RH is to gather medical and healthcare professionals, scientists, practitioners, and expert from across country to exchange ideas and advance research and practices that promote health service for the future. This meeting will provide interesting lectures and seminars in a wide range of health services.

I would like to take this opportunity to thank the organizing committee for their excellent work. I would like to thank all participants, especially those of you coming from abroad, for joining us and sharing your valuable experience and ideas. I hope that all of you will enjoy the conference, and I wish our visitors from abroad will have a very pleasant time.

(Pairoj Khruekarnchana, MD)
Chairman, Organizin g Committee of the 35 th AAM- RH

Preface

Rajavithi Hospital is one of the excellent centers of healthcare in Thailand, which is not only in the medical knowledge but also in medical technology. The 35th Annual Academic Meeting of Rajavithi Hospital (The 35th AAM-RH) will be held on 20th – 21st March 2025. Theme of this year meeting is " Integrated Healthcare System for Sustainability ".

Innovation and Technology are fundamental of everything including medical sciences. In every minute, knowledge is just born but it was born without guidance. To make it sustain, we need someone or somehow to make them integrate and be tangible. In this year, we invite a lot of speaker and listeners to share knowledges in our meeting including medical personnel and non-medical persons who interested in medical knowledge. We hope this meeting will give an opportunity for audiences and us to improve healthcare knowledge and hospital management in the future.

Apichai Pokawattana, MD
On behalf of all authors

Editorial board of this supplement issue

Chief Editor

Apichai	Pokawattana

Editorial Board

Jirawut	Limwattanayingyong
Sirima	Eursritanakorn
Siriporn	Thitisagulwong
Rattiya	Chuacharoen
Chalisa	Banditgul
Kittiwan	Supichyangur
Wanniya	Meenune
Napaporn	Detsi
Maneewan	Roojaroen
Auraiporn	Sonsuphap
Kamonwan	Chuntoo

Rajavithi Hospital, College of Medicine Rangsit University and Institute of Undergraduate Medical Education, Department of Medical Services, Ministry of Public Health in Affiliation with Rangsit University

The 35th Annual Academic Meeting of Rajavithi Hospital

Theme : Integrated Healthcare System for Sustainability 20 - 21 March 2025 (09.00 - 16.00)

Conference Room, 11th Floor, His Majesty The King's 6th Cycle Birthday Anniversary Building, Rajavithi Hospital

Date/Time	08.45 -10.00		10.30 - 12.00		12.00-13.30	13.30 - 14.30	14.30 - 16.00
March 20, 2024	Phyathai Room		Phyathai Room		Phyathai Room	Phyathai Room	14.30 - 16.00 Phyathai Room
08.30 Registered	**Lecture: Health Innovation & Technology for Welness toward Sustainable Development** Assoc. Prof. Chailerd Pichitpornchai MD Director of Institute of Innovative Learning, Mahidol University		**10.45 - 11.00 Open Ceremony** **President:** Taweesin Visanuyothin MD Director General, Department of Medical Services **Speech reported:** Jinda Rojanamatin MD Director of Rajavithi Hospital **11.00 - 11.30 Keynote Speech** **"The Department of Medical Services' Policy and Direction Towards the Future"** Taweesin Visanuyothin MD Director General, Department of Medical Services **11.30-12.00 The Exibition Opening Ceremony** Taweesin Visanuyothin MD Director General, Department of Medical Services		**Lunch Symposium:** **Cybersecurity and awareness** Panyachat Sausukpaiboon,Pharm.D. Department of Digital Medicine	**Symposium: Hospital Linkage: EMS Thailand and Evolution** Asst. Prof. (Adj) Nopmanee Tantivesruangdet MD Department of Emergency Medicine **Interfacility Transport (Ground Aviation and Marine)** Sorarit Kiatfuengfoo MD, Bumrungrad Hospital S/L Worrasiri Jankrajang MD Institute of Aviation Medicine, RTAF Massayu Engkapasakorn MD, Ranong Hospital **Moderator:** Korntip Phonphok MD Department of Medicine Pattaphong Prachasantikul MD Chaophraya Yommarat Hospital	**Symposium: Hospital Linkage: Transform Community to EMS system Thailand** Pattaphong Prachasantikul MD Chaophraya Yommarat Hospital **Moderator:** Asst. Prof. (Adj) Nopmanee Tantivesruangdet MD Department of Emergency Medicine
	9.00-10.00 Yothee Room	Coffee Break	Yothee Room		Yothee Room	Yothee Room	
	Free Paper Nurse		Free Paper Nurse			Free Paper Nurse	
	9.00-10.00 Suphanikar Room		Suphanikar Room		Suphanikar Room	Suphanikar Room	
	Medicine Research Contest		Medicine Research Contest			Medicine Research Contest	
	Parichart Room		Parichart Room		Parichart Room	Parichart Room	
			10.00-11.00	11.00-12.00		13.30 - 14.30	14.30 - 15.30
			International Session	International Session		International Session	International Session
			Lecture :Hazmat preparedness and response (Zoom Online Meeting) Dr. Ng Mingwei Department of Emergency Medicine Singapore General Hospital Republic of Singapore **Moderator:** Asst.Prof.(Adj)Nopmanee Tantivesruangdet MD Department of Emergency Medicine	**Lecture:Experience preparedness and responses of Hospital to the chemical incidents in Japan** Dr. yusuke Ito Director of Senri Critical Care Saiseikai Senri Hospital Osaka, Japan **Moderator:** Asst.Prof.(Adj)Nopmanee Tantivesruangdet MD Department of Emergency Medicine		**Integrated Medical Development through Multidisciplinary Collaboration: Korea's Experience.** Asst. Prof. (clin) Ah Reum Lim, MD, Ph.D. Hematology and Oncology Department, Korea University Ansan Hospital, Gyeonggi –Do, Republic of Korea **Moderator:** Somjin Chindavijak MD, Center of Excellence in Otolarygology Head and Neck Surgery	**The role of dentistry in the Integrated Healthcare System for Sustainability: Focusing on oral care for cancer patients and older adults requiring nursing care** Assoc. Prof Sakiko Soutome, D.D.S., Ph.D. Oral Management Center, Department of Oral Health, Nagasaki Hospital, Nagasaki, Japan **Moderator:** Malasri Panyasakulwong, D.D.S. Department of Dentistry

Rajavithi Hospital, College of Medicine Rangsit University and Institute of Undergraduate Medical Education, Department of Medical Services, Ministry of Public Health in Affiliation with Rangsit University

The 35th Annual Academic Meeting of Rajavithi Hospital

Theme : Integrated Healthcare System for Sustainability 20 - 21 March 2025 (09.00 - 16.00)

Conference Room, 11th Floor, His Majesty The King's 6th Cycle Birthday Anniversary Building, Rajavithi Hospital

Date/Time	09.00 - 10.30	10.30 - 12.00	12.00 - 13.30	13.30 - 16.00		16.00-16.30
March 21, 2024	**Phyathai Room**	**Phyathai Room**	**Phyathai Room**	**13.30 - 14.30 Phyathai Room**	**14.30 - 16.00 Phyathai Room**	**Phyathai Room**
	Symposium: **Utilizing AI to Advance Nursing Academics** Assoc. Prof. Weha Kasemsuk Faculty of Nursing, Department of Public Health Nursing, Mahidol University Mr. Pattaranai Chaiprom Faculty of Science, Lampang Rajabhat University **Moderator:** Dr. Suruchsawadee Thiengwiboonwong RN Nursing Cluster	**Symposium:** **Utilizing AI to Advance Nursing Academics** Assoc. Prof. Weha Kasemsuk Faculty of Nursing, Department of Public Health Nursing, Mahidol University Mr. Pattaranai Chaiprom Faculty of Science, Lampang Rajabhat University **Moderator:** Dr. Suruchsawadee Thiengwiboonwong RN Nursing Cluster		**Symposium:** **Iodine-131 (I-131) in Nuclear Medicine: Applications and Personalized Dosimetry** Tarit Taerakul, MD Department of Nuclear Medicine Miss Siriwan Srisai1,M.Sc. Department of Nuclear Medicine **Moderator:** Miss Siriwan Srisai Department of Nuclear Medicine	**Symposium:** **Associate: New Era of Accident and Emergency Building (Moving forward for sustainability)** Pairoj Khruekamchana, MD Deputy Director of Academic and Medical Cluster Jintana Three – Ngern Akasiworn, RN. Deputy Director of Nursing Cluster Pasu Sukheepod MD, Department of Surgery Jirapong Supasaovapak MD, Department of Emergency Medicine **Moderator**: Wanna PadithapornRN, Nursing Cluster	Closing Ceremony
	09.00 - 10.00, Yothee Room	**10.30- 12.00, Yothee Room**	**Yothee Room**	**13.30 - 14.30, Yothee Room**	**14.30 - 15.30, Yothee Room**	
	Symposium: Diabetes Remission Clinic Prof.(Clin)Veerasak Sarinnapakorn MD, Department of Medicine Navaporn Napativaaumnuay MD, Department of Medicine Thitinan Treesaranuwattana MD, Department of Medicine Siwakorn Inkhong MD, Department of Medicine **Moderator:** Prof. (Clin) Veerasak Sarinnapakorn, MD Department of Medicine	**Symposium: Stroke Mechanical Thrombectomy** **Mechanical Thrombectomy** Warot Ratanavinitkul MD, Department of Surgery **Cerebral Aneurysm Treatment Technology** Sujin Rujimethapass MD, Department of Surgery **Moderator:** Warot Ratanavinitkul MD Department of Surgery		**Lecture:** **Prevention and Management of Urinary Calculi** Nattapong Wongwattanasathien MD Department of Surgery	**Lecture:** **Metabolic dysfunction-associated steatotic liver disease (MASLD)** Asst. Prof. (Adj) Siam Sirinthornpunya MD Department of Medicine	
		Coffee Break		People	People	
	09.00 -10.30, Parichart Room	**10.30 -12.00 Parichart Room**	**12.00 - 13.00 Parichart Room**	**13.00 - 14.30 Parichart Room**	**14.30 - 16.00 Parichart Room**	
	Lecture: Drug Specification and Risk Assessment Asst. Prof. Bodin Tuesuwan Pharm.D, Ph.D. Faculty of Pharmaceutical Sciences, Chulalongkorn University	**Symposium:** **Critical Care and Emergency Pharmacist: Core Knowledge and Practical Skills** Asst. Prof. Pitchaya Dilokpattanamongkol Pharm.D. Faculty of Pharmacy, Mahidol University Sattawat Kulworahathai Pharm.D. Rajavithi Hospital 2 (Rangsit) **Moderator:** Sattawat Kulworahathai Pharm.D. Rajavithi Hospital 2 (Rangsit)	**Lunch Symposium : By GPO**	**Lecture:** **Pharmaceutical Pricing System in Thailand** (Zoom Online Meeting) Asst. Prof. Kuljira Udomaksorn Pharm.D, Ph.D. Faculty of Pharmacy, Prince of Songkla University	**Lecture:** **Value - based Procurement** Anunchai Assawamakin Pharm.D, Ph.D. Faculty of Phamacy, Mahidol University	
	Suphanikar Room	**Suphanikar Room**	**Suphanikar Room**	**13.30 - 14.30, Suphanikar Room**	**14.30 - 15.30, Suphanikar Room**	
	Symposium: Fungal Diagnostics, Current and Emerging Clinico - Microbiological Approaches Piriyaporn Chongtrakul Ph.D. Faculty of Medicine, Siriraj Hospital, Mahidol University Prakaithip Thongkoom MT Department of Clinical Pathology and Medical Technology **Moderator:** Watcharaporn Sukhsaptaweephol, MT Department of Clinical Pathology and Medical Technology	**Lecture: Pathogen Reduced Platelets: Safety Efficacy, and Clinical Impact** Dr. Marcus Picard - Maureau	**Lunch Symposium:** **Integrated approaches to CMV, BKV, and EBV testing in solid organ and HSCT patient** Assoc. Prof. Jackrapong Bruminhent MD Faculty of Medicine, Ramathibodi Hospital, Mahidol University **By Roche Diagnostic Thailand**	**Lecture :** **Essential Genetic Testing for Cancer** Assoc. Prof. Takol Chareonsirisuthigul MD Faculty of Medicine, Ramathibodi Hospital, Mahidol University	**Lecture :** **The Applications of Pharmacogenomics for Prevention of Severe Cutaneous Adverse Drug Reactions into Clinical Practice** Pathompong Sathapompong MT., Ph.D. College of Pharmacy, Rangsit University	

Presentation of Nursing Research

The 35th Annual Academic Meeting of Rajavithi Hospital 2025:
"Integrated Healthcare System for Sustainability"

March 20th, 2024, Yothee Room Room, 11th Floor, Period Time: 09.00 - 16.00

1. The Health Conditions Affecting The Nutritional Status Of The Elderly: Systematic Review

Kittipong Yaisaeng
Professional Nurse Specialist in Nursing, Rajavithi Hospital, Bangkok, Thailand

2. Effects of an Information Program Combined with Telephone Follow-up on Bowel Preparation Behavior and Cleanliness in Colonoscopy Patients

Wanisa Suwannaklom[1], Pradabporn Pitiporn[2]
[1]Special Nursing Care Group,Chao Phaya Abhaibhubejhr Hospital, Prachinburi, Thailand
[2]One Day Surgery Center,Chao Phaya Abhaibhubejhr Hospital, Prachinburi, Thailand

3. Effects of Self-regulation Program via Line Application on Anxiety, Cooperative Behaviors, and Duration of Examination in Patients Undergoing Bronchoscopy

Yuvadee Prasert M.N.S.
Department of Bronchoscopy, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand

4. Effects of The Diabetic School Among Type 2 Diabetic Patients With Uncontrolled Blood Sugar In Sadao Sub-district, Phlappha Chai District, Buri Ram Province

Sangduen Laysoan
Phlappha Chai Hospital, Phlappha Chai District, Buri Ram, Thailand

5. Effects of a Confidence Program for Caregivers in Preventing Pneumonia Readmission in Home Ventilator Patients

Janjira Amin, Ruchdaporn Phaichan, Pornpan Ootapao
Respiratory Critical Care Unit, Chao Phraya Abhaibhubejhr Hospital, Prachinburi, Thailand

6. Effects of Structured Information Program, Perceived Benefits, and Telephone Follow-up on the Success Rate of Scheduled Cardiac Catheterization in Heart Failure Patients

Sirirat Wijarn B.N.S., Pairat Sitthikul B.N.S., Anutphon Maneenuam B.N.S., Ratchadaporn Phaichan B.N.S.
Chao Phraya Abhaibhubejhr Hospital, Prachinburi, Thailand

Presentation of Nursing Research

The 35th Annual Academic Meeting of Rajavithi Hospital 2025:
"Integrated Healthcare System for Sustainability"

March 20th, 2024, Yothee Room Room, 11th Floor, Period Time: 09.00 - 16.00

7. The Development of Clinical Nursing Practice Guidelines in Neutropenia Care of Cancer Patients Receiving Chemotherapy

Phikul Loachai B.N.S., Tassanee Nakhonchai M.S.N.
Department of Out-patient, Cluster of Nursing, Udonthani Cancer Hospital, Udon Thani, Thailand

8. The Strategies for development the quality of telemedicine services in cancer patients in Udonthani Cancer Hospital

Chanyanis Chamnanchan[1], Thanakrit Thurisoot[2]
[1]Department of Out-patient Nursing, Udonthani cancer hospital, Udon Thani, Thailand
[2]Udon Thani Rajabhat University, Udon Thani, Thailand

9. Outcome's of Clinical Nursing Practice Guideline in Assessment and Prevention Compartment Syndrome for Orthopedic patient of Register Nurse, Rajavithi Hospital

Pilanthasut Yodrachasuriya RN[1], Amornta Archapitak RN[2], Tarika Boonprakob RN[2], Wipaporn Kawnaul RN[2], Nuchrapee Suthikul RN[3]
[1]Department of Out-patient Nursing, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand
[2]Department of In-patient Nursing, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand
[3]Emeritus Nurse

10. Effect of the Program for Patients With Sepsis on the Knowledge and Practice of Nurses Caring for Patients With Sepsis in Damnoen Saduak Hospital

Sukanya Siam-e-koo M.N.S.
Damnoen Saduak Hospital, Ratchaburi, Thailand

11. Essential Skills in the 21th Century of Registered Nurses in Special Ward at Chaophraya Abhaibhubejhr Hospital

Kanta Kosoom Ph.D., Samai Kosoom B.Sc.
Registered Nurse, Professional Level, Chaophraya Abhaibhubejhr Hospital, Prachinburi, Thailand

12. Outcomes of Aromatherapy Massage on Discomfort Symptoms of Cervical Cancer Patients Undergoing Concurrent Chemo Radiotherapy

Waraporn Charoenboon,Prakaikaew Yodjanda, Nuchrapee Suthikul
Department of In -patient Patient, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand

Presentation of Nursing Research

The 35th Annual Academic Meeting of Rajavithi Hospital 2025:
"Integrated Healthcare System for Sustainability"

March 20th, 2024, Yothee Room Room, 11th Floor, Period Time: 09.00 - 16.00

13. Comparative Study of Outcomes of Elderly Hip Fractures Treated with Surgery at Chao Phraya Abhaibhubejhr Hospital

Oraya Khemthong , Bussarin Thongluan
Orthopedic Surgery Ward, Chao Phraya Abhaibhubejhr Hospital, Prachinburi, Thailand

14. Selected Factors Related to Medicine Behavior of Oral Anti-Hormonal Agents in Breast Cancer Patients in Udonthani Cancer Hospital

Chomphunuch Phonsawa B.N.S., Patcharin Noyla, B.N.S., Piyanuch promsaka na sakolnakorn M.N.S.
Udonthani Cancer Hospital, Udon Thani, Thailand

15. A Comparative Study of Turmeric-Cannabis Ointment for Healing Incontinence-Associated Dermatitis in Bedridden Patients

Wanasi Poomwat B.N.S., Ruchdaporn Phaichan M.N.S., Metpiya Amin B.N.S.
Respiratory Critical Care Unit, Chao Phraya Abhaibhubejhr Hospital, Prachinburi, Thailand

16. Characteristics and Adverse Reactions to Central Nervous System Depressant Drugs in Medical Intensive Care

Sawanya Onlim, Saengsom Permpool, Ruchira Khumkong, Panpen Dulyasit, Wanlee Kumnerdmuang
Medical Intensive Care Unit, Chao Phraya Abhaibhubejhr Hospital, Prachinburi, Thailand

17. Preventive Behaviors Against Covid-19 Among Nurse In A Hospital In Bangkok

Kittipong Yaisaeng
Professional Nurse Specialist in Nursing, Rajavithi Hospital, Bangkok, Thailand

18. Relationship Between Self-Care Behavior, Self-care confidence, and Quality of Life in Patients with Heart Failure

Seangsom Supmontri M.N.S.[1], Sunan Leeissarapong M.N.S.[2], Kampong Kamnon Ph.D.[3]
[1] *Strategy Plans and Projects Unit, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand*
[2] *Independent Scholar*
[3]*Department of Research and Innovation Nursing, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand*

Medicine Research Contest

The 35th Annual Academic Meeting of Rajavithi Hospital 2025:
"Integrated Healthcare System for Sustainability"

March 20th, 2024, Suphanikar Room, 11th Floor, Period Time: 09.00 - 16.00

1.The Cerebro-placental-uterine Ratio for Predicting Adverse Pregnancy Outcome by Doppler Ultrasound at Gestational Age 28-32 Weeks in High-Risk Singleton Pregnancy

Pailin Tunchotiwet MD, Lunthaporn Puttanavijarn MD
Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

2.Impact of Colchicine on Inflammatory Markers and Major Adverse Cardiac Events in Thai Patients with Acute Coronary Syndrome Patients Undergoing PCI

Paruj Rattanasidha MD, Wittawat Wattanasiriporn MD
Division of Cardiology, Department of Medicine, Rajavithi Hospital, Bangkok, Thailand

3. Correlation of Combined Serum Placental Growth Factor with Preeclampsia in High-risk Pregnant Women

Kamolwan Chotapisitkul MD, Paroon Sanoonrat MD, Nattinee Srisantiroj MD
Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

4. Prevalence and Predictors of Glucose Intolerance after Gestational Diabetes Mellitus by 2013 WHO criteria (IADPSG)

Kan Kandet MD, Thitinan Treesaranuwattana MD, Chaicharn Deerochanawong MD
Division of Endocrinology, Department of Medicine, Rajavithi Hospital, Bangkok, Thailand

5. Prevalence and Associated Factors of High Lipoprotein(a) Level in Patients with Type 2 Diabetes Mellitus

Pichapa Manomongkolkul MD, Thitinan Treesaranuwattana MD, Chaicharn Deerochanawong MD
Department of Medicine, Rajavithi Hospital, Bangkok, Thailand

6. Diagnostic Yield of EBUS-TBNA Combined with Transbronchial Cryo-nodal Biopsy (TBCNB) in The Diagnosis of Mediastinal Lymphadenopathy

Siripong Apisidthiwet MD, Potjanee Korrungruang MD, Sakol Charoenweerakul MD
Division of Pulmonology, Department of Medicine, Rajavithi Hospital, Bangkok, Thailand

Medicine Research Contest

The 35th Annual Academic Meeting of Rajavithi Hospital 2025:
"Integrated Healthcare System for Sustainability"

March 20th, 2024, Suphanikar Room, 11th Floor, Period Time: 09.00 - 16.00

7. Prevalence of 30-day Hospital Readmission in Heart Failure with Reduced Ejection Fraction Patients in Rajavithi Hospital

Phitchayin Wisawachaiwat MD, Apichai Pokawattana MD
Division of Cardiology, Department of Medicine, Rajavithi Hospital, Thailand

8. The Efficacy of Antenatal Perineal Massage in Reducing Postpartum Anal Incontinence: A Randomized Controlled Trial

Mongkol Koedplangtong MD, Bussaranya Puttanapitak MD
Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

9. Comparative Strength of Figure of Eight Wrist Cast Designs: A New Splint Design as a Stronger Alternative to Short Arms Cast

Nopnob Nanna MD, Kittiwan Supichayangur MD
Department of Orthopedic, Rajavithi Hospital, Bangkok, Thailand

10. Effect of Whey Protein Supplementation on Postoperative Outcomes after Gynecological Cancer Surgery: A Randomized Controlled Trial

Wiranchana Chitti MD, Putsarat Insin MD, MSc, Nisa Prueksaritanond MD
Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

11. Prognostic Model of Severity Using LDH and Lactate for Septic Patients in Emergency Room, Rajavithi hospital

Arisa Nakayuenyongsuk MD, Thiti Tanglitanon MD
Department of Emergency Medicine, Rajavithi Hospital, Bangkok, Thailand

12. The Incidence and Associated Factors of Nocturia in Pregnancy in Rajavithi Hospital

Kornkanok Nuanparn MD, Thanawat Sangnucktham MD
Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

13. Hemodynamic Effects on Prehospital Drug-Assisted Intubation: A Prospective Study

Ubolsiri Pumsuwan MD, Rujabhorn Kotnarin MD
Department of Emergency Medicine, Rajavithi Hospital, Bangkok, Thailand

Medicine Research Contest

The 35th Annual Academic Meeting of Rajavithi Hospital 2025:
"Integrated Healthcare System for Sustainability"

March 20th, 2024, Suphanikar Room, 11th Floor, Period Time: 09.00 - 16.00

14. The Effects of Vitamin C for Iron Supplementation during Pregnancy with Risk of Anemia: A Randomized Controlled Clinical Trial

Lalitpan Srimaneesiri MD, Lunthaporn Puttanavijarn MD
Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

15. External Validation of the Canadian Syncope Risk Score for Predicting 30-Day Serious Outcomes in Patients with Syncope at Emergency Department

Nawapon Hansamut MD, Natchaya Treesaksrisakul MD
Department of Emergency Medicine, Rajavithi Hospital, Bangkok, Thailand

16. The Effects of Autologous Platelet-rich Plasma Supplement during Sperm Cryopreservation on Post-cryopreserved Sperm Quality

Choermin Thitipatlertdech MD[1], Nisanat Booning MD[1], Thanchanok Jenjitsiri B.Sc.[2], Kannapat Kesornsukone B.Sc.[2]
[1]Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand
[2]Human Genetics Unit, Department of Clinical Pathology, Rajavithi Hospital, Bangkok, Thailand

17. Prehospital Factors Predicting First-Attempt Intubation Success

Suratsawadee Paopiemsup MD, Rujabhorn Kotnarin MD
Department of Emergency Medicine, Rajavithi Hospital, Bangkok, Thailand

18. The Impact of Preoperative Waiting Time on Survival Outcomes in Patients undergoing Radical Hysterectomy for Early-stage Cervical Cancer

Panutthita Khumpraphan MD, Kamaitorn Tientong MD
Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

19. Risk Factors for Return Visit to Emergency Department in Elderly Urinary Tract Infection Patients

Poom Jitseree MD, Natchaya Treesaksrisakul MD
Department of Emergency Medicine, Rajavithi Hospital, Bangkok, Thailand

Medicine Research Contest

The 35th Annual Academic Meeting of Rajavithi Hospital 2025:
"Integrated Healthcare System for Sustainability"

March 20th, 2024, Suphanikar Room, 11th Floor, Period Time: 09.00 - 16.00

20. Correlation between Uterine Fibroid Volume and Vitamin D Level in Thai Women: A Cross-sectional Study

Krittiporn Mahachiraphat MD, Sitanan Lertsiripanich MD
Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

21. Pain Reduction in Myofascial Pain Syndrome Using Dry Needling with HILT: Double-blind Randomized Controlled Trial

Peeraya Boonyaleepan MD[1], Kesthamrong Tantayakom MD[2]
[1]*Department of Physical Medicine and Rehabilitation, Rajavithi Hospital in coordination with Sirindhorn National Medical Rehabilitation Institute, Bangkok, Thailand*
[2]*Department of Physical Medicine and Rehabilitation, Rajavithi Hospital, Bangkok, Thailand*

22. Adverse Pregnancy Outcomes Stratified by Pre-pregnancy Body Mass Index in Women with Preeclampsia

Prareeya Kunnamuang MD, Dennopporn Sudjai MD
Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

23. Seasonal Blood Pressure Variation of The Hypertensive Patients Compared with The Non- Hypertensive Patients in Rajavithi Hospital

Wassapong Ananchapinyo MD, Surapun Pongsuthana MD
Department of Medicine, Rajavithi Hospital, Bangkok, Thailand

24. Preemptive Analgesic Efficacy of Parecoxib for Reducing Postoperative Pain in Patients Undergoing Gynecological Surgery

Pasu Tuangjaruwinai MD[1], Siriporn Thitisagulwong MD, M.SC. (HSE)[1,2]
[1]*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*
[2]*College of Medicine, Rangsit University, Bangkok, Thailand*

25. Effect of Postpartum Tubal Sterilization on Anti-Müllerian hormone (AMH) Levels: A Prospective Cohort Study

Areerat Kaewcheed MD, Savinee boonsuk MD
Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

Medicine Research Contest

The 35th Annual Academic Meeting of Rajavithi Hospital 2025:
"Integrated Healthcare System for Sustainability"

March 20th, 2024, Suphanikar Room, 11th Floor, Period Time: 09.00 - 16.00

26. Clinical Utility of Three-dimension Ultrasonography and Computed Tomography for Preoperative Staging in Endometrial Cancer

Tuangrat Ruangtheprat MD[1], Marut Yanaranop MD, Ph.D.[1,2]

[1]Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand
[2]College of Medicine, Rangsit university, Bangkok, Thailand

27. Prevalence and Associated Factors of Placenta Accreta Spectrum in Primary Repeat Cesarean Sections at Rajavithi Hospital

Watcharapong Phiawong MD[1], Jitima Tiyayon MD[1,2]

[1]Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand
[2]College of Medicine, Rangsit University, Bangkok, Thailand

POSTER PRESENTATION

1. Development and Application of Artificial Intelligence for Diagnosing Coronary Artery Stenosis from Myocardial Perfusion Imaging

Siriwan Srisai, Tarit Taerakul, Taratip Narawong, Korakot Worratammongkol
Department of Nuclear Medicine, Rajavithi Hospital, Bangkok, Thailand

2. Development of an electronic file document registration system: E-Smart DCS

Aungkana Nimnual, Patsara Tongjurai, Thitiphorn Sunopak
Department of Anatomical Pathology, Rajavithi Hospital, Thailand

3. The Systematic quality improvement of bone mineral densitometry toward comprehensive diagnostic standards for osteoporotic patients

Orathai Singusaha M.Sc., Araya Boonyaleepan MD, Tarit Taerakul MD
Division of Nuclear Medicine, Department of Radiology, Rajavithi Hospital, Bangkok, Thailand

4. Specialized Food Innovation for Diseases (Dense RJ)

Veeraya Sotiprawat[1], Pairoj Khruekarnchana MD (Consultant)[2],Lawan Jamprasert,[1]
Therapeutic Diet Team[1]
[1]Department of Nutrition and Dietetics, Rajavithi Hospital, Bangkok, Thailand
[2]Deputy Director, Rajavithi Hospital, Bangkok, Thailand

5. Patient safety from surgery/procedures involving wrong person, wrong side, or wrong position

Yupin Pilaisak, Kittiyaphon Saijampa, Orathai Tanpusa
Department of 17A Floor Ward (Special 7A), Rajavithi Hospital, Bangkok, Thailand

6. Improving Setup Accuracy in Breast Cancer Treatment Using Surface Guided Radiation Therapy: Experience at Rajavithi Hospital

Nunthawadee Tiaocharoen MSc, Wararat Prommoon MSc, Supaporn Thongngam MSc, Sirima Eursritanakorn MD, Sasipilai Naivikul MD
Department of Radiation Therapy, Rajavithi Hospital, Bangkok, Thailand

POSTER PRESENTATION

7. Development of a case management model for people with diabetes that blood glucose target have not achieved

Yaowapa Pornwiang[1], Sathit Niramitmahapanya MD[2]

[1]Rajavithi Hospital, Bangkok, Thailand

[2]Institute of Medical Research & Technology Assessment, Department of Medical Services, Nonthaburi, Thailand

8. Development of an Analytical Program for Deceased Organ and Eye Donor Detection in Thailand

Korntip Phonphok MD[1], Somporn Chantra MD[2], Ratchaneeporn Thanthum[3], Krisanaphan Chalarat[3], Vorapot Choonhaklai[4]

[1] Division of Nephrology, Department of Medicine, Rajavithi Hospital, Bangkok, Thailand

[2] Department of Ophthalmology, Rajavithi Hospital, Bangkok, Thailand

[3] Medical Information Center, Rajavithi Hospital, Bangkok, Thailand

[4] Division of Urology, Department of Surgery, Rajavithi Hospital, Bangkok, Thailand

9. The Development of Morbid Obesity care ; one stop service solution

Wanna Padithaporn RN[1], Sathienrapong Chantawibul MD[2], Onouma Kongchun RN[1], La-Or Boonprasatpol RN[1], Supharat Kongkham[2]

[1]Outpatient Department of Surgery, Rajavithi Hospital, Bangkok, Thailand

[2]Department of Surgery, Rajavithi Hospital, Bangkok, Thailand

10. Enhancing Seamless Standards of Intermediate Care for Post-Stroke Patients to Promote Sustainable Societal Reintegration

Sukhon Wangbunkhong, Nuttaporn Munsaithong, Chartsuda Surapat, Podjanee Tongparn, Sawitri Sinwatsanamongkol, Nichapakamon Kaewpuang

Physical therapist Division of Physical therapy, Department of Physical Medicine & Rehabilitation, Rajavithi Hospital, Bangkok, Thailand

11. The Development of Nursing Documentation Guidelines in the Cardiovascular Thoracic Intensive Care Unit

Jiraporn Netkaew RN, Anchalee Chantaravichit RN, Thongnate Nuengchaiyos RN

Cardiovascular Thoracic Intensive Care Unit, Rajavithi Hospital, Bangkok, Thailand

12. Development of Care to Reduce CAUTI in the Cardiac Surgery Intensive Care Unit, 3rd Floor

Natpimon Panna RN, Sarinphat Chawankhanit RN, Nittaya Naknuan RN

Cardiac Surgery Intensive Care Unit, 3rd Floor, Rajavithi Hospital, Bangkok, Thailand

POSTER PRESENTATION

13. Diabetic Health Literacy and Self-Care Behavior of Type 2 Diabetic Patients with Uncontrolled Blood Sugar Levels in Tertiary Care Unit

Charuwan Manmee Ph.D.[1], Sathit Niramitmahapanya MD[2]
[1]Division of Medical Research, Department of Research and Technology Assessment, Rajavithi Hospital, Bangkok, Thailand
[2]Institute of Medical Research and Technology Assessment, Department of Medical Services, Nonthaburi, Thailand

14. Delays and factors related to research project management in Rajavithi hospital

Charuwan Manmee Ph.D, Peacharat Puanglamyai B.Sc.
Division of Medical Research, Department of Research and Technology Assessment, Rajavithi Hospital, Bangkok, Thailand

15. Physical therapy management in Colorectal cancer with multidisciplinary in Rajavithi Hospital

Benjamaporn Kongsakorn PT, Kusuma Baothong PT
Department of Physical Medicine and Rehabilitation, Rajavithi Hospital, Bangkok, Thailand

16. Development of Discharge Planning Program for Kidney Transplant Patients

Organ and Bone Marrow transplant ward 17B
Inpatients Nursing of Organ Transplants, Department of In-patients Nursing, Nursing Missions, Rajavithi Hospital, Bangkok, Thailand

17. Statistics of Kidney Transplant Recipients and Length of Hospital Stay

Organ and Bone Marrow transplant ward 17B
Inpatients Nursing of Organ Transplants, Department of In-patients Nursing, Nursing Missions, Rajavithi Hospital, Bangkok, Thailand

18. Development of a self-care model for the prevention of diabetes and hypertension in at-risk populations through community participation in Sa-at somboon sub-district Mueang district, Roi-Et province

Phanuphon Phongthanoo[1], Pisit Pattanathien[2], Sasithon Paison[2]
[1]Rajavithi Hospital, Bangkok, Thailand
[2]Mueang Roi-Et District Public Health Office, Thailand

POSTER PRESENTATION

19. Development of Community Based Treatment and Rehabilitation model for drug addicts: A Case Study in a sub-district, Mueang District, Roi-Et province

Pisit Pattana Thien[1], Phanuphon Phongthanoo[2], Narongrit Juntanong[3], Sasithon Paison[1]
[1]Mueang Roi-Et District Public Health Office, Thailand
[2]Rajavithi Hospital, Bangkok, Thailand
[3]Ban Non Rang Health Promoting Hospital, Thailand

20. Impact of Automated Dispensing Cabinets on Turnaround Time for STAT Medication Processes in Rajavithi 2 (Rangsit) Hospital

Panita Boonmakum, Thamonwan Chankaew, Pattarapol Soisungnern, Jadsadakorn Thongin, Satawat Kulworahathai
Division of Pharmaceutical Care, Department of Pharmacy, Rajavithi 2 (Rangsit) Hospital, Pathum Thani, Thailand

21. Model for changing health behaviors according to the 2Aor principles of groups at risk for diabetes by community participation, Ban Non San, Mueang Roi Et District

Narongrit Juntanong, Sudarat Srithong, Kusuma Chandarawipak, et all.
Ban Non Rang Health Promoting Hospital, Roi Et Provincial Administrative Organization, Thailand

22. Predictive models of risks for prognostic complications among untargeted controlled Type 2 Diabetes Mellitus patients

Kasemsan Sarapee MSc[1], Veerasak Sarinnapakorn MD[2], Nantawut Leeamornsiri Ph.D.[3]
[1]Cluster of Administration, Rajavithi 2 (Rangsit) Hospital, Pathum Thani, Thailand
[2]Department of Internal Medicine, Rajavithi Hospital, Bangkok, Thailand
[3]Department of Agro-Industrial Technology, Faculty of Agro-Industry, Kasetsart University, Thailand

23. Easy program easy to use reduces workload

Jiraporn khamkhiaw B.P.H [1], Team Digital Health Depatment Rajavithi Hospital [2]
[1]Depatment of Total Quality Management, Rajavithi Hospital, Bangkok, Thailand
[2]Digital Health Depatment, Rajavithi Hospital, Bangkok, Thailand

24. Psychiatric room for medically and psychiatrically complicated patients

Yutitam Chirnaksorn, Veerasa Sarinnapakorn, Uthai Paungjai
Department of Psychiatry, Rajavithi Hospital, Bangkok, Thailand

25. Lean process make compensation

Rawissara Panyaake
Department of Total Quality Management, Rajavithi Hospital, Bangkok, Thailand

POSTER PRESENTATION

26. Development of nursing care model for patients undergoing Robotic-assisted Laparoscopic Radical Prostatectomy (RALRP)

Wipaporn Kawnaul M.N.S[1], Nuthchavapornkul Khunchompoo M.N.S[1], Porntip Pramjorn RN[1], Supaporn Kunrad RN[1], Junpen Pansup M.N.S[2], Pitiporn Somkum M.S.C[2] , Prof. Tanet Thaidumrong MD[3] Jutatip Artheeraphan B.Sc, M.A.[4]

[1] Department of Urology IPD, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand
[2] Department of Urology OPD, Cluster of Nursingc. Rajavithi Hospital, Bangkok, Thailand
[3] Department of Urology Medical, Rajavithi Hospital, Bangkok, Thailand
[4] Department of Physical Therapy, Rajavithi Hospital, Bangkok, Thailand

27. Development of a physical therapy services with Lean process in patients receiving physical therapy program in medical ward at Rajavithi Hospital

Dr.Sarawut Jansang PT, Ph.D., Nathtiya Ingkaworrasith PT

Division of Physical Therapy, Department of Rehabilitation Medicine, Rajavithi Hospital, Bangkok, Thailand

28. Results of Pharmaceutical Management in Vancomycin Therapeutic Drug Monitoring by Pharmacists at Rajavithi Hospital

Jeerisuda Wattana, Sakarn Visetrojana, Natesakao Nathongchai, Napapat Piyaparneekul

Department of Pharmacy, Rajavithi Hospital, Bangkok, Thailand

29. The results of reducing medication error in HAD prescribing process For CVT department, Rajavithi Hospital

Sudasinee Sonsaree, Sakarn Visetrojana, Jeerisuda Wattana, Yodhathai Hirunsai

Division of Pharmacy, Department of Pharmacy Service, Rajavithi Hospital, Bangkok, Thailand

30. Develop a negotiate model for eyes donation in terminally ill patients in the male medical ward 6B

Sujittra Patsri RN, M.N.S.

Gerontological Nursing, Department of 6B Medicine, Rajavithi Hospital, Bangkok, Thailand

31. Increase Efficiency with Innovative 3 in 1 Procedure Set

Sukanya Chaithatwanitch

Department of CSSD, Rajavithi Hospital, Bangkok, Thailand

POSTER PRESENTATION

32. Role of Clinical Pharmacists in Hematopoietic Stem Cell Transplantation, Rajavithi Hospital

Pattama Jainan Pharm. D, Saowarat phacharoen

Clinical Pharmacy Services, Department of Pharmacy, Rajavithi Hospital, Bangkok, Thailand

33. Development for reduce waiting times and reducing crowding in outpatient department by Application Line Official

Natthawut Atitung RN

Outpatient Department of Health Check-up, Rajavithi Hospital, Bangkok, Thailand

34. Role of Clinical Pharmacist and Outcomes of Pharmaceutical Care in CCU, Rajavithi Hospital

Ratiya Rungruang

Clinical Pharmacy, Department of Pharmacy, Rajavithi Hospital, Bangkok, Thailand

35. Retrospective Study of Causative Drugs Implicated in DRESS among Thai patients in a Tertiary Care Hospital

Jitrada Sirisamuttakarn M.Pharm[1], Abhisit Prawang BCP[2], Patompong Satapornpong Ph.D.[3,4], Sasimaporn Yaengkratok M.Pharm[1]

[1]*Pharmacy Department, Rajavithi Hospital, Bangkok, Thailand*

[2] *Division of Specialized Pharmacy Practice, Department of Pharmaceutical Care, College of Pharmacy, Rangsit University, Pathum Thani, Thailand*

[3]*Division of general pharmacy practice, Department of Pharmaceutical care, College of Pharmacy, Rangsit University, Pathum Thani, Thailand*

[4]*Excellence Pharmacogenomics and Precision Medicine Centre, College of Pharmacy, Rangsit University, Pathum Thani, Thailand*

36. Sleep duration, lifestyles and blood pressure among medical students, Rangsit University

Supanat Chatrung, Karnsinee Teachawiboolphol, Chutimun Chaiyaraks Worakulpisuth, Pakaporn Punyawanitkul, Patara Tananuvat, Siravit Wattanakumthornkul, et all

College of Medicine, Rangsit University, Bangkok, Thailand

37. The role of relationships and support systems in medical student well-being and resilience

Nutsukarn Wattanaboonma[1], Warunee P. Vandepitte MD[2]

[1]*College of medicine, Rangsit university, Bangkok, Thailand*

[2]*Queen Sirikit National Institute of Child Health, Bangkok, Thailand*

Phyathai Room 11th Floor | 20 March 2025 | 08.45 – 10.15

Health Innovation & Technology for Wellness toward Sustainable Development

Associate Professor Dr. Chailerd Pichitpornchai MD, Ph.D.

Director, Institute for Innovative Learning, Mahidol University
Department of Physiology, Faculty of Medicine Siriraj Hospital, Mahidol University, Thailand

Health innovation and technology are crucial in enhancing public health and improving quality of life. The advancement of medical technology should align with sustainable development principles, ensuring equal access to healthcare, efficient resource utilization, and minimal environmental impact. Rapid technological progress strengthens the healthcare system, making services more efficient and accessible.

Health Innovation involves developing new concepts, methods, and processes to enhance healthcare efficiency, covering prevention, diagnosis, treatment, and rehabilitation. **Health Technology**, on the other hand, applies scientific and technological tools such as **Artificial Intelligence (AI), Big Data, Telemedicine, and Wearable Devices** to improve healthcare delivery. These technologies enhance accuracy, reduce costs, and expand healthcare accessibility.

AI and **Machine Learning** play a significant role in medical imaging analysis, assisting in the diagnosis of diseases from X-rays, CT scans, and MRIs with increased accuracy and speed. **Big Data** supports healthcare decision-making by analyzing vast amounts of patient data, predicting disease trends, and optimizing resource allocation. **Telemedicine** enables remote patient consultations, reducing travel costs and increasing accessibility, particularly in underserved areas. **Wearable Devices**, such as smartwatches and health sensors, facilitate continuous monitoring of vital signs and health behaviors. Additionally, **Precision Medicine**, which tailors treatment based on genetic data, is a growing trend that enhances personalized healthcare.

Beyond improving healthcare delivery, these technologies contribute to **sustainable development** by increasing **equitable access** to medical services and reducing health disparities. Telemedicine helps patients in remote areas receive timely care, easing the burden on hospitals. Big Data improves resource management, reduces unnecessary medication use, and minimizes medical waste. Wearable technology encourages individuals to monitor their health, leading to long-term reductions in chronic disease rates.

Despite the benefits, challenges exist, particularly in **ethics and data security**. Given the sensitivity of health data, strong legal frameworks such as **GDPR** and **PDPA** are necessary to ensure privacy and protection. The growing reliance on AI also raises concerns about accountability in cases of medical errors. Clear legal guidelines and regulations are needed to address these issues.

Additionally, **training medical personnel** to effectively use emerging technologies is essential. Collaboration between **governments, private sectors, and universities** can drive research and development, fostering innovation in healthcare.

In conclusion, health technology and innovation play a pivotal role in advancing public health. Their integration with sustainable development principles, alongside skilled healthcare professionals and robust support systems, will drive the healthcare system towards a high-quality, accessible, and sustainable future.

Yothee Room, 11th floor	20 March 2025	09.00 – 16.00

The Health Conditions Affecting The Nutritional Status Of The Elderly: Systematic Review

Kittipong Yaisaeng

Professional Nurse Specialist in Nursing, Rajavithi Hospital, Bangkok, Thailand

Background/Problem Importance: The knowledge of nutrition and the nutritional status of the elderly in the community important for ensuring access to nutrition and preventing malnutrition among the elderly. This is relevant to their daily lives, as it can affect their nutritional status. Therefore, the researchers are interested in studying this issue.

Objectives: To study the health conditions affecting the nutritional status of the elderly.

Research Methodology/Approach: A systematic review of research literature was conducted. Articles were searched from the electronic databases Google Scholar and PubMed, published between 2017 and 2023, using the keywords "malnutrition of the elderly". The quality of the articles was assessed using the research quality assessment tool developed by Heller RF, et al. (2008).

Research Findings: A total of 190 articles were found initially. After screening the titles and abstracts, 17 articles were selected for further evaluation based on their relevance to the research topic and their research quality. The articles were related to malnutrition among the elderly.

Conclusions: The majority of the elderly are at risk of developing various diseases such as obesity, diabetes, and hypertension. This is because a large proportion of the elderly (almost 50%) are either obese or underweight, with a higher prevalence of hypertension and blood sugar levels above the threshold. This suggests that in order to improve the nutritional status and health of the elderly and reduce the risk of diseases such as diabetes and hypertension, it is important to provide accurate nutritional information to the elderly as a first step. The organizations in the area should disseminate knowledge about food consumption through various channels that are easily accessible to the elderly, in order to improve their nutritional status.

Keywords: Elderly, Malnutrition, Nutrition of Knowledge

Yothee Room, 11th floor	20 March 2025	09.00 – 16.00

Effects of an Information Program Combined with Telephone Follow-up on Bowel Preparation Behavior and Cleanliness in Colonoscopy Patients

Wanisa Suwannaklom[1], Pradabporn Pitiporn[2]

[1]Special Nursing Care Group, Chao Phaya Abhaibhubejhr Hospital, Prachinburi, Thailand
[2]One Day Surgery Center, Chao Phaya Abhaibhubejhr Hospital, Prachinburi, Thailand

Colonoscopy is a highly effective screening standard for colorectal cancer. While Chao phaya Abhaibhubejhr Hospital provides outpatient colonoscopy services, a 15% postponement rate due to inadequate bowel preparation affects diagnostic efficiency and resource utilization. This quasi-experimental research studied the effects of an educational program with telephone follow-up on bowel preparation behavior and cleanliness levels. The study included 60 first-time colonoscopy outpatients from January to June 2024, equally divided into control and experimental groups, matched by laxative type. Research tools included an educational program, behavior questionnaire, and Thai BBPS. The experimental group received a bowel preparation manual with telephone follow-ups 3 days and 1 day before examination.

Results showed significantly better outcomes in the experimental group for both bowel preparation behavior and cleanliness ($\chi^2 = 8.52$, $p = 0.014$ and $\chi^2 = 12.37$, $p < 0.05$). The experimental group achieved high-level behavior (93.33%) and excellent bowel cleanliness (90%) compared to the control group (63.33% and 53.33% respectively), with no examination postponements.

This research demonstrates program effectiveness and recommends developing it into a standard practice guideline while incorporating digital technology to enhance service efficiency.

Keywords: Colonoscopy, Patient Education, Telephone Follow-up, Bowel Preparation Behavior, Bowel Cleanliness

Yothee Room, 11th floor	20 March 2025	09.00 – 16.00

Effects of Self-regulation Program via Line Application on Anxiety, Cooperative Behaviors, and Duration of Examination in Patients Undergoing Bronchoscopy

Yuvadee Prasert M.N.S.

Department of Bronchoscopy, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand

Background: Bronchoscopy is a special procedure in which a camera was inserted through the nose or mouth into the windpipe to diagnose or treat respiratory diseases by looking into the bronchioles.

Objective: To study the effects of self-regulation program via line application on anxiety, cooperative behaviors, and duration of examination in patients undergoing bronchoscopy.

Materials and Methods: The quasi-experimental research, which employed two sample groups and pretest-posttest design, study at the bronchoscopy unit, Rajavithi hospital. The samples consisted of 60 patients recruited by using the purposive sampling method and divided into an experimental group who use the program and a control group who received usual information, 30 patients for each group. The research instruments for data collection included demographic questionnaire, state-trait anxiety inventory form X-1, cooperative behaviors record, and bronchoscopy record. The data were analyzed using descriptive statistics, two-way repeated-measures ANOVA and Mann Whitney U test.

Results: The study revealed that after the program, the experimental group's anxiety scores were significantly decreased and significantly less than the control group ($p < .001$). The experimental group had cooperative behaviors significantly higher ($p < .001$) and duration of bronchoscopy significantly shorter ($p < .05$) than the control group. This study suggested the implementation of the self-regulation program via line application for preparing patients undergoing the procedure.

Conclusions: The received a self-control program using video clips via the line application to prepare for bronchoscopy helped patients adjust and cope with bronchoscopy, resulting in reduced anxiety, higher cooperation behavior during the procedure, and reduced bronchoscopy time.

Keywords: Anxiety, Bronchoscopy, Cooperative Behaviors, Self-regulation

Yothee Room, 11th floor	20 March 2025	09.00 – 16.00

Effects of The Diabetic School Among Type 2 Diabetic Patients With Uncontrolled Blood Sugar In Sadao Sub-district, Phlappha Chai District, Buri Ram Province

Sangduen Laysoan

Phlappha Chai Hospital, Phlappha Chai District, Buri Ram, Thailand

Background: Diabetes is a chronic non-communicable disease that is currently a major public health problem worldwide due to changing lifestyles and environments. It cannot be completely cured, causing an impact on the lives of both patients and their families.

Objective: Study of the effects of a diabetes school program for Diabetic Patients With Uncontrolled Blood Sugar In Sadao Sub-district, Phlappha Chai District, Buri Ram Province.

Materials and Methods: This research was a quasi-experimental research with a two-group, pre-test and post-test design. The objective was to study the effects of the Diabetes School Program in people with uncontrolled type 2 diabetes. The samples were divided into two groups. The experimental group consisted of 30 participate group was received Diabetes School Program. The control group consisted of 30 normal received regular Diabetes School Program. The instrument was Diabetes School Program and questionnaire (Health Behavior). Percentage, mean, standard deviation, dependent samples t–test and independent samples t–test were applied for data analysis.

Results: The results of this study were as follows: After receiving the health literacy program, the type 2 diabetic patients in experimental group had significantly better health Behavior and Blood Sugar (A1C) than before receiving the Diabetes School Program at .01 level. After receiving the Diabetes School Program, the type 2 diabetic patients in experimental group had significantly better health behavior than the type 2 diabetic patients in control group at.01 level.

Conclusions: The Diabetes School Program can change the health behavior of diabetic patients, resulting in lower blood sugar levels. Therefore, further studies on the Diabetes School Program to promote health behavior in diabetic patients should be conducted.

Keywords: Diabetes School Program, Health Behavior, Blood Sugar Level(A1C)

Yothee Room, 11th floor	20 March 2025	09.00 – 16.00

Effects of a Confidence Program for Caregivers in Preventing Pneumonia Readmission in Home Ventilator Patients

Janjira Amin, Ruchdaporn Phaichan, Pornpan Ootapao

Respiratory Critical Care Unit, Chao Phraya Abhaibhubejhr Hospital, Prachinburi, Thailand

Background: Pneumonia is a significant public health concern substantially impacting healthcare systems, particularly among home ventilator patients. Statistics from Chao Phraya Abhaibhubejhr Hospital (2022-2023) showed pneumonia mortality rates of 29.13-28.80% and 28-day readmission rates of 5.83-6.55%. Notably, home ventilator patients demonstrated particularly high readmission rates of 10%, highlighting the significant challenges in maintaining effective home care management for this vulnerable population.

Objective: To develop and evaluate the effectiveness of a confidence enhancement program for family caregivers based on the Information-Motivation-Behavioral Skill (IMB) Model in preventing hospital readmission among home ventilator patients during January-December 2023.

Materials and Methods: This quasi-experimental study included 10 family caregivers selected through purposive sampling from the Respiratory Critical Care Unit. The comprehensive program comprised three phases: information gathering and multidisciplinary team planning, implementation of knowledge and skill development activities, and systematic evaluation. Data were collected using validated assessment tools with established content validity and reliability through expert review. Statistical analysis was performed using the Wilcoxon Signed Rank Test to evaluate pre-post intervention outcomes.

Results: After 4 weeks of program implementation, participants demonstrated statistically significant improvements in all measured domains ($p < .05$). Knowledge scores increased substantially, while practical skills and confidence levels showed marked enhancement. Most importantly, no pneumonia-related hospital readmissions were observed during the follow-up period, indicating successful implementation of preventive care practices.

Conclusions: The IMB Model-based program effectively enhanced family caregivers' capabilities in providing home ventilator care. This evidence-based intervention demonstrates potential for improving care quality and reducing hospital readmissions. The program can be applied to enhance home ventilator patient care and extended to other patient groups requiring continuous home care support.

Keywords: Confidence Enhancement Program, Pneumonia Prevention, Home Ventilator, Family Caregivers, IMB Model

Yothee Room, 11th floor	20 March 2025	09.00 – 16.00

Effects of Structured Information Program, Perceived Benefits, and Telephone Follow-up on the Success Rate of Scheduled Cardiac Catheterization in Heart Failure Patients

Sirirat Wijarn B.N.S., Pairat Sitthikul B.N.S., Anutphon Maneenuam B.N.S., Ratchadaporn Phaichan B.N.S.

Chao Phraya Abhaibhubejhr Hospital, Prachinburi, Thailand

Background: Heart failure is a critical condition requiring cardiac catheterization for precise diagnosis and appropriate treatment planning. Fluid overload represents a significant barrier preventing patients from undergoing scheduled procedures, resulting in treatment delays and increased risk of complications. Data from Chao Phraya Abhaibhubejhr Hospital indicated that fluid overload was responsible for 15.22% of cardiac catheterization cancellations in heart failure patients, making it a primary obstacle to successful scheduled examinations.

Objective: To study the effects of a structured information program incorporating perceived benefits and telephone follow-up on the success rate of scheduled cardiac catheterization in heart failure patients.

Materials and Methods: This quasi-experimental study employed a one-group posttest-only design. The sample comprised 17 heart failure patients scheduled for cardiac catheterization at Chao Phraya Abhaibhubejhr Hospital. The intervention program, developed based on Pender's Health Promotion Model, consisted of educational information, perceived benefits awareness, and telephone follow-up one week before the procedure. Data were collected using demographic records and success assessment forms and analyzed using descriptive statistics.

Results: The sample consisted of 52.94% males, with a median age of 56 years. Most participants (64.70%) had completed primary education, and 58.82% had more than two comorbidities. After receiving the program, 94.11% of participants successfully underwent cardiac catheterization as scheduled.

Conclusions: The program effectively helped heart failure patients undergo scheduled cardiac catheterization. It is recommended for implementation in routine care for this patient group.

Keywords: Heart failure patients, Cardiac catheterization, Perceived benefits, Health promotion

Yothee Room, 11th floor	20 March 2025	09.00 – 16.00

The Development of Clinical Nursing Practice Guidelines in Neutropenia Care of Cancer Patients Receiving Chemotherapy

Phikul Loachai B.N.S., Tassanee Nakhonchai M.S.N.

Department of Out-patient, Cluster of Nursing, Udonthani Cancer Hospital, Udon Thani, Thailand

Background: Neutropenia occur in patients undergoing chemotherapy. Clinical nursing practice guidelines in neutropenia care of cancer patients receiving chemotherapy is essential to practice of nurses.

Objective: To develop of clinical nursing practice guidelines in neutropenia care of cancer patients receiving chemotherapy.

Materials and Methods: The action research was designed based on the concept lowa model and the quality of scientific evidence was considered following the criteria suggested by Melnyk and Fineout-Overholt. The development of clinical nursing practice guidelines consisted of 3 steps. Firstly, the development of clinical nursing practice guidelines by searching relevant literature evidence. The results revealed that there were 14 studies after that, was systematically analyzed consisted into nursing practice guidelines. Secondly, the CNPG was validated by 5 experts using Appraisal of Guideline for Research and Evaluation criteria (AGREE, 2001). The appraisal result was 89.50%. Thirdly, the CNPG was tested with 10 sample of Nurse (ICWN) and 10 sample of neutropenia, s patient. Data were collected by satisfaction assessment and Febrile neutropenia incidence monitoring form, with IOC= 1, 0.98. respectively.

Results: None of the samples developed severe neutropenia and Febrile neutropenia. Nurses who used the guidelines had the highest overall satisfaction ($\bar{x}$= 4.6, 5.0-0.527)

Conclusions: Clinical nursing practice guidelines can be used to care for cancer patients with chemotherapy-induced neutropenia.

Keywords: Clinical nursing practice guidelines, Neutropenia, Chemotherapy

Yothee Room, 11th floor	20 March 2025	09.00 – 16.00

The Strategies for development the quality of telemedicine services in cancer patients in Udonthani Cancer Hospital

Chanyanis Chamnanchan[1], Thanakrit Thurisoot[2]

[1]*Department of Out-patient Nursing, Udonthani cancer hospital, Udon Thani, Thailand*
[2]*Udon Thani Rajabhat University, Udon Thani, Thailand*

Background: Telemedicine has been widely implemented in cancer care. Enhancing service quality is essential to ensure high-quality and sustainable healthcare delivery.

Objective: To develop strategies for enhancing the quality of telemedicine services.

Materials and Methods: This developmental research was conducted in three phases: (1) Problem analysis, which included two steps: (a) A quantitative survey assessing service quality issues among 193 participants using a questionnaire (IOC = 1.00), analyzed using frequency, percentage, mean, and standard deviation; and (b) A qualitative study involving in-depth interviews with 15 key informants, analyzed using content analysis. (2) Strategy formulation for service improvement. (3) Strategy evaluation by 30 experts using an assessment tool, with data analyzed through frequency, percentage, mean, and standard deviation. The sample included cancer patients and telemedicine service providers, selected via purposive sampling.

Results: The overall service quality issues were rated at a low level ($\bar{x}$ = 2.29, SD = 1.02), particularly in responsiveness, tangibility, and assurance. Key challenges identified included coordination, service areas, service processes, technology use, and communication tools. System usability issues were rated at a moderate level ($\bar{x}$ = 2.58, SD = 0.98), reliability, ease of use, and response time. Identified problems included system instability, internet connectivity issues, and complexity, especially for elderly cancer patients requiring assistance from caregivers and telemedicine providers. The study proposed 6 strategies with 11 projects for improving telemedicine service quality. The strategy evaluation results yielded scores above 3.51, indicating high feasibility and applicability.

Conclusions: The developed telemedicine service quality improvement strategies are appropriate for enhancing telemedicine systems for cancer patients.

Keywords: Strategies, Service quality, Telemedicine, Cancer

Yothee Room, 11th floor	20 March 2025	09.00 – 16.00

Outcome's of Clinical Nursing Practice Guideline in Assessment and Prevention Compartment Syndrome for Orthopedic patient of Register Nurse, Rajavithi Hospital

Pilanthasut Yodrachasuriya RN[1], Amornta Archapitak RN[2], Tarika Boonprakob RN[2], Wipaporn Kawnaul RN[2], Nuchrapee Suthikul RN[3]

[1]Department of Out-patient Nursing, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand
[2]Department of In-patient Nursing, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand
[3]Emeritus Nurse

Background: Compartment syndrome; CS is an emergency complication in orthopedics, Causes pain after injury to arms/legs, nerves and blood vessels are compressed. This causes the muscles and soft tissues to have insufficient blood supply. Severe ischemia occurs within 4 hours the muscles die and the nervous system loses function. It can lead to death if not treated quickly. Nurses need to have the knowledge and skills to correctly assess symptoms according to the 5P principles in order to provide correct nursing care. Continuously monitor symptoms and decide to report immediately. The researcher therefore took the nursing practice guidelines for assessing and preventing hypertensive problems in orthopedic patients (CNPG CS) to trial so that professional nurses could implement them as the same guidelines.

Objective: 1. To study the level of practice and compare practices before and after using nursing guidelines. In the assessment and prevention of intramuscular hypertension among professional nurses. 2. To evaluate nurses opinions on nursing practices in the assessment and prevention of intramuscular hypertension among professional nurses.

Materials and Methods: The purposes of this quasi-experimental research. To study the results of using CNPG CS among 6 OPD and 47 IPD orthopedic nurses caring for patients with arm/leg injuries received a cast.

Results: After using CNPG CS, nurses had a statistically significant increase in overall practice and OPD / IPD work. The overall opinion of CNPG CS was 88.89 percent. Considering each aspect, it was found that it helped to move nursing care in the same direction. Have confidence in caring for patients and had clear nursing goals, 95.47%, 92.83%, 91.32%, respectively.

Conclusions: CNPG CS helps nurses assess symptoms after arm/leg injuries in orthopedic patients. and decide to report symptoms quickly Reduce the risk of CS.

Keywords: Nursing practice guidelines, Compartment syndrome, Nursing, Assessment, Prevention

Yothee Room, 11th floor 20 March 2025 09.00 – 16.00

Effect of the Program for Patients With Sepsis on the Knowledge and Practice of Nurses Caring for Patients With Sepsis in Damnoen Saduak Hospital

Sukanya Siam-e-koo M.N.S.

Damnoen Saduak Hospital, Ratchaburi, Thailand

Background: Sepsis is a major problem with high mortality rates in many hospitals. Damnoen Saduak hospital found that patients who developed septic shock, number cases of community and hospital acquired sepsis from 2021-2023 were 827 patients, deaths 21.29%, 18.87%, and 10.94%, respectively. In studying whether the implementation of the sepsis nurse care program would increase knowledge and adherence to nursing practice guidelines for patients with sepsis.

Objective: To compare knowledge and practice in nursing practice for patients with sepsis before and after receiving the sepsis care program and to study the level of satisfaction of nurses in using the sepsis care program.

Materials and Methods: This research was a pre-experimental design. The research was conducted with a sample group consisting of 30 professional nurses between June 2024 to January 2025. The research instruments consisted of the sepsis care program, a general information questionnaire, and a knowledge test in caring for patients with sepsis, which were examined for content validity by 3 experts and had a knowledge reliability of 0.86. Data were analyzed using descriptive statistics and paired t-test.

Results:
1. Before receiving the program, the sample group had low knowledge at 46.7%, moderate 33.3%, and good 20.0%. After had good knowledge 76.7%, moderate 23.3% and had significantly increased knowledge after receiving the program ($p<.01$).
2. Before receiving the program, the sample group had a mean patient care practice at a moderate level ($\bar{x} = 2.32$). After had a high level ($\bar{x} = 2.63$) and a statistically significant increase in patient care practice after receiving the program ($p<.01$).
3. The satisfaction of nurses in using the program at a moderate level overall ($\bar{x}$ 3.17).
Conclusions: Using the patient care program for taking care of patients with sepsis in IPD ward, support the nurses to enhance knowledge and correct practice.

Keywords: Sepsis patients, Sepsis care program, Sepsis care knowledge, Sepsis nurses' practices

Yothee Room, 11th floor	20 March 2025	09.00 – 16.00

Essential Skills in the 21th Century of Registered Nurses in Special Ward at Chaophraya Abhaibhubejhr Hospital

Kanta Kosoom Ph.D., Samai Kosoom B.Sc.

Registered Nurse, Professional Level, Chaophraya Abhaibhubejhr Hospital, Prachinburi, Thailand

The era of transformative change in the 21st century. What skills do professional nurses in special wards need to promote their profession and support the society of the future. This research aims to study the necessary skills for the 21st century of professional nurses in special wards at Chao Phraya Abhai Bhubet Hospital. Using qualitative research methods, data were collected through in-depth interviews with 19 key informants in two groups: 10 medical personnel from Chao Phraya Abhai Bhubet Hospital, including executives, practitioners, medical scholars, professional nurses, and heads of special wards, and 9 patients, relatives, or caregivers of patients admitted to the special wards of Chao Phraya Abhai Bhubet Hospital. Data were analyzed using typological analysis methods.

The research findings indicate that the necessary skills for the 21st century of professional nurses in special wards at Chao Phraya Abhai Bhubet Hospital include: 1) personal skills: effective communication, participatory listening, and situational awareness; 2) people skills: teamwork and creating a good environment for patients; 3) knowledge application skills: developing routine work into research and using herbal medicine for basic disease treatment; and 4) work-related skills: foreign language skills and digital literacy skills. Given the increasingly challenging health context, envisioning the future will reveal the scenarios and key factors that professional nurses must prepare for to achieve excellence at the international level.

Keywords: Essential Skills in the 21th, Nursing Staff, Chaophraya Abhaibhubejhr Hospital

Yothee Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Outcomes of Aromatherapy Massage on Discomfort Symptoms of Cervical Cancer Patients Undergoing Concurrent Chemo Radiotherapy

Waraporn Charoenboon[1],Prakaikaew Yodjanda[2], Nuchrapee Suthikul[3]

Department of In-patient, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand

Background: Cervical cancer is the number one cancer found in women and has a high mortality rate. Common disturbing symptoms are pain that affects sleep and anxiety. The most popular pain management method used by patients is massage because it can relieve pain and has no side effects. Currently, lavender essential oil is popularly used to help relieve stress, calm the mind, and help sleep more easily.

Objective: To compare the pain, anxiety, and sleep quality of cervical cancer patients undergoing concurrent chemo radiotherapy between a group receiving standard care and a group receiving standard care combined with aromatherapy massage.

Materials and Methods: This is a quasi-experimental study. Data were collected in the radiotherapy ward A between June 2023 and June 2024, with 30 patients divided into 2 groups of 15 patients each. Data were collected using form were personal data record, pain assessment, an anxiety assessment, and sleep quality assessment, which were examined by 5 qualified persons. The content validity index was 0.98. Data were analyzed using frequency, percentage, mean, standard deviation, paired t-test and repeated measure ANOVA.

Results: The research result found that:
1. The pain scores in the experimental group during the 2nd, 3rd, and 4th sessions were significantly different from the control group ($t = -3.006, -7.128, -7.690$, $df = 14$, $p < .01$).
2. The anxiety scores in the experimental group during the 2nd, 3rd, and 4th sessions were significantly different from the control group ($t = -0.417, -2.860, -6.414$, $df = 14$, $p < .01$).
3. The sleep quality scores in the experimental group for all four sessions were not significantly different from the control group.

Conclusions: Aromatherapy massage reduces pain and anxiety in cervical cancer patients undergoing concurrent chemo radiotherapy

Keywords: Aromatherapy, Massage, Discomfort Symptoms, Cervical Cancer, Concurrent Chemo Radiotherapy

Yothee Room, 11th floor	20 March 2025	09.00 – 16.00

Comparative Study of Outcomes of Elderly Hip Fractures Treated with Surgery at Chao Phraya Abhaibhubejhr Hospital

Oraya Khemthong , Bussarin Thongluan

Orthopedic Surgery Ward, Chao Phraya Abhaibhubejhr Hospital, Prachinburi, Thailand

Background: Hip fracture in the elderly is a common condition associated with severe complications, affecting quality of life and having high mortality rates in the first year post-fracture. Post-operative complications are significant indicators of the quality of care throughout the treatment process, from pre-operative preparation through discharge. However, no retrospective study has been conducted on this patient group at Chao Phraya Abhaibhubejhr Hospital.

Objective: To compare clinical outcomes including mortality, length of hospital stay, complications, and treatment costs among patients treated during the study period.

Materials and Methods: This retrospective descriptive study included 133 patients aged 50 years and above who underwent hip fracture surgery at Chao Phraya Abhaibhubejhr Hospital between October 2022 and July 2024. Patients were divided into three groups based on surgical waiting time: less than 48 hours (n=21), 48-72 hours (n=25), and more than 72 hours (n=87). Data were collected from electronic medical records and telephone follow-ups. Statistical analysis was performed using descriptive statistics and Kruskal-Wallis test.

Results: The group operated within 48 hours had significantly shorter mean hospital stay (6.67 days) compared to the 48-72 hours group (8.64 days) and >72 hours group (15.15 days) ($p<0.05$). Complication rates were also significantly lower in the <48 hours group (4.76%) compared to the 48-72 hours group (20.00%) and >72 hours group (41.38%) ($p<0.05$). No significant differences were found in mobility status, mortality rates, and treatment costs among the three groups.

Conclusions: Surgery within 72 hours of admission effectively reduces hospital length of stay and complications in elderly patients with hip fractures.

Keywords: Hip fracture, Elderly, Surgical treatment outcomes

Yothee Room, 11th floor	20 March 2025	09.00 – 16.00

Selected Factors Related to Medicine Behavior of Oral Anti-Hormonal Agents in Breast Cancer Patients in Udonthani Cancer Hospital

Chomphunuch Phonsawa B.N.S., Patcharin Noyla B.N.S., Piyanuch promsaka na sakolnakorn M.N.S.

Udonthani Cancer Hospital, Udon Thani, Thailand

Objective: To study the behavior of oral anti-hormonal drugs and the selective factors associated with the behavior of ingested anti-hormonal drugs in breast cancer patients. Udon Thani Cancer Hospital

Materials and Methods: This research is a descriptive study. The sample group is 50 males and females breast cancer patients of all stages, aged 18 years and over, who were diagnosed by a doctor with breast cancer and treated with oral anti-hormonal drugs. They were specifically selected and received treatment at Udon Thani Cancer Hospital, outpatient service, between January 2022 and April 2022. Instruments used for data collection: Data were collected using questionnaires: 1) personal data recording form, 2) family social support questionnaire, 3) symptom severity perception questionnaire, 4) disease severity perception questionnaire, 5) treatment benefit perception questionnaire, and 6) medication use behavior questionnaire. Data were analyzed using frequency distribution, percentage, mean, median, standard deviation, and Pearson correlation coefficient.

Results: The results showed that the behavior of oral anti-hormonal drugs in breast cancer patients was at poor, level related ($\bar{x}$ =1.99, SD =0.71). And the perceived factors of treatment benefit of treatment was positively related to drug habits of breast cancer patients to oral anti-hormonal drugs at statistically significant level of 0.05 ($r= 0.69$, $p<0.05$). Results from this study can be used to plan for medication adherence promotion basic information in planning program among breast cancer patients in drug treatment.

Keywords: Breast Cancer, Oral Anti-Hormonal Drugs, Medication Adherence, Selective Factors

Yothee Room, 11th floor	20 March 2025	09.00 – 16.00

A Comparative Study of Turmeric-Cannabis Ointment for Healing Incontinence-Associated Dermatitis in Bedridden Patients

Wanasi Poomwat B.N.S., Ruchdaporn Phaichan M.N.S., Metpiya Amin B.N.S.

Respiratory Critical Care Unit, Chao Phraya Abhaibhubejhr Hospital, Prachinburi, Thailand

Background: Incontinence-Associated Dermatitis (IAD) is a common complication in bedridden patients with incontinence, with an incidence rate of 50-80% in respiratory critical care units. Current treatment commonly utilizes zinc oxide with petroleum jelly; however, this approach has limitations regarding its viscosity and wound assessment capabilities. Turmeric and cannabis, known for their anti-inflammatory and wound-healing properties, present potential alternative therapeutic options for IAD treatment.

Objective: This quasi-experimental research aimed to compare the efficacy of turmeric-cannabis ointment versus zinc oxide-petroleum jelly in treating IAD among bedridden patients.

Materials and Methods: The study was conducted in the respiratory critical care unit at Chao Phraya Abhaibhubejhr Hospital. Twenty bedridden patients with urinary and fecal incontinence were randomly assigned to either a control group (n=10) receiving zinc oxide-petroleum jelly or an experimental group (n=10) receiving turmeric-cannabis ointment. Data were collected using the Perineal Assessment Tool (PAT) score and Incontinence Associated Dermatitis Severity (IADS) score, evaluated on days 1, 3, and 7. Statistical analysis was performed using the Mann-Whitney Test.

Results: showed no significant differences in demographic characteristics and PAT scores between the groups ($p>.05$). IADS scores were comparable between groups on days 1 and 3; however, by day 7, the turmeric-cannabis ointment group demonstrated significantly better wound healing compared to the control group ($p=.011$).

Conclusions: turmeric-cannabis ointment proved effective in treating IAD in bedridden patients, showing superior healing outcomes compared to zinc oxide-petroleum jelly when used continuously for 7 days. This product represents an efficient alternative for managing mild IAD while promoting the use of Thai herbal products in healthcare.

Keywords: Turmeric-cannabis ointment, Incontinence-Associated Dermatitis, Bedridden patients

Yothee Room, 11th floor	20 March 2025	09.00 – 16.00

Characteristics and Adverse Reactions to Central Nervous System Depressant Drugs in Medical Intensive Care

Sawanya Onlim, Saengsom Permpool, Ruchira Khumkong, Panpen Dulyasit, Wanlee Kumnerdmuang

Medical Intensive Care Unit, Chao Phraya Abhaibhubejhr Hospital, Prachinburi, Thailand

Background: Most patients in medical intensive care units require central nervous system depressant drugs, which are high-risk medications. Data from Chao Phraya Abhaibhubejhr Hospital during 2020-2022 showed that 78.25% of patients received Fentanyl/Midazolam, with 27.53% experiencing adverse drug reactions (ADRs). Despite established nursing guidelines, ADRs continue to occur, emphasizing the importance of studying patient characteristics to improve care protocols.

Objective: This study aimed to examine demographic and clinical characteristics of patients receiving central nervous system depressant drugs and their associated adverse reactions.

Materials and Methods: This descriptive research included 270 patients who received Fentanyl/Midazolam and experienced ADRs. Systematic sampling was used to select participants from medical records between October 2020 and September 2022. Data were analyzed using descriptive statistics.

Results: showed that 54.8% were female, aged 41-60 years, with 56.30% having underlying diseases. 28.15% had BMI 25-29.9 kg/m², 32.96% had eGFR 60-89 ml/min/1.73, and 50.37% had albumin <3.5 gm/dL. Drug administration lasted 24-48 hours in 51.48% of cases. The most common adverse reaction was confusion and loss of self-control (80%).

Conclusions: patients with high body weight, low albumin levels, and comorbidities are at risk for ADRs and require close monitoring. Further studies should investigate factors associated with ADRs during different drug administration periods.

Keywords: central nervous system depressants, adverse drug reactions, medical intensive care unit

Yothee Room, 11th floor	20 March 2025	09.00 – 16.00

Preventive Behaviors Against Covid-19 Among Nurse In A Hospital In Bangkok

Kittipong Yaisaeng

Professional Nurse Specialist in Nursing, Rajavithi Hospital, Bangkok, Thailand

This study is a cross-sectional descriptive research aimed at examining the preventive behaviors against COVID-19 among nurses in a hospital in Bangkok. The sample consisted of 138 registered nurses working in the hospital, selected through simple random sampling. Data were collected using a questionnaire between August 1 and September 15, 2023. Data analysis included frequency, percentage, mean, standard deviation, chi-square test, and Pearson's correlation coefficient.

The results showed that 87.1% of the participants were female, with the majority aged between 25–34 years (68.0%), ranging from a minimum of 22 years to a maximum of 51 years. The compliance with COVID-19 prevention measures among nurses in the hospital was predominantly at a high level (84.6%), followed by a moderate level (15.4%), with no reports of low compliance. Statistically significant factors associated with adherence to COVID-19 prevention measures (p-value < 0.05) included gender, age, educational level, and knowledge of COVID-19 prevention. Based on these findings, it is recommended that hospital administrators promote and reinforce adherence to COVID-19 prevention measures among healthcare personnel, particularly by enhancing their knowledge of infection prevention. Strengthening awareness and understanding of preventive measures will facilitate compliance and encourage healthcare workers to serve as role models for patients and service users.

Keywords: COVID-19 preventive behaviors, compliance with COVID-19 prevention measures, knowledge of COVID-19 prevention

Yothee Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Relationship Between Self-Care Behavior, Self-care confidence, and Quality of Life in Patients with Heart Failure

Seangsom Supmontri M.N.S.[1], Sunan Leeissarapong M.N.S.[2], Kampong Kamnon Ph.D.[3]

[1] *Strategy Plans and Projects Unit, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand*
[2] *Independent Scholar*
[3] *Department of Research and Innovation Nursing, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand*

Background: The quality of life of heart failure patients depends on self-care behavior and confidence in their ability to take care of themselves.

Objective: To study 1) quality of life, self-care behavior, and self-care confidence and ability in heart failure patients, 2) the relationship between self-care behavior, self-care confidence and ability, and quality of life in heart failure patients.

Materials and Methods: The study was conducted in all heart failure patients who were admitted to the Department of Internal Medicine and Specialist Clinics, Rajavithi Hospital, from August to October 2023. A purposive sampling of 64 people was used. Data were collected using a 4-part questionnaire consisting of a personal data questionnaire, a self-care behavior questionnaire, a self-care confidence questionnaire, and a quality of life questionnaire in heart failure patients. The reliability test was performed with Cronbach's alpha coefficients of .73, .95, and .96, respectively. Data were analyzed using descriptive statistics and Pearson's correlation coefficient.

Results: It was found that 1) Heart failure patients had an overall mean of poor quality of life ($\bar{x}$ = 45.59, SD = 21.25), while the overall level of self-care behavior was at a fair level ($\bar{x}$ = 68.91, SD = 13.47), and the level of confidence in self-care ability was at a fair level ($\bar{x}$ = 66.72, SD = 19.85). 2) The quality of life in heart failure patients, self-care behavior, and confidence in self-care ability had a low positive relationship (r value < 0.30) with statistical significance (r = .28, p <.05 and r = .27, p <.05, respectively).

Conclusions: Continuously organizing activities that promote self-care confidence in heart failure patients by a multidisciplinary team will result in higher quality of life in all aspects of the patients.

Keywords: Self-care behavior, Self-care confidence, Quality of life, Heart failure

Suphanikar Room, 11th floor 20 March 2025 09.00 – 16.00

The Cerebro-placental-uterine Ratio for Predicting Adverse Pregnancy Outcome by Doppler Ultrasound at Gestational Age 28-32 Weeks in High-Risk Singleton Pregnancy

Pailin Tunchotiwet MD, Lunthaporn Puttanavijarn MD

Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

Background: Doppler ultrasound examination of maternal and fetal conditions is a valuable method for assessing the health of both mother and child. It may help predict adverse pregnancy outcomes in high-risk singleton pregnancies.

Objective: The aim of this study was to evaluate the performance of the cerebro-placental-uterine ratio (CPUR) in predicting adverse pregnancy outcomes in high-risk pregnancies.

Materials and Methods: This prospective cross-sectional study included 238 high risk singleton pregnancies at 28-32+6 weeks gestation. The participants received antenatal care and delivered at Rajavithi Hospital between January 2024 and November 2024. The estimated fetal weight (EFW), middle cerebral artery pulsatility index (MCA PI), umbilical artery pulsatility index (UAPI), and uterine artery pulsatility index (UtA PI) were obtained, and the cerebroplacental ratio (CPR) and CPUR were calculated. An adverse pregnancy outcome was defined as fetal growth restriction, APGAR score at 5 minutes less than 7, stillbirth, NICU admission within 48 hours of life, preeclampsia, or preterm birth.

Results: A total of 238 pregnant women were included, of whom 3.4% developed fetal growth restriction (FGR), the CPUR was highly reliable in predicting FGR (AUC = 0.827, 95% CI: 0.713–0.942, p = 0.002), a cutoff value of less than 2.355 yielded an impressive sensitivity of 100%, a specificity of 55.7%, a positive predictive value (PPV) of 7.3%, and a negative predictive value (NPV) of 100%. CPUR showed a significant association with preterm delivery (including both early and late preterm). There was no correlation between CPUR and preeclampsia, stillbirth, NICU admission, and APGAR score at 5 minutes less than 7.

Conclusions: CPUR may be a novel indicator for predicting for FGR and preterm delivery.

Keywords: Cerebral-placental-uterine ratio (CPUR), Cerebroplacental ratio (CPR), Fetal growth restriction (FGR), Adverse pregnancy outcomes

Suphanikar Room, 11th floor 20 March 2025 09.00 – 16.00

Impact of Colchicine on Inflammatory Markers and Major Adverse Cardiac Events in Thai Patients with Acute Coronary Syndrome Patients Undergoing PCI

Paruj Rattanasidha MD, Wittawat Wattanasiriporn MD

Division of Cardiology, Department of Medicine, Rajavithi Hospital, Bangkok, Thailand

Background: Acute coronary syndrome (ACS) results from ruptured atherosclerotic plaques and thrombosis, with inflammation playing a key role in its pathogenesis. High sensitivity C-reactive protein (hsCRP) levels correlate with worse outcomes, indicating that targeting inflammation might improve results. Colchicine has shown reducing inflammatory markers like hsCRP in cardiovascular diseases, However, current clinical guidelines have not yet established colchicine as standard treatment for ACS patients undergoing percutaneous coronary intervention (PCI).

Objectives: This study aims to evaluate the change in hsCRP levels from baseline to 1 and 3 months in ACS patients undergoing PCI and treated with colchicine compared to a standard group. Secondary objectives include assessing major adverse cardiovascular events (MACE), other inflammatory markers, and the safety profile of colchicine.

Materials and Methods: A single center, retro-prospective observational cohort study at Rajavithi in 2024 enrolled ACS patients who underwent PCI within 45 days of diagnosis. The colchicine group received 0.6 mg daily, while the control group received standard care. hsCRP levels were measured at baseline, 1, and 3 months, alongside clinical outcomes and other relevant variables.

Results: A total of 56 patients were enrolled. The colchicine group exhibited a significant reduction in hsCRP levels (2.29±3.37 vs. 0.45±1.03, p=0.044). Additionally, neutrophil counts and the neutrophil-lymphocyte ratio (NLR) decreased significantly in the colchicine group (21.86±10.62 vs. 4.13±12.92, p=0.001; 2.98±2.93 vs. 1.68±3.60, p=0.025).

Conclusions: Colchicine significantly reduces hsCRP, neutrophil counts, and NLR in ACS patients undergoing PCI, suggesting its potential role in modulating inflammation and its possible cardioprotective effects. NLR level is correlated with hsCRP and may serve as a predictor of inflammation in ACS. However, the lack of significant differences in clinical outcomes, such as stroke and mortality, may be attributed to the study's limited sample size and short follow-up.

Keywords: Colchicine, Acute coronary syndrome, Percutaneous coronary intervention, High sensitivity C-reactive protein; hsCRP, Neutrophil-lymphocyte ratio

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Correlation of Combined Serum Placental Growth Factor with Preeclampsia in High-risk Pregnant Women

Kamolwan Chotapisitkul MD, Paroon Sanoonrat MD, Nattinee Srisantiroj MD

Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

Background: Preeclampsia is a leading cause of maternal and perinatal morbidity worldwide. Placental growth factor (PlGF) based models show improved prediction of preeclampsia, particularly when used in the first trimester. However, late antenatal visits limit early screening in many countries. Therefore, second-trimester PlGF screening remains important for identifying high-risk pregnancies, enabling timely monitoring and intervention.

Objectives: This study aimed to determine the correlation between placental growth factor (PlGF) levels and the development of preeclampsia in high-risk pregnant women during the second trimester.

Materials and Methods: This prospective observational cohort study included singleton pregnancies between 18 and 28 weeks of gestation, conducted between March 2024 and November 2024. Maternal circulating PlGF levels were measured using the B.R.A.H.M.S. PlGF plus KRYPTOR assay. The uterine artery Doppler pulsatility index was measured on the same day as maternal sampling. Pregnancy outcomes were evaluated based on two categories of plasma PlGF levels: low (<100 pg/mL or <5th percentile for gestation) and normal (≥100 pg/mL). Risk factors were identified using multivariate logistic regression analysis, and a predictive model for preeclampsia, the PlGF-Age-Aspirin score, was developed.

Results: In total, 110 pregnancies were included in the study, with 17 (15.5%) developing preeclampsia. Pregnancies with low PlGF levels were significantly associated with a higher risk of preeclampsia (OR, 4.106; 95% CI, 1.404–12.009). Adverse neonatal outcomes in the low PlGF group included significantly lower gestational age at delivery and reduced placental weight. Multivariate logistic regression analysis identified the PlGF-Age-Aspirin score as an independent predictor of preeclampsia. A PlGF-Age-Aspirin score of >20 predicted preeclampsia with a sensitivity of 64.71% and a specificity of 86.02%.

Conclusions: Low PlGF levels were significantly correlated with the development of preeclampsia in high-risk pregnant women. The PlGF-based predictive model demonstrated potential for identifying preeclampsia and adverse neonatal outcomes.

Keywords: Placental growth factor, Preeclampsia, Second-trimester screening

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Prevalence and Predictors of Glucose Intolerance after Gestational Diabetes Mellitus by 2013 WHO criteria (IADPSG)

Kan Kandet MD, Thitinan Treesaranuwattana MD, Chaicharn Deerochanawong MD

Division of Endocrinology, Department of Medicine, Rajavithi Hospital, Bangkok, Thailand

Background: Most research on glucose intolerance after gestational diabetes mellitus (GDM) has focused on white populations, with few studies conducted in Asian populations.

Objectives: To evaluate the prevalence and predictors associated with glucose intolerance in women with a recent history of GDM by 2013 WHO criteria.

Materials and Methods: This retrospective cohort study included 575 patients with GDM diagnosed by 2013 WHO criteria at Rajavithi Hospital (2016-2020). All underwent a 75-g OGTT at six weeks postpartum and were classified into normal or abnormal glucose tolerance. Multivariate analyses compared pregestational and gestational factors between the groups.

Results: Of all 575 patients with GDM, 29.4% (169) had glucose intolerance at six weeks postpartum, including 1.7% with impaired fasting glucose, 22.4% with impaired glucose tolerance, 2.4% with both, and 2.8% with type 2 diabetes. Women with glucose intolerance were older, diagnosed earlier with GDM, had previous GDM, used insulin, had cesarean deliveries, and had multiple abnormal values on the 75-g OGTT. Multivariate analysis identified three abnormal OGTT values [OR 3.92 (1.96-784), $p<0.001$], early GDM diagnosis before 24 weeks [OR 1.79 (1.23-2.6), $p=0.002$], and cesarean delivery [OR 1.7 (1.16-2.5), $p=0.006$] as significant predictors of postpartum glucose intolerance.

Conclusions: Based on 2013 WHO criteria, the prevalence of postpartum glucose intolerance is 29.4%. Three significant predictors for glucose intolerance include having all three abnormal glucose values on the OGTT during pregnancy, an early diagnosis of GDM before 24 weeks of gestation and delivery by cesarean section.

Keywords: Gestational Diabetes Mellitus, Glucose Intolerance, Postpartum, 2013 WHO criteria

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Prevalence and Associated Factors of High Lipoprotein(a) Level in Patients with Type 2 Diabetes Mellitus

Pichapa Manomongkolkul MD, Thitinan Treesaranuwattana MD, Chaicharn Deerochanawong MD

Department of Medicine, Rajavithi Hospital, Bangkok, Thailand

Background: High lipoprotein(a) (Lp(a)) levels are the causal risk factors for atherosclerotic cardiovascular disease (ASCVD) and aortic stenosis. Type 2 diabetes is also an important risk factor for ASCVD.

Objective: This study was aimed to evaluate the prevalence and associated factors of high Lp(a) levels in Thai adults with type 2 diabetes.

Materials and Methods: The observational, cross-sectional study was done by collecting data from medical records in Thai adults with type 2 diabetes who had had Lp(a) level blood tested by immunoturbidimetric method during 2021-2024. The data was reviewed to explore the prevalence and associated factors of high Lp(a) levels among persons with diabetes. High Lp(a) levels were defined as Lp(a) levels greater than or equal to 50 mg/dl.

Results: Among 563 subjects, 396 (70.3%) were women, and the median age was 64.9±13.0 years. Almost half of the subjects (48.7%) have had diabetes for more than 20 years. Mean HbA1c was 7.27±1.54%. The mean and median Lp(a) levels were 30.24 mg/dl and 16.30 mg/dl, respectively. The prevalence of high Lp(a) levels was 20.1%. No association had been found between high Lp(a) levels with age, sex, lipid profile, HbA1c, and vascular complications. However, when using an Lp(a) level cut-off of 30 mg/dl, urine microalbumin level was found to be significantly higher in subjects with Lp(a) levels greater than or equal to 30 mg/dl, adjusted OR 1.00024, 95% CI 1.00003- 1.0004); p-value 0.025. Our study did not find an association between high Lp(a) levels and cardiovascular disease because only 5.7% had cardiovascular diseases.

Conclusions: The prevalence of high Lp(a) levels in persons with type 2 diabetes is 20.1%. No factors were found to be associated with Lp(a) levels except for urine microalbumin level when using an Lp(a) level cut-off of 30 mg/dl.

Keywords: Lipoprotein(a), Diabetes mellitus, Prevalence

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Diagnostic Yield of EBUS-TBNA Combined with Transbronchial Cryo-nodal Biopsy (TBCNB) in The Diagnosis of Mediastinal Lymphadenopathy

Siripong Apisidthiwet MD, Potjanee Korrungruang MD, Sakol Charoenweerakul MD

Division of Pulmonology, Department of Medicine, Rajavithi Hospital, Bangkok, Thailand

Background: Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) is the gold standard investigation for diagnosis of mediastinal lymphadenopathy and nodal staging. EBUS-TBNA has limitation in lymphoma and granulomatous conditions, which adequate tissue sampling is required. Endobronchial ultrasound-guided transbronchial cryo-nodal biopsy (EBUS- TBCNB) is a suitable technique to increase adequacy of tissue sampling. EBUS-TBNA combined with TBCNB could provide additional diagnostic yield and molecular diagnosis.

Objectives: The primary outcome was the diagnostic yield between EBUS-TBNA combined with TBCNB and TBNA alone. The secondary outcome was the factors which affect diagnostic yield.

Materials and Methods: A prospective diagnostic study in patients with a mediastinal lymphadenopathy of more than 1 cm. Combined EBUS-TBNA and TBCNB were performed.

Results: Between April 2024 and January 2025, 36 participants with 43 mediastinal lesions were assessed for eligibility and enrolled. The addition of transbronchial cryo-nodal biopsy to standard EBUS-TBNA significantly increased the overall diagnostic yield 88.4% (46.5% for malignancy, 41.9% for benign) in EBUS-TBNA combined with TBCNB and 74.4% (39.5% for malignancy, 34.9% for benign) in EBUS-TBNA alone; p = 0.03. Furthermore, the combined approach provided adequate tissue sampling for immuno-histochemistry in malignancy and molecular diagnosis. No factor associated with diagnosis in combined EBUS-TBNA and TBCNB. Most of the participants did not have major complication. 35 participants (97.2%) had minor bleeding, 5 participants (13.8%) had hypoxemia during procedure which recovered by high flow nasal cannula.

Conclusions: The combined EBUS-TBNA and TBCNB significantly improved diagnostic yield of mediastinal lymphadenopathy and provided additional assessment in immuno-histochemistry and molecular diagnosis.

Keywords: Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA), Endobronchial ultrasound-guided transbronchial cryo-nodal biopsy (EBUS-TBCNB), Diagnostic yield

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Prevalence of 30-day Hospital Readmission in Heart Failure with Reduced Ejection Fraction Patients in Rajavithi Hospital

Phitchayin Wisawachaiwat MD, Apichai Pokawattana MD

Division of Cardiology, Department of Medicine, Rajavithi Hospital, Thailand

Background: Cardiovascular diseases remain the leading cause of mortality in Thailand, with many survivors developing chronic HF. Hospital readmissions in patients with HF are influenced by patient characteristics, comorbidities, and medication adherence.

Objective: To identifying factors associated with readmission is essential for improving outcomes and reducing healthcare burdens.

Materials and Methods: This retrospective study collected data from 372 patients with HFrEF admitted to Rajavithi Hospital between January 2019 and December 2023. The primary endpoint was the 30-day readmission rate. Secondary endpoints included identifying risk factors, treatment outcomes, and complications. The study was approved by the Ethics Committee of Rajavithi Hospital, Thailand.

Results: Most patients are male (68.3%), with mean age of 63.13±14.56 years. Smoking (49.5%) and alcohol consumption (35.2%) were common. Most had cardiovascular comorbidities (90.3%), including CKD (64%), DLP (62.4%), HT (60.8%), and DM (39.8%). The primary causes of readmissions were medication nonadherence and excessive fluids or salt intake (35.2%), ACS (28.2%), and infections (23.7%). Most patients were classified as NYHA functional class II (52.1%) before readmission. GDMT adherence influenced outcomes, with BB (73.9%) and ACEI/ARB/ARNI (58.3%) being the most prescribed. SGLT2i significantly reduced readmission risk (97.1%, p=0.006), and BB lowered risk by 58.8% (p=0.028). Patients on three or more GDMT classes had lower readmission rates, with no readmissions among those receiving all four (p<0.001). Alcohol consumption, DLP, infections, and AKI were identified as independent predictors of 30-day readmission.

Conclusions: Alcohol consumption, DLP, infections, AKI, and poor NYHA class significantly increased 30-day readmission risk. Adherence to GDMT, particularly BB and SGLT2i, reduced readmissions. Optimized discharge planning, evidence-based treatment, and proactive risk factor management are essential for minimizing hospital readmissions and improving HF outcomes.

Keywords: HFrEF, NYHA functional classification, Hospital readmission, Risk factors

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

The Efficacy of Antenatal Perineal Massage in Reducing Postpartum Anal Incontinence: A Randomized Controlled Trial

Mongkol Koedplangtong MD, Bussaranya Puttanapitak MD

Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

Background: Perineal trauma during childbirth is a common cause of postpartum morbidity, including anal incontinence (AI). Antenatal perineal massage (APM) is a simple intervention shown to reduce perineal trauma and improve pelvic floor outcomes. However, evidence of its effectiveness, especially in Asian populations with high trauma risks, remains limited.

Objective: This study evaluated the efficacy of APM in reducing postpartum morbidities, particularly AI.

Material and Methods: A randomized controlled trial was conducted at Rajavithi Hospital, Bangkok, from October 2023 to April 2024. Nulliparous women with singleton pregnancies were randomly assigned to the APM or control group using block randomization. Participants in the APM group performed a daily 5-minute perineal massage on themselves from 34–36 weeks of gestation until delivery. Both groups received standard prenatal, intrapartum, and postpartum care. The primary outcome was AI incidence at 3 months postpartum, assessed using the Pelvic Floor Distress Inventory-20 (PFDI-20). Secondary outcomes included intrapartum variables, urinary incontinence, and dyspareunia

Results: 106 women were randomized into two groups of 53 each. After exclusions, 37 participants per group were analyzed. At 3 months postpartum, AI incidence was lower in the APM group (32.43%) compared to the control group (56.76%), though not statistically significant ($p = 0.061$). The APM group showed significantly reduced AI severity ($p = 0.017$) and fecal incontinence incidence ($p = 0.030$).

Conclusions: Although the reduction in AI incidence was not statistically significant, the findings suggest potential clinical benefits that warrant further investigation. APM significantly reduced fecal incontinence incidence and AI severity without increasing maternal or neonatal complications. These findings support incorporating APM into routine prenatal care to reduce postpartum morbidities.

Keywords: Antenatal perineal massage, Perineal injuries, Anal incontinence, Postpartum morbidities

Comparative Strength of Figure of Eight Wrist Cast Designs: A New Splint Design as a Stronger Alternative to Short Arms Cast

Nopnob Nanna MD, Kittiwan Supichayangur MD

Department of Orthopedic, Rajavithi Hospital, Bangkok, Thailand

Background: Fracture distal end of radius is one of the most common fractures observed in patients treated in emergency departments. Nowadays, this type of fracture is increasingly prevalent among the elderly due to its association with osteoporosis. Fracture treatment can consist of surgical or non-surgical methods, including the application of a cast. Patients are going to wear a short arm cast for a duration of 4 to 6 weeks until the wrist bone is fully recovered. Nevertheless, the use of a cast can lead to complications, such as commonly occurring skin injuries, as well as compartment syndrome.

Objective: To determine the strength of a figure-of-eight wrist cast in comparison to a conventional short arm cast.

Materials and Methods: This study used a true experimental cross-over design with 10 individuals, consisting of 5 males and 5 females, all aged between 25 and 35 years. The strength of the two cast types was compared by applying each cast to the dominant arm of the participants. The evaluation of wrist movement, including wrist flexion, wrist extension, wrist radial deviation and wrist ulnar deviation, was conducted before and during the application of the casts. A Halo-Digital goniometer was employed to evaluate and record changes in the range of motion in degrees, comparing the outcomes both before and during the use of each type of wrist cast.

Results: The results of this study showed no significant differences in strength between the figure-of-eight wrist cast and the standard short arm cast in protection for wrist extension (p-value = 0.187, 95% CI: -0.24 to -0.50) and wrist radial deviation (p-value = 0.457, 95% CI: -0.06 to -0.16). On the other hand, the figure-of-eight wrist cast exhibited a greater ability for protecting wrist flexion (p-value = 0.025, 95% CI: -0.27 to -1.11) and wrist ulnar deviation (p-value = 0.004, 95% CI: -0.38 to -0.45) in comparison to the conventional short arm cast.

Conclusions: The study determined that there were no significant differences in strength between the figure-of-eight wrist cast and the conventional short arm cast in protecting wrist extension and wrist radial deviation. However, the figure-of-eight wrist cast offered notably higher protection for wrist flexion and wrist ulnar deviation compared to the conventional short arm cast.

Keywords: Figure of eight wrist cast, Short arm cast

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Effect of Whey Protein Supplementation on Postoperative Outcomes after Gynecological Cancer Surgery: A Randomized Controlled Trial

Wiranchana Chitti MD, Putsarat Insin MD, MSc, Nisa Prueksaritanond MD

Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

Background: Whey protein's biochemical properties make it an ideal nutritional supplement for patients with cancer, especially in perioperative care. Thus, the present study aims to assess the efficacy of whey protein supplementation (WPS) compared to standard care in enhancing postoperative outcomes for patients undergoing comprehensive surgical staging for gynecological cancer.

Objectives: To assess the efficacy of whey protein supplementation compared to standard care in enhancing postoperative outcomes for patients undergoing comprehensive surgical staging for gynecological cancer.

Materials and Methods: In an open-label, randomized controlled trial conducted at Rajavithi Hospital between November 28, 2023, to July 8, 2024, with 61 patients undergoing comprehensive surgical staging. Participants were randomized 1:1 ratio into the WPS group (n=30) or control group (n=31). The WPS group received isolated whey protein powder (20 grams of protein per serving) at 6 p.m. before surgery and 6 a.m. on the first postoperative day. The control group received standard postoperative care. The primary endpoint was the length of hospital stay (LOHS). Secondary outcomes included recovery of gastrointestinal function, postoperative analgesic use, complications, and potential WPS-related adverse events such as transaminitis, acute kidney injury, and electrolyte imbalances.

Results: The WPS group had a significantly shorter LOHS compared to the control group (79.0 ± 6.7 hours vs. 93.3 ± 28.4 hours, p=0.021). Additionally, the WPS group demonstrated significant improvements in gastrointestinal function, with shorter times to first flatus ($p<0.001$), first defecation (p=0.013), and first ambulation (p=0.043). No significant differences were observed between the groups regarding postoperative analgesic use or complications, including fever, nausea/vomiting, wound infection, and readmission ($p>0.05$). Furthermore, no WPS-related adverse events were reported.

Conclusions: The use of WPS in the pre- and post-operative management of gynecological cancer surgery yield promising results by significantly reducing the LOHS and accelerating the recovery of gastrointestinal function while maintaining a favorable safety profile.

Keywords: Whey Protein Supplementation, Gynecological Cancer Surgery, Postoperative Outcomes, Randomized Controlled Trial

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Prognostic Model of Severity Using LDH and Lactate for Septic Patients in Emergency Room, Rajavithi Hospital

Arisa Nakayuenyongsuk MD, Thiti Tanglitanon MD

Department of Emergency Medicine, Rajavithi Hospital, Bangkok, Thailand

Background: Sepsis is one of the most common condition in emergency department and if the patients didn't get proper resuscitation and treatment, it can bring death to the patients. There are many studies about mortality rate prediction with laboratory test and one of the them is lactate level. Although lactate is popular nowadays, there are still limited in some medical facilities.

After pandemic of SARS – CoV-2 virus or COVID-19, there are some studies using LDH and lactate dehydrogenase to predict death in respiratory infection.

Objectives: To find the relationship among LDH and lactate with mortality rate of sepsis patients at 28 days after diagnosis from emergency department and create prediction model for severity of sepsis patients using LDH, lactate and other factors

Materials and Methods: Cross sectional study from 150 sepsis patients who visit emergency department, Rajavithi hospital during July 2024 to November 2024 then divided in 2 groups as alive and dead patients. Collected data and analyzed with Fishers' exact test for descriptive data and binary logistic regression for factors that involved. Furthermore, using cut of point and ROC curve for find the prediction model

Results: Among 150 patients, alive patients are 124 (82.67%) and death 26 (17.33%). Factors that involve death patients is age, patient status before visit. In the laboratory part, only alkaline phosphatase level is associated

Conclusions: LDH and lactate have no relation with death at 28 days after diagnosis so prediction model can't be created.

Keywords: Sepsis, lactate, Lactate dehydrogenase

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

The Incidence and Associated Factors of Nocturia in Pregnancy in Rajavithi Hospital

Kornkanok Nuanparn MD, Thanawat Sangnucktham MD

Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

Background: Nocturia is common in pregnancy due to hormonal shifts, fluid retention, and bladder pressure. It can disrupt sleep and affect quality of life. This study examines nocturia's prevalence, risk factors, and impact on pregnant women in early and late gestation, aiming to identify modifiable influences for better maternal health.

Objectives: To explore the incidence, associated factors, and quality of life (QoL) related to nocturia in pregnant women at gestational ages of < 16 weeks and 28-32 weeks.

Materials and Methods: This study was a prospective cohort design, conducted with 189 first-time pregnant women at Rajavithi Hospital between August 2023 and February 2024. The participants were followed from < 16 weeks to 28-32 weeks. The relationships between nocturia and several variables—including age; body mass index (BMI); total weight gain; race; smoking; consumption of alcohol, coffee, milk, and water; delivery type; and birth weight were analyzed. The impact of nocturia on quality of life (QoL) was measured using the International Consultation on Incontinence Questionnaire Nocturia Quality of Life Module at two stages of pregnancy: under 16 weeks and 28 –32 weeks. Risk factors for nocturia were examined using multivariate logistic regression analysis.

Results: Nocturia occurred in 68.8% of participants at less than 16 weeks of pregnancy and increased to 87.8% at 28–32 weeks. Higher dairy consumption was a significant associated factor at less than 16 weeks (adjusted odds ratio [OR] 2.33, 95% confidence interval [CI] 1.22-4.45, P = 0.011). Caffeine consumption appeared to reduce the likelihood of nocturia at later gestational ages (adjusted OR 0.35, 06% CI 0.14-0.87, P = 0.024). Pregnant women with nocturia at both periods had poor overall QoL.

Conclusions: Nocturia increases as pregnancy advances. Higher BMI and dairy intake increase the risk, while higher caffeine intake reduces the risk. Nocturia negatively affects QoL in pregnant women.

Keywords: Pregnancy, Nocturia, Quality of life, Risk factors

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Hemodynamic Effects on Prehospital Drug-Assisted Intubation: A Prospective Study

Ubolsiri Pumsuwan MD, Rujabhorn Kotnarin MD

Department of Emergency Medicine, Rajavithi Hospital, Bangkok, Thailand

Background: Drug-assisted intubation (DAI) is vital in prehospital emergency care. Understanding the hemodynamic effects of sedative agents used in DAI is crucial for optimizing patient safety. This study aims to evaluate these effects in prehospital settings.

Objectives: To evaluate the effects of Etomidate and Benzodiazepines on vital sign changes within 5 and 15 minutes post-intubation and to compare 30-day mortality rates in prehospital intubation.

Materials and Methods: A prospective observational study was conducted on adult patients undergoing DAI at Narenthorn EMS Center, Rajavithi Hospital, from October 2023 to August 2024. Hemodynamic parameters, including systolic blood pressure (SBP) and heart rate, were recorded before DAI and at 5 and 15 minutes post-intubation, comparing etomidate and benzodiazepines.

Results: Benzodiazepines resulted in a significant drop in systolic blood pressure (SBP), with over a 20% decrease within 15 minutes after intubation (15.10%, $p = 0.001$). However, this difference became non-significant after adjustment ($p = 0.202$). Compared to etomidate, the benzodiazepine group had a lower SBP by 15.45 mmHg at 5 minutes ($p = 0.001$) and 10.75 mmHg at 15 minutes ($p = 0.006$). Despite these hemodynamic changes, mortality rates were comparable between the etomidate (16.8%) and benzodiazepine (13.5%) groups ($p = 0.636$).

Conclusions: Although benzodiazepines initially led to significant hemodynamic changes, these differences diminished after adjustment. Careful sedative selection and monitoring are vital for improving patient outcomes in prehospital DAI.

Keywords: Drug-Assisted Intubation, Hemodynamic effects, Prehospital setting

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

The Effects of Vitamin C for Iron Supplementation during Pregnancy with Risk of Anemia: A Randomized Controlled Clinical Trial

Lalitpan Srimaneesiri MD, Lunthaporn Puttanavijarn MD

Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

Background: Anemia is a common issue in pregnant women and can lead to adverse pregnancy outcomes. Vitamin C is known to enhance iron absorption which may increases Hb and Hct levels.

Objectives: To evaluate the effects of combining vitamin C with iron supplementation on Hb and Hct levels among pregnant women at high risk of anemia.

Materials and Methods: A randomized controlled trial was conducted among singleton pregnant women at 14-28 weeks of gestation, with Hb ≥ 10.5 g/dL, Hct ≥ 32% and ferritin ≥ 30 ng/mL, who were at risk of anemia (> prior 2 pregnancies, age < 18 or > 35 year-old or body mass index <18 kg/m2). Women attending Rajavithi Hospital from July 2023 - June 2024 were randomly assigned to receive vitamin C (500 mg) plus iron supplement or iron-only. Hb and Hct were measured 2-month after intervention.

Results: Total of 100 enrolled participants, 22 (22%) were excluded for having ferritin levels < 30 ng/mL. The remaining 78 women were randomized, with 38 in the experimental group (vitamin C plus iron) and 40 in the control group (iron-only). There were no significant differences in Hb and Hct levels between the two groups, both initially and 2 months after the intervention (Hb : Mean difference (MD) -0.11; 95% CI: -0.53, 0.31; p = 0.609 and MD -0.24; 95% CI: -0.67, 0.32; p = 0.253; respectively) (Hct : MD -0.77; 95% CI: -1.96, 0.55; p = 0.266; MD -0.70; 95% CI: -1.97, 0.58; p = 0.282). Repeated-measure ANOVA showed non-significant overall mean differences. No adverse event were reported.

Conclusions: Vitamin C is not essential with iron supplements to improve Hb and Hct levels in pregnant women at risk of anemia.

Keywords: Vitamin C, Hemoglobin, Hematocrit, Risk of anemia in pregnancy, Iron supplement

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

External Validation of the Canadian Syncope Risk Score for Predicting 30-Day Serious Outcomes in Patients with Syncope at Emergency Department

Nawapon Hansamut MD, Natchaya Treesaksrisakul MD

Department of Emergency Medicine, Rajavithi Hospital, Bangkok, Thailand

Background: Currently, there is no clear guideline for assessing patients presenting to the emergency department with syncope regarding the decision to admit them to the hospital. This creates a risk that high-risk patients, who may develop serious complications after syncope, may not be admitted for observation. Conversely, low-risk patients may be admitted unnecessarily. This study aimed to utilize the Canadian Syncope Risk Score (CSRS) to address this issue.

Objective: To evaluate the Canadian Syncope Risk Score in predicting 30-day serious outcomes in patients presenting to the emergency department at Rajavithi Hospital with syncope.

Materials and Methods: This research is a retrospective-prospective cross-sectional study. Data were collected from patients presenting with syncope to the emergency department at Rajavithi Hospital between January 1, 2024, and August 31, 2024, total 100 patients.

Results: Among the 100 patients, 16 (16%) experienced a 30-day serious outcome. No patients died, 11 patients (11%) had serious cardiac outcomes, including 8 (8%) with arrhythmia and 3 (3%) with non-arrhythmia issues. Additionally, 5 patients (5%) had serious non-cardiac outcomes. When the CSRS was divided into five levels (very low, low, medium, high, and very high risk), using a cutoff of CSRS > -2 or low risk and higher, the sensitivity was 100.00% and specificity was 21.43%. With a cutoff of CSRS > 0 or medium risk and higher, the sensitivity was 75.00% and specificity was 61.90%.

Conclusions: The Canadian Syncope Risk Score demonstrated a sensitivity of 75.00% and specificity of 61.90% when using a cutoff of CSRS > 0 to predict 30-day serious outcomes. If considering only serious cardiac outcomes, the sensitivity was 90.91% and specificity was 61.80%. Therefore, the researchers recommend considering discharge for patients with syncope who have a CSRS < 1 (very low and low risk), provided there is no suspicion of sepsis requiring IV antibiotics at the emergency department or significant hemorrhage.

Keywords: Syncope, fainting, Loss of consciousness, Serious outcome, Canadian Syncope Risk Score

Suphanikar Room, 11th floor 20 March 2025 09.00 – 16.00

The Effects of Autologous Platelet-rich Plasma Supplement during Sperm Cryopreservation on Post-cryopreserved Sperm Quality

Choermin Thitipatlertdech MD[1], Nisanat Booning MD[1], Thanchanok Jenjitsiri B.Sc.[2], Kannapat Kesornsukone B.Sc.[2]

[1]*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*
[2]*Human Genetics Unit, Department of Clinical Pathology, Rajavithi Hospital, Bangkok, Thailand*

Background: The main result of this study highlights the potential benefits of supplementing autologous platelet-rich plasma (PRP) during sperm cryopreservation and its impact on the quality of post-cryopreserved sperm.

Objectives: This study aimed to evaluate human sperm vitality after cryopreservation by comparing a cryopreservation medium with and without the addition of autologous platelet-rich plasma (aPRP).

Materials and Methods: Semen samples were collected from normozoospermic men. Each sample was separated into two tubes: one without aPRP supplementation and one with 5% aPRP supplementation. Both tubes were cryopreserved for 14 days. Sperm parameters, including sperm concentration, motility, morphology, vitality, and DNA fragmentation index (DFI), were measured and analyzed.

Results: Fifteen semen samples were included. After cryopreservation, sperm vitality was significantly higher in specimens with aPRP supplementation compared to those without: 32.13% ±12.02% versus 26.07% ±9.30%, respectively (p=0.009). There were no significant differences between the two groups in other sperm parameters, including sperm concentration: 12.73x106/mL (IQR 21.95 x 106/mL) versus 14.50 x 106/mL (IQR 25.31 x 106/mL) (p=0.053); morphology: 4.40% ±SD 0.98% versus 4.40% ±SD 1.18% (p>0.999); total motility: 8.73% (IQR 9.16%) versus 8.56% (IQR 11.24%) (p=0.410); progressive motility: 5.67% (IQR 8.66%) versus 6.61% (IQR 6.35%) (p=0.887), and DFI: 12.00% (IQR 15%) versus 17.00% (IQR 26%) (p=0.139).

Conclusions: The supplementation of cryopreservation media with aPRP significantly increased sperm survival rates after the freeze-thaw process. These findings suggest that aPRP may be an effective adjunct in cryopreservation protocols to improve sperm viability. The impact of combined additional high-efficiency cryoprotectants on relevant reproductive outcomes, including fertilization, blastocyst formation, and pregnancy rates, needs further investigation.

Keywords: Cryopreservation, Platelet-rich plasma, Semen analysis, Sperm, Sperm parameter, Loss of consciousness, Serious outcome, Canadian Syncope Risk Score

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Prehospital Factors Predicting First-Attempt Intubation Success

Suratsawadee Paopiemsup MD, Rujabhorn Kotnarin MD

Department of Emergency Medicine, Rajavithi Hospital, Bangkok, Thailand

Background: Effective prehospital endotracheal intubation is crucial in management of severe emergencies such as respiratory failure, cardiac arrest, and trauma, where first-pass success (FPS) markedly reduces complications such as hypoxia and cardiovascular instability. This study identifies critical predictors of FPS and evaluates the utility and limitations of the HEAVEN criteria within our prehospital setting.

Objective: This objective is finding the factors can predict the success of first-attempt intubation success in prehospital patients.

Materials and Methods: A retrospective analysis of 90 patients undergoing prehospital ETI at the Narenthorn EMS Center, Rajavithi Hospital, was conducted from August to November 2023. Demographic data, the HEAVEN criteria, Cormack-Lehane classifications, sedative drugs, laryngoscopic equipment and types of operator were analyzed using logistic regression to evaluate predictors of first-pass success (FPS).

Results: First-pass success (FPS) was achieved in 80% of cases. The patients, predominantly male (66.7%), had a mean age of 59.30 ± 16.56 years. The primary indication for intubation was cardiac arrest, at 43.3% of cases. Analysis highlighted the absence of anatomical challenges and a Cormack-Lehane classification grade I as significant predictors of FPS (OR for Grade I = 6.60, 95% CI: 1.39 - 31.28, p = 0.017). The HEAVEN criteria showed an AUROC of 0.549 (p = 0.519).

Conclusions: This study found that the absence of anatomical challenges in the HEAVEN criteria together with laryngeal visualization grades significantly influenced FPS in prehospital endotracheal intubation. The poor predictive performance of the HEAVEN criteria suggests the need for improved predictive models and specialized EMS training in order to effectively manage challenging airways.

Keywords: Prehospital, Intubation, First-pass success

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

The Impact of Preoperative Waiting Time on Survival Outcomes in Patients undergoing Radical Hysterectomy for Early-stage Cervical Cancer

Panutthita Khumpraphan MD, Kamaitorn Tientong MD

Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

Background: Prolonged preoperative waiting times are common due to referrals to gynecologic oncologists; however, no established guidelines define the appropriate delay in treatment following a cervical cancer diagnosis.

Objectives: To assess the influence of preoperative waiting time and clinicopathological factors on progression-free survival (PFS) and overall survival (OS) in patients undergoing radical hysterectomy for early-stage cervical cancer.

Materials and Methods: Retrospective cohort study included 614 patients with early-stage cervical cancer (FIGO 2018). Patients were divided based on preoperative waiting times (< 54 days vs. ≥ 54 days). Clinicopathological factors were analyzed using Kaplan-Meier survival estimates and Cox proportional hazards models for univariate and multivariate analyses.

Results: The median follow-up was 95 months. No significant difference in PFS (5-year rates: 91.8% vs. 92.9%) or OS (5-year rates: both 99.6%) was observed between the preoperative waiting times < 54 days and ≥ 54 days groups ($p = 0.102$ and $p = 0.780$, respectively). Univariate analysis identified preoperative tumor size ≥ 2 cm ($p = 0.001$), preoperative macroinvasive staging ($p = 0.030$), deep stromal invasion ($p = 0.002$), positive vaginal margin ($p < 0.001$), parametrium involvement ($p < 0.001$), pelvic node metastasis ($p < 0.001$) and receiving adjuvant CCRT/RT ($p < 0.001$) as significant predictors of reduced PFS. Positive vaginal margin ($p = 0.031$) and pelvic node metastasis ($p = 0.030$) remained significant in multivariate analysis. For OS, postmenopausal status ($p = 0.042$), deep stromal invasion ($p = 0.007$), and receiving adjuvant CCRT/RT ($p = 0.032$) were significant in univariate analysis, but no factors were significant in multivariate analysis.

Conclusions: Preoperative waiting time did not significantly affect survival outcomes. Positive vaginal margin and pelvic node metastasis were independent prognostic factors for PFS, but no independent factors were found for OS.

Keywords: Preoperative waiting time, Survival outcomes, Early-stage cervical cancer

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Risk Factors for Return Visit to Emergency Department in Elderly Urinary Tract Infection Patients

Poom Jitseree MD, Natchaya Treesaksrisakul MD

Department of Emergency Medicine, Rajavithi Hospital, Bangkok, Thailand

Background: Early return visits (ERVs) to the emergency department (ED) are a common occurrence among elderly patients with urinary tract infections (UTIs), which may suggest inappropriate treatment or the development of complications. Identifying factors that contribute to ERVs is essential for optimizing patient care and reducing avoidable revisit.

Objective: This study aimed to identify risk factors associated with early return visits to the ED within 3 days among elderly patients diagnosed with UTIs at Rajavithi Hospital.

Materials and Methods: We conducted a retrospective, single-center study involving 400 elderly patients who received treatment for UTIs at the ED, Rajavithi Hospital between January 1, 2018, and May 31, 2024. Data on demographics, clinical presentation, laboratory results, and vital signs were collected. Both univariable and multivariable logistic regression analyses were performed to identify factors associated with ERVs within 3 days of the initial ED visit.

Results: A total of 75 (18.8%) patients had an early return visit to the ED. Dysuria was identified as a significant factor associated with ERVs, with a crude odds ratio (OR) of 2.087 (95% CI: 1.215–3.586, p = 0.008). After adjusting for potential confounders, dysuria remained a significant predictor of early return visits, with an adjusted OR of 2.034 (95% CI: 1.171–3.533, p = 0.012). No significant differences were observed between the ERV and non-ERV groups with respect to vital signs, laboratory findings, or comorbidities**.**

Conclusions: Dysuria was found to be a significant predictor of early return visits to the ED in elderly patients with UTIs. These findings suggest that careful monitoring and targeted management of patients with dysuria may help reduce the likelihood of early readmissions and improve clinical outcomes in this population.

Keywords: Early return visit, Urinary tract infection, Elderly, Emergency department, Risk factors, Dysuria, Retrospective study

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Correlation between Uterine Fibroid Volume and Vitamin D Level in Thai Women: A Cross-sectional Study

Krittiporn Mahachiraphat MD, Sitanan Lertsiripanich MD

Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

Background: Uterine fibroids, also known as uterine leiomyomas (UL), are common benign tumors affecting women of reproductive age. Vitamin D has gained attention as a potential modulator in fibroid development. Several studies have suggested an inverse relationship between vitamin D levels and fibroid volume. However, the prevalence of vitamin D deficiency in Thailand.

Objective: This study aimed to investigate the correlation between serum vitamin D levels and myoma uteri volume in Thai women.

Materials and Methods: This study enrolled ninety Thai women diagnosed with uterine leiomyoma. We used pelvic ultrasound to measure the total myoma volume and collected blood samples on the same day to assess serum vitamin D levels. The correlation between vitamin D levels and myoma uteri volume was then analyzed. We measured the myoma volume using the formula of width x length x height x 0.523. Vitamin D level was measured by electrochemiluminescence immunoassay.

Results: The median volume of myoma uteri was 24.57 cm^3 (max = 1946.03, min = 1.05). The median serum vitamin D level was 20.35 ng/mL (max = 46, min = 7.50). The study found a weak inverse correlation between serum vitamin D levels and myoma uteri volume, although the correlation coefficient indicated a low correlation (Pearson correlation coefficient, r = - 0.239; P-value = 0.023). The prevalence of vitamin D deficiency in Thai women in the study was 48.9%.

Conclusions: Serum vitamin D levels are weakly and inversely correlated to the myoma uteri volume among Thai women.

Keywords: Myoma uteri, Vitamin D, Vitamin D deficiency

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Pain Reduction in Myofascial Pain Syndrome Using Dry Needling with HILT: Double-blind Randomized Controlled Trial

Peeraya Boonyaleepan MD[1], Kesthamrong Tantayakom MD[2]

[1]*Department of Physical Medicine and Rehabilitation, Rajavithi Hospital in coordination with Sirindhorn National Medical Rehabilitation Institute, Bangkok, Thailand*

[2]*Department of Physical Medicine and Rehabilitation, Rajavithi Hospital, Bangkok, Thailand*

Background: Myofascial pain syndrome (MPS) affects 30-85% of working population, costing the U.S. 50-57 billion dollars annually, with the upper trapezius most commonly affected. Dry needling and high-intensity laser therapy (HILT) are common treatments. Though studies show mixed results, combining both therapies may offer more effective pain reduction than dry needling alone.

Objective: Compare the effectiveness of high-intensity laser therapy combined with dry needling and dry needling alone in subacute MPS on the upper trapezius muscle.

Materials and Methods: Twenty participants were randomly allocated into 2 groups. Group 1 received dry needling with high-intensity laser therapy, and group 2 received dry needling with a sham laser. Participants were given the information on appropriate posture and stretching exercises. Visual analog scales (VAS), numeric rating scale (NRS), pressure pain threshold (PPT) and neck disability index (NDI) were assessed before, immediately after, 48 hours after and two weeks after treatment.

Results: At second week follow-up, both groups showed significant improvements in VAS, NRS, and NDI. Group 1 showed VAS and NRS score decreased from 6 to 2.5, and NDI from 16 to 4. Group 2 showed VAS and NRS score decreased from 7 to 2, and NDI from 15.5 to 5. There were no significant improvements in PPT for either group, and no significant differences between the groups.

Conclusions: Both groups showed significant improvement in VAS, NRS, and NDI at the two- week follow-up, with no significant difference between groups.

Keywords: Myofascial pain syndrome, Upper trapezius muscle, Dry needling, High-intensity laser therapy, Effective

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Adverse Pregnancy Outcomes Stratified by Pre-pregnancy Body Mass Index in Women with Preeclampsia

Prareeya Kunnamuang MD, Dennopporn Sudjai MD

Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

Background: Preeclampsia represents a critical complication. Early detection and risk assessment can reduce adverse outcomes. Obesity is a modifiable risk factor, this study investigates pregnancy outcomes among preeclampsia across various BMI categories, with the objective of enhancing clinical guidance and mitigating complications.

Objective: To study adverse pregnancy outcomes stratified by pre-pregnancy body mass index in women with preeclampsia

Materials and Methods: This retrospectively study was conducted between January 2014 and February 2024. The inclusion criteria were singleton pregnan cy who had been diagnosed as preeclampsia and delivered at Rajavithi Hospital between 24 and 42 weeks of gestation. Women with major fetal anomalies, chronic hypertension, overt diabetes mellitus and kidney disease were excluded. The participants were divided into four groups according to ASIA -Pacific BMI classification: underweight (<18.5 kg/m2), normal (18.5-22.9 kg/m2), overweight (23.0-24.9 kg/m2), and obese (≥25.0 kg/m2). Pregnancy outcomes including gestational age at delivery, birthweight, modes of delivery, APGAR score, baby transfer to NICU, postpartum hemorrhage, eclampsia, and maternal death were analyzed.

Results: A total of 468 singleton pregnancies were enrolled and classified into 4 groups: underweight (n=39), normal (n=171), overweight (n=63), and obese (n= 195). Birthweight increased considerably as pre-pregnancy BMI increased, whereas small for gestational age (SGA) were greatest among those in the underweight group and diminished as pre-pregnancy BMI rose. (51.3%, 40.9%, 39.7%, and 20% for each group, respectively, p<0.001). In comparison with normal pre-pregnancy BMI group, obese women had a significant reduction in the risk of SGA (aRR, 0.49; 95%CI 0.35-0.69) (p < 0.001) and preterm birth (aRR, 0.67; 95%CI 0.53-0.86) (p = 0.002). Other adverse pregnancy outcomes were not statistically significantly different.

Conclusions: Adverse outcomes include SGA, which is associated with an underweight pre - pregnancy BMI. Additionally, obese women experience a substantial decrease in their risk of preterm birth and SGA.

Keywords: Pregnancy outcomes, Pre-pregnancy BMI, Preeclampsia

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Seasonal Blood Pressure Variation of The Hypertensive Patients Compared with The Non- Hypertensive Patients in Rajavithi Hospital

Wassapong Ananchapinyo MD, Surapun Pongsuthana MD

Department of Medicine, Rajavithi Hospital, Bangkok, Thailand

Background: Hypertension is a significant global health risk. While studies in many countries have shown a correlation between lower temperatures and higher blood pressure, research in tropical regions such as Thailand is still lacking.

Objectives: We aimed to explore 1) the relationship between season and blood pressure levels in hypertensive patients and non-hypertensive patients and 2) the factors related to seasonal variations of blood pressure levels.

Meterials and Methods: A cross-sectional study was performed. We collected data from outpatient medical records at the Department of Internal Medicine, Rajavithi Hospital, between January 1, 2018, and December 31, 2022.

Results: A total of 170 participants were enrolled, with 85 in each of the non-hypertensive and hypertensive groups. The average systolic blood pressure (SBP) and diastolic blood pressure (DBP) in the non-hypertensive group was 125.56 ± 11.28/73.99 ± 9.07 mmHg in winter, compared to 120.04 ± 11.05/71.97 ± 8.04 mmHg in summer and 120.52 ± 10.15/72.47 ± 8.24 mmHg in the rainy season ($p < 0.001$ and p 0.017, respectively). The average SBP and DBP in the hypertensive group was 140.13 ± 12.56/78.27 ± 8.71 mmHg in winter compared to 133.84 ± 11.45/75.19 ± 9.39 mmHg in summer and 133.23 ± 10.07/74.52 ± 7.84 mmHg in the rainy season ($p < 0.001$ and $p < 0.001$, respectively). No factors were found to be associated with seasonal blood pressure variations.

Conclusions: Seasonal blood pressure variation was observed in both hypertensive and non- hypertensive groups. Blood pressure levels tended to be higher during winter compared to other seasons. Recognizing this seasonal variability may inform personalized interventions to effectively reduce future morbidity and mortality.

Keywords: Hypertension, Seasonal, Blood pressure variations, Winter

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Preemptive Analgesic Efficacy of Parecoxib for Reducing Postoperative Pain in Patients Undergoing Gynecological Surgery

Pasu Tuangjaruwinai MD[1], Siriporn Thitisagulwong MD, M.SC. (HSE)[1,2]

[1]*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*
[2]*College of Medicine, Rangsit University, Bangkok, Thailand*

Background: Postoperative pain is a common issue. Poorly management postoperative pain can prolong recovery, reduce quality of life, and increase opioid use. Currently, a multimodal analgesic regimen is often applied to relieve pain and minimize opioid-related side effects. Preemptive analgesia, which involves administering analgesics before surgical stimuli, has been introduced to improve pain control. However, a standardized protocol for its use remains undefined. This study aims to evaluate the efficacy of parecoxib as a preemptive analgesic in reducing postoperative pain in patients undergoing gynecologic surgery.

Objectives: This study aimed to evaluate the effectiveness of preemptive parecoxib in reducing postoperative pain following gynecological surgery.

Meterials and Methods: In this double-blind, randomized study, 168 patients undergoing laparotomy gynecological procedures, including total hysterectomy, adnexal surgery and surgical staging, were randomly assigned to receive either intravenous parecoxib (n = 82) or normal saline (n = 86) 15 minutes before surgery. Postoperative pain was measured using a visual analog scale at 2, 6, 12, and 24 hours. Morphine consumption within the first 24 hours post-surgery was recorded, along with adverse events related to parecoxib and the length of hospital stay.

Results: Mean pain scores at 2, 6, 12, and 24 hours postoperatively were lower in the treatment group compared to the control group (5.3 vs. 5.7, $p = 0.261$; 3.7 vs. 5.0, $p < 0.001$; 3.3 vs. 5.1, $p < 0.001$; 3.5 vs. 4.0, $p = 0.164$, respectively). The mean 24-hour postoperative morphine use was significantly reduced (4 ± 8 mg vs. 8 ± 5 mg, $p < 0.001$). No significant adverse events or differences in hospital stay were observed.

Conclusions: Preemptive parecoxib significantly reduced pain at 6 and 12 hours post-surgery and reduced morphine use within 24 hours, with no significant effect on hospital stay duration in gynecological surgery.

Keywords: Preemptive analgesia, Parecoxib, Gynecological surgery, Postoperative pain

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Effect of Postpartum Tubal Sterilization on Anti-Müllerian hormone (AMH) Levels: A Prospective Cohort Study

Areerat Kaewcheed MD, Savinee Boonsuk MD

Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand

Background: Contraception by bilateral tubal sterilization was one of the most commonly chosen permanent methods of fertility regulation. However, the long-term effects of tubal ligation on ovarian function remain a subject of ongoing debate. Concerns center on the potential for damage to ovarian blood vessels and adjacent vasculature, which may result in reduced ovarian blood supply, disruption of ovarian reserve, hormonal alterations, and menstrual irregularities, such as heavier or prolonged menstrual bleeding and irregular cycles.

Objective: To assess the impact of postpartum bilateral tubal sterilization (PPBTS) on Anti- Müllerian hormone (AMH) levels.

Materials and Methods: This prospective cohort study was conducted on pregnant women who visited the labor room of Rajavithi Hospital from August 2023 to September 2024. Serum AMH were obstained on the date before surgery or delivery and on 16-week postpartum compared between those underwent PPBTS and those without PPBTS (control).

Results: A total of fifty-nine pregnant women were enrolled in the study. The median differences (MdD) of serum AMH levels preoperatively and 16-week postoperatively showed not significantly different between PPBTS and control groups (p-value = 0.798 for univariate and p- value = 0.861 for multivariate analysis). The percentage change in serum AMH levels does not significantly differ between the PPBTS and control groups (MdD = 43.35, 95%CI = -183.27 - 269.97, p-value = 0.703 for univariate and adjusted MdD = 9.39, 95%CI = -197.08 - 215.86, p- value = 0.928 for multivariate analysis)

Conclusions: PPBTS affects the ovarian reserve at 16 weeks post-operation without significantly changing AMH levels. However, further investigation into potential long-term consequences related to accelerated ovarian aging is recommended.

Keywords: Ovarian reserve, Anti-Mülleri an hormone, Postpartum tubal sterilization

Suphanikar Room, 11th floor | 20 March 2025 | 09.00 – 16.00

Clinical Utility of Three-dimension Ultrasonography and Computed Tomography for Preoperative Staging in Endometrial Cancer

Tuangrat Ruangtheprat MD[1], Marut Yanaranop MD, PhD[1,2]

[1]*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*
[2]*College of Medicine, Rangsit University, Bangkok, Thailand*

Background: Endometrial cancer (EC) is a common gynecologic malignancy with a favorable prognosis when diagnosed early. Accurate preoperative staging using imaging techniques like pelvic three-dimension ultrasonography (3D-US) and computerized tomography of the whole abdomen (CTWA) is crucial for treatment planning. These methods help assess tumor depth, lymph node involvement, and metastasis, ensuring optimal surgery and adjuvant therapy decisions.

Objectives: To explore the diagnostic performance of pelvic 3D-US accompanied by CTWA for preoperative staging in women with EC

Materials and Methods: This is a cross-sectional study conducted in women diagnosed with EC from endometrial sampling or uterine curettage who underwent elective staging surgery at Rajavithi Hospital between January 2024 and May 2024. Within 48 hours before operation, 3D- US by transvaginal/transrectal/transabdominal routes was performed by Yanaranop M. CTWA were reviewed by body-imaging radiologist. The 2023 FIGO staging of EC was assessed.

Results: A total of 45 women with EC were enrolled: 4 stage IA1, 15 stage IA2, 10 stage IB, 2 stage IIA, 4 stage IIC, 4 stage IIIA1, 4 stage IIIA2, and 2 stage IVB. Based on surgical staging, the accuracy of EC staging by 3D-US, CTWA, and 3D-US/CTWA was 77.3%, 35.8%, and 88.0%, respectively. For evaluation of myometrial invasion levels, accuracy was 93.3% for 3D-US, and 48.9% for CTWA. For detection of cervical stromal invasion and uterine serosal involvement, accuracy was 93.3% and 88.9% with 3D-US, and 86.7% and 82.2% with CTWA, respectively. Both 3D-US and CTWA had an accuracy of 95.6% for detection of adnexal involvement, but failed to identify intra-abdominal metastasis.

Conclusions: Preoperative pelvic 3D-US accompanied by CTWA may be an effective modality for EC staging and has advantages for detecting myometrial invasion, cervical stromal invasion, uterine serosal involvement, and adnexal involvement.

Keywords: Pelvic ultrasound, Computerized tomography, Endometrial cancer staging

Suphanikar Room, 11th floor 20 March 2025 09.00 – 16.00

Prevalence and Associated Factors of Placenta Accreta Spectrum in Primary Repeat Cesarean Sections at Rajavithi Hospital

Watcharapong Phiawong MD[1], Jitima Tiyayon MD[1,2]

[1]*Department of Obstetrics and Gynecology, Rajavithi Hospital, Bangkok, Thailand*
[2]*College of Medicine, Rangsit University, Bangkok, Thailand*

Background: The rising incidence of cesarean sections (CS) in Thailand highlights the need for better identification of placenta accreta risk factors, particularly in women with one prior CS. This study aims to address gaps in prevalence data and contributing factors to improve management and clinical outcomes.

Objectives: This study aimed to determine the prevalence of Placenta Accreta Spectrum (PAS) in women undergoing a primary repeat cesarean section and to identify associated risk factors.

Materials and Methods: A retrospective, cross-sectional study was conducted at Rajavithi Hospital, Bangkok, from January 1, 2016, to December 31, 2022, involving 1,081 pregnant women with a history of primary cesarean section, delivering between 24 and 42 weeks of gestation, who underwent a repeat cesarean section.

Results: PAS prevalence was 1.9% (n = 20). Significant differences between PAS and non-PAS groups were observed in maternal age, gravidity, parity, birth weight, presence of placenta previa in the current pregnancy, history of placenta previa, and labor onset during the previous cesarean section ($p < 0.05$). Univariate analysis revealed placenta previa in the current pregnancy as a strong risk factor (RR 4.16). Multivariate analysis identified gravida ≥3 (RR 2.11) and placenta previa in the current pregnancy (RR 686.67) as significant independent risk factors. No significant associations were found with BMI, pregnancy interval, race, smoking status, alcohol use, ASA use, or pregnancy complications.

Conclusions: PAS prevalence in primary repeat cesarean sections was 1.9%. Key risk factors included advanced maternal age, higher gravidity and parity, lower birth weight, and placenta previa in both current and previous pregnancies, with gravida ≥3 and current placenta previa being the most significant risk factors.

Keywords: Placenta Accreta Spectrum, Primary Repeat Cesarean Section, Risk Factors, Prevalence, Placenta Previa

Parichart Room, 11th floor	20 March 2025	13.30 – 14.30

Integrated Medical Development through Multidisciplinary Collaboration: Korea's Experience.

Ah Reum Lim MD

Hematology and Oncology Department, Korea University Ansan Hospital, Republic of Korea

Multidisciplinary collaboration has become a cornerstone of advanced cancer care, ensuring that patients receive comprehensive and personalized treatment. In Korea, the integration of multiple specialties—including medical oncology, surgical oncology, radiation oncology, pathology, and radiology—has significantly improved clinical outcomes. This collaborative approach allows for the development of individualized treatment strategies through multidisciplinary tumor boards, where specialists collectively assess cases and determine the most effective therapeutic plans.

Korea’s experience in implementing multidisciplinary cancer care highlights the structural and operational frameworks that facilitate seamless coordination. Key elements include well-organized cancer centers with dedicated multidisciplinary teams, standardized treatment protocols, and digital platforms that enhance real-time communication between specialists. The impact of this approach is reflected in improved patient survival, optimized treatment sequencing, and better management of treatment-related toxicities.

Furthermore, Korea’s national healthcare system supports multidisciplinary collaboration by ensuring accessibility to integrated care and fostering continuous education for healthcare professionals. Challenges such as time management in coordinating specialists, and the need for further refinement in multidisciplinary decision-making are also considered.

By sharing Korea’s progress in multidisciplinary cancer care, we would like to optimize our collaborative model to provide insights on how we can improve treatment efficacy and patient outcomes globally.

Parichart Room, 11th floor	20 March 2025	14.30 – 15.30

The role of dentistry in the Integrated Healthcare System for Sustainability: Focusing on oral care for cancer patients and older adults requiring nursing care

Sakiko Soutome D.D.S., Ph.D.

Department of Oral Health, Nagasaki University Graduate School of Biomedical Sciences, Japan

In Japan, the universal health insurance system ensures that all citizens have equal access to medical care. A comprehensive approach is required to achieve a sustainable healthcare system, and dentistry plays an important role in this. In this lecture, we will discuss how dentistry can contribute to a sustainable healthcare system, focusing on perioperative oral care in cancer patients, prevention of medication-related osteonecrosis of the jaw (MRONJ), and prevention of aspiration pneumonia in elderly people requiring nursing care.

Perioperative oral care for cancer patients is essential for preventing systemic complications caused by bacteria and infection foci in the mouth, as well as for preventing oral problems such as stomatitis. For example, oral care plays an important role in preventing surgical site infections and postoperative pneumonia during head and neck cancer or esophageal cancer surgery, as well as in preventing oral mucositis during chemotherapy and radiotherapy. We have verified through many clinical studies that dental procedures, including the removal of infection sources and oral care before surgery, and post-operative rehabilitation, can help patients recover more quickly and reduce the risk of complications.

In addition, the prevention of MRONJ in patients receiving antiresorptive agents used in the treatment of osteoporosis and cancer is an important issue. We have conducted and reported many clinical studies on the prevention and treatment of MRONJ. Dentists can minimize the risk of osteonecrosis by fully understanding the patient's treatment history and providing early oral evaluation and appropriate treatment.

Furthermore, aspiration pneumonia in the elderly is a serious health problem for people who are in needs of care. Dentists can contribute to the prevention of aspiration pneumonia through oral care. Clinical research has revealed what kind of oral care is effective in preventing aspiration pneumonia. These examples show that oral care plays an important role in maintaining the overall health of patients, rather than just treating individual diseases. In order to build a sustainable healthcare system, it is necessary for dental care to collaborate with other medical fields and strengthen a patient-centered approach. This lecture will also consider specific ways to put this into practice.

Phyathai Room 11th Floor | 21 March 2025 | 09.00 – 12.00

Utilizing AI to Advance Nursing Academics

Weha Kasemsuk Ed.D[1] (Lifelong Education and Human Development), Pattarani Chaiprom Dr.PH[2] (Candidate)

[1]*Department of Public Health Nursing, Faculty of Nursing, Mahidol University*
[2]*Department of Community Public Health, Faculty of Science, Lampang Rajabhat University*

Artificial Intelligence (AI) is increasingly playing a pivotal role in academic research and education, particularly in the field of nursing. AI tools offer numerous benefits, including enhancing research efficiency, improving data accuracy, and assisting in literature reviews. Nevertheless, challenges related to data reliability and ethical considerations must be addressed to ensure the integrity and responsible application of AI-assisted academic work in nursing.

AI has transformed nursing research by facilitating data analysis, automating literature reviews, enabling predictive modeling, and supporting clinical decision-making. Key benefits of AI in nursing research include:

1. Enhanced Research Efficiency: AI accelerates data collection and analysis, significantly reducing the time required for research (Luxton, 2020).
2. Improved Data Accuracy: AI minimizes human errors, thereby ensuring precision in research findings (Shilo et al., 2020).
3. Strengthened Evidence-Based Practice: AI provides real-time access to research insights, thereby enhancing clinical decision-making and patient care (Wang et al., 2021).
4. Cost-Effective Research: AI automation reduces expenses associated with manual data processing and analysis (Chen et al., 2022).

Despite these advantages, challenges and ethical concerns arise regarding the application of AI in healthcare and nursing research. Issues such as patient data confidentiality and cybersecurity risks are paramount (Topaz et al., 2019). Moreover, **ethical concerns** must be addressed to ensure AI-driven decision-making aligns with ethical principles and nursing standards (Shilo et al., 2020).

AI has also been widely applied in nursing education and research in the following ways:

- Systematic Reviews: AI-powered tools efficiently scan and analyze vast amounts of nursing literature, streamlining the systematic review process.
- Clinical Decision Support: AI assists in analyzing patient data to enhance evidence-based nursing practices.
- Simulation-Based Learning: AI-driven simulations offer nursing students practical training experiences in virtual environments, preparing them for real-world scenarios.

AI is revolutionizing nursing research by improving efficiency, accuracy, and the implementation of evidence-based practices. However, addressing challenges such as data privacy, AI bias, and ethical concerns is crucial for its responsible use in healthcare. Future advancements in AI hold the potential to further expand the scope and impact of nursing research, ultimately leading to improved healthcare outcomes.

References

1. Caballero, J. A., & Nahin, A. (2022). The role of artificial intelligence in nursing education. Journal of Nursing Research, 30(2), 112-124.
2. Davenport, T., & Kalakota, R. (2019). The potential for artificial intelligence in healthcare. Future Healthcare Journal, 6(2), 94-98.
3. Obermeyer, Z., & Emanuel, E. J. (2016). Predicting the future—big data, machine learning, and clinical medicine. *New England Journal of Medicine, 375*(13), 1216-1219.

Phyathai Room 11th Floor | 21 March 2025 | 13.30 – 14.30

Symposium: Iodine-131 (I-131) in Nuclear Medicine: Applications and Personalized Dosimetry

Siriwan Srisai M.Sc., Tarit Taerakul MD

Department of Nuclear Medicine, Rajavithi Hospital, Bangkok, Thailand

Iodine-131 (I-131) remains a cornerstone of nuclear medicine, offering dual diagnostic and therapeutic capabilities for thyroid pathologies. This review examines its clinical applications, dosimetry methodologies, and the paradigm shift toward personalized treatment protocols. By synthesizing current practices and emerging technologies, we emphasize the critical role of patient-specific dosimetry in optimizing therapeutic efficacy while mitigating radiation-related risks.

Introduction Iodine-131 (half-life: 8.02 days) is a radiopharmaceutical isotope that emits beta (β^-) particles and gamma (γ) photons. Its selective uptake by sodium-iodide symporters (NIS) in thyroid tissue makes it valuable in managing hyperthyroidism and differentiated thyroid cancer (DTC). While β^- radiation induces cytotoxic effects, γ emissions enable post-therapeutic imaging and dosimetric calculations. Despite decades of clinical use, debates persist regarding optimal dosing strategies.

Clinical Applications I-131 ablates overactive thyroid tissue in Graves' disease or toxic nodules, achieving euthyroidism in most cases. In DTC, post-thyroidectomy adjuvant therapy eradicates residual micro-metastases and reduces recurrence risk. Pre-therapeutic I-131 scans localize metastatic disease, while post-treatment whole-body scans assess response.

Dosimetry Approaches Fixed-dose protocols prescribe standard activities but risk under or over-treatment. Empirical dose escalation adjusts doses based on disease severity, prior response, and clinician experience, though variability in iodine avidity limits reproducibility. Using quantitative imaging (SPECT/CT) and biokinetic modeling, patient-specific dosimetry optimizes treatment by calculating absorbed doses for target lesions and organs at risk.

Methodological Framework A diagnostic tracer study quantifies thyroid remnant or metastatic uptake. Serial SPECT/CT imaging at multiple time points generates time-activity curves for residence time estimation. Dosimetric calculations determine the lesion-specific dose and critical organ protection, improving therapeutic outcomes.

Technological Advancements Quantitative SPECT/CT improves activity quantification. Monte Carlo simulations enhance dose estimation accuracy, while artificial intelligence integrates radiomic, clinical, and genomic data to refine dosing strategies.

Clinical Implications and Challenges Personalized dosimetry reduces recurrence rates in DTC and lowers the incidence of xerostomia and secondary malignancies. However, its implementation requires specialized imaging, software, and multidisciplinary collaboration. Standardized protocols remain a challenge.

Future Directions Theranostics pairs I-131 with novel biomarkers for expanded applications. Dosimetry-guided fractionation enhances biological effectiveness, while global harmonization efforts aim to establish standardized personalized dosing thresholds.

Conclusions: The transition from empirical to precision dosimetry underscores nuclear medicine's shift toward individualized care. By leveraging advanced imaging and computational tools, clinicians can improve oncologic outcomes while adhering to the ALARA principle. Ongoing innovations will further solidify I-131's role in modern oncology.

Yothee Room, 11th floor	21 March 2025	09.00 – 10.00

Diabetes Remission
(Pitfalls of Diabetes Remission)

Prof. (Clin) Veerasak Sarinnapakorn MD

Department of Medicine, Rajavithi Hospital, Bangkok, Thailand

Diabetes remission occurs in more than 50 percent of obese diabetics. But most people with diabetes use more medicine until having to inject insulin including the occurrence of complications from diabetes. Even though diabetes complications can be prevented if the patient is taken care of well from the beginning. But the reasons why diabetes remission does not occur in people with diabetes include:

1. Medical personnel do not believe or do not know how to achieve diabetes remission
2. People with diabetes do not believe that diabetes can occur in remission.
3. People with diabetes have not yet set a goal for diabetes in remission.
4. People with diabetes have goals but don't know how.
5. People with diabetes know how to do it but are still unable to change it.
6. There is no continuous follow-up.

Sometimes, even though it is what is desired, the process of diabetes in remission is not known. or too much knowledge to the point of not being able to remember. Unable to perform because I don't remember what to do. Therefore, providing knowledge about diabetes in remission must be simple and easy to remember, such as eating less, more exercise, and weight loss.

Yothee Room, 11th floor	21 March 2025	09.00 – 10.00

Symposium: Diabetes remission

Thitinan Treesaranuwattana MD

Department of Endocrinology and Metabolism, Rajavithi Hospital, Bangkok, Thailand

Diabetes remission, defined as achieving and maintaining near-normal glycemic levels without active pharmacologic therapy, has garnered significant attention in recent years. Evidence indicates that remission is particularly achievable in individuals with type 2 diabetes through targeted interventions such as significant weight loss, bariatric surgery, or metabolic interventions. The mechanisms underlying diabetes remission are multifaceted and include the reversal of insulin resistance, restoration of β-cell function, and alterations in hepatic glucose production. Weight loss plays a central role in achieving remission by reducing visceral and ectopic fat, leading to improved hepatic and peripheral insulin sensitivity. Caloric restriction, even independent of weight loss, has been shown to decrease intra-pancreatic and hepatic fat, enhancing β-cell responsiveness and reducing gluconeogenesis. Bariatric surgery, particularly Roux-en-Y gastric bypass, not only facilitates substantial and sustained weight loss but also induces favorable hormonal changes, including increased secretion of glucagon-like peptide-1 (GLP-1) and alterations in bile acid metabolism, which contribute to glycemic improvement.

Clinical trials such as the Diabetes Remission Clinical Trial (DiRECT) and Look AHEAD (Action for Health in Diabetes) have provided robust evidence supporting structured weight management programs in achieving remission. DiRECT demonstrated that over 46% of participants achieved remission at 12 months through an intensive, calorie-restricted diet. Furthermore, sustained remission was associated with greater reductions in intra-pancreatic fat, as evidenced by imaging studies. Additionally, advances in metabolic research highlight the role of gut microbiota and incretin pathways in mediating remission. Look AHEAD trial also suggested that intensive lifestyle modification significantly improves glycemic control, although remission rates were lower than those observed with surgical interventions.

While diabetes remission offers hope for altering the natural course of the disease, challenges remain in identifying predictors of sustained remission and understanding individual variability in response. Future research should focus on the durability of remission and the potential role of personalized interventions in achieving optimal outcomes.

Yothee Room, 11th floor	21 March 2025	09.00 – 10.00

Symposium: Diabetes Remission

Siwakorn Inkhong MD

Department of Endocrinology and metabolism, Rajavithi Hospital, Bangkok, Thailand

Diabetes remission requires ongoing medical supervision to prevent relapse and complications. The metabolic memory or legacy effect highlights how past hyperglycemia can continue to harm tissues, increasing the risk of retinopathy, nephropathy, neuropathy, and cardiovascular disease. Even in remission, regular monitoring and preventive care are essential.

In the early stage, patients should see their doctor at least once a month and check in with a nurse or dietitian every two weeks. These visits can be in person or through telehealth. Important health markers to monitor include weight, waist circumference, blood sugar levels before and after meals, HbA1c, and blood pressure. Setting clear health goals helps patients stay motivated and engaged. Intensive lifestyle changes can cause low blood sugar or low blood pressure, so medications may need to be adjusted. Insulin and sulfonylureas should be reduced early, with insulin doses lowered by 25–50% at first. SGLT-2 inhibitors should be avoided in low-carb diets to prevent ketoacidosis. Diuretics may need dose adjustments to prevent dehydration. GLP-1 receptor agonists can help with weight control and keeping blood sugar stable. Due to the legacy effect**,** complications may still develop even in remission. Patients should continue regular eye exams, kidney function tests, foot checks, and blood pressure monitoring. At present, there is no evidence that any of these screenings can be safely stopped.

Staying in diabetes remission requires regular follow-ups, medication adjustments, and routine screenings for complications. With proper monitoring and preventive care, healthcare providers can help patients maintain stable blood sugar levels and reduce the risk of diabetes returning.

Yothee Room, 11th floor	21 March 2025	10.30 – 12.00

Symposium: Mechanical Thrombectomy

Warot Ratanavinitkul MD

Department of Neurosurgery, Rajavithi Hospital, Bangkok, Thailand

Mechanical thrombectomy has emerged as a critical intervention for patients suffering from large vessel occlusion (LVO) due to ischemic stroke. Recent guidelines emphasize the importance of timely intervention, ideally performed within 24 hours of symptom onset. The procedure involves the removal of the thrombus obstructing blood flow, restoring perfusion to the affected cerebral regions. Advances in imaging technologies, such as CT and MRI, have facilitated rapid identification of candidates for thrombectomy, allowing for earlier and more efficient treatment that can significantly reduce morbidity and mortality associated with ischemic strokes.

Indications for mechanical thrombectomy primarily focus on patients with acute ischemic stroke secondary to LVO, particularly in vessels like the internal carotid artery and the middle cerebral artery. The American Heart Association and the American Stroke Association recommend the procedure for patients with a significant neurological deficit and imaging confirmatory of salvageable brain tissue. As part of recent studies, the criteria have been expanded to include patients who may present later than the conventional window, given they possess a benign ischemic penumbra and the presence of collateral circulation, highlighting the evolving understanding of stroke pathophysiology.

The outcomes following mechanical thrombectomy are promising, with studies demonstrating substantial improvement in functional independence and reduced disability among treated patients. A significant proportion of patients achieve favorable functional outcomes, defined as a modified Rankin Scale score of 0-2, particularly when performed in a timely manner. Prognostic factors influencing outcomes include age, baseline functional status, and the extent of collateral circulation. As techniques and technology continue to advance, mechanical thrombectomy remains a cornerstone in the management of LVO, providing hope for improved recovery and quality of life for stroke survivors.

Yothee Room, 11th floor	21 March 2025	10.30 – 12.00

Symposium: Update on the Treatment of Cerebrovascular Disease

Sujin Rujimethapass MD

Division of Neurosurgery, Department of Surgery, Rajavithi Hospital, Bangkok, Thailand

Cerebral aneurysms, also known as brain aneurysms, are abnormal bulges in the walls of blood vessels in the brain that can lead to serious complications, including subarachnoid hemorrhage, stroke, and death. The disease can affect individuals of any age but is more prevalent in adults, particularly those aged 40 to 60, and is more common in women than men.

Impact of Disease

The impact of cerebral aneurysm disease is significant both on an individual and societal level. Approximately 1-2% of the population is estimated to have an unruptured cerebral aneurysm. Although many remain asymptomatic, when an aneurysm ruptures, it can result in devastating conditions such as:

- **Subarachnoid Hemorrhage**: Rapid onset of severe headache, potential loss of consciousness, and neurological deficits.
- **Stroke**: Failure of blood supply to parts of the brain leading to tissue death.
- **Long-term Complications**: Many survivors may experience cognitive deficits, physical disabilities, and psychological issues, affecting their quality of life and the burden on healthcare.

Outcome

The outcome for patients with cerebral aneurysms depends largely on whether the aneurysm is ruptured or unruptured.

- **Unruptured Aneurysms**: Management may involve monitoring and lifestyle modifications, with the risk of rupture being low.
- **Ruptured Aneurysms**: Mortality can be as high as 40% within the first month post-rupture, and many survivors suffer from long-term complications such as vasospasm (narrowing of blood vessels), hydrocephalus (fluid buildup), and other neurological impairments.

Modality of Treatment

Treatment for cerebral aneurysms has evolved significantly over the past decades, with the following modalities commonly employed:

1. **Endovascular Treatment**:
    - **Coiling**: This minimally invasive procedure involves inserting coils into the aneurysm to promote clotting and prevent blood flow.
    - **Flow Diversion**: Introducing stents to redirect blood flow away from the aneurysm while allowing normal blood flow through the parent vessel.
2. **Microsurgical Clipping**: A traditional surgical technique, which involves opening the skull to apply a clip to the neck of the aneurysm, effectively isolating it from the circulation.
3. **Observation**: For small, unruptured aneurysms in low-risk patients, a watchful waiting strategy may be recommended, with regular imaging to monitor changes.

Yothee Room, 11th floor	21 March 2025	13.30 – 14.30

Prevention and Management of Urinary Calculi

Nattapong Wongwattanasatien MD

Division of Urology, Department of Surgery, Rajavithi Hospital, Bangkok, Thailand

Urinary calculi is one of the common health care problems in Thailand. Its prevalence has been continuously increasing with a high recurrence rate after stone treatment. Effective surgery for stone clearance and preventive strategies are required to reduce stone recurrence. Nowadays, there are several minimally invasive surgery of treating urinary stone such as retrograde intrarenal stone surgery, percutaneous nephrolithotomy and ureteroscopic lithotripsy.

Limit salt and meat intake and eat more citrus fluids which contain citric acid can prevent stone formation. The best way of preventing kidney stone is to drink plenty of water each day to avoid to becoming dehydrated.

Yothee Room, 11th floor	21 March 2025	14.30 – 15.30

Metabolic dysfunction-associated steatotic liver disease (MASLD)

Siam Sirinthornpunya MD

Assistant professor gastroenterology devision, Department of Medicine, Rajavithi Hospital, Bangkok, Thailand

Metabolic dysfunction-associated steatotic liver disease (MASLD), previously termed non-alcoholic fatty liver disease (NAFLD), is defined as fatty or steatotic liver disease (SLD) with one or more cardiometabolic risk factor(s) and the absence of harmful alcohol intake. MASLD is common cause of chronic liver disease affecting 25% of the global population and associated with cardiometabolic disorders: obesity, insulin resistance, type 2 diabetes mellitus (T2D), hypertension, and dyslipidemia, which increase the risk of heart disease or cerebrovascular disease. Manifestations includes steatosis, steatohepatitis (MASH, previously NASH), fibrosis, cirrhosis and hepatocellular carcinoma (HCC). Disease awareness remains limited with <5% and 12 to 14% of persons will turn to steatohepatitis (MASH) which can progress to liver fibrosis, cirrhosis, or liver cancer. The risk of advance fibrosis and cirrhosis is higher in persons with obesity and type 2 diabetes mellitus.

MASLD can be diagnosed by abnormal liver function tests and radiological signs of hepatic steatosis by ultrasound or computure tomography in person with cardiometabolic risk factors, type 2 diabetes or obesity. Nonivasive test such as blood-based scores (such as FIB-4) and imaging techniques (such as transient elastography) can evaluate liver fibrosis and cirrhosis to predict disease outcomes.

Treatment of MASLD include lifestyle modification : weight loss, dietary modification, exercise and stop alcohol consumption. Weight loss >5% can reduce liver fat and has cardiometabolic benefit. weight loss ≥10% can reverse steatohepatitis or liver fibrosis. Medication for treatment include incretin-based therapies (e.g. semaglutide, tirzepatide), resmetirom for MASH with significant liver fibrosis (stage ≥2). Bariatric surgery is for person with morbid obesity. In patient with cirrhosis , treatment includes avoids hepatotoxic drugs nutritional support, surveillance for portal hypertension complication and HCC with appriopriate treatment and liver transplantation as indicated.

Suphanikar Room, 11th floor	21 March 2025	09.00 – 10.30

Symposium: Fungal Diagnostics, current and emerging clinico-microbiological approaches

Prakaithip Thongkoom[1], Piriyaporn Chongtrakool[2]

[1]*Department of Clinicopathology and Medical Technology, Rajavithi Hospital, Bangkok, Thailand*
[2]*Department of Microbiology, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand*

Fungal infections are becoming increasingly prevalent due to factors such as immunosuppression, extensive use of antibiotics, and an aging population. Fungal diagnostics play a crucial role in identifying and managing fungal infections, which can range from superficial to life-threatening conditions, especially in immunocompromised individuals. Both traditional and emerging microbiological approaches are used to diagnose these infections, with advancements in technology improving accuracy and speed.

Current microbiological approaches, including 1) Traditional diagnostic methods, for example 1.1) direct microscopy by wet mounts, potassium hydroxide (KOH) preparation, special staining,i.e., Gomori-Methenamine Silver (GMS) staining, as well as histopathology 1.2) culture, 1.3) biochemical tests, 2) Serological diagnostics, 2.1) Antibody detection as well as 2.2) Antigen detection: Common tests include:Galactomannan (GM) and 1,3 Beta-D-glucan assay, a panfungal test, 3) Molecular Diagnostics such as polymerase chain reaction(PCR) and 4) Imaging Diagnostics like CT scans or MRIs.

These approaches are generously useful with some drawbacks, i.e. time-consuming, labor-intensive as well as specialized expertise, somehow are unable to fulfill diagnoses of emerging diseases.

Thus, fungal diagnostics continue to evolve, aim to resolve these limitations and expand to conclude emerging fungal pathogens. The integration of cutting-edge technologies like Next Generation Sequencing(NGS), Mass Spectrometry (MALDI-TOF), Artificial Intelligence(AI) and Machine Learning will establish new methodologies and push up point-of-care devices which will improve early diagnosis, reduce misdiagnosis, and help optimize treatment strategies, particularly those difficult-to-diagnose as well as difficult-to-treat fungal infections.

For future directions, integration of multi-omics approaches (genomics, proteomics, and metabolomics) with the development of universal platforms for detecting multiple fungal pathogens simultaneously and enhanced databases plus algorithms to support AI-based fungal diagnostics will be fruitful for comprehensive diagnostics. Furthermore, these new advanced diagnostics technologies must be accessible for all, even in middle-to-low resource settings countries.

The ongoing advancements in fungal diagnostics as well as collaboration with medical personnels and clinicians will improve early detection, guide targeted therapy, and reduce mortality of victims associated with fungal infections.

Suphanikar Room, 11th floor	21 March 2025	13.30 – 14.30

Essential Genetic Testing for Cancer

Takol Chareonsirisuthigul MD, Ph.D. ErCLG

Department of Pathology, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand

Cancer is a leading cause of mortality worldwide, with its onset and progression often influenced by genetic factors. Essential genetic testing for cancer has emerged as a cornerstone in precision medicine, enabling personalized prevention, diagnosis, and treatment strategies. These tests identify inherited genetic mutations, such as those in the BRCA1, BRCA2, and TP53 genes, which significantly increase the risk of breast, ovarian, colorectal, and prostate cancer. Somatic mutations, which are genetic alterations that occur during a person's lifetime and are not inherited, are also evaluated to inform targeted therapies.

Genetic testing provides crucial insights into cancer's molecular mechanisms, facilitating early detection and improved outcomes. For individuals with a family history of cancer, predictive genetic testing helps assess risk, guide surveillance protocols, and inform preventive interventions such as prophylactic surgeries or lifestyle modifications like regular exercise and a healthy diet. In oncology, comprehensive tumor profiling aids in selecting therapies tailored to specific genetic mutations, such as PARP inhibitors for BRCA-mutated cancers and tyrosine kinase inhibitors for EGFR-mutant tumors.

Despite its potential, genetic testing for cancer faces challenges, including accessibility, cost, and the interpretation of results. Variants of uncertain significance (VUS) present diagnostic dilemmas, but the role of genetic counseling is crucial in helping patients and families understand the implications of test outcomes, providing a strong support system. Moreover, ethical considerations such as privacy, discrimination, and informed consent require careful navigation.

As genetic testing technologies advance, their integration into routine clinical care is expected to expand, driven by decreasing costs, growing awareness, and the proliferation of multi-gene panels and next-generation sequencing. This transformative approach not only promises to revolutionize cancer management but also empowers patients and clinicians with tools for precision oncology, fostering a paradigm shift toward personalized healthcare and inspiring a new era in cancer treatment.

Suphanikar Room, 11th floor | 21 March 2025 | 14.30 – 15.30

The Applications of Pharmacogenomics for Prevention of Severe Cutaneous Adverse Drug Reactions into Clinical Practice

Patompong Satapornpong Ph.D. [1, 2]

[1]*Division of general pharmacy practice, Department of Pharmaceutical Care, College of Pharmacy, Rangsit University, Bangkok, Thailand*
[2]*Excellence Pharmacogenomics and Precision Medicine Centre, College of Pharmacy, Rangsit University, Bangkok, Thailand*

Over the last decade, Pharmacogenomics is the knowledge of genetic variation affect the individual response to drug such as efficacy and adverse drug reactions. Interestingly, the knowledge of pharmacogenomics has been reported to be associated with causative drug-induced severe cutaneous adverse reactions (SCARs) as a biomarker in clinical precision medicine and innovation for therapeutic decisions in many countries. SCARs represent a collection of rare but potentially fatal dermatological conditions that have garnered increasing attention in clinical research, health issues, mortality rates and pose substantial challenges in drug development. The phenotypically distinct SCARs consist of drug reaction with eosinophilia and systemic symptoms (DRESS), Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are rare but severe life-threatening adverse drug reactions. Although their incidence is rare, the mortality rates are as high as 10%, 1-5% and 25-50% for DRESS, SJS and TEN, respectively. Previous studies suggested that drug-induced SCARs are genetically influenced Human leukocyte antigen (HLA), peptide and T lymphocyte. Especially, the function of *HLA* gene plays a critical role in regulating the immune response. Therefore, we focus on influence of *HLA* gene related with pharmacogenomics biomarkers in drug-induced SCARs, ethnic-specific genetic variation and provide a rationale for predicting the clinical precision medicine. Carbamazepine (CBZ)-induced SJS/TEN highly associated with *HLA-B*15:02* in Han Chinese, Thais, Vietnamese, Malaysian and Indian. Therefore, *HLA-B*15:02* allele is a specific of ethnicity and phenotype of SCARs meanwhile *HLA-A*31:01* is the main genetic determinant for carbamazepine-induced SJS, TEN and DRESS in Japanese and Europeans. Furthermore, *HLA-B*58:01* can be used as a universal pharmacogenomics biomarker for allopurinol-induced SJS, TEN, DRESS and MPE among different ethnicities. Additionally, abacavir-hypersensitivity reactions have been associated with *HLA-B*57:01*. Consequently, the important role of pharmacogenomics biomarkers related with causative drug-induced SCARs leads to precision medicine, that improve the safety, efficacy, therapeutic decision-making process and support clinical pharmacogenomics implementation in this era.

POSTER PRESENTATION

Development and Application of Artificial Intelligence for Diagnosing Coronary Artery Stenosis from Myocardial Perfusion Imaging

Siriwan Srisai, Tarit Taerakul, Taratip Narawong, Korakot Worratammongkol

Department of Nuclear Medicine, Rajavithi Hospital, Bangkok, Thailand

Background: Coronary Artery Angiography (CAG) is an invasive diagnostic procedure. Decision-making regarding its necessity often relies on radionuclide myocardial perfusion imaging (rMPI). However, interpreting rMPI requires radiologists, whose decisions are highly experience-dependent. This may lead to inappropriate CAG recommendations. Developing an artificial intelligence (AI) system to assist radiologists in interpreting rMPI results could reduce variability due to individual experience and enhance the accuracy and standardization of rMPI interpretations.

Objective: To develop and apply artificial intelligence that utilizes patient data and imaging to predict coronary artery stenosis accurately.

Materials and Methods: Retrospective data from 546 patients were used for model development and 110 for testing. These data included clinical information, CAG results, and individual scan images from rMPI processed using 4DMSPECT. All patients underwent CAG within 6 months of rMPI.

Results: Initial AI models demonstrated insufficient accuracy, prompting ongoing refinement. The latest model showed improved reliability: while sensitivity decreased from 80.00% to 74.07%, specificity increased from 71.00% to 100.00%, and overall accuracy improved from 75.50% to 87.27%. The developed AI could predict stenosis at the individual vessel level. When radiologists used the AI model to assist in interpreting rMPI, the sensitivity, specificity, and accuracy for LCX, RCA, and overall patient-level analysis improved compared to radiologist- only interpretations. Interpretation of LAD stenosis showed comparable results between radiologist-only and AI-assisted interpretations.

Conclusions: The developed artificial intelligence enhances radiologists' imaging interpretation at the vessel-specific level, providing greater accuracy for LCX, and RCA. Although the developed AI did not improve the accuracy of LAD interpretation, it also did not increase the occurrence of false positives or false negatives. The model was trained using older-generation imaging data without attenuation correction from CT scans, limiting its application to current SPECT/CT systems. The limited dataset is a constraint.

Keywords: AI, Coronary Artery Stenosis, Myocardial Perfusion Imaging

POSTER PRESENTATION

Development of an electronic file document registration system: E-Smart DCS

Aungkana Nimnual, Patsara Tongjurai, Thitiphorn Sunopak

Department of Anatomical Pathology, Rajavithi Hospital, Bangkok, Thailand

Background: Organizations focused on quality development often face challenges in the quality document management and registration process. These challenges include difficulties in storage, retrieval, and maintaining up-to-date documents. The approval processes can be slow and complicated, further delaying productivity. Moreover, the preparation of quality documents can account for up to 20% of the organization's total paper usage, reflecting inefficiencies and resource wastage. To overcome these issues, electronic document registration systems have been developed to streamline workflows, enhance efficiency, and significantly reduce paper consumption.

Objective:

1. Reduce the waiting time for document registration by 50%.
2. Decrease paper usage and related resources by at least 50%.
3. Create a user-friendly and easily accessible platform.

Materials and Methods:

1. Apply the 3C-DALI principles to reduce steps and simplify the process.
2. Transition the document registration process from a paper-based system to electronic files.
3. Develop the system on the Intranet with key steps:
   3.1 Design the system to cover document uploading, digital signatures, approvals, and tracking.
   3.2 Utilize a dashboard to display document statuses and manage access permissions.
4. Conduct pilot testing and refine the system based on feedback.

Results: The E-Smart DCS system reduces document registration time by 83%, decreases paper usage by 90%, and provides 100% capability to track document status and view revision history.

Conclusions: The use of an electronic document registration system enhances document management efficiency by reducing processing time, minimizing resource usage, and increasing security through controlled access permissions.

Keywords: Reduce time, enhance efficiency, reduce paper usage.

POSTER PRESENTATION

The Systematic quality improvement of bone mineral densitometry toward comprehensive diagnostic standards for osteoporotic patients

Orathai Singusaha M.Sc., Araya Boonyaleepan MD, Tarit Taerakul MD

Division of Nuclear Medicine, Department of Radiology, Rajavithi Hospital, Bangkok, Thailand

Background: Patients receiving bone mineral densitometry at Rajavithi Hospital require specialized care. The goal is to ensure that these patients undergo high-quality, safe examinations while maintaining a high level of satisfaction with the service provided. To address these objectives, historical data was analyzed using the 5W1H approach and fishbone diagrams to identify and resolve any issues.

Objective: The aim is to improve the quality of bone mineral densitometry. The specific objectives include ensuring that all radiologic technologists can perform bone mass screenings with accuracy and precision, reducing the incidence of falls during examinations to zero, achieving a report turnaround time of under 30 minutes for over 80% of cases, and ensuring patient satisfaction rates exceed 80%.

Materials and Methods: Radiologic technologists underwent refresher training on bone mineral densitometry techniques, followed by an evaluation of their accuracy through research on the reliability of bone mineral densitometry for adults at Rajavithi Hospital. Additionally, an automated reporting system was developed, and the service area was redesigned based on the 3P principles. A VDO educational resource on bone mineral densitometry was also created and disseminated.

Results: The evaluation of bone mineral densitometry performed by all radiologic technologists showed high levels of accuracy and precision, meeting ISCD standards. The discrepancy observed were significantly lower than those of the factory level. The incidence of falls was reduced to zero. The automated reporting system reduced waiting times by 99.7%, and 100% of patients received their results within 30 minutes. Patient satisfaction with the service was extremely high, at 98.18%, while satisfaction from viewers of the educational VDO was similarly high at 98.38%.

Conclusions: The continuous, systematic development of bone mineral densitometry quality successfully achieved the set objectives, resulting in accurate, safety and a high level of patient satisfaction.

Keywords: Bone mineral density, Osteoporosis

POSTER PRESENTATION

Specialized Food Innovation for Diseases (Dense RJ)

Veeraya Sotiprawat[1], Pairoj Khruekarnchana, MD (Consultant)[2], Lawan Jamprasert,[1] Therapeutic Diet Team[1]

[1]*Department Nutrition and dietetics, Rajavithi Hospital, Bangkok, Thailand*
[2]*Deputy Director, Rajavithi Hospital, Bangkok, Thailand*

Background: The amount of food that cancer patients can actually consume is only one-third of what normal patients typically eat. This led us to the idea of finding ways to ensure that cancer patients can consume this limited amount of food whiles still meeting their energy and nutritional needs. By utilizing personalized nutrition, wellness shots and nutrient dense.

Objective: This study focuses on developing and testing the Dense RJ specialized food formula to enhance patients' energy and protein intake, ultimately improving their nutritional status.

Materials and Methods: New Dense RJ meal formulas are designed and tested, portion sizes while maintaining equivalent energy and sodium levels. Protein content is increased, with an emphasis on plant-based protein, whole grains, healthy fat, fruits, and vegetables, which have a lower carbon footprint. Patient food intake is assessed through calorie counting using 24-hour dietary recalls and food frequency questionnaires. Nutritional status is evaluated using the MST and PG-SGA.

Results: Cancer patients showed an increase in energy intake from an average of 35.8 % to 77.76% of the served portion (1,600-1,800 Kcal/pers/d) and an increase in protein intake from 33.65% to 79.94% of the served portion (72-81 g /pers/d) This data was collected from 3,013 patients monitored for food consumption between Oct 2023 and Aug 2024. Additionally, the average PG-SGA score decreased by 4.47 points from baseline, and the average MST score decrease by 1.71 points from baseline, based on a follow-up evaluation of 30 patients over five months (Aug 2024 to Dec 2024). More than 70% of patients reported satisfaction with the program. The initiative also demonstrated environmental benefits, including a reduction in raw material costs by 257,520 THB for 8,880 patients, savings on cooking gas amounting to 2,039.04 kg/yr, equating to 59,496 THB. Food waste was reduced by 1,953.60 kg. Moreover, It also reduces the carbon footprint.

Conclusions: The Dense RJ meals encourage improved food consumption among patients, enhance their nutritional status, fostering interdisciplinary teamwork, reduce production costs, and promote environmental sustainability.

Keywords: Dense RJ, Malnutrition Screening Tools (MST), Patient-Generated Subjective Global Assessment (PG-SGA)

POSTER PRESENTATION

Patient safety from surgery/procedures involving wrong person, wrong side, or wrong position

Yupin Pilaisak, Kittiyaphon Saijampa, Orathai Tanpusa

Department of 17A Floor Ward (Special 7A), Rajavithi Hospital, Bangkok, Thailand

Background: Rajavithi Hospital treats a high volume of surgical and procedural patients. There was a risk of surgery on the wrong person, side, or position due to poor communication between multidisciplinary teams and incorrect site marking. Effects of surgery: wrong person, wrong side, wrong position; such as increasing pain and suffering both physically and mentally, longer hospital stays, higher treatment costs, and damage to the hospital's reputation. To address this, the hospital implemented the 3P safety standard, which includes preventing wrong person, wrong side, and wrong position surgeries.

A Data from 2021-2022 showed that in Ward 17A, site marking was done correctly 96% of the time. Ward 17A initiated a patient safety project to prevent wrong person, wrong side, and wrong position surgeries. The project's objectives were: 1) to prevent surgeries on the wrong person, side, or position, and 2) to raise awareness among staff about the importance of following safety protocols.

Materials and Methods: 1) The workflow for site marking in Ward 17A 2) Utilization of the Surgical Patient Safety Check Form (P.086) and data collection for patients undergoing surgeries/procedures requiring site marking from 2023 to 2024.

Results: In 2023-2024, only 2 cases of incorrect site marking were reported, and in these cases, nurses coordinated with doctors to correct the marking in the operating room. Nurses followed the guidelines and used the surgical safety check form (P.086) 100% of the time. There were no cases of surgery performed on the wrong person, side, or position.

Conclusions: In conclusion, nurses were aware of the importance of site marking and adhered to the guidelines effectively. They also encouraged doctors to mark sites in the wards, fostering a culture of safety within the organization.

Keywords: Mark site, Safety surgery, Safety procedures

POSTER PRESENTATION

Improving Setup Accuracy in Breast Cancer Treatment Using Surface Guided Radiation Therapy: Experience at Rajavithi Hospital

Nunthawadee Tiaocharoen MSc, Wararat Prommoon MSc, Supaporn Thongngam MSc, Sirima Eursritanakorn MD, Sasipilai Naivikul MD

Department of Radiation Therapy, Rajavithi Hospital, Bangkok, Thailand

Background: Breast cancer is one of the most common cancers among Thai women, with various treatment methods available, including surgery, chemotherapy, and radiation therapy. A linear accelerator (Elekta VersaHD) equipped with Surface-Guided Radiation Therapy (SGRT) technology was recently installed at Rajavithi Hospital's Radiation Therapy Department, enabling precise patient skin tracking for accurate alignment during breast cancer treatment. This system enhances treatment accuracy, reduces setup time, and minimizes radiation exposure from imaging to the patient.

Objective: This study aimed to improve radiotherapy precision by reducing X-ray imaging for position verification and shortening patient setup time for breast cancer treatments.

Materials and Methods: This study included breast cancer patients treated with the Elekta VersaHD linear accelerator, integrated with the ExacTrac Dynamic system for surface and thermal monitoring. Positioning was performed using skin markers combined with surface and thermal tracking, and results were compared to conventional patient alignment laser- based methods by aligning skin markers to room laser. The patient position was evaluated using verification imaging.

Results: SGRT significantly reduced positioning errors compared to conventional methods, with deviations of less than 0.8 mm in all directions (lateral, longitudinal, and vertical). The overall setup time was reduced by 26%, and the average number of required X-ray verification images was decreased from 7.6 to 6 images.

Conclusions: Implementing SGRT for breast cancer radiotherapy improves clinical workflows by enhancing positioning accuracy, reducing X-ray imaging frequency, and shortening treatment time. This approach ensures precise radiation delivery while minimizing patient discomfort and secondary radiation exposure.

Keywords: Surface guided radiation therapy, patient positioning verification, breast cancer, linear accelerator, ExacTrac Dynamic system

POSTER PRESENTATION

Development of a case management model for people with diabetes that blood glucose target have not achieved

Yaowapa Pornwiang[1], Sathit Niramitmahapanya[2]

[1]*Rajavithi Hospital, Bangkok, Thailand*
[2]*Institute of Medical Research & Technology Assessment, Department of Medical Services, Nonthaburi, Thailand*

Background: Diabetes is an important public health problem.The cause are from selfmanagement of people with diabetes and their perception of the disease less effective selfcontrol perceived control and health knowledge were low. Effects of uncontrolled of blood sugar levels, that are acute and chronic complications.

Objective: To study the effectiveness of developing a case management model. Diabetes self-management education (DSMES) methods for people with diabetes whose blood glucose target have not achieved.

Materials and Methods: The study instruments were 1) problem assessment and case management model 2) self-management manual 3) DSMES media via Augmented Reality technology and game 4) diabetic personal diary 5) assessment form knowledge about diabetes and 6) health behavior assessment with case management with patients and families 4 times, followed up via DMS tele-medicine 2 times over a 32 week period using a casebased patient problem assessment form. Knowledge about diseases and problems, complications, self-care in 6 areas, including eating exercise weight control, medication, selfmonitoring of blood glucose levels and management of acute-chronic complications. The sample group consisted of 300 people with diabetes were tested before and after. The study was done at the diabetes clinic between October 1, 2022 to May 31, 2023. Data were analyzed by frequency distribution, percentage, mean, standard deviation and pair t-test.

Results: After the sample received care according to the case management model, the average score is increased for awareness of diabetes from 6.65 to 8.86. The average score of health behavior increased from 55.47 to 66.41 that was statistically significant ($p<0.05$) and a mean HbA1c decreased statistically significant from 8.96% to 7.68% ($p<0.05$).

Conclusions: A case management model can be applied with DSMES media via Augmented Reality technology and game to people with diabetes. Who have other health behavioral problems and the target have not achieved.

Keywords: Case management, Diabetes, Blood glucose, Achieved

POSTER PRESENTATION

Development of an Analytical Program for Deceased Organ and Eye Donor Detection in Thailand

Korntip Phonphok MD[1], Somporn Chantra MD[2], Ratchaneeporn Thanthum[3], Krisanaphan Chalarat[3], Vorapot Choonhaklai[4]

[1] *Division of Nephrology, Department of Medicine, Rajavithi Hospital, Bangkok, Thailand*
[2] *Department of Ophthalmology, Rajavithi Hospital, Bangkok, Thailand*
[3] *Medical Information Center, Rajavithi Hospital, Bangkok, Thailand*
[4] *Division of Urology, Department of Surgery, Rajavithi Hospital, Bangkok, Thailand*

Background: Deceased organ and eye donation in Thailand has increased significantly in recent years. The Ministry of Public Health (MoPH) has played a key role in promoting donor detection systems, regional kidney retrieval, and kidney and corneal transplantation across health regions nationwide.

Objective: To enhance deceased organ and eye donation, identify key variables in the donation process, and analyze data for a monthly one-page report.

Materials and Methods: The deceased donor detection program collects data on hospital deaths, potential donors, consented donors, and actual donors. Donation centers across 130 hospitals in Health Regions 1-13 submit data monthly. The data is then analyzed using Power BI to generate a one-page summary. Reports are available by hospital and health region to support planning and address gaps in donation practices.

Results: The Center of Excellence in Organ Donation and the Medical Information Center, Rajavithi Hospital, in collaboration with the Service Plan Committees for Organ and Eye Donation, MoPH, has developed a Google Form for data submission, followed by a systematic program for improved data collection, accessible at https://data.rajavithi.go.th/app/DONOR/. Monthly data analysis provides national, regional, and also in-center summaries to inform donation activities and policy development.

Strengths: Collaboration with the Service Plan Committees, MoPH and the Thai Red Cross ensures voluntary data collection. Currently, 90% of deceased organ and eye donors come from MoPH public hospitals, making the program a highly reliable national reference.

Conclusions: This is Thailand's first integrated deceased donor detection program for organ and eye donation. Developed in collaboration with Rajavithi Hospital and the MoPH, it provides accurate national and regional reporting, supporting ongoing improvements in donation practices and further informing policy development.

Keywords: deceased organ donors, deceased eye donors, donor detection program

POSTER PRESENTATION

The Development of Morbid Obesity care ; one stop service solution

Wanna Padithaporn RN[1], Sathienrapong Chantawibul MD[2], Onouma Kongchun RN[1], La-Or Boonprasatpol RN[1], Supharat Kongkham[2]

[1]*Outpatient Department of Surgery, Rajavithi Hospital, Bangkok, Thailand*
[2]*Department of Surgery, Rajavithi Hospital, Bangkok, Thailand*

Backround: Obesity is one of the many non-communicable diseases (NCDs) which could lead to further complications such as diabetes mellitus, hypertension, hyperlipidemia, obstructive sleep apnea, ischemic stroke, heart attack, gall stone, breast cancer, colon cancer, deep vein thrombosis, osteoarthritis of the knee, gastroesophageal reflux disease and . Presently, around 19.3 million Thais—or 34.1 per cent—is obese. Treatment via stomach surgery is considered safe and provides a satisfactory result.

Objectives: The objectives of this project are 1)to cure and tend to patients with obesity and its related diseases 2)to have the treatment for obesity be of benefit and develop in parallel to the service quality of the [Ministry of Public Health?], creating a standard for effective continuous obesity treatment and 3)to further advance academic research in obesity disease and metabolism process.

Materials and Methods: The comprehensive obesity clinic project by Rajavithi Hospital was launched in 2022 with the goal of being developed into a complete , complying with the Program and Disease Specific Standards.

Results: Statistics show that from the total of 5,716 patients, [953 used the service and 160 underwent surgery].

Conclusions: The success of this project is that the patients were able to see medical professionals for their first appointment and all future follow-ups which resulted in decreased medical costs, hospital visits, patient density in the outpatient department, and increased service satisfaction.

Keywords: Morbid Obesity, Development, one stop service solution

POSTER PRESENTATION

Enhancing Seamless Standards of Intermediate Care for Post-Stroke Patients to Promote Sustainable Societal Reintegration

Sukhon Wangbunkhong, Nuttaporn Munsaithong, Chartsuda Surapat, Podjanee Tongparn, Sawitri Sinwatsanamongkol, Nichapakamon Kaewpuang

Physical therapist Division of Physical therapy, Department of Physical Medicine & Rehabilitation, Rajavithi Hospital, Bangkok, Thailand

Background: The Intermediate Care (IMC) health services is one of the strategies under the 20- Year National Strategic Plan for Public Health. The goal is to enhance and more completely the healthcare system under the seamless service network principle. Rajavithi Hospital has been developing the IMC system since 2021. Service guidelines have been established in collaboration with a multidisciplinary team. The findings revealed critical issues, including a shortage of IMC specialize, unclear operational frameworks, ineffective communication, and insufficient follow- up systems. These issues led to complications, disabilities, and impairments. The hospital has enhanced the efficiency and effectiveness of IMC and rehabilitation system to address these issues by increasing access to rehabilitation services after the critical phase, introducing various IMC models to response the need of patients and families and including continuous follow-ups.

Objective: To enhance the effectiveness of physical therapy management for IMC patients, improve their daily activities and reduce disability level.

Materials and Methods:

1. Appoint and convene the IMC Committee of Rajavithi Hospital
2. Attend The program of physical therapy: Rehabilitation in IMC
3. Implement Knowledge Management Activities
4. Develop Clinical Practice Guidelines for IMC
5. Organize The Network Development Training for multidisciplinary team
6. Integrate Patients into the IMC System
7. Coordinate with Home Health Care Teams
8. Establish a Specialized Physical Therapy Team for IMC

Results: In 2023, 100% of patients showed an improvement of at least 2 levels in their daily activities as measured by the Barthel Index and 94.73% of patients showed an improvement of at least 1 level in disability as measured by the Modified Rankin Scale after follow-up 6 months.

Conclusions: The development of IMC system to enhance the effectiveness of physical therapy management for IMC patients, improve their daily activities and reduce disability level.

Keywords: IMC, Stroke, Physical therapy, Rehabilitation

POSTER PRESENTATION

The Development of Nursing Documentation Guidelines in the Cardiovascular Thoracic Intensive Care Unit

Jiraporn Netkaew RN, Anchalee Chantaravichit RN, Thongnate Nuengchaiyos RN

Cardiovascular Thoracic Intensive Care Unit, Rajavithi Hospital, Bangkok, Thailand

Background: Effective nursing documentation is essential in intensive care settings to ensure clear communication, enhance patient safety, and support legal compliance.The Cardiovascular Thoracic Intensive Care Unit (CVT-ICU) at Rajavithi Hospital identified inconsistencies in nursing records and implemented Focus Charting to improve documentation quality and efficiency.

Objective: To develop and implement nursing documentation guidelines using Focus Charting to enhance documentation accuracy, reduce workload, and increase nursing staff satisfaction.

Materials and Methods: A PDCA (Plan-Do-Check-Act) cycle was applied:
Plan: Identified challenges in documentation and developed a QR code-based nursing documentation manual for pre- and post-cardiovascular surgery care.
Do: Conducted training sessions on Focus Charting and integrated the QR-based documentation tool.
Check: Evaluated documentation quality monthly and assessed nursing staff satisfaction.
Act: Provided continuous monitoring and refinement based on audit results.

Results: Documentation quality improved over three years **(**80.12% in 2022, 83.33% in 2023, and 90.91% in 2024**).** Post-implementation (June-September 2024): Documentation scores exceeded 80% in both quantitative and qualitative assessments.100% of nurses reported satisfaction with the QR-based guideline.

Conclusions: The implementation of Focus Charting and the QR-based documentation manual significantly enhanced nursing documentation quality and efficiency. Challenges remain in documenting psychosocial aspects and ensuring continuity of care. Ongoing training and supervision are necessary to maintain and further improve documentation practices.

Keywords: Nursing Documentation, Focus Charting, Cardiovascular Surgery, Nursing Quality Improvement

POSTER PRESENTATION

Development of Care to Reduce CAUTI in the Cardiac Surgery Intensive Care Unit, 3rd Floor

Natpimon Panna RN, Sarinphat Chawankhanit RN, Nittaya Naknuan RN

Cardiac Surgery Intensive Care Unit, 3rd Floor, Rajavithi Hospital, Bangkok, Thailand

Background: Catheter-associated urinary tract infection (CAUTI) is a common healthcare-associated infection (HAI), particularly in critically ill patients requiring prolonged urinary catheterization. In the Cardiac Surgery Intensive Care Unit (ICU) on the 3rd floor of Rajavithi Hospital, postoperative patients often require urinary catheters for hemodynamic monitoring. In 2022, the CAUTI rate was 3.52 per 1,000 catheter-days. Despite implementing the CAUTI Bundle, the infection rate increased to 4.82 per 1,000 catheter-days in 2023, necessitating additional preventive measures.

Objective: To reduce the incidence of CAUTI in the Cardiac Surgery ICU by improving adherence to infection control protocols and enhancing nursing supervision.

Materials and Methods: This project was initiated including two phases of intervention Phase 1: Implementation of the CAUTI Bundle, emphasizing hand hygiene before and after catheter contact, and provision of alcohol hand rub at each bedside. Phase 2: Introduction of a structured CAUTI Checklist, increased supervision by charge nurses, daily assessments of catheter necessity, and early catheter removal when appropriate. Infection Control Ward Nurse (ICWN) monitoring and morning shift rounds were also conducted to ensure compliance.

Results: Following the enhanced infection control measures, the CAUTI rate was successfully reduced to zero for seven consecutive months (July 2024-January 2025).

Conclusions: A structured, multi-faceted infection prevention strategy combining strict adherence to the CAUTI Bundle, enhanced nursing supervision, regular education, and continuous monitoring was effective in reducing CAUTI incidence to zero. This project demonstrates the impact of CQI methodologies in improving patient safety and preventing HAIs.

Keywords: Catheter-associated urinary tract infection (CAUTI), infection control, quality improvement, CAUTI Bundle, hand hygiene, urinary catheter, intensive care unit (ICU).

POSTER PRESENTATION

Diabetic Health Literacy and Self-Care Behavior of Type 2 Diabetic Patients with Uncontrolled Blood Sugar Levels in Tertiary Care Unit

Charuwan Manmee Ph.D[1], Sathit Niramitmahapanya MD[2]

[1]*Division of Medical Research, Department of Research and Technology Assessment, Rajavithi Hospital, Bangkok, Thailand*
[2]*Institute of Medical Research and Technology Assessment, Department of Medical Services, Nonthaburi, Thailand*

Background: The number of T2DM patients with uncontrolled blood sugar levels remains high, caused of complications that affect the quality of life. Health literacy plays a crucial role in reasonable glycemic control.

Objectives: This study aimed to assess the correlation between diabetic health literacy (DHL) and self–care behavior in T2DM patients. Factors associated with self-care behavior were observed.

Materials and Methods: A cross-sectional study was carried out at the Diabetes Clinic, Rajavithi Hospital, between July and December 2024. The 300 T2DM patients with HbA1C >7% who gave informed consent were recruited, and completed the questionnaires. The socio-demographic data, DHL, and health behavior were collected. Pearson's correlation coefficient was analysed. The ethics committee, Rajavithi Hospital reviewed and approved this study.

Results: Most participants were females, 59%, with an average age of 59.41±11.92 years, married, bachelor's degree, and no complications. DHL was at a poor and fair level in every aspect, including knowledge and understanding of T2DM, accessibility to health service information, health communication, self-management of T2DM, media and information literacy, and decision for better practice. Good consumption behaviors include not smoking and drinking alcohol. Good drug use behavior includes taking medicine precisely and reading the label carefully. A very low positive relationship exists between self-care behavior and DHL regarding knowledge and understanding of T2DM, self-management of T2DM, media and information literacy, and decisions for better practice ($r= 0.141$-0.334, $p<0.001$). Factors related to self-care behavior include gender, males having higher behavior scores than females ($r=0.118$, $p<0.041$), less education having lower behavior scores than higher education ($r=-0.063$, $p<0.001$), less income has a lower behavioral score than the higher monthly income ($r=-0.145$, $p=0.012$).

Conclusions: Healthcare providers should encourage communication skills and DHL for T2DM patients. Self-care behavior by T2DM patients in terms of tertiary prevention, and advice should be provided to reduce mortality.

Keywords: Health literacy, Self-care behavior, Type 2 Diabetic Patients, Uncontrolled Blood Sugar Levels, Tertiary Care

POSTER PRESENTATION

Delays and factors related to research project management in Rajavithi Hospital

Charuwan Manmee Ph.D, Peacharat Puanglamyai B.Sc.

Division of Medical Research, Department of Research and Technology Assessment, Rajavithi Hospital, Bangkok, Thailand

Background: A wide range of research has been affected by the delays, including clinical trials, cohort studies, research for health services planning, and audit and evaluation work. Delay is one of the main challenges of research, and there is still much to overcome this issue.

Objectives: This study aimed to assess the delay rate of research project and factors related to delays in the implementation of research projects at Rajavithi Hospital.

Materials and Methods: A retrospective cohort study was performed from September 2023 to April 2024. Inclusion criteria were research projects approved by the Ethics Committee, Rajavithi Hospital, for 5 years from fiscal year 2018 to 2022, totaling 1,229 projects. The independent variables were the researcher's factors, including gender, occupation, position level, number of research projects in the same year, and training experiences. Regarding research projects, study design, source of funding, duration of study, number of subjects, and data collective time were collected. The dependent variable was the delays in carrying out projects. Multiple logistic regression was analyzed associated factors. The Ethic Committee, Rajavithi Hospital approved this study.

Results: The findings indicated that 93.1% of research projects were completed on time. About 4.6 percent of projects were in progress, and 2.3 percent were not completed within the time specified in the project. Factors related to success in conducting research projects are gender ($p=0.014$), job position ($p<0.001$), collection time ($p<0.001$), study design ($p=0.002$), sources of data ($p<0.001$), and numbers of sample size ($p=0.047$). Multiple Logistic Regression found that the prospective study results in the research project being carried out later than the time specified in the research project, more than in research projects that collect retrospective data 18.09 times (95%CI: 2.23-146.88, $p=0.007$)

Conclusions: The results indicated that good planning in terms of time and management is necessary to carry prospective studies.

Keywords: Delayed factors, Research Project management, Rajavithi Hospital

POSTER PRESENTATION

Physical therapy management in Colorectal cancer with multidisciplinary in Rajavithi Hospital

Benjamaporn Kongsakorn PT, Kusuma Baothong PT

Department of Physical Medicine and Rehabilitation, Rajavithi Hospital, Bangkok, Thailand

Background: Colorectal cancer is a malignant tumor that occurs in the epithelium of colorectal epithelium. This cancer is the fourth of cancer in Thailand. The best treatment for colorectal cancer is surgery to remove mass or tumor out of the body. Rajavithi Hospital has many patients who want to operation at this hospital so surgeons, nurses, physical therapist and multidisciplinary collaborate in order to set up ERAS program for their patients. The purpose of physical therapy in colorectal cancer patients to prevent the risk complication and early ambulation in 48 hours after surgery.

Objectives: patients should ambulation by themselves in 48 hours and they have not the pulmonary complication after surgery.

Materials and Methods: The multidisciplinary who want to suggest and advice their patients completely as much as possible before they will go on surgery. Physical therapist prepares the pre-post operation program and we connect the team by line application to get information about history of patients, personal data and operation day before meet the surgeon. At the appointment day we describe them about how to management the disease. When patients admit at Rajavithi hospital, every ward which has patients, they will give the name's patient to the line application. And the physical therapist will go to the ward.

Results: Among 78 colorectal cancer patients had the surgical operation from October 2023 to September 2024. 75 patients had not the pulmonary complication and ambulation within 48 hours but 3 patients died. (96 percents)

Conclusions: Physical therapy program prevent risk pulmonary complication after surgical operation and early ambulation in 48 hours

Keywords: Colorectal cancer, physical therapy program, Early ambulation, Pulmonary complication

POSTER PRESENTATION

Development of Discharge Planning Program for Kidney Transplant Patients

Organ and Bone Marrow transplant ward 17B

Inpatients Nursing of Organ Transplants, Department of In-patients Nursing, Nursing Missions, Rajavithi Hospital, Bangkok, Thailand

Background: Kidney transplantation is the standard of care for end-stage renal disease (ESRD). Kidney transplant recipients face challenges in self-care after hospital discharge. Statistics at Rajavithi in 2023 found that there were 26 percent of readmissions to the hospital which infection was the main cause (33 percent).

Objective: To ensure that kidney transplant patients receive continuous care from the beginning of admission until discharge and to reduce readmissions due to infection.

Materials and Methods: Assess kidney transplant recipients' problems in the initial health assessment form. Assess the knowledge of kidney transplant with the pre-discharge planning form and assessment an anxiety and depression levels using the Thai HADS. Provide information according to nursing practices for patient discharge planning according to the DMETHOD, along with watching a video, give the New Life After Kidney Transplant book and the kidney transplant patient's notebook. Follow up and assess the knowledge using the postdischarge planning assessment form and assess the satisfaction levels after providing discharge planning program by D-METHOD-P. Forward information to the kidney transplant coordinator and home visiting nurses for continuous care and follow up by phone 3 and 7 days after discharge.

Results: 100 percent of kidney transplant recipients received discharge planning and had knowledge in self-care according to all items in the assessment form. Anxiety and depression levels (Thai HADS) were average score at 3.56 and 3, satisfaction levels of 91.53 percent, and hospital readmissions due to infection (6.25 percent).

Conclusions: Discharge planning for kidney transplant patients according to D-METHOD-P nursing practice guidelines reduces hospital readmissions due to infection from 33 to 6.25 percent.

Keywords: Discharge planning, Kidney transplant patients, Hospital readmissions

POSTER PRESENTATION

Statistics of Kidney Transplant Recipients and Length of Hospital Stay

Organ and Bone Marrow transplant ward 17B

Inpatients Nursing of Organ Transplants, Department of In-patients Nursing, Nursing Missions, Rajavithi Hospital, Bangkok, Thailand

Background: The organ and bone marrow transplant ward has been open since 2020. There have been 110 patients undergoing with kidney transplants.

Objective: To study complications and length of hospital stay of kidney transplant recipients over the past 3 years.

Materials and Methods: Collect a list of kidney transplant recipients, length of hospital stay and complications after kidney transplantation in 2022, 2023 and 2024.

Results: Statistics of kidney transplant recipients in 2022 (18cases) LOS <14 days 1case (UTI), 15-21days 6 cases (4No complication and 2UTI), 22-28days 3cases (1Lymphocele, 1Perinephic collection and 1Nephectomy), 29-35days 1case (Perinephric collection), 43-49 days 1case (Perinephric collection), >50days 6 cases (2Lymphocele, 1TB and Aspergillosis, 1Dengue fever, 1 Urinoma and DGF) In 2023 (30cases) LOS <14days 1 case(No complication), 15-21days 8cases (4 No complication, 2Lymphocele,1Sepsis donor and 1DGF), 22-28day 4cases (1No complication, 1CMV D+/R-, 1VZV and 1CAUTI), 29-35day 5cases (2Lymphocele,1UTI and 2DGF), 36-42days 3 cases(1UTI,1UTI and Lymphocele and 1DM adjust insulin),43-49days 2cases (1Lymphocele and 1Hematoma, wound dehiscence, DGF and Sepsis donor),>50days 7cases(1CAUTI, 1Lymphocele, CMV and Diarrhea, 1Pneumonia and DM-adjust insulin, 2Lymphocele and UTI, 1DGF and 1DGF, Lymphocele, PCP and CMV) In 2024(30cases) LOS15-21days 5cases(4No complication and 1UTI), 22-28days 12cases (7No complication, 1Wound dehiscence and Herpes, 1Imunosupressive instability,4CAUTI and 1UTI), 29-35days 4 cases (1Wound complication, 1CAUTI, 1Rejection and 1URI+ diarrhea), 36-42 days 3cases (1CAUTI,1DGF and CAUTI and 1UTI), 43-49days 4 cases (1Sepsis, 2UTI and 1Imunosupressive instability), >50day 4 cases (1Lymphocele, 1CMV and URI,1CMV and UTI and 1Herpes simplex)

Conclusions: Patients who underwent kidney transplantation in the organ and bone marrow transplant ward in 2022, 2023 and 2024, totaling 18, 30 and 30 patients with an average hospital stay of 28, 39 and 37 days.

Keywords: Kidney transplant recipient patients, Post-kidney transplant complications, Length of hospital stay

POSTER PRESENTATION

Development of a self-care model for the prevention of diabetes and hypertension in at-risk populations through community participation in Sa-at somboon sub-district Mueang district, Roi-Et province

Phanuphon Phongthanoo[1], Pisit Pattanathien[2], Sasithon Paison[2]

[1]*Rajavithi Hospital, Bangkok, Thailand*
[2]*Mueang Roi-Et District Public Health Office, Thailand*

Background: Diabetes and Hypertension are significant health problems nationwide in Thailand. Developing self-care models for at-risk populations, with community participation, is crucial to reduce disease risk, lower morbidity rates, minimize complications, and ultimately decrease mortality from non-communicable diseases.

Objectives: This research is a participatory action research study aimed at developing a self-care model for the prevention of diabetes and hypertension in at-risk individuals, with community participation in Ban Nong Phue, Tambon Sa-at somboon sub-district Mueang district, Roi-Et province.

Materials and Methods: The study included target groups involved in the care process for at-risk individuals, namely: 23 individuals at risk for diabetes, 36 individuals at risk for hypertension, 38 community leaders, and 3 network partners. Data was collected both quantitatively and qualitatively using developed tools and analyzed using descriptive statistics for quantitative data and content analysis for qualitative data.

Results: The developing a self-care model for the prevention of diabetes and hypertension in at-risk individuals, with community participation, involves five developmental stages: 1) the formation of a community leadership council and the collection of problem condition data; 2) the establishment of collaboration between the community leadership council mechanism and the sub-district health promotion hospital team to jointly identify issues; 3) the determination of shared goals and plans; 4) the implementation of work according to shared goals; and 5) ongoing monitoring and evaluation for learning and development (Action Research Evaluation [ARE]) based on shared goals between the sub-district health promotion hospital and the community. This continuous process enabled 36 at-risk individuals (61%) to successfully modify their dietary and exercise behaviors.

Conclusions: the success factors for developing the self-care model for the prevention of diabetes and hypertension in at-risk individuals, with community participation, in this study were: the emphasis on and creation of participation by the community leadership council mechanism in caring for at-risk individuals in the area; the process of jointly determining goals and plans for problem-solving; and the mechanism for continuous monitoring and Action Research Evaluation (ARE).

Keywords: Development of a self-care model, Community participation, Action Research Evaluation

POSTER PRESENTATION

Development of Community Based Treatment and Rehabilitation model for drug addicts: A Case Study in a sub-district, Mueang District, Roi-Et province

Pisit Pattana Thien[1], Phanuphon Phongthanoo[2], Narongrit Juntanong[3], Sasithon Paison[1]

[1]*Mueang Roi-Et District Public Health Office, Thailand*
[2]*Rajavithi Hospital, Bangkok, Thailand*
[3]*Ban Non Rang Health Promoting Hospital, Thailand*

Background: Following the government's 3-month urgent policy to integrate solutions to drug problems, with a focus on suppressing and resolving drug issues seriously and decisively, Roi-Et Province, a red zone with severe drug problems, was selected as a target area for a model of integrated operations to achieve the goals.

Objectives: Aimed to study the problems, the context of drug treatment in the community, and develop a model for the treatment and rehabilitation of drug addicts with community participation.

Materials and Methods: This participatory action research. The study was conducted in target groups and co-researchers, including 107 drug users and 44 tambon action teams. Data were collected both quantitatively and qualitatively using screening forms and questionnaires. Quantitative data were analyzed by descriptive statistics, and qualitative data were analyzed by content analysis.

Results: Drug addicts Screening in 2,941 people aged 16-65 years old, 107 drug users were found. A model for the treatment and rehabilitation of drug addicts was developed by community participation (CBTx) under the 8-step sub-district quality of life development mechanism (PChx), including: (1) people in the area as co-owners; (2) operations in the community, like a hospital outpatient department; (3) community participation in designing assistance by the community itself; (4) mobilization of resources available in the community; (5) continuous operations; (6) integration of social rehabilitation in the community; (7) the process of receiving treatment by sub-district health volunteers; and (8) community support for expenses.
The study found that 107 drug users completed the treatment through the CBTx, with 58 people (54.2%) passing the criteria. In the follow-up after the first treatment, 10 people (17.2%) relapsed, and 48 people (82.8%) did not relapse.

Conclusions: The treatment and rehabilitation of drug addicts with community participation requires the community and network partners to be ready to participate in every step of the process. The community is the owner, the network partners provide support, and it is a treatment method that interferes with normal daily life less than other treatment methods. It also provides a form of treatment that meets the needs of the community and is appropriate to the context of the area.

Keywords: Model development, CBTx

POSTER PRESENTATION

Impact of Automated Dispensing Cabinets on Turnaround Time for STAT Medication Processes in Rajavithi 2 (Rangsit) Hospital

Panita Boonmakum, Thamonwan Chankaew, Pattarapol Soisungnern, Jadsadakorn Thongin, Satawat Kulworahathai

Division of Pharmaceutical care, Department of Pharmacy, Rajavithi 2 (Rangsit) Hospital, Pathum Thani, Thailand

Background: Preparing urgent medication is a fundamental process in the Medication Management System (MMS). Moreover, it is critical that the patient receive immediate medication in the event of an emergency. The increasing number of emergency patients visiting Rajavithi 2 (Rangsit) Hospital has raised concerns about the importance of STAT medication, therefore, we have implemented the usage of automated dispensing cabinets to assist us in the process of STAT medication dispensing.

Objective: This study aimed to compare the turnaround time of STAT medications before and after using Automated Dispensing Cabinets and the satisfaction of personnel with Automated Dispensing Cabinets.

Materials and Methods: An action research study was conducted using the turnaround time of the inpatient department of Rajavithi 2 (Rangsit) Hospital obtained from August to December 2024 and personnel satisfaction with the early usage of Automated Dispensing Cabinets.

Results: Of 325 STAT prescriptions before using Automated Dispensing Cabinets (October 2023 to September 2024), the average turnaround time is 25.18 minutes, from physicians prescribing to dispensing to the inpatient unit. After using Automated Dispensing Cabinets (November to December 2024), the average turnaround time was reduced to 8.4 minutes. When comparing the two months before (August – September 2024) and after (November – December 2024) implementation, the turnaround time had significantly decreased from 25.93 to 8.4 minutes, with a statistically significant reduction of 17.53 minutes ($p<0.001$). Staff reported the highest satisfaction regarding the system's ability to reduce turnaround time, with an average satisfaction score of 4.33. Overall satisfaction with the system was rated at 4.00.

Conclusions: The Automated Dispensing Cabinets could significantly reduce the turnaround time of STAT medications and receive high satisfaction ratings from healthcare personnel.

Keywords: Automated Dispensing Cabinets, STAT medication, Turnaround time, Rajavithi 2 (Rangsit) Hospital

POSTER PRESENTATION

Model for changing health behaviors according to the 2Aor principles of groups at risk for diabetes by community participation, Ban Non San, Mueang Roi Et District

Narongrit Juntanong, Sudarat Srithong, Kusuma Chandarawipak, et all.

Ban Non Rang Health Promoting Hospital, Roi Et Provincial Administrative Organization

This study is a participatory study. The purpose is to enable groups at risk of diabetes to have correct health behaviors according to the 2Aor principles (diet and exercise). The group at risk for diabetes is population over 35 years of age in Ban Non San, Non Rang Subdistrict, Mueang Roi Et District, Annual health screening and blood sugar levels were found the range of 100-125 mg/dL. and 35 volunteered to participate in the project. The tool used the Action research evaluation (ARE), using a process to support and monitor results. Through the mechanism of mentors and working groups until results are achieved. Data were collected for 10 months (Jan.-Oct. 2024) by observation, interview family members. Using a working group mechanism to present values, frequency, percentages, and qualitative data.

The results of the study found that the group at risk for diabetes did not become a new diabetic patient. There were 35 volunteers, 13 (31.1%) were males and 22 (62.9%) were females The results of changing health behaviors according to the 2Aor principles have improved compared to before joining the project. It was found that the diabetes risk group had better diet behavior were 30 (85.7%). As for exercise behavior, it was found that they exercised more than 150 minutes/week were 31 (88.6%). A working group mechanism was born to follow up on the results. Risk responsibilities are divided into groups. Follow up and collect data (1:1-2 sample) and then analyze it once a month and bring problems and obstacles to exchange in working group meetings. An environment conducive to changing health-risk behaviors has occurred. It was found that there have been adjustments to the physical environment, such as the creation of 4 (50%) were stores to reduce risk and reduce disease and there was a place for exercising around the temple. A group exercise was formed according to an agreement, with exercise leaders. Including the creation of a working group, totaling 25 people, to join in creating action plans, design activities with a project mentor and public health officials be a consultant.

From the results of this study, It shows that changing behavior according to the 2Aor principles is behavior that can be changed. And can prevent diabetes very well. But it is necessary to continually change behavior.

Keywords: Health behavior, Diabetes risk group, Community participation

POSTER PRESENTATION

Predictive models of risks for prognostic complications among untargeted controlled Type 2 Diabetes Mellitus patients

Kasemsan Sarapee MSc[1], Veerasak Sarinnapakorn MD[2], Nantawut Leeamornsiri Ph.D.[3]

[1]*Cluster of Administration, Rajavithi 2 (Rangsit) Hospital, Pathum Thani, Thailand*
[2]*Department of Internal Medicine, Rajavithi Hospital, Bangkok, Thailand*
[3]*Department of Agro-Industrial Technology, Faculty of Agro-Industry, Kasetsart University*

Background: Uncontrolled blood sugar in diabetic patients is related to complications that affect quality of life. The complication risk assessment is essential for screening to be treated appropriately and to prevent more extended health loss.

Objectives: To analyze the risks and factors associated with the burden of disease and complications in untargeted control type 2 diabetic patients and to predict (Direction Foresight) the burden of disease and complications that may occur.

Materials and Methods: A cross-sectional study collected data from seven hundred type 2 diabetes outpatients in Rajavithi Hospital between January and December 2023. Inclusion criteria were type 2 diabetic patients aged 18-70 years, accumulated HbA1C of more than 7.0%, and have been treated with oral or injectable medications for at least three months. The exclusion criteria include those entering the final stages of kidney failure, cancer, liver cirrhosis stages B and C, pregnancy and have incomplete information. Patients were collected demographic and treatment data. The direction foresight for diabetic nephropathy was evaluated using the Thai CKD risk score and the Kidney Failure Risk Equation form. The diabetic retinopathy was assessed using the Diabetes-Related Retinopathy Risk Test and Diabetic Retinopathy (DR) risk assessment (DRRisk). Factors related to disease burden were analyzed using Linear Regression Analysis (Stepwise Method). The Research Ethics Committee, Rajavithi Hospital, reviewed and approved this study.

Results: Most subjects were female, with an average age of 58.44±12.48 years and a BMI of 27.02±5.79 kg/m2, including comorbidity. The average duration of diabetes was 15.30±10.42 years, the average HbA1C was 8.43±1.40%, and Fasting blood sugar (FBS) was 167.17±61.79 mg/dL. The predictive diabetic nephropathy by Thai-CKD risk score was severe (≥20 %), 42.4 percent. The Kidney Failure Risk Equation predicts the probability of complications at 2 years with an average percent of the risk of 1.25±5.23, and at 5 years is an average percent of the risk of 3.59±12.74. The prediction of diabetic retinopathy using the Diabetes-Related Retinopathy Risk test indicates an average percent of the risk of 4.49±5.41 and 45.4% of the samples were at high risk, while evaluating with the Diabetic Retinopathy Risk Assessment (DRRisk) found an average percent of the risk of 7.60±3.76 and most had high risk (>55%) 43.3%. All predictive models for diabetic nephropathy and retinopathy were positively associated with annual and lifetime diabetes treatment costs. The complications result in a reduced quality of life. Predictive models of complications, HDL and LDL levels are factors significantly associated with the annual and lifetime costs of diabetes treatment.

Conclusions: Untargeted controlled diabetic patients are at high risk of complications, which reduce the quality of life. These findings suggest policymakers in the management of type 2 diabetes mellitus with personalized health care to achieve outcome improvement.

Keywords: Predictive model, Risk score, untargeted controlled Type 2 Diabetes Mellitus, Diabetes Mellitus complications

POSTER PRESENTATION

Easy program easy to use reduces workload

Jiraporn khamkhiaw B.P.H [1], Team Digital Health Depatment Rajavithi Hospital [2]

[1]*Depatment of Total Quality Management Rajavithi Hospital, Bangkok, Thailand*
[2]*Digital Health Depatment Rajavithi Hospital, Bangkok, Thailand*

Background: Every year, departments at Rajavithi Hospital must review Service Profile data that shows past quality performance results. and send information in paper form and electronic files via email to Total Quality Management (TQM) data collection for development to Self-Assessment Report (SAR) of the Healthcare Accreditation Institute (Public Organisation) or HA Thailand. problem related not to success in sent as a result data transmissions is less than the specified target are person in charge every year, person responsible forgot the email password, lost document file.

Objectives:

1. Development Program a data completeness and data timeless system
2. Prevent data loss
3. Users can track the status of data in real-time.

Materials and Methods:

Concepts PDSA (Plan-Do-Study-Act)

1. Review problems from users
2. Design program together with department Digital center and test the system.
3. executive meetings CFT, CGT, Line official, memo to departments in Rajavithi Hospital
4. Workshop with stakeholders.

Results:

1. Before Reduce work steps from the original three steps.1)memo 2)Print documents 3)Send electronic files via E-mail, After using the program reduce to one step. Submit electronic files through the system.
2. The number of service profiles has increased 2021-2024 = 117, 11, 143, 143 pieces.
3. Paperless 2021-2024 = 0, 0, 0 and 0 pieces.
4. User of forgotten passwords = 0 user.

Conclusions: The program makes it easier to key in and record data. As a result, the number of users using the system will increase. More work pieces. Improving data quality leads to certification of advanced quality processes (Advanced HA).

Keywords: Data quality, Web-based Program, Reduce work

POSTER PRESENTATION

Psychiatric room for medically and psychiatrically complicated patients

Yutitam Chirnaksorn, Veerasa Sarinnapakorn, Uthai Paungjai

Department of Psychiatry, Rajavithi Hospital, Bangkok, Thailand

Background: Patients that have both medical and psychiatric problems usually require special and specific care. Associated adverse events in this group of patients are violence behaviors, suicidal attempts, and escaping attempts. Therefore, the department of psychiatry with the collaboration from the department of internal medicine has created psychiatric room for medically and psychiatrically complicated patients.

Objective: To reduce psychiatric adverse events in internal medicine ward.

Materials and Methods: Modifying a section of medical ward into rooms designed specifically for handling psychiatric patients.

Results: From May 1, 2024 to December 31, 2024, 20 patients have been admitted into psychiatric rooms. Most common psychiatric problem was delirium(50%), followed by substance use disorder(40%), schizophrenia(25%), major depressive disorder(20%) respectively. Of the 10 patients that were diagnosed with delirium, 6 patients were associated with alcoholic problems. Major cause of medical problems that lead to hospitalization were complications from substance use disorder(25%) and drug overdose(20%). All patients were discharged safely from hospital.

Conclusions: Psychiatric rooms in general hospital setting have valuable roles in providing better safety for patients and health care personnel.

Keywords: psychiatric room, general hospital, medical and psychiatric problems

POSTER PRESENTATION

Lean process make compensation

Rawissara Panyaake

Department of Total Quality Management, Rajavithi Hospital, Bangkok, Thailand

Background: Department of Total Quality Management (TQM) agencies must record overtime data in paper and send to the supervisor for check and sign every month. And found a problem that 1) Recording overtime there are several steps and complicated. 2) Takes a long time to work 3) Used Up to 42 sheets of paper at a time. Due to a mistake, the document must be edited several times

Objectives:

1. Decrease work time
2. Increase performance
3. Reduce paper use up to 50%

Materials and Methods:

1. Improve Lean process for reduce process.
2. Use program microsoft excel to provide preparing overtime data to reduce error by human.
3. Workshop program with team

Results:

1. Decrease work time from 5 process. As follows:
   1.1 Print the monthly work report in the system.
   1.2 Check the time of scanning faces/fingers on paper.
   1.3 Input the working time in the disbursement evidence document.
   1.4 Enter the amount in transfer document sheet.
   1.5 Input data in the document to sign for compensation. There is only 1 step, which is to copy the work report into template program microsoft excel.
2. Working time before using microsoft excel since Aug.2024 – Dec.2024 = 390, 420, 420, 390 and 450 minutes respectively. After the introduction of Microsoft Excel in Jan.2025, the working time was reduced to 240 minutes, representing 57.97%
3. Paper use and related resources before using microsoft excel since Aug.2024 – Dec. 2024 = 40, 39, 41, 40 and 42 sheets respectively, After the introduction of microsoft excel in Jan.2025, the use of paper and related resources decreased to 27 sheets, representing 66.83%

Conclusions: Microsoft Excel program combined with the use of the Lean process course to prepare overtime documents. Increase work efficiency as a result, the working time and the amount of paper and related resources are reduced

Keywords: Lean, Lean Process, Compensation

POSTER PRESENTATION

Development of nursing care model for patients undergoing Robotic-assisted Laparoscopic Radical Prostatectomy (RALRP)

Wipaporn Kawnaul M.N.S[1], Nuthchavapornkul Khunchompoo M.N.S[1], Porntip Pramjorn RN[1], Supaporn Kunrad RN[1], Junpen Pansup M.N.S[2], Pitiporn Somkum, M.S.C[/2] , Prof. Tanet Thaidumrong MD[3] Jutatip Artheeraphan B.Sc, M.A.[4]

[1] *Department of Urology IPD, Cluster of Nursing, Rajavithi Hospital, Bangkok, Thailand*
[2] *Department of Urology OPD, Cluster of Nursingc, Rajavithi Hospital, Bangkok, Thailand*
[3] *Department of Urology Medical, Rajavithi Hospital, Bangkok, Thailand*
[4] *Department of Physical Therapy, Rajavithi Hospital, Bangkok, Thailand*

Background: According to statistics on the care of prostate cancer patients, it was found that in the years 2021, 2022, 2023, and 2024, the number of patients who underwent prostate cancer surgery using the RALRP method was 34, 55, 81, and 73, respectively. In the year 2021, the average number of hospital stay days for patients who underwent RALRP surgery was 12 days From the analysis of the problem, it was found that the traditional system of care for patients undergoing RALRP surgery lacks a consistent approach for pre- and post-surgery instructions. There is no clear manual for patients, and they are required to prepare their intestines by staying in the hospital two days before the surgery. This results in a longer hospital stay and increased medical expenses. Therefore, a new model for the care of patients undergoing robotic-assisted prostate cancer surgery was developed.

Objective: To develop a model for the care of patients who have undergone robotic-assisted prostate cancer surgery and reduce the length of stay (LOS) for patients undergoing robotic-assisted prostate cancer surgery to less than 12 days.

Materials and Methods: The development of a nursing care model for patients undergoing robotic-assisted prostate cancer surgery follows the PDSA (Plan-Do-Study-Act) process, which is used to address problems and continuously improve the service process in a sustainable manner.

Results: From the implementation process, it was found that patients had an increased knowledge of self-care before and after RALRP surgery. The Length of Stay (LOS) decreased to less than 12 days. Additionally, patients, their relatives, and nurses expressed high satisfaction with the new care model for patients undergoing RALRP surgery.

Conclusions: PDSA is a basic model can be applied to the development of nursing care and quality management system.

Keywords: PDSA, Development of nursing care, Robotic-assisted Laparoscopic Radical Prostatectomy, RALRP

POSTER PRESENTATION

Development of a physical therapy services with Lean process in patients receiving physical therapy program in medical ward at Rajavithi Hospital

Dr.Sarawut Jansang PT, Ph.D., Nathtiya Ingkaworrasith PT

Division of Physical Therapy, Rehabilitation Medicine Department, Rajavithi Hospital, Bangkok, Thailand

Background: Developing a service system to reduce waiting time for physical therapy services a process management model has been introduced LEAN come to use through the process of quality development PDSA (Plan-Do-Study-Act), Which results in more efficient work processes. Reduce waiting times for physical therapy services and reduce the chances of losing the opportunity to recover from illness for medical patients who are hospitalized. From this development, brainstorming and creating guidelines in the form LEAN Chest Physical Therapy This can reduce the waiting time for patients to see a physical therapist. 8 working hours This leads to effective and comprehensive results in the urgent rehabilitation of patients in the Rajavithi Hospital ward.

Objective: To develop a physical therapy service system for patients. Internal medicine with respiratory system problems Those who are in urgent need of respiratory physical therapy treatment.

Materials and Methods: To develop work processes using the PDSA (Plan-Do-Study-Act) quality process. It helps create clear steps in the process by planning for those involved in the patient care process to participate in brainstorming. To summarize issues and suggestions, including creating a flow for urgent physical therapy consultations. Apply the concept of designing activities to develop the quality of services related to patients in the Rajavithi Hospital ward. It can create a model for developing quality in all aspects extensively and find ways to continuously improve weaknesses leading to sustainable practices.

Results: The overall assessment of changes in the waiting time for patients to receive consultation management. Number of patients consulting with LEAN Chest Physical Therapy system from 2018 -2019 and percentage of increase in discharge of patients referred for consultation under the LEAN Chest Physical Therapy system from 2018 to 2023, which has an upward trend.

Conclusions: Following enrollment in a LEAN program, concepts in designing and learn to work together a developing of service system to improve the quality of access to physical therapy services quickly and efficiently. Developing a systematic work model along with integrating quality tools to increase work development efficiency.

Keywords: pulmonary rehabilitation, physical therapy program

POSTER PRESENTATION

Results of Pharmaceutical Management in Vancomycin Therapeutic Drug Monitoring by Pharmacists at Rajavithi Hospital

Jeerisuda Wattana, Sakarn Visetrojana, Natesakao Nathongchai, Napapat Piyaparneekul

Pharmacy Department, Rajavithi Hospital, Bangkok, Thailand

Background: Therapeutic drug monitoring (TDM) of vancomycin (VCM) is a type of pharmaceutical care that specialized role of pharmacists. It requires expertise and knowledge to ensure that patients receive appropriate, accurate, and effective treatment. In particular, proper interpretation of drug levels and blood sampling are important. If healthcare staff lack of experience, knowledge, or an effective management system, there may be risks of medication errors, delayed dose adjustments, leading to longer duration of treatment and increased direct medical cost.

Objectives: To study the types and frequency of issues related to TDM in pharmaceutical care, design processes for learning, and prevent medication errors, ultimately reducing direct medical cost due to these errors.

Materials and Methods: Data were collected from inpatients from October 2020 to April 2024 that reviewed medical records about medication orders and administration, along with any medication errors that occurred. This led to the design of a systematic learning process, involving multidisciplinary collaboration through a "Focus group" and using the "Tuna Model" for knowledge management.

Results: Between 2020-2024, an average of 925 patients/year underwent VCM-TDM. An analysis of medication errors revealed the highest frequency of errors occurred in prescribing and administration. In 2023-2024, there were 12 and 14 prescribing errors, respectively, and 54 and 15 administration errors. The most issue was inappropriate blood level sampling ordered by physicians, accounting for 9 cases (75%), which decreased to 4 cases (28%), respectively. Inappropriate blood sample collection by nurses occurred in 38 cases (70%) and 11 cases (73%), respectively. These errors led to prolonged treatment durations and increased direct medical cost. After pharmacists have active role in preventing errors by conducting education activities and enhancing staff competencies, inappropriate blood sampling errors decreased, leading to an average cost saving of 12,000 Baht/year. Additionally, patients were less likely to experience nephrotoxicity by less than 30%.

Conclusions: Healthcare staff gained increased knowledge, leading to a reduction in medication errors. This study can be used as an opportunity to further improve the medication management system, enhance the effectiveness and quality of patient care, and reduce direct medical cost.

Keywords: Therapeutic drug monitoring, Vancomycin, Blood sampling, Medication errors

POSTER PRESENTATION

The results of reducing medication error in HAD prescribing process For CVT department, Rajavithi Hospital

Sudasinee Sonsaree, Sakarn Visetrojana, Jeerisuda Wattana, Yodhathai Hirunsai

Division of Pharmacy, Department of Pharmacy Service, Rajavithi Hospital, Bangkok, Thailand

Background: High-alert drugs refer to medications that generate a significant risk of errors in the treatment process, potentially leading to serious harm. Based on the statistics of medication errors related to prescribing from the fiscal years 2023–2024, the most frequently observed type was incomplete prescription. these errors predominantly occurred in the cardiac surgery department.

Objective: The study aims to compare the incidence of medication errors in the prescribing process of high-alert before and after the implementation of preventive measures through the establishment of a multidisciplinary cardiac surgery working group.

Materials and Methods: This study uses a descriptive research design**,** utilizing data from 2023–2024 for comparison. Furthermore, the classification of medication errors were determined based on NCC MERP guidelines. Following data and statistical analysis, a multidisciplinary working group was established. Post-intervention data were then analyzed to assess the impact of the working group.

Results: It was found that medication prescribing errors for high-alert drugs in decreased to 2.26 cases (28 incidents /1,000 patient-days) in the 2024, after the establishment of the working group. Statistical analysis of medication prescribing errors, revealed that in the fiscal year 2023, the most common Major Prescribing Error was Incomplete Prescribing Error, accounting for 71% (27 / 38 incidents). After implementing the working group approach in 2024, Prescribing Error Incomplete Prescribing – Diluent was reduced by 61.9%. Additionally, when focusing on amiodarone, prescribing errors for this medication decreased by 66%.

Conclusions: The study on reducing medication prescribing errors high alert drugs, demonstrated a significant decrease in prescribing errors. This finding highlights the importance of developing solutions and establishing standardized guidelines. The results have led to the formulation of a policy for high-alert drug prescribing, ensuring maximum patient safety and benefit.

Keywords: High-alert drugs, Prescribing error, Descriptive research

POSTER PRESENTATION

Develop a negotiate model for eyes donation in terminally ill patients in the male medical ward 6B

Sujittra Patsri RN, M.N.S.

Gerontological Nursing, 6B Medicine Department, Rajavithi Hospital, Bangkok, Thailand

Background: Expressing intent eyes donates to the Thai Red Cross Eye Center (eyes bank) for using to benefit others. The male medical ward 6B taking care of medicine patients. Those with chronic diseases in the final stages of their lives are cannot be completely cured. Doctors therefore have a palliative treatment plan based on symptoms in order not to prolong life; not suffering from disease to have a good quality of life. The family has come to take care of physically, mind and spirit. Patients and relatives who have legal decision-making authority to insist on refusing treatment just to prolong life, every inform consent has been signed. In 2024, nurses (TCWN) work with doctors has a case report to the team of all 100% for the eye potential donor evaluation. In total 13 eyes were collected**.**

Objectives:

1. To develop a negotiation model for eyes donation in terminally ill patients in the male medical ward 6B.
2. Families, relatives and officials are satisfied with the plan to develop a negotiation model for eyes donation in terminally ill patients.

Materials and Methods: 1) Find statistics 2) Nurses jointly review and create guidelines (Flow Chart) 3) Invented a stamp to communicate to patients with Palliative case (PC) / Eye Potential Donor (TC) in Kardex for shift transfers
4) Created a Group line to communicate 5) Report, summarize and evaluate

Results: All patients who express their intention to refuse treatment just to prolong their lives; receive palliative care and participate in evaluation to become eye potential donors (100%).

Conclusions: Male medical ward 6B provided effectively nursing care for patients at the end of life (terminally ill) patients. The case was reported 100 percent to the eye donation team at Rajavithi Hospital and the Thai Red Cross. According to the policy of the Department of Medical Services (DMS). Received praise and is a pilot ward to the other sources.

Keywords: Terminally ill patients, Model, Negotiate eyes donation

POSTER PRESENTATION

Increase Efficiency with Innovative 3 in 1 Procedure Set

Sukanya Chaithatwanitch

Department of CSSD, Rajavithi Hospital, Bangkok, Thailand

Background: The standardization of procedure sets for similar medical interventions, such as thoracentesis, paracentesis, and lumbar puncture, is essential. These procedure sets often contain overlapping instruments, leading to redundancy. According to statistical data from the fiscal years 2019 to 2021, the number of sets prepared for thoracentesis, paracentesis, and lumbar puncture was 6,107 sets, respectively. The sterilization costs for these sets were significantly high, with costs total 654,404.03 THB. By streamlining (leaning) the instruments in these procedure sets to reduce redundancy, the number of packaged sets can be minimized while still enabling physicians to perform the same procedures effectively. This approach enhances cost-efficiency in medical instrument set management, ensures patient safety, and helps reduce hospital expenses.

Objectives: To improve the efficiency of procedure set management, leading to a reduction in sterilization costs, a decrease in the storage of procedure sets with redundant instruments, a lower rate of re-sterilization of expired procedure sets before use, and reduced electricity consumption within the department, ultimately lowering hospital expenses.

Materials and Methods:
1. Review statistical data on the usage of paracentesis, thoracentesis, and lumbar puncture sets across various departments and conduct meetings with the operational team.
2. Plan and conduct site visits to different departments to assess their needs and readiness for implementation.
3. Consolidate the materials and instruments into a single set while adding necessary equipment to ensure suitability for use.
4.Adjust the packaging to align with practical usage requirements.
5.Distribute official notices to relevant departments regarding the set modifications and monitor the implementation and effectiveness of the new set.

Results: The sterilization cost for the original 6,107 sets was 654,404.03 THB. After implementing the new procedure set arrangement, the number of sets was reduced to 2,036, with a total cost of 192,463.08 THB.

Conclusions: The new procedure set arrangement reduced overall costs by 461,940.95 THB and minimized redundant procedure sets.

Keywords: Efficiency, Procedure Set, Sterilization cost, Redundant instruments, Hospital Expenses

POSTER PRESENTATION

Role of Clinical Pharmacists in Hematopoietic Stem Cell Transplantation, Rajavithi Hospital

Pattama Jainan Pharm. D, Saowarat phacharoen

Clinical Pharmacy Services, Pharmacy Department, Rajavithi Hospital, Bangkok, Thailand

Background: Pharmacists are increasingly recognized as an essential member of the multi-disciplinary team for hematopoietic cell transplant (HSCT) patients. At our institution, pharmacists roles providing clinical pharmacy services focused on 3 time periods performing interventions during the pre-transplant, and mobilization, conditioning regimen, Stem cell infusion.

Objectives: The primary objective was to evaluate the number of medication reconciliation identified during pre-HSCT clinic visits performed by pharmacists, defined as addition, removal, or dose adjustment of current medications. Secondary objectives were to evaluate the number of interventions made by pharmacists for drug interactions, chemotherapy dose adjustments, and other medication recommendations for all patients prior to HSCT.

Materials and Methods: A prospective study of all patient begins receiving treatment for the pre-transplant and mobilization, conditioning regimen, Stem cell infusion continue until the patient is discharged from the hospital. pharmacists meet with the patient and provide services such as medication reconciliation, screening for drug interactions, screening for history medication allergies and identifying alternatives, assessing medication adherence, evaluating need for chemotherapy dose adjustments, and identifying barriers to medication access. Consult doctor.

Results: HSCT pharmacists performed 2 patient**,** autologous SCT 2 (100%). A total of medication reconciliation were identified 2 (100%) and chemotherapy dose adjustments were implemented in 1 (50%) . Other medication recommendations were made to the provider for 1 (50%). Fluid adjustment 2 (100%). Intervention doctor stability of plerixafor. Modifying supportive care medications to reflect patient preference and prior response, modifying medication due to nausea vomiting history.

Conclusions: Pharmacists role in providing safe and effective care to HSCT patients, and their involvement in the multidisciplinary team can lead to significant clinical interventions. Future directions include expansion of the role of HSCT, focusing on HSCT patients post-transplant.

Keywords: Hematopoietic Transplant, Pharmacist, Role

POSTER PRESENTATION

Development for reduce waiting times and reducing crowding in outpatient department by Application Line Official

Natthawut Atitung RN

Outpatient Department of Health Check-up, Rajavithi Hospital, Bangkok, Thailand

Background: In the past two years, the number of patients seeking services at the Health Check-up Department of Rajavithi Hospital has increased by an average of 2.5% per year, resulting in an increase in workload across all departments. The facilities for service users are insufficient, causing overcrowding and an increased risk of infectious disease outbreaks. Additionally, there have been complaints from patients regarding the long waiting times for test results. The researcher has, therefore, developed a project to reduce overcrowding and waiting times.

Objectives: develop a service to reduce the waiting time for services and reducing overcrowding in the outpatient department.

Materials and Methods: The development process consists of 6 measures: 1) meeting to analyze the situation 2) creating a project plan to integrate the joint budget in Namon Hospital 3) creating measures to reduce waiting times 4) using innovative technology 5) Providing knowledge and attitude 6) Evaluation Application Line Official and lessons learned together.

Results: After development , it was found that the average time was 180 minutes, ranging from 240 minutes. And it was found that 80% were very satisfied with using the Line Official account to receive notifications for doctor appointments.

Conclusions: Overall, the waiting time has improved after the system was enhanced, and it has also helped reduce overcrowding in the examination rooms. Additionally, the satisfaction scores from service users indicate that the outcomes align with the set objectives, which were to reduce waiting times and alleviate patient overcrowding across the system.

Keywords: Application Line Official, reducing waiting times, reducing crowding

POSTER PRESENTATION

Role of Clinical Pharmacist and Outcomes of Pharmaceutical Care in CCU, Rajavithi Hospital

Ratiya Rungruang

Clinical Pharmacy, Division of Pharmacy, Rajavithi Hospital, Bangkok, Thailand

Background: Rajavithi Hospital is a tertiary care hospital that provides treatment for complex diseases and conditions, with cardiology being one of center of excellent of this hospital. Currently, team-based cardiovascular care, including clinical pharmacists, can efficiently deliver high-quality care also play a pivotal role in ensuring medication safety, either through specific medication interventions or in designing macroprocesses to reduce the medication-related risk of error.

Objective: To describe role of clinical pharmacist and outcomes of pharmaceutical care in CCU, Rajavithi Hospital**.**

Materials and Methods: This observational study was conducted among patients who admitted to the CCU at Rajavithi Hospital who received pharmaceutical care from clinical pharmacists assigned to the CCU ward. Data collection includes interventions to resolve drug-related problems (DRPs) and medical errors (MEs), as well as responding to physicians' and nurses' inquiries and providing patient counseling.

Results: Among 2,542 patients enrolled from October 1, 2022, to September 30, 2024 and received a total of 6,211 pharmaceutical cares. The process begins with medication reconciliation, identifying, resolving, and preventing DRPs and MEs, participating in rounds with physicians and nurses, and providing patient counseling. This study found 1,131 DRPs and 568 MEs. The top three most common DRPs were dosage errors (overdose or underdose), inappropriate drug selection and need for additional drug therapy, respectively. The most common type of MEs was prescribing error, 90% MEs were classified as level B, meaning they did not reach the patient. When comparing prescribing errors before and after having a clinical pharmacist assigned to the ward, it was found that prescribing errors were reduced by more than 50%.

Conclusions: Clinical pharmacists play a crucial role as part of the multidisciplinary team in enhancing medication safety for cardiovascular patients at Rajavithi Hospital, beyond merely dispensing medications from the pharmacy.

Keywords: CCU**,** Role of clinical pharmacist, Pharmaceutical care

POSTER PRESENTATION

Retrospective Study of Causative Drugs Implicated in DRESS among Thai patients in a Tertiary Care Hospital

Jitrada Sirisamuttakarn M.Pharm[1], Abhisit Prawang BCP[2], Patompong Satapornpong Ph.D.[3,4], Sasimaporn Yaengkratok M.Pharm[1*]

[1]*Pharmacy Department, Rajavithi Hospital, Bangkok, Thailand*
[2] *Division of Specialized Pharmacy Practice, Department of Pharmaceutical Care, College of Pharmacy, Rangsit University, Pathum Thani, Thailand*
[3]*Division of general pharmacy practice, Department of pharmaceutical care, College of Pharmacy, Rangsit University, Pathum Thani, Thailand*
[4]*Excellence Pharmacogenomics and Precision Medicine Centre, College of Pharmacy, Rangsit University, Pathum Thani, Thailand*

Background: Drug reaction with eosinophilia and systemic symptoms (DRESS) is a severe cutaneous adverse reaction (SCARs), although rare hypersensitivity reaction but serious life-threatening. According to the data from the spontaneous reports during 1984-2021 by the Health Product and Vigilance Center of Thailand, the ranking culprit drug causing DRESS in Thailand is phenytoin, allopurinol, cotrimoxazole, phenobarbital, nevirapine and isoniazid, respectively. Nevertheless, the database describing the prevalence of causative drugs-induced DRESS in Thai patients was limited.

Objective: The aim of this study was to comprehensively investigate the causative drugs causing DRESS and clinical characteristics among Thai patients in a tertiary care hospital.

Materials and Methods: We enrolled 84 Thai patients with causative drugs-induced DRESS patients were classified by RegiSCAR criteria. All of patients in this study, there were collected the clinical characteristics from a tertiary care hospital in Thailand during 2015 and 2023. Statistical analysis was carried out using the SPSS software version 16.0.

Results: We found the most common causative drugs-induced DRESS, including of phenytoin (25.00%), meropenem (14.29%), allopurinol (13.09%), cotrimoxazole (8.33%) and vancomycin (8.33%). Of these, eighty-four were patients with DRESS and comprised thirty- eight (45.24%) patients were male and forty-six (54.76%) patients were female. The average age was 54.5 (21–100) years. Moreover, the onset of DRESS typically occurs with 1 –72 days after exposure to the causative drugs. The clinical manifestations of DRESS consist of a skin rash approximately 97.62%, fever (58.33%), hematological abnormalities for eosinophilia and atypical lymphocytes (89.29% and 52.38%, respectively) and hepatitis (73.81%).

Conclusions: Nowadays, causative drugs of the DRESS are still widely used treatment for disease but that remains a potentially severe life-threatening and important problems for medical decision making and pharmaceutical industry. Consequently, pharmacogenomics has been applied to protect, diagnosis and clinical management of DRESS.

Keywords: DRESS, Causative Drugs, Thai patients, Tertiary Care Hospital

POSTER PRESENTATION

Sleep duration, lifestyles and blood pressure among medical students, Rangsit University

Supanat Chatrung, Karnsinee Teachawiboolphol, Chutimun Chaiyaraks Worakulpisuth, Pakaporn Punyawanitkul, Patara Tananuvat, Siravit Wattanakumthornkul, et all

College of Medicine, Rangsit University, Bangkok, Thailand

Background: According to the World Health Organization (WHO), 30% of the global working-age population was diagnosed with hypertension in 2023 which resulted from unhealthy lifestyles, such as lack of exercise, poor dietary habits or inadequate sleep. This study aims to identify these factors among medical students.

Objectives: to compare and explore the relationship of the following factors with blood pressure among 3rd-5th year medical students: sleep duration, diet, exercise, stress, nutritional status

Materials and Methods: Cross-sectional study involved 3rd-5th medical students at College of Medicine, Rangsit University. Data collection was conducted over three months (March to June 2024) following ethical approval (COA.No.RSUERB2024-018). A questionnaire was utilized, comprising:
1.Personal information: weight, height, blood pressure, and waist circumference
2. Lifestyle assessments: diet, exercise, stress using ST-5, and sleep quality using the PSQI. Descriptive and inferential statistical analysis using SPSS version 22 with statistical significance ($p < 0.05$)

Results: A total of 250 students participated (mean age 22.77 ± 2.03 years, 34.4% male). Findings: 36.8% were overweight. Average sleep duration was 6.14 ± 1.14 hours. Regular exercise: 19.2%. Inadequate dietary habits: 100%. Moderate-to-severe stress: 50%. Pre-hypertensive blood pressure: 28.8%. Smoking prevalence: 4.4%. Alcohol consumption: 29.2%. Allergies: 8.4%. Poor sleep quality (PSQI score > 5): 48.4%. Poor sleep quality was significantly associated with vaping (OR = 5.10, 95% CI = 1.08-24.39), stress(OR = 4.87, 95%CI = 2.85-8.33), and a family history of non-communicable diseases(OR = 1.83, 95%CI = 1.11-3.04). Sleep efficiency, exercise, BMI and WHtR were correlated with blood pressure (SP/DP; p = 0.005/0.01, 0.02, <0.01, and <0.01, respectively).

Conclusions: According to an increased risk of hypertension in 3rd-5th Rangsit University medical students, the importance of a healthy lifestyle should be addressed by promoting lifestyle modifications. Especially smoking and alcohol cessation, which are the risk factors for hypertension among Rangsit medical students.

Keywords: Sleep duration, hypertension, dietary behavior, exercise, PSQI score, stress

POSTER PRESENTATION

The role of relationships and support systems in medical student well-being and resilience

Nutsukarn Wattanaboonma[1], Warunee P. Vandepitte MD[2]

[1]*College of medicine, Rangsit university, Bangkok, Thailand*
[2]*Queen Sirikit National Institute of Child Health, Bangkok, Thailand*

Background: The impact of relationships and support systems on medical student well-being and resilience is acknowledged, the nuanced dynamics of these influences remain incompletely characterized.

Objective: This study aimed to elucidate the role of relationships and support systems in fostering well-being and resilience among medical students by comparing perspectives and experiences between two cohorts: students recognized for exceptional peer support and engagement, and a randomly selected sample of medical students.

Materials and Methods: A qualitative study was conducted using semi-structured, Appreciative Inquiry approach, in-depth interviews with 18 final-year medical students (5 peer-recognized, 13 randomly selected). Thematic analysis was used to analyze the data.

Results: The study yielded significant insights into effective support mechanisms and the impact of specific interpersonal interactions on student well-being and resilience. Four primary themes emerged: (1) Peer Relationships as Pillars of Resilience, (2) Family Support as a Safe Haven, (3) Mentorship and Faculty Support in Professional Development, and (4) Institutional Culture and Learning Environment. Analysis revealed distinct patterns between the two cohorts. The peer-recognized group demonstrated more proactive support behaviors and placed higher value on professional guidance, whereas the randomly selected students emphasized emotional support and faculty approachability. Both groups underscored the importance of a supportive institutional culture.Participants provided concrete examples illustrating the significant influence of supportive relationships on their capacity to navigate challenges.

Conclusions: The findings underscore the critical role of diverse support systems in enhancing medical student well-being and resilience. This study contributes to the understanding of how fostering culturally appropriate supportive relationships may enhance resilience and well-being, offering potential strategies that could be explored in real-world educational settings. Further research is warranted to explore the generalizability of these findings across different cultural and institutional contexts.

Keywords: medical education, well-being, resilience, support systems, relationships, qualitative

คำสั่งโรงพยาบาลราชวิถี
ที่ ๑๒๑๒/๒๕๖๗
เรื่อง แต่งตั้งคณะกรรมการและคณะอนุกรรมการในการจัดประชุมวิชาการ โรงพยาบาลราชวิถี
ครั้งที่ ๓๕ ประจำปี ๒๕๖๘

เพื่อให้การดำเนินการจัดประชุมวิชาการ โรงพยาบาลราชวิถีดำเนินไปด้วยความเรียบร้อย โรงพยาบาลราชวิถี จึงแต่งตั้งคณะกรรมการและคณะอนุกรรมการฯ ในการจัดประชุมวิชาการ โรงพยาบาลราชวิถี ครั้งที่ ๓๕ ประจำปี ๒๕๖๘ ดังมีรายนามต่อไปนี้

คณะกรรมการประชุมวิชาการ โรงพยาบาลราชวิถี

๑.	นายจินดา	โรจนเมธินทร์	ผู้อำนวยการโรงพยาบาลราชวิถี	ที่ปรึกษา
๒.	นางสาวสุมิตษ์ตรา	ปิยะณัตดิ์พูล	รองผู้อำนวยการด้านการแพทย์	ที่ปรึกษา
๓.	นายกนกพจน์	จันทร์ภิวัฒน์	รองผู้อำนวยการด้านพัฒนาบริการทางการแพทย์	ที่ปรึกษา
๔.	นางจินตนา	ตรีเงิน อรรคศรีวร	รองผู้อำนวยการด้านการพยาบาล	ที่ปรึกษา
๕.	นายไพโรจน์	เครือกาญจนา	รองผู้อำนวยการด้านการแพทย์	ประธาน
๖.	นางสาวอรศิริ	เสรีรัตน์	รองผู้อำนวยการด้านพัฒนาระบบสุขภาพ	รองประธาน
๗.	นายวีระศักดิ์	ศรินนภากร	นายแพทย์ทรงคุณวุฒิ	รองประธาน
๘.	นางกนกพร	สมวัตต์	รักษาการรองผู้อำนวยการด้านอำนวยการ	กรรมการ
๙.	นางสาวสมจินต์	จินดาวิจักษณ์	นายแพทย์ทรงคุณวุฒิ	กรรมการ
๑๐.	นางอารยา	บุญยะลีพรรณ	นายแพทย์เชี่ยวชาญ	กรรมการ
๑๑.	นางสาวสิริมา	เอื้อศรีธนากร	นายแพทย์เชี่ยวชาญ	กรรมการ
๑๒.	นายพุทธิพร	เย็นบุตร	นายแพทย์เชี่ยวชาญ	กรรมการ
๑๓.	นางสาวนพมณี	ตันติเวทเรืองเดช	นายแพทย์เชี่ยวชาญ	กรรมการ
๑๔.	นายธเนศ	ไทยดำรงค์	นายแพทย์เชี่ยวชาญ	กรรมการ
๑๕.	นางสาวอรัญญา	ยันตพันธ์	นายแพทย์เชี่ยวชาญ	กรรมการ
๑๖.	นางกิตติวรรณ	สุเมธกุล	นายแพทย์เชี่ยวชาญ	กรรมการ
๑๗.	นางจุฬามณี	สุขพรหม	ทันตแพทย์เชี่ยวชาญ	กรรมการ
๑๘.	นางชิดชนนี	โกศลพัฒนดุรงค์	เภสัชกรเชี่ยวชาญ	กรรมการ
๑๙.	นายชัยรัตน์	มานะเสถียรกิจ	นายแพทย์ชำนาญการพิเศษ	กรรมการ
๒๐.	นายมรุต	ญาณารณพ	นายแพทย์ชำนาญการพิเศษ	กรรมการ
๒๑.	นายอภิชัย	โภคาวัฒนา	นายแพทย์ชำนาญการพิเศษ	กรรมการ
๒๒.	นางสาวชญาดา	วงศ์เวียร	นายแพทย์ชำนาญการพิเศษ	กรรมการ
๒๓.	นางสาวจิติมา	ติยายน	นายแพทย์ชำนาญการพิเศษ	กรรมการ
๒๔.	นายบรรจบ	อริยะบุญศิริ	นายแพทย์ชำนาญการพิเศษ	กรรมการ
๒๕.	นางสาวรัติยา	พรชัยสุรีย์	นายแพทย์ชำนาญการพิเศษ	กรรมการ

๒๖.	นายชัชวาล	นาคะเกศ	นายแพทย์ชำนาญการพิเศษ	กรรมการ
๒๗.	นายจิรพงษ์	ศุภเสาวภาคย์	นายแพทย์ชำนาญการ	กรรมการ
๒๘.	นายศักดิ์ชัย	จิตภักดี	นายแพทย์ชำนาญการ	กรรมการ
๒๙.	นายยุติธรรม	เชิญอักษร	นายแพทย์ชำนาญการ	กรรมการ
๓๐.	นายอภิวันท์	เจริญวัฒน์	นายแพทย์ชำนาญการ	กรรมการ
๓๑.	นางอาภาภรณ์	สวัสดิ์บุรี	นายแพทย์ปฏิบัติการ	กรรมการ
๓๒.	นางสุมาลี	โชติยะ	พยาบาลวิชาชีพชำนาญการพิเศษ	กรรมการ
๓๓.	นางสาวสุรัสวดี	เที่ยงวิบูลย์วงศ์	พยาบาลวิชาชีพชำนาญการพิเศษ	กรรมการ
๓๔.	นางสาวธาราทิพย์	ศุภชลาทิพย์	พยาบาลวิชาชีพชำนาญการพิเศษ	กรรมการ
๓๕.	นางสาวคำพอง	คำนนท์	พยาบาลวิชาชีพชำนาญการพิเศษ	กรรมการ
๓๖.	นางสาวลาวัณย์	แจ่มประเสริฐ	นักโภชนาการชำนาญการพิเศษ	กรรมการ
๓๗.	นายอัษฎางค์	ชวนะเกาศัลย์	นักวิชาการเงินและบัญชีชำนาญการพิเศษ	กรรมการ
๓๘.	นางสุตาพร	ชัยชนะ	นักสังคมสงเคราะห์ชำนาญการพิเศษ	กรรมการ
๓๙.	นางสาวสุชาดา	สุพรรณพยัคฆ์	นักเทคนิคการแพทย์ชำนาญการพิเศษ	กรรมการ
๔๐.	นายชาญยุทธ	ป้องกัน	นักเทคนิคการแพทย์ชำนาญการพิเศษ	กรรมการ
๔๑.	นายสมชาติ	ไชยเขตต์	นักจัดการงานทั่วไปชำนาญการ	กรรมการ
๔๒.	นางสาวจารุวรรณ	หมั่นมี	นักวิชาการสาธารณสุขชำนาญการพิเศษ	กรรมการและเลขานุการ
๔๓.	นางสาวสิริณัฏฐ์	ตรีสินธุ์ไชย	นักวิชาการสาธารณสุขปฏิบัติการ	กรรมการและผู้ช่วยเลขานุการ
๔๔.	นางสาวนิอร	มายอด	นักวิชาการสาธารณสุขปฏิบัติการ	กรรมการและผู้ช่วยเลขานุการ
๔๕.	นางสาวธนิดา	มาแก้ว	นักวิชาการสาธารณสุขปฏิบัติการ	กรรมการและผู้ช่วยเลขานุการ
๔๖.	นางสาวณัฐธญา	เสนีย์	นักวิชาการสาธารณสุขปฏิบัติการ	กรรมการและผู้ช่วยเลขานุการ
๔๗.	นางสาววรรณกร	หอมสุวรรณ	นักวิชาการสาธารณสุขปฏิบัติการ	กรรมการและผู้ช่วยเลขานุการ
๔๘.	นางสาวปัณชญา	ปรัตถจริยกุล	นักวิชาการสาธารณสุขปฏิบัติการ	กรรมการและผู้ช่วยเลขานุการ
๔๙.	นางสาวรัฐนันท์	รอดเมื่อ	นักวิชาการสาธารณสุข	กรรมการและผู้ช่วยเลขานุการ
๕๐.	นางสาวพลอยภัสสร	อินทร์วัน	ผู้ช่วยนักวิจัย	กรรมการและผู้ช่วยเลขานุการ
๕๑.	นางสาวนัฐริญา	คงรอด	ผู้ช่วยนักวิจัย	กรรมการและผู้ช่วยเลขานุการ
๕๒.	นางสาวชลลดา	สุวรรณวร	ผู้ช่วยนักวิจัย	กรรมการและผู้ช่วยเลขานุการ

โดยให้คณะกรรมการมีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. วางแผนพร้อมทั้งจัดทำแผนปฏิบัติการ กำหนดรูปแบบการจัดการประชุมวิชาการประจำปีของโรงพยาบาลราชวิถี

๒. ดำเนินการจัดการประชุมคณะกรรมการและคณะอนุกรรมการทุกคณะ เพื่อติดตามความก้าวหน้าของการดำเนินงาน

๓. ประสานงานกับผู้เกี่ยวข้องทั้งภายในและภายนอก เพื่อให้การจัดการประชุมวิชาการโรงพยาบาลราชวิถีบรรลุตามวัตถุประสงค์

๔. สรุปภาพรวมการจัดประชุมวิชาการประจำปี และรายงานผลการดำเนินงาน

๕. ปฏิบัติหน้าที่อื่นๆ ตามที่ได้รับมอบหมาย

๑. คณะอนุกรรมการฝ่ายวิชาการ

๑.๑	นายพุทธิพร	เย็นบุตร	นายแพทย์เชี่ยวชาญ	ประธานอนุกรรมการ
๑.๒	นายสยาม	ศิรินธรปัญญา	นายแพทย์ทรงคุณวุฒิ	อนุกรรมการ
๑.๓	นางมาละศรี	ปัญญาสกุลวงศ์	ทันตแพทย์เชี่ยวชาญ	อนุกรรมการ
๑.๔	นายกนกพจน์	จันทร์ภิวัฒน์	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑.๕	นายณาโน	เสนะวงษ์	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑.๖	นายศุภชัย	จันทร์วิทัน	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑.๗	นายธีรวีร์	หงษ์หยก	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑.๘	นางสาวญาดา	เชษฐ์ศุทธยางกูร	ทันตแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑.๙	นายกิตติชัย	มงคลกุล	นายแพทย์ชำนาญการ	อนุกรรมการ
๑.๑๐	นางสุมาลี	โชติยะ	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑.๑๑	นางสาวสุรัสวดี	เที่ยงวิบูลย์วงศ์	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑.๑๒	นางเยาวภา	พรเวียง	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑.๑๓	นางสาวสุชาดา	สุพรรณพยัคฆ์	นักเทคนิคการแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๑.๑๔	นางสาวกรรณิการ์	คลังเพชร	เภสัชกรชำนาญการ	อนุกรรมการ
๑.๑๕	นางสาวศศิมาภรณ์	แหยงกระโทก	เภสัชกรชำนาญการ	อนุกรรมการ
๑.๑๖	นางสาวอนิตยา	อุ่นเนื้อ	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการ
๑.๑๗	นางสาวสินจัย	อินวิชัย	นักวิชาการสาธารณสุขชำนาญการ	อนุกรรมการและเลขานุการ
๑.๑๘	นางสาวจิรานี	ศรีปรางค์	นักจัดการงานทั่วไป	อนุกรรมการและผู้ช่วยเลขานุการ
๑.๑๙	นางสาวกาญจนา	นิลใหญ่	นักจัดการงานทั่วไป	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายวิชาการมีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. จัดตารางการประชุม

๒. จัดทำหนังสือเชิญวิทยากร ขอบทคัดย่อ ประวัติวิทยากร และรายละเอียดการเดินทางวิทยากร

๓. รวบรวมบทคัดย่อเพื่อส่งให้อนุกรรมการฝ่ายเอกสาร

๔. รวบรวมรายละเอียดการเดินทางวิทยากรเพื่อส่งให้คณะอนุกรรมการฝ่ายต้อนรับ และคณะอนุกรรมการฝ่ายเหรัญญิก ดำเนินการในส่วนที่เกี่ยวข้อง

๕. จัดทำเกียรติบัตร และจัดทำหนังสือตอบขอบคุณวิทยากร

๒. คณะอนุกรรมการจัดประกวดผลงานวิจัยแพทย์ประจำบ้าน/แพทย์ประจำบ้านต่อยอด

๒.๑	นายวีระศักดิ์	ศรินนภากร	นายแพทย์ทรงคุณวุฒิ	ประธานอนุกรรมการ
๒.๒	นายชัชวาล	นาคะเกศ	นายแพทย์ชำนาญการพิเศษ	รองประธานอนุกรรมการ
๒.๓	นางสาวนัฐริญา	คงรอด	ผู้ช่วยนักวิจัย	อนุกรรมการ
๒.๔	นางสาวชลลดา	สุวรรณวร	ผู้ช่วยนักวิจัย	อนุกรรมการ
๒.๕	นางสาววรรณกร	หอมสุวรรณ	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและเลขานุการ
๒.๖	นางสาวปัณชญา	ปรัตถจริยกุล	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและผู้ช่วยเลขานุการ
๒.๗	นางสาวพลอยภัสสร	อินทร์วัน	ผู้ช่วยนักวิจัย	อนุกรรมการและผู้ช่วยเลขานุการ
๒.๘	นางสาวรัฐนันท์	รอดเมื่อ	นักวิชาการสาธารณสุข	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการจัดประกวดผลงานวิจัยแพทย์ประจำบ้านฯ มีอำนาจหน้าที่ และความรับผิดชอบ ดังต่อไปนี้

๑. รวบรวมบทคัดย่อผลงานวิจัยของแพทย์ประจำบ้าน/ประจำบ้านแพทย์ต่อยอด เพื่อส่งให้อนุกรรมการฝ่ายเอกสารดำเนินการต่อไป

๒. จัดทำกำหนดการประกวดผลงานวิจัยของแพทย์ประจำบ้าน/ประจำบ้านต่อยอด พร้อมแจ้งให้ผู้เข้าประกวดทราบ และสื่อสารการประกวดผลงานต่อสาธารณะ

๓. จัดทำเอกสารสำหรับคณะกรรมการเพื่อใช้ประกอบการตัดสินการประกวดผลงานวิจัย

๔. ดำเนินการจัดประกวดผลงานวิจัยและจัดทำเกียรติบัตรให้แก่ผู้ที่ได้รับรางวัล

๕. จัดทำเอกสารเบิกจ่ายงบประมาณที่เกี่ยวข้อง

๓. คณะอนุกรรมการจัดประกวดผลงานวิจัยพยาบาล

๓.๑	นางสาวคำพอง	คำนนท์	พยาบาลวิชาชีพชำนาญการพิเศษ	ประธานอนุกรรมการ
๓.๒	นางสาวสุมาลี	จารุสุขถาวร	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๓.๓	สิบโทหญิงพิจิตรา	ทูลมาลา	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๓.๔	นางสาวสุปราณี	บุญมี	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๓.๕	นางสาวสุนิตษา	คณะเจริญ	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๓.๖	นางสาวจินต์จุฑา	แก้วมาก	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๓.๗	นายนัฐวุฒิ	อธิตั้ง	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๓.๘	นางสาวแสงโสม	ทรัพย์มนตรี	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการและเลขานุการ
๓.๙	นางสาววราภรณ์	เจริญบุญ	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการและผู้ช่วยเลขานุการ
๓.๑๐	นางสาวธนิดา	หอมจีน	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการและผู้ช่วยเลขานุการ
๓.๑๑	นางสาววิชาณี	แก้วแกม	พยาบาลวิชาชีพปฏิบัติการ	อนุกรรมการและผู้ช่วยเลขานุการ
๓.๑๒	นางสาวรวิสรา	ปัญญาเอก	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและผู้ช่วยเลขานุการ
๓.๑๓	นางสาวนภารัตน์	จันทร์เขียว	นักจัดการงานทั่วไป	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการจัดประกวดผลงานวิจัยพยาบาล มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. รวบรวมบทคัดย่อผลงานวิจัยของพยาบาลวิชาชีพ เพื่อส่งให้อนุกรรมการฝ่ายเอกสารดำเนินการต่อไป

๒. จัดทำตารางลำดับ และเวลาการประกวดผลงานวิจัยของพยาบาลวิชาชีพ พร้อมแจ้งให้ผู้เข้าประกวดทราบและสื่อสารการประกวดผลงานต่อสาธารณะ

๓. จัดทำเอกสารประกอบการตัดสินการประกวดผลงานวิจัย

๔. ดำเนินการจัดประกวดผลงานวิจัย และจัดทำเกียรติบัตรให้ผู้ได้รับรางวัล

๕. จัดทำเอกสารเบิกจ่ายงบประมาณที่เกี่ยวข้อง

๔. คณะอนุกรรมการฝ่ายเอกสาร

๔.๑	นายอภิชัย	โภคาวัฒนา	นายแพทย์ชำนาญการพิเศษ	ประธานอนุกรรมการ
๔.๒	นางสาวสิริมา	เอื้อศรีธนากร	นายแพทย์เชี่ยวชาญ	อนุกรรมการ
๔.๓	นางสาวกิตติวรรณ	สุพิชญางกูร	นายแพทย์เชี่ยวชาญ	อนุกรรมการ
๔.๔	นางสาวศิริพร	ฐิติสกุลวงษ์	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๔.๕	นางสาวชลิษา	บัณฑิตกุล	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๔.๖	นางสาววรรณิยา	มีนุ่น	นายแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๔.๗	นางสาวรัตติยา	ฉั่วเจริญ	ทันตแพทย์ชำนาญการพิเศษ	อนุกรรมการ
๔.๘	นายจิรวุฒิ	ลิ้มวัฒนายิ่งยง	นายแพทย์ชำนาญการ	อนุกรรมการ
๔.๙	นางสาวนภาพร	เดชศรี	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๔.๑๐	นางสาวมณีวรรณ	หรูเจริญ	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและเลขานุการ
๔.๑๑	นางสาวอุไรพร	สอนสุภาพ	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและผู้ช่วยเลขานุการ
๔.๑๒	นางสาวกมลวรรณ	ฉุนตู	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายเอกสาร มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. ตรวจทานเนื้อหา และเอกสารวิชาการที่ฝ่ายต่างๆ รวบรวมมาเพื่อพิมพ์ในหนังสือจัดประชุมวิชาการ

๒. จัดทำคำนำ สารจากผู้บริหาร ประธานจัดการประชุม เพื่อใช้เผยแพร่ร่วมกับเนื้อหาประกอบการประชุม

๓. ติดต่อประสานงานศูนย์คอมพิวเตอร์ กลุ่มงานดิจิลทัลการแพทย์ เพื่อจัดทำหนังสืออิเล็กทรอนิกส์ (E-Book)

๔. ขอเลขมาตรฐานสากลประจำหนังสือ (International Standard Book Number: ISBN)

๕. คณะอนุกรรมการฝ่ายสถานที่และโสตทัศนูปกรณ์

๕.๑	นางกนกพร	สมวัตต์	รักษาการรองผู้อำนวยการด้านอำนวยการ	ประธานอนุกรรมการ
๕.๒	นายสมชาติ	ไชยเขตต์	นักจัดการงานทั่วไปชำนาญการ	อนุกรรมการ
๕.๓	นางวีรยา	โสติประวัติ	นักโภชนาการชำนาญการ	อนุกรรมการ
๕.๔	นายธวัชชัย	รุดจันทึก	นายช่างเทคนิคชำนาญงาน	อนุกรรมการ
๕.๕	นายตุลา	คุมเกษม	นักวิชาการโสตทัศนศึกษาปฏิบัติการ	อนุกรรมการ
๕.๖	นายสำเนา	เขียวชะอุ่ม	พนักงานช่วยเหลือคนไข้ ส ๒	อนุกรรมการ
๕.๗	นายอภิชัย	ขันสาคร	พนักงานช่วยเหลือคนไข้ ส ๒	อนุกรรมการ
๕.๘	นายดำรงค์	สุดแก้ว	พนักงานบริการ	อนุกรรมการ
๕.๙	นายวัชระ	โลกธาตุ	พนักงานบริการ	อนุกรรมการ
๕.๑๐	นายเอนก	แก้วกาหลง	พนักงานบริการ	อนุกรรมการ
๕.๑๑	นางสาวอรุณี	อัศวพรไพบูลย์	เจ้าพนักงานธุรการชำนาญงาน	อนุกรรมการและเลขานุการ
๕.๑๒	นางสุภาภรณ์	ผ่องใส	เจ้าพนักงานธุรการ	อนุกรรมการและผู้ช่วยเลขานุการ
๕.๑๓	นายปัญญาพล	พวงทอง	พนักงานบริการ	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายสถานที่และโสตทัศนูปกรณ์ มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. จัดเตรียม ดูแลสถานที่ ได้แก่ ห้องประชุม ห้องรับรอง ลิฟท์ขนส่ง ที่จอดรถ สถานที่จัดนิทรรศการ ที่ตั้งแสดงสินค้า เวที สถานที่ลงทะเบียนฯลฯ และโสตทัศนูปกรณ์ให้พร้อมใช้งานระหว่างการประชุม

๒. ติดต่อและจัดสถานที่สำหรับแสดงสินค้า หรือที่เกี่ยวข้อง

๖. คณะอนุกรรมการฝ่ายประชาสัมพันธ์

๖.๑	นายธเนศ	ไทยดำรงค์	นายแพทย์เชี่ยวชาญ	ประธานอนุกรรมการ
๖.๒	นางมาละศรี	ปัญญาสกุลวงศ์	ทันตแพทย์เชี่ยวชาญ	รองประธานอนุกรรมการ
๖.๓	นายตุลา	คุมเกษม	นักวิชาการโสตทัศนศึกษาปฏิบัติการ	อนุกรรมการ
๖.๔	นายเลอศักดิ์	ขุนเปีย	พนักงานพิมพ์ ส ๔	อนุกรรมการ
๖.๕	นางสาวพิชญาภา	ธรรมประภาส	นักประชาสัมพันธ์	อนุกรรมการ
๖.๖	นายพงศ์ศิริ	พิเชียรโสภณ	นักประชาสัมพันธ์	อนุกรรมการ
๖.๗	นางสาวหัทยา	เยาว์ขัน	นักประชาสัมพันธ์	อนุกรรมการ
๖.๘	นางสาวสุวพัชร	บุญคอย	นักประชาสัมพันธ์	อนุกรรมการ
๖.๙	นายกิตติธร	มหาสิริโภคา	นักวิชาการโสตทัศนศึกษา	อนุกรรมการ
๖.๑๐	นายพรชัย	แซ่ลิ้ม	นักวิชาการโสตทัศนศึกษา	อนุกรรมการ
๖.๑๑	นายยศพงศ์	เกิดผล	นักวิชาการโสตทัศนศึกษา	อนุกรรมการ
๖.๑๒	นางสาวพรชนก	สมญาณ	เจ้าพนักงานเผยแพร่ประชาสัมพันธ์	อนุกรรมการ
๖.๑๓	นายปฐมพงษ์	แสนวันนา	นักประชาสัมพันธ์	อนุกรรมการและเลขานุการ
๖.๑๔	นางสาวสุภชา	มุสิกสูตร	นักจัดการทั่วไป	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายประชาสัมพันธ์ มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. ออกแบบ จัดทำสื่อประชาสัมพันธ์ประเภทต่างๆ สำหรับการจัดประชุมวิชาการ โรงพยาบาลราชวิถีต่างๆ เช่น โปสเตอร์แผ่นพับ ธงญี่ปุ่น ป้ายคัทเอาท์ สื่อประชาสัมพันธ์ออนไลน์

๒. เผยแพร่ข่าว/ สื่อประชาสัมพันธ์ ผ่านสื่อช่องทางต่างๆ ภายในโรงพยาบาลและภายนอกโรงพยาบาล

๓. จัดส่งหนังสือประชาสัมพันธ์การจัดประชุมวิชาการไปยังหน่วยงานต่างๆ ในสังกัดกระทรวงสาธารณสุข

๔. ประสานสื่อมวลชนเพื่อประชาสัมพันธ์ การจัดประชุมวิชาการ โรงพยาบาลราชวิถี และสรุปรวบรวมการประชาสัมพันธ์ทุกช่องทาง

๕. ลงทะเบียน อำนวยความสะดวก และจัดทำข่าวแจกให้กับสื่อมวลชนในการเข้ามาทำข่าวในวันงานประชุมวิชาการ

๖. จัดหาของที่ระลึกให้แก่สื่อมวลชน

๗. คณะอนุกรรมการฝ่ายจัดหารายได้

๗.๑	นางชิดชนนี	โกศลพัฒนดุรงค์	เภสัชกรเชี่ยวชาญ	ประธานอนุกรรมการ
๗.๒	นางสาววิไลพร	ตั้งอารมณ์	เจ้าพนักงานการเงินและบัญชีชำนาญงาน	อนุกรรมการ
๗.๓	นางสาวกัลญา	ท้าวเขื่อนแก้ว	เจ้าพนักงานธุรการ	อนุกรรมการ
๗.๔	นางสาวอภิญญา	แพรสี	พนักงานประจำห้องยา	อนุกรรมการ
๗.๕	นางสาวพนิดา	อยู่เพ็ชร	เภสัชกรชำนาญการพิเศษ	อนุกรรมการและเลขานุการ
๗.๖	นางสาวบุศรารัตน์	ทองดี	เจ้าพนักงานธุรการ	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายจัดหารายได้ มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. ประสานหน่วยงานภายนอกเพื่อจัดหารายได้

๒. รวบรวมรายชื่อผู้ให้การสนับสนุนทั้งหมด พร้อมทั้งสรุปรายได้เพื่อส่งให้คณะอนุกรรมการฝ่ายเหรัญญิกดำเนินการต่อไป และส่งให้ฝ่ายเลขานุการคณะกรรมการชุดใหญ่ เพื่อนำเข้าที่ประชุมเตรียมความพร้อมในการจัดประชุมวิชาการ

๓. จัดทำแผนผังสำหรับแสดงสินค้า เพื่อส่งให้คณะอนุกรรมการฝ่ายสถานที่และโสตทัศนูปกรณ์ดำเนินการต่อไป

๘. คณะอนุกรรมการฝ่ายเหรัญญิก

๘.๑	นายอัษฎางค์	ชวนะเกาศัลย์	นักวิชาการเงินและบัญชีชำนาญการพิเศษ	ประธานอนุกรรมการ
๘.๒	นางสาวอัชฌาพร	คริสโซโลโก	นักวิชาการเงินและบัญชีปฏิบัติการ	อนุกรรมการ
๘.๓	นางสาวโรสรินทร์	อินวัตพันธ์	นักวิชาการเงินและบัญชีปฏิบัติการ	อนุกรรมการ
๘.๔	นางสาวอรวรา	หุตะสิทธิ์	นักวิชาการเงินและบัญชีปฏิบัติการ	อนุกรรมการ
๘.๕	นางสาวอุษาวัลย์	ตันไพบูลย์	นักวิชาการเงินและบัญชี	อนุกรรมการ
๘.๖	นางสาวนวพร	สว่างจันทร์	เจ้าพนักงานการเงินและบัญชีชำนาญงาน	อนุกรรมการและเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายเหรัญญิก มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. สรุปรายงานรายได้-รายจ่าย ให้คณะกรรมการจัดประชุมวิชาการทราบ

๒. จัดเตรียมตารางการเบิกค่าวิทยากร

๓. จัดเตรียมเงินสดค่าวิทยากร ค่าเดินทางวิทยากร เงินรางวัลผลงานทางวิชาการใส่ซอง และจัดทำใบสำคัญรับเงิน

๔. จัดเจ้าหน้าที่ประจำโต๊ะ รับเอกสารค่าเดินทางจากวิทยากร พร้อมตรวจสอบความถูกต้อง

๔. รวบรวมเอกสารและการเบิกจ่ายเพื่อปิดโครงการฯ

๕. จัดทำหนังสือขอบคุณการสนับสนุนค่าใช้จ่ายแก่บริษัทผู้สนับสนุน

๖. จัดทำใบเสร็จรับเงินสำหรับค่าลงทะเบียนเข้าร่วมการประชุมสำหรับบุคลากรภายนอก

๙. คณะอนุกรรมการฝ่ายต้อนรับ

๙.๑	นางสาวธาราทิพย์	ศุภชลาทิพย์	พยาบาลวิชาชีพชำนาญการพิเศษ	ประธานอนุกรรมการ
๙.๒	นางอรชร	กันจีน๊ะ	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๙.๓	นางราพัตร์	อมรสุทธิโชค	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๙.๔	นางศิรินาถ	อนันตริยกุล	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๙.๕	นางปทิตตา	นึกเว้น	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๙.๖	นางสาวจันทร์เพ็ญ	ชมพานิชย์	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๗	นางอมรรัตน์	วงศ์วนิชโยธิน	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๘	นางสาวอมรตา	อาชาพิทักษ์	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๙	นางสาวสุพาภรณ์	พรมบุตร	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๐	นางต้องตา	ทิพปภานาท	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๑	นางสาวนัยนา	พงษ์ชะอุ่มดี	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๒	นางสาววิภาพร	ปรีจิตต์	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๓	นางสาวยุวดี	ประเสริฐ	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๔	นางสาวปิลันธสุทธิ์	ยอดราชสุริยะ	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๕	นางสาวนฤมล	ทองนิลพันธ์	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๙.๑๖	นางสาวณัฐนันต์	ศรีพันธ์	พยาบาลวิชาชีพปฏิบัติการ	อนุกรรมการ
๙.๑๗	นางสาววัชราภรณ์	ดวงโปธา	พยาบาลวิชาชีพปฏิบัติการ	อนุกรรมการ
๙.๑๘	นางสาวพัณณ์ชิตา	แถมสุข	พยาบาลวิชาชีพปฏิบัติการ	อนุกรรมการ
๙.๑๙	นางสาวอนัญญา	นาคเล็ก	พยาบาลวิชาชีพปฏิบัติการ	อนุกรรมการ
๙.๒๐	นางสาวณัฐพร	สืบตระกูล	พยาบาลวิชาชีพปฏิบัติการ	อนุกรรมการ
๙.๒๑	นายสัตยา	ประกอบชัย	พยาบาลวิชาชีพปฏิบัติการ	อนุกรรมการ
๙.๒๒	นายพีร์	มหาจักษ์	พยาบาลวิชาชีพปฏิบัติการ	อนุกรรมการ
๙.๒๓	นางสาววรรณา	ปดิฐพร	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการและเลขานุการ
๙.๒๔	นางสาวกฤษณา	ทรัพย์สมบูรณ์	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายต้อนรับ มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. ประสานวิทยากรทั้งภายนอกและภายใน เพื่อยืนยันการมาบรรยายก่อนวันบรรยาย

๒. ประสานงานวิทยากรภายนอกเรื่องการเดินทาง, การรับ-ส่งวิทยากร และที่พักของวิทยากร

๓. ประสานงานเรื่องที่จอดรถวิทยากร

๔. นัดหมายวิทยากรภายนอกในการต้อนรับ ณ จุดจอดรถ และนำส่งห้องบรรยาย

๕. เป็นพิธีกรประจำห้องจัดประชุม

๖. เสนอเอกสารการเบิกจ่ายค่าวิทยากร ค่าเดินทาง ให้วิทยากรประจำห้องลงนาม และรวบรวมส่งฝ่ายเหรัญญิก

๑๐. คณะอนุกรรมการฝ่ายลงทะเบียนและประเมินผล

๑๐.๑	นางสาวสุรัสวดี	เที่ยงวิบูลย์วงศ์	พยาบาลวิชาชีพชำนาญการพิเศษ	ประธานอนุกรรมการ
๑๐.๒	นางสาวประไพ	ชมชื่น	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๓	นางสาวธิดา	แต่งประกอบ	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๔	นางผาณิต	จันทาบัว	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๕	นางชนิสรา	แจ่มวงษ์	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๖	นางสาววันดี	เพชรติ่ง	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๗	นางสาวแสงโสม	ทรัพย์มนตรี	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๘	นายนนทิวัชร์	สิทธิวิวัฒน์วงศ์	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๙	นางสาวอรวิญญ์	สุพรรณรัตน์	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๑๐	นางสาวอภิรดี	ธรรมจารี	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๑๑	นางศรีวิภา	คำสมบัติ	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๑๒	นางวัชรี	พึ่งตำบล	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการ
๑๐.๑๓	นางสาวดาวรุ่ง	คุณวุฒิคุณากร	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๑๐.๑๔	นางสาวอุษา	พูดเพราะ	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๑๐.๑๕	นางจันจิรา	รัตนกาย	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการ
๑๐.๑๖	นางสาวสุธีธิดา	แสนโสดา	พยาบาลวิชาชีพปฏิบัติการ	อนุกรรมการ
๑๐.๑๗	นายณัฐภพ	เจริญบูรณ์	นักวิชาการคอมพิวเตอร์ปฏิบัติการ	อนุกรรมการ
๑๐.๑๘	นางสาวจุไรรัตน์	แย้มพลอย	พยาบาลวิชาชีพชำนาญการพิเศษ	อนุกรรมการและเลขานุการ
๑๐.๑๙	นางสาวนุชชวพรกุล	คุณชมภู	พยาบาลวิชาชีพชำนาญการ	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายลงทะเบียนและประเมินผล มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. ดำเนินการลงทะเบียนผ่านช่องทางต่างๆ เช่น website, โทรศัพท์, โทรสาร, และหนังสือจากต้นสังกัด

๒. รวบรวมรายชื่อผู้เข้าร่วมการประชุม ได้แก่ คณะผู้บริหารกรมการแพทย์, คณะผู้บริหารโรงพยาบาล, คณะกรรมการจัดประชุมวิชาการ, ผู้เข้าร่วมการประชุม พร้อมรวบรวมส่งให้ฝ่ายเลขาฯ เพื่อดำเนินการเบิกจ่าย

๓. จัดทำแบบประเมินผลและรายงานผลการประชุม

๔. จัดเจ้าหน้าที่ประจำโต๊ะลงทะเบียนหน้างาน พร้อมประสานบริษัทจ้างเหมาจัดการประชุมในรูปแบบ Online ในกรณีที่ผู้เข้าร่วมการประชุมในรูปแบบ Online ไม่สามารถเข้าร่วมการประชุมได้

๕. ดำเนินการขอและจัดทำใบประกาศ CNEU

๑๑. คณะอนุกรรมการฝ่ายอาหารและเครื่องดื่ม

๑๑.๑	นางสาวลาวัณย์	แจ่มประเสริฐ	นักโภชนาการชำนาญการพิเศษ	ประธานอนุกรรมการ
๑๑.๒	นางวีรยา	โสติประวัติ	นักโภชนาการชำนาญการ	อนุกรรมการ
๑๑.๓	นางสาวอรวรรณ	อุพาพรรณ	นักโภชนาการปฏิบัติการ	อนุกรรมการ
๑๑.๔	นางสาวณัฏฐพัชร	ชัยปกรณ์วงศ์	นักโภชนาการปฏิบัติการ	อนุกรรมการ
๑๑.๕	นายธีรเทพ	รัตนพิภพ	นักโภชนาการปฏิบัติการ	อนุกรรมการ
๑๑.๖	นางสาววรดี	แก้วสุขผ่อง	นักโภชนาการปฏิบัติการ	อนุกรรมการ
๑๑.๗	นางสาวกรองกาญจน์	พิมพ์เสน	นักโภชนาการปฏิบัติการ	อนุกรรมการ
๑๑.๘	นางสาวเอกอนงค์	มาศกุล	โภชนากรชำนาญงาน	อนุกรรมการ
๑๑.๙	นางสาววนิดา	นวลวันดี	นักโภชนาการ	อนุกรรมการ
๑๑.๑๐	นางสาวฉัตรระวี	บุรินทร์	โภชนากรชำนาญงาน	อนุกรรมการและเลขานุการ
๑๑.๑๑	นางสาวสุกัญญา	เข็มนาค	โภชนากรปฏิบัติการ	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายอาหารและเครื่องดื่ม มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. จัดเตรียม ควบคุม ดูแลบริการอาหารและเครื่องดื่มทั้งของวิทยากร ผู้เข้าร่วมการประชุม คณะทำงาน และบุคลากรที่เกี่ยวข้อง ให้พร้อมระหว่างการประชุม

๒. ปฏิบัติหน้าที่อื่นๆ ตามที่ได้รับมอบหมาย

๑๒. คณะอนุกรรมการฝ่ายนิทรรศการ

๑๒.๑	นายมรุต	ญาณารณพ	นายแพทย์ชำนาญการพิเศษ	ประธานอนุกรรมการ
๑๒.๒	นางสาววนิดา	เข็มภูเขียว	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการ
๑๒.๓	นางสาวนันทพร	โขนงน้อย	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการ
๑๒.๔	นางสาวธีราพร	จำรูญ	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการ
๑๒.๕	นางสาววรวิสรา	ปัญญาเอก	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการ
๑๒.๖	นายตุลา	คุมเกษม	นักวิชาการโสตทัศนศึกษาปฏิบัติการ	อนุกรรมการ
๑๒.๗	นายพรชัย	แซ่ลิ้ม	นักวิชาการโสตทัศนศึกษา	อนุกรรมการ
๑๒.๘	นายกิตติธร	มหาสิริโภคา	นักวิชาการโสตทัศนศึกษา	อนุกรรมการ
๑๒.๙	นายณัฐพงศ์	สานพคุณ	นักวิชาการโสตทัศนศึกษา	อนุกรรมการ
๑๒.๑๐	นายชัยรัตน์	วิทูรเวที	นักวิชาการโสตทัศนศึกษา	อนุกรรมการ
๑๒.๑๑	นางสาวจิตตาภา	พิมพกรรณ์	นักจัดการงานทั่วไป	อนุกรรมการ
๑๒.๑๒	นางสาวมะลิวัลย์	ยินดีมาก	เจ้าพนักงานธุรการ	อนุกรรมการ
๑๒.๑๓	นางสาวนิชากร	ชูเชิด	นักวิชาการคอมพิวเตอร์	อนุกรรมการและเลขานุการ
๑๒.๑๔	นางสาวเสาวลักษณ์	เชาวน์พัฒน์	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและผู้ช่วยเลขานุการ
๑๒.๑๕	นางสาวจิฬาภรณ์	คำเขียว	นักวิชาการสาธารณสุขปฏิบัติการ	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายนิทรรศการ มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. รวบรวมเรื่อง/บทคัดย่อสำหรับจัดนิทรรศการ และประสานเจ้าของผลงานเพื่อจัดนิทรรศการ

๒. รวบรวมเรื่อง/บทคัดย่อ และประสานงานเพื่อส่งให้กรรมการผู้ตัดสินผลงาน

๓. ดำเนินการจัดนิทรรศการ

๔. จัดหาของขวัญ และเงินรางวัลให้แก่เจ้าของผลงาน

๕. จัดทำเอกสารเบิกจ่ายงบประมาณที่เกี่ยวข้อง

๖. ปฏิบัติหน้าที่อื่นๆ ตามที่ได้รับมอบหมาย

๑๓. คณะอนุกรรมการฝ่ายวิเทศสัมพันธ์

๑๓.๑	นางสาวชญาดา	วงศ์เวียร	นายแพทย์ชำนาญการพิเศษ	ประธานอนุกรรมการ
๑๓.๒	นางสาววรางคณา	พิชัยวงศ์	นายแพทย์ทรงคุณวุฒิ	อนุกรรมการ
๑๓.๓	นางสาวจามรี	ณ บางช้าง	นายแพทย์เชี่ยวชาญ	อนุกรรมการ
๑๓.๔	นายวีรนนท์	ชัญญาวงศ์ศักดิ์	นายแพทย์ชำนาญการ	อนุกรรมการ
๑๓.๕	นางปรัสณีย์	เดชศรี	เจ้าพนักงานธุรการ ส ๓	อนุกรรมการ
๑๓.๖	นางสาวญาดา	บูณารมย์	พยาบาลวิชาชีพปฏิบัติการ	อนุกรรมการและเลขานุการ
๑๓.๗	นางสาวนิธิกานต์	ครุฑปรีชาสกุล	นักวิเทศสัมพันธ์	อนุกรรมการและผู้ช่วยเลขานุการ

โดยให้คณะอนุกรรมการฝ่ายวิเทศสัมพันธ์ มีอำนาจหน้าที่ และความรับผิดชอบดังต่อไปนี้

๑. ติดต่อ ประสานงาน อำนวยการ และให้การต้อนรับคณะวิทยากรจากต่างประเทศ

๒. จัดทำเอกสาร บันทึกเชิญ ตอบขอบคุณ ที่เกี่ยวข้องกับงานทางราชการระหว่างประเทศ

๓. รวบรวมรายละเอียดการเดินทางวิทยากรต่างประเทศ เพื่อส่งให้คณะอนุกรรมการฝ่ายต้อนรับและคณะอนุกรรมการฝ่ายเหรัญญิกดำเนินการส่วนที่เกี่ยวข้อง

๔. ประสานงานที่เกี่ยวข้องเพื่ออำนวยความสะดวกในการเบิกค่าใช้จ่ายของวิทยากรจากต่างประเทศ

สั่ง ณ วันที่ ๒๒ ตุลาคม พ.ศ. ๒๕๖๗

(นายจินดา โรจนเมธินธร์)
ผู้อำนวยการโรงพยาบาลราชวิถี

Smart Intelligent Green & Clean Building

MOVING FORWARD FOR SUSTAINABILITY

มิติใหม่แห่งอาคารอุบัติเหตุและฉุกเฉิน

ลำดับ	หน่วยงาน
ชั้น 12	Telemedicine / ห้องประชุมย่อย
ชั้น 11	ศูนย์ฝึกอบรม (Training Center) | ศูนย์สื่อสาร (Dispatch) ศูนย์กู้ชีพ "นเรนทร" รพ.ราชวิถี (Rajavithi Narenthorn EMS Center) | ห้องประชุมใหญ่
ชั้น 10	ศูนย์การดูแลรักษาโรคติดเชื้อและโรคอุบัติใหม่-อุบัติซ้ำ แบบบูรณาการ (Integrated Care Center for Infectious Disease and The Emerging and Re-Emerging Disease Management)
ชั้น 9	ศูนย์หัตถการโรคระบบทางเดินหายใจ (Rajavithi Interventional Pulmonology Center) | ตรวจสุขภาพแรงงานไทยไปต่างประเทศ
ชั้น 8	ศูนย์รักษาผู้ป่วยแผลไฟไหม้-น้ำร้อนลวก (Rajavithi Burn Center)
ชั้น 7	ศูนย์ศัลยกรรมโรคทางระบบประสาท สมองและไขสันหลัง (Rajavithi Neurosurgery Center) | สำนักงานกลุ่มงานเวชศาสตร์ฉุกเฉิน
ชั้น 6	ศูนย์รักษากระดูกสันหลังคดผิดรูป และการบาดเจ็บของกระดูกสันหลัง (Rajavithi Scoliosis Care Unit & Spinal Injury) | หอผู้ป่วยอุบัติเหตุและเวชกรรมฉุกเฉิน (Trauma and Emergency Medical Ward)
ชั้น 5	ศูนย์แพทย์เฉพาะทางโรคหัวใจ (Rajavithi Advanced Heart Center) (ห้องตรวจผู้ป่วยโรคหัวใจ (Cardio) ห้อง Cath Lab และ CCU)
ชั้น 4	ศูนย์ผ่าตัดอุบัติเหตุ และฉุกเฉิน (Trauma and Emergency Operating Center) | หอผู้ป่วยวิกฤติ IQ : Rajavithi IQ-ICU (Integrated Quality ICU)
ชั้น 3	ห้องผ่าตัดไฮบริดอัจฉริยะ (Smart Hybrid Operating Theater) | หอผู้ป่วยสังเกตอาการ (Observation)
ชั้น 2	ผู้ป่วย ER (ระดับ 3-5) | ผู้ป่วยโรคติดเชื้อ (ระดับ 3-5) | พื้นที่พักคอยของญาติ
ชั้น 1	ผู้ป่วย ER (ระดับ 1-2) | ผู้ป่วยโรคติดเชื้อ (ระดับ 1-2) | รังสีวิทยา (CT-Scan / X-Ray) | ทีมรอออกปฏิบัติการ (ศูนย์กู้ชีพ "นเรนทร" รพ.ราชวิถี)
ชั้นใต้ดิน 1	ที่จอดรถพยาบาล และ รถทั่วไป | ศูนย์ล้างเปล - รถเข็น
ชั้นใต้ดิน 2	ที่จอดรถทั่วไป

พร้อม! เปิดให้บริการ 1 ธันวาคม 2568

อาคารอุบัติเหตุและฉุกเฉิน โรงพยาบาลราชวิถี
ต้นแบบเพื่อการป้องกันและรักษาผู้ป่วยฉุกเฉินวิกฤตทุกประเภทอย่างบูรณาการ
ของกรมการแพทย์ (Trauma and Emergency Center Level 1)

ขอเชิญร่วมบริจาคสร้างอาคารและจัดหาอุปกรณ์เครื่องมือทางการแพทย์
ชื่อบัญชี "มูลนิธิโรงพยาบาลราชวิถี"
ธนาคารกสิกรไทย จำกัด สาขาสนามเป้า บัญชีเลขที่ 029-2-60574-9 ระบุวัตถุประสงค์ "อาคารอุบัติเหตุ"

PromptPay SCB ไทยพาณิชย์

มูลนิธิโรงพยาบาลราชวิถี
PromptPay ID | 0994000051484

ท่านสามารถส่งหลักฐานการโอนเงิน พร้อมแจ้งรายละเอียด ได้ที่ LINE @rajfd

สามารถลดหย่อนภาษีได้ 2 เท่า