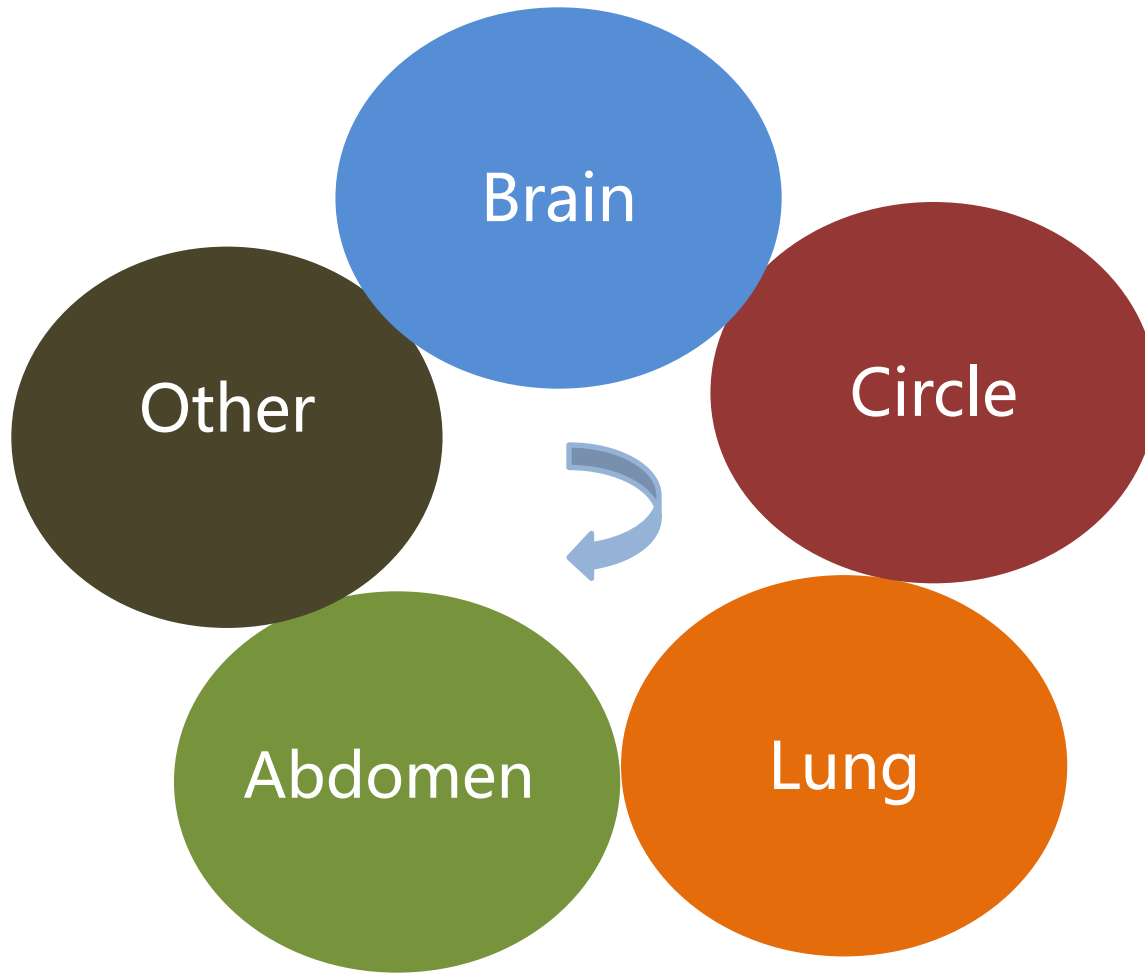


文献略读

CCM2014.6~8

韩莉

# 主要内容



# 3 Sedation, Sleep Promotion, and Delirium Screening Practices in PICU

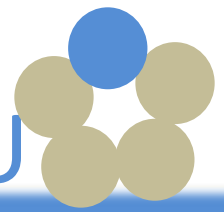
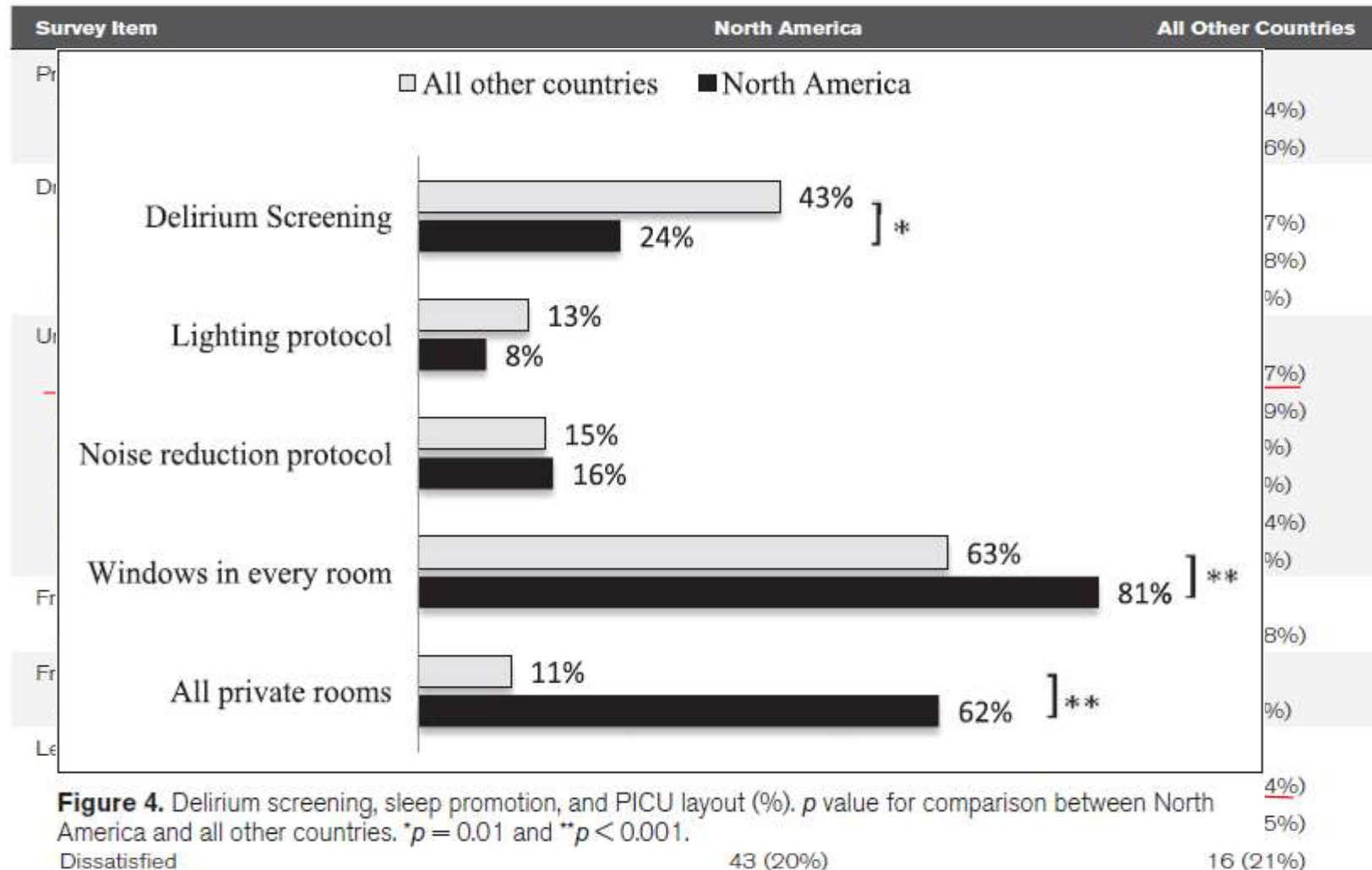
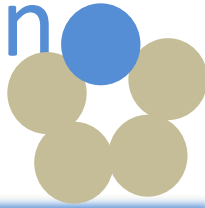


TABLE 2. PICU Sedation Scoring and Protocols



## 4 Early Prediction after Cardiac Arrest in Patients Treated with Hypothermia



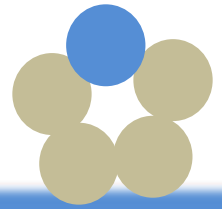
**TABLE 3. Areas Under the Receiving Operator Characteristic Curves of Several Models Combining Different Outcome Predictors**

Variable	Mortality (CPC 5)		Poor Outcome (CPC 3–5)	
	ROC Area	95% CI	ROC Area	95% CI
Clinical examination <sup>a</sup> + EEG	0.87	0.81–0.93	0.84	0.78–0.90
Clinical examination <sup>a</sup> + NSE	0.83	0.76–0.89	0.83	0.77–0.90
EEG + NSE	0.87	0.81–0.93	0.84	0.78–0.90
Clinical examination <sup>a</sup> + EEG + NSE	0.89	0.83–0.94	0.88	0.82–0.93
Clinical examination <sup>a</sup> + EEG + SSEP	0.87	0.81–0.93	0.84	0.78–0.90
Clinical examination <sup>a</sup> + EEG + NSE + SSEP	0.88	0.83–0.94	0.88	0.82–0.93

CPC = Clinical Performance Category, ROC = receiving operator characteristic, EEG = background reactivity on hypothermic electroencephalography, NSE = neuron-specific enolase > 33 µg/L, SSEP = somatosensory-evoked potentials.

<sup>a</sup>Incomplete brainstem reflexes (including pupillary, oculocephalic, corneal) and myoclonus.

# 5 Predicting Neurologic Outcome after TTM for CA : SR-META

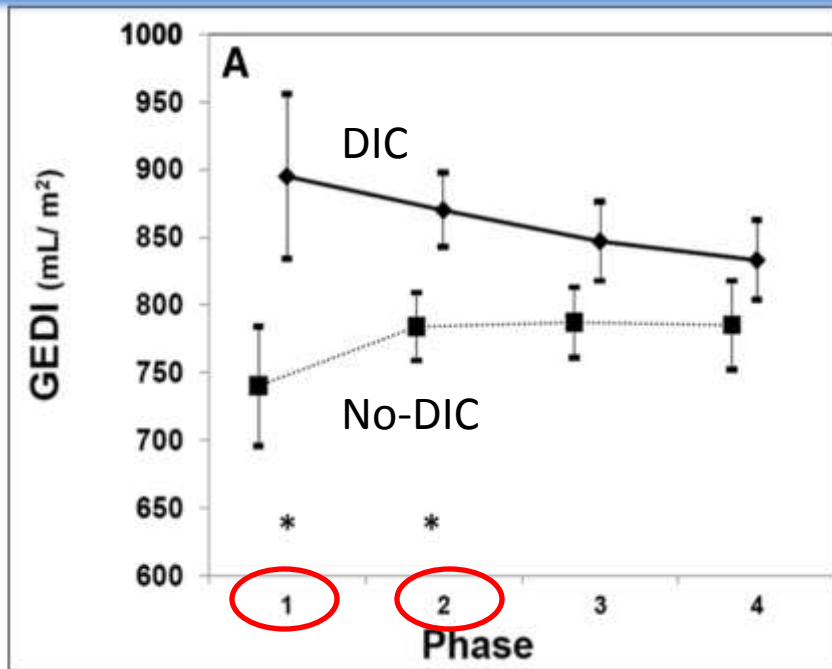
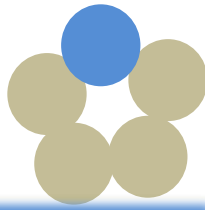


- **Definition:**
  - poor neurologic outcome : CPC(3–5) or GOS (1–3)
- **Result:**
  - 20 studies:2005~2012,n=1895
  - .

tests	false-positive rate (95% CI)	positive likelihood ratio (95% CI)
pupillary reflexes	0.02 ( 0.01–0.06 )	10.45 ( 3.37–32.43 )
corneal reflexes	0.04 ( 0.01–0.09 )	6.8 ( 2.52–18.38 )
SSEP	0.03 ( 0.01–0.07 )	12.79 ( 5.35–30.62 )

- neuroimaging, biomarkers, combination testing
  - limited and inconclusive

# 6 Global End-Diastolic Volume and Delayed cerebral ischemia after SAH

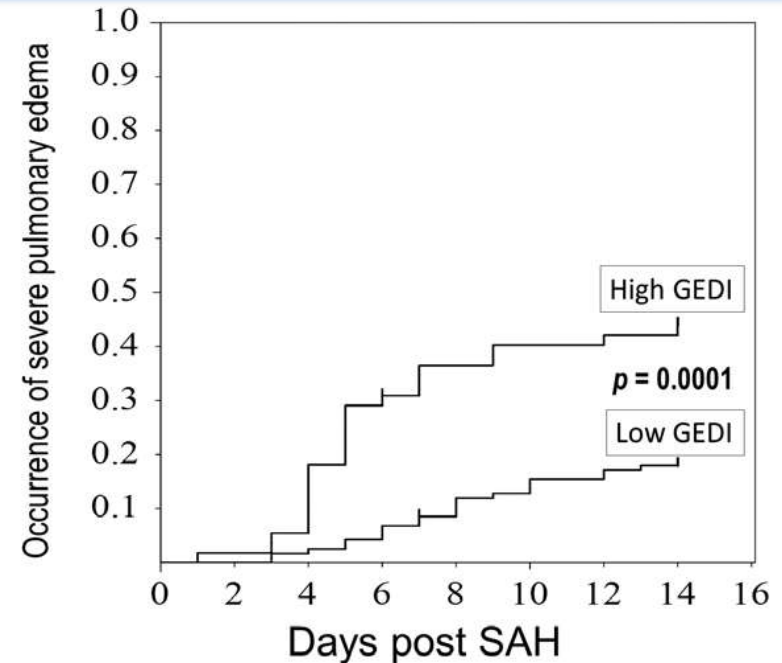


## phase 1:

$739 \pm 44$  L/m<sup>2</sup> vs  $895 \pm 31$  mL/m<sup>2</sup>;  
 $p = 0.04$

## phase 2:

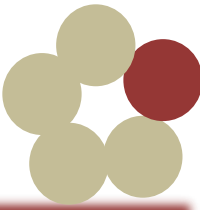
$783 \pm 25$  mL/m<sup>2</sup> vs  $870 \pm 14$  mL/m<sup>2</sup>;  
 $p = 0.007$



severe PE and the relationship  
with the threshold value

( $921$  mL/m<sup>2</sup>) during the 14 days  
following SAH . high-  
GEDV group low-GEDI group (43.6%  
vs 17.9%;  $p < 0.001$ ).

# 7 Crystalloid and In-Hospital Mortality in septic adults



## the balanced fluids VS. the no-balanced fluids

- **Propensity-Matched Analysis**

- in-hospital  beyond day 2

19.6%(3396) vs. 2.8%(3365) OR:0.86 (95%CI, 0.78–0.94)

- the rates of ARF

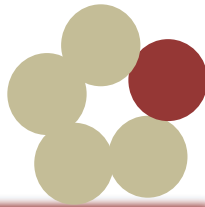
- in-hospital and ICU LOS

- **Dose-Response and Stratified Analysis**

- in-hospital mortality

lower by 3.4% on average per 10% increase in the proportion of balanced fluids

# 8 Serious Adverse Events : Vasopressin and Norepinephrine in Septic Shock



## • Background

- guidelines :NE first, VAP rise MAP and decrease dose of NE,

SAEs increase



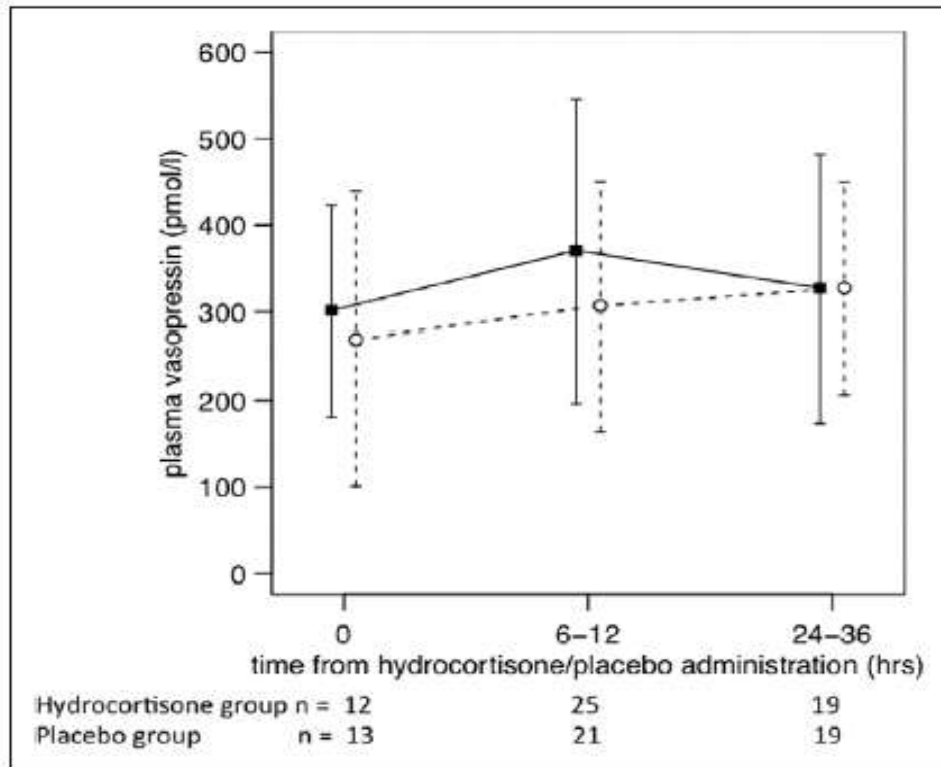
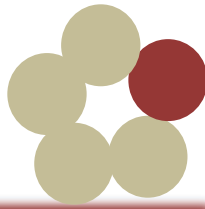
- LNPEP / SNPs of ADR  $\sim$  mortality  $\longrightarrow$  GEN  $\sim$  SAE?

## • Conclusion


- SAE: 10%
- SAEs: greatly increased mortality
- higher vasopressin levels: not cause SAEs
- AA genotype of rs28418396 SNP: higher rates of SAEs



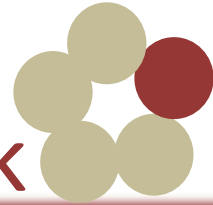
# 9 The Interaction of Vasopressin and Corticosteroids in Septic Shock



**Figure 2.** Plasma vasopressin levels over time. *Black squares and solid line* are vasopressin and hydrocortisone; *open circles and dashed line* are vasopressin and placebo. Symbols show mean and the *vertical lines* indicate  $\pm 1$  sd. Difference in vasopressin levels at the 6- to 12-hour time point was 64 pmol/L (95% CI, -32 to 160 pmol/L). The mean ( $\pm 1$  sd) in the hydrocortisone and placebo groups, respectively, at each time point are T0 302 ( $\pm 122$ ) vs 270 ( $\pm 169$ ) pmol/L,  $p = 0.59$ ; T1 371 ( $\pm 175$ ) vs 307 (143) pmol/L,  $p = 0.18$ ; T2 328 ( $\pm 154$ ) vs 327 ( $\pm 122$ ) pmol/L,  $p = 1.00$ .

- **Result**
- The median time to targeted MAP
- plasma MAP at time points
- The MAP over time
- Days of VAP short: (3.1: 5)
- Days of additional NE: 2: 4
- total dose: lower
- 28-day  : NO
- Organ failure-free days
- New organ dysfunction

# Guideline Bundles Adherence and Mortality in Severe Sepsis/Septic Shock



- **In-Hospital Mortality decreased**  
participation: 5.8% ( 16.7% )  
nonparticipation -
- **Adherence to Bundle Targets** ↑  
resuscitation and management bundle targets  
individual targets
- **Bundle Targets and Hospital Mortality**  
management bundle/Individual +  
resuscitation bundle -  
resuscitation and management bundle -

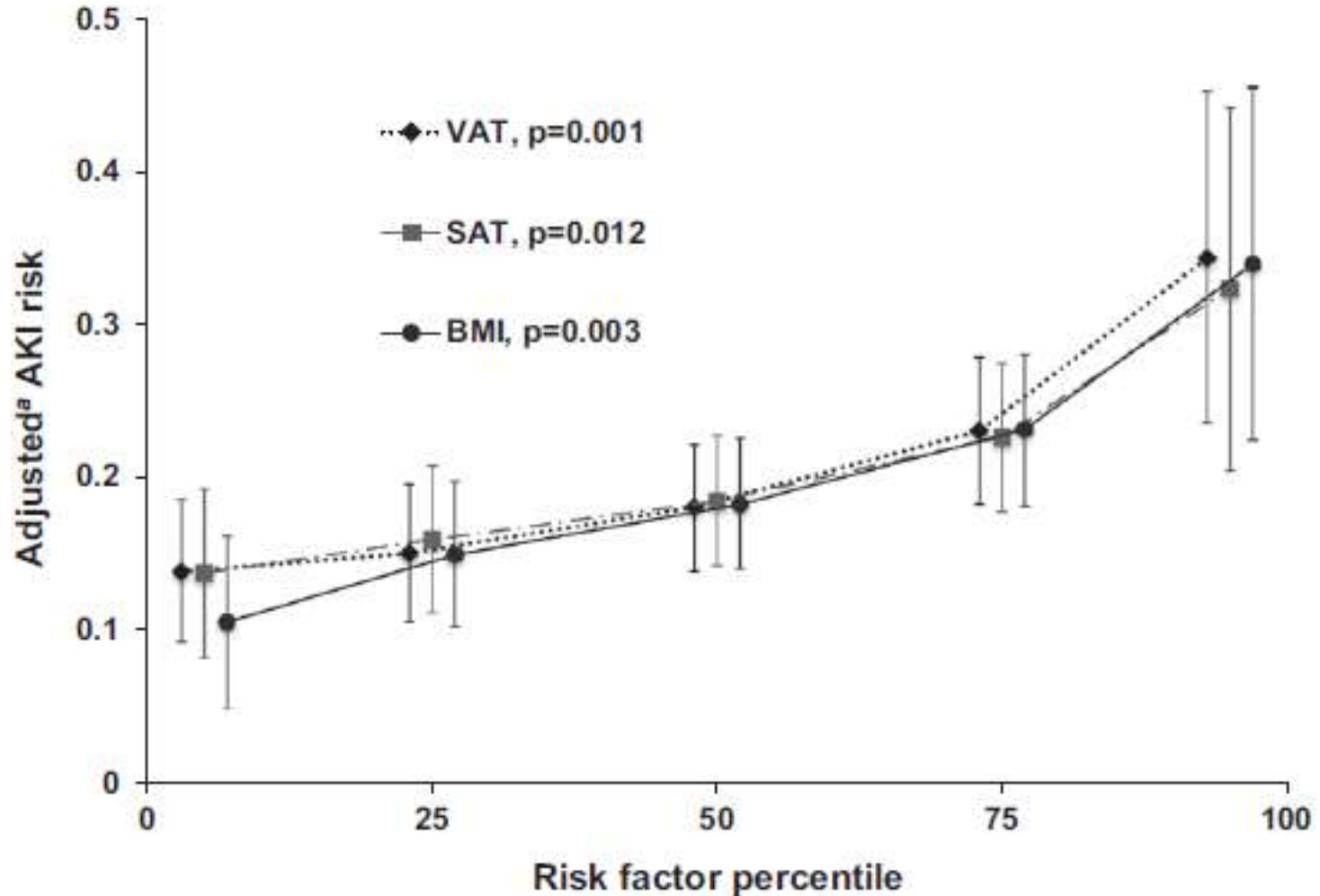
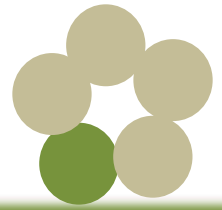
# 11 Conservative Oxygen Therapy in MV Patients



target Spo<sub>2</sub> : 90–92% using the lowest possible Fio<sub>2</sub>.

- The primary outcome
  - Pao<sub>2</sub>/Fio<sub>2</sub> ratio in the first 10 days
- Secondary outcomes
  - lactate ,creatinine
  - new nonrespiratory organ failure,
  - arrhythmias
  - infection
  - severe hypoxemia
  - acquired RRT

# 12 CT-Defined Abdominal Adiposity AKI in Critical Ill Trauma Patients



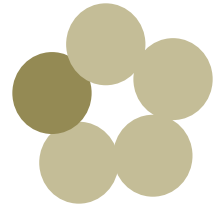
# 13 Timing of Renal Replacement Therapy and Patient Outcomes



**TABLE 2. Univariate Cox Regression Assessing the Relationship Between Renal Replacement Therapy Commencement Time and All-Cause Mortality at Day 28 and Day 90**

Variable	All-Cause Mortality at 28 Days			All-Cause Mortality at 90 Days		
	Hazard Ratio	95% CI	<i>p</i>	Hazard Ratio	95% CI	<i>p</i>
Time from AKI to randomization (< 7.1 hr)						
Time from AKI to randomization group 2 (≥ 7.1 to < 17.6 hr): group 2 vs group 1	1.08	0.70–1.67	0.725	1.08	0.70–1.60	0.785
Time from AKI to randomization group 3 (≥ 17.6 to < 46.0 hr): group 3 vs group 1	1.02	0.65–1.58	0.940	1.14	0.76–1.71	0.529
Time from AKI to randomization group 4 (≥ 46.0 hr): group 4 vs group 1	1.06	0.69–1.64	0.783	1.13	0.76–1.69	0.542

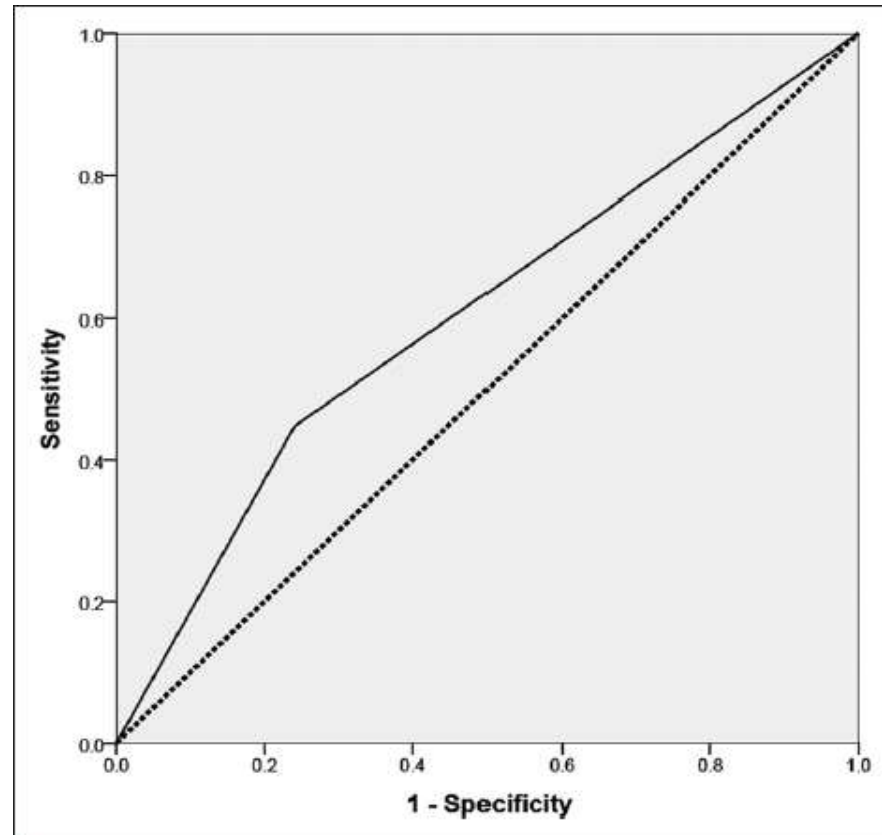
Earlier ≠ improved survival



# 14 Identifying Patients at Risk for Inappropriate Antibiotic Therapy

Multivariate regression analysis:

- an alert generated
- MICU
- Infection(L)

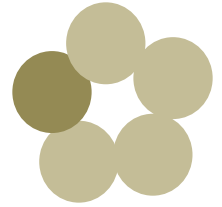


- ◆ sensitivity: 0.448
- ◆ Specificity: 0.759,
- ◆ positive predictive value: 0.71
- ◆ negative predictive value: 0.971
- ◆ The area under the ROC : 0.603



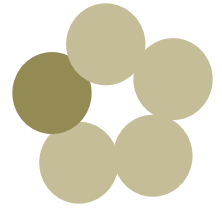
**Figure 1.** Receiver operating curve plotting the detection probability of inappropriate antibiotic therapy by the alert on the y-axis versus the false-alarm probability on the x-axis.

# Intensivist Intent to Discuss Withdrawing Life Support



Would you bring up the possibility of withdrawing life support with Mrs.X's family?

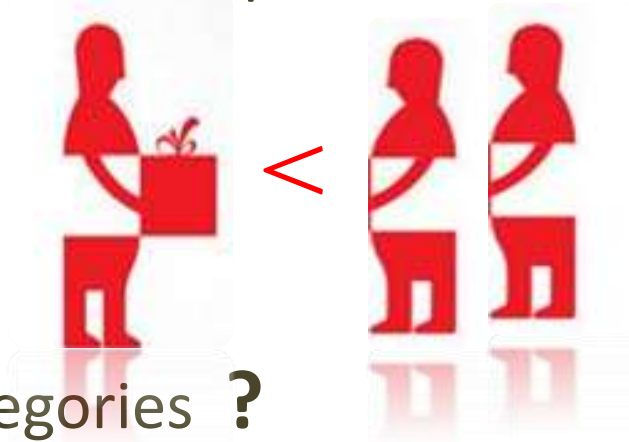
- patient values-**NO**
- patients' functional prognosis-**YES**  
(3-month functional outcome)



# 16 Effects of Ethnicity on Organ Donation

- **Background**

New Mexico( compared with the US):



racial categories ?

- **Conclusion**

No strong differences by geographic strata



谢谢

Thanks

