CRITICAL CARE

A-425  Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
SAH Outcome, Costs, Complications: Giant [G] Vs Non-Giant [NG]
Anceursms A.J. Layon, MD; Andrea Gabrielli, MD; Arthur L. Day, MD; Pam J. LaFrenz, RN, Anesthesiology, Neurological Surgery, Univ. of Florida COM, Gainesville, FL, United States. 219 patients with IAs were studied. GIAs had worse outcome than NGIAs. Outcome was predicted by > 2 aneurysms, D/C APACHE II score, days in the ICU.

A-427  Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
How Accurate Is Clinical Assessment of Cardiac Output in the Early Postoperative Period Following Cardiac Surgery? Robert A. Linton, MD, FRCA; Nick W. Linton, MEng; Fiona Kelly, MBBSChir, The Rayne Institute, St Thomas' Hospital, London, United Kingdom. Optimal cardiovascular support for cardiac surgical patients in the immediate postoperative period cannot be ensured without measurement of cardiac output.

A-428  Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Accuracy of Partial Rebreathing Cardiac Output during Mixed-Breathing Robert G. Loeb, MD; Dinesh G. Haryadi, PhD; Cheryl Gomez, RN, BSN, Department of Anesthesiology, University of Arizona, Tucson, AZ, United States. During mixed spontaneous-assisted ventilator support, cardiac outputs determined non-invasively by NICO were as accurate as those determined by invasive pulsed thermodilution.

A-429  Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
ONO-5046, Neutrophil Elastase Inhibitor, Reduces Ischemia/Reperfusion-Induced Acute Renal Injury by Inhibiting Leukocyte Activation in Rats Akio Mizutani, M.D.; Masakazu Mori, M.D.; Shigenori Yoshitake, M.D.; Takayuki Noguchi, M.D.; Kenji Okajima, M.D., Anesthesiology, Otta Medical University, Otta, Otta, Japan. ONO-5046 reduces I/R-induced acute renal injury by inhibiting leukocyte activation.

A-430  Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Cepharanthine Reduces Ischemia/Reperfusion-Induced Acute Renal Injury by Inhibiting Leukocyte Activation in Rats Akio Mizutani, M.D.; Shigenori Yoshitake, M.D.; Takayuki Noguchi, M.D.; Kazunori Murakami, M.D.; Kenji Okajima, M.D., Anesthesiology, Otta Medical University, Otta, Otta, Japan. Cepharanthine reduces I/R-induced acute renal injury by inhibiting leukocyte in rats.

A-431  Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Low Molecular Weight Heparin Reduces Ischemia/Reperfusion-Induced Renal Injury by Inhibiting TNF-α in Rats Akio Mizutani, M.D.; Shigenori Yoshitake, M.D.; Takayuki Noguchi, M.D.; Mitsubiro Uchida, M.D.; Kenji Okajima, M.D., Anesthesiology, Otta Medical University; Otta, Otta, Japan. LMWH reduces I/R-induced acute renal injury by inhibiting leukocyte activation via TNF-α in rats.

A-432  Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Assessment of Liver Regeneration and Liver Function in Donors and Recipients Following Adult to Adult Living Donor Liver Transplant Mitsuru Nakatsuka, M.D.; Amadeo Marcos, M.D.; John Ham, M.D.; Robert Fisher, M.D.; Mark Posner, M.D., Anesthesiology, MCVA, Richmond, VA, United States. Regeneration of the liver and liver function in donors and recipients after living donor liver transplant.

A-433  Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Evaluation of a PC-Based Program for Rapid Bedside Calculation of Ten Severity Scores in the ICU A. Nierhaus, MD; B. Montag; D. Frings; C. Schmiedt; MD; J. Schulte am Esch, MD, Anesthesiology, University Hospital, Hamburg, Germany. A comprehensive tool is presented incorporating most of the currently used severity models. It was rated to be efficient and easy-to-use by ICU physicians.

A-434  Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Does an Intensivist Improve Outcomes in Critically Ill Patients? A Systematic Review Peter J. Pronovost, MD PhD; Derek C. Angus, MD MPH; Todd Dorman, MD; Tammy Young, BS; Karen Robinson, BS, Anesthesiology and Critical Care Medicine, Johns Hopkins University, Baltimore, MD, United States. High intensity versus low intensity ICU physician staffing is associated with reduced hospital and ICU mortality and LOS.

A-435  Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Enteral Nutrition Increases Mesenteric Blood Flow in Rats during Vasopressin Administration Pamela R. Roberts, MD; Michael H. Wall, MD; Kimberly W. Black, IATG; Miyuki Sousou, M.S.; Richard C. Priechl, M.D., Anesth. Dept., Wake Forest Univ. Scb. of Med., Winston-Salem, NC, United States. Enteral nutrition may prevent splanchnic ischemia in rats during AVP infusions.

A-436  Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Comparison between Invasive and Non-Invasive Measurement of Indocyanine-Green Plasma Disappearance Rate in Critically Ill Patients Samir G. Sacka, MD, Andreas Meier-Hellmann, MD; Konrad Reinhart, MD, Anesthesiology and Intensive Care Medicine, Friedrich-Schiller-University of Jena, Jena, Germany. Transcutaneous measurement of ICG-PDR agrees well with a catheter-based technique.

A-437  Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Continuous Minimally Invasive Measurement of Muscle pCO₂ and pH Closely Reflect Hepatic pCO₂ and pH Changes during Hemorrhagic Shock Patrick W. Seigne, FFARCS; Carrie Simms, MD; Michael Menconi, PBD; Akio Matsuda, MD; Juan Carlos Puyana, MD, The Departments of Anesthesia, Surgery and Critical Care Medicine, The Brigham and Women's Hospital, Boston, MA, United States

A-438  Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Bioelectrical Impedance as an Severity Assessment Tool Focusing on the Estimation of Tissue Edema in Pediatric Patients Undergoing Cardiac Surgery Nobuaki Shino, MD, PBD; Eiichi Chibara, MD, PhD; Hiromi Asahida, MD; Kazzuko Hayashi, MD; Yoshifumi Tanaka, MD, PBD, Pediatric Intensive Care Unit, Kyoto Prefectural University of Medicine, Kyoto, Japan. BI indicates severity in pediatric cardiac surgery patients.

A-439  Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Vascular Failure during Hemorrhagic Shock is Mediated by K ATP Channel Activation Shanda West, BA; Jeffrey Masser, MD; Scott Griffith, MD; John Fontana, MD; Paul Morgan, MD, Anesthesiology, Uniformed Services University, Bethesda, MD, United States. Hemorrhagic shock results in decreased vascular sensitivity to norepinephrine. The decreased sensitivity is partially reversed by K ATP channel inhibitors.