CRITICAL CARE

A-482  Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
About the Quality of Prehospital Emergency Ventilation - A Prospective Study in Trauma Patients Matthias Helm, Dr.med.; Ralf Schuster, Dr.med.; Jens Hauske, Dr.med.; Lorenz Lampl, PD Dr.med., Dept. of Anaesthesiology and Intensive Care, Armed Forces Medical Center Ulm, Ulm, Germany. Even severely traumatized patients can prehospitaly be adequately oxygenated. Remaining problem is ventilation (53.8% inadequate).

A-483  Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Effects of Dexmedetomidine on Respiration Angela A. Joseph, MD; Cynthia Cassell, MA; Charles R. Gargas-Rodriguez, MD; Habib E. El-Moalem, PhD; Sam T. Sum-Ping, MD, Anesthesiology, Duke University Medical Center and Durham VA Medical Center, Durham, NC, United States. Dexmedetomidine appears to be an effective sedative with no respiratory depression at clinical doses to achieve a target Ramsay score of 2 and 3.

A-484  Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Antioxidant Polyvinylpyrrolidone Albumin (PNA) Plus Tempol for Hemorrhagic Shock (HS) in Rats: II: Improved Survival with Early Treatment Rainer Kehnert, MD; Peter Safar, MD; Wilhelm Bebringer, MD; Carleton J.C. Hsi, PhD; Samuel A. Fishman, MD, SCRR, University of Pittsburgh, Pittsburgh, PA, Strategies to prevent oxidative injury should target early in HS to mitigate reperfusion injury.

A-485  Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Antioxidant Polyvinylpyrrolidone Albumin (PNA) Plus Tempol for Hemorrhagic Shock (HS) in Rats I: Effects of Late Treatment Rainer Kehnert, MD; Peter Safar, MD; Carleton J.C. Hsi, PhD; Valerie Kagan, PhD; Samuel A. Fishman, MD, SCRR, University of Pittsburgh, Pittsburgh, PA. Late treatment with antioxidant PNA plus tempol during HS can improve acid base status but not survival in a rat HS model.

A-486  Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Utilizing Capnography for Feeding Tube Placement A. Shawn Kindt, MD; John W. Drover, MD, Anesthesiology, Queen’s University, Kingston, Canada. Capnography accurately identified feeding tubes located in mainstem bronchi (sensitivity & specificity 100%) and affords significant time savings vs. a two step radiology method when placing feeding tubes in ICU patients (p<0.001).

A-487  Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
External Rotation of Lower Extremity Decreases the Overlap between Femoral Artery and Vein Noribito Kitagata, MD; Osamu Shinomura, MD; Mayuko Oda, MD; Masatoshi Morimoto, MD; Tadahiro Totei, MD, Anesthesiology and CCM, Saga Medical School, Nabheshima, Saga, Japan. The external rotation of leg should be always performed to decrease the risk of accidental FA puncture at FV cannulation.

A-488  Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Pre-Hospital Treatment of Hypothermia in Victims of Minor Trauma Alexander Kober, MD; Thomas Scheck, B.S.; Tanja A. Treisch, MD; Bela Fulesi, MD, Ph.D.; Daniel I. Essler, M.D., Vienna Red Cross, Vienna, Austria. Active warming of minor trauma victims prevent progression of hypothermia. Maintaining normothermia decreases pain and fear.

A-489  Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Optimal Insertion Length of Subclavian Catheter in Pediatric Patients Young-Jin Lim, MD; Jae-Hyun Babb, MD; Seong-Deok Kim, MD, Anesthesiology, Seoul National University College of Medicine, Seoul, Korea. In pediatric patients, simple formulas for placement of the subclavian catheter tip at the junction of superior vena cava and right atrium as a function of height were created.

A-490  Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Bolus Epinephrine Can Induce Transient Hypotension in Cardiac Surgical Patients Nick W. Linton, MB ChB; Robert A. Linton, MD, FRCA, The Rayne Institute, St Thomas’ Hospital, London, United Kingdom. A small bolus dose of epinephrine (5μg) causes a rapid decrease in systemic vascular resistance. This can cause a transient fall in mean arterial pressure.

A-491  Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Bedside Percutaneous Tracheostomy - A Clinical Comparison of Guide Wire Dilating Forceps (GWDF) and Translaryngeal (TLT) Techniques V. Lischke, MD; S. Mierdt, MD; K. Westphal, MD, PhD; S. Hübigs, MD; C. Bybahn, MD, Department of Anesthesiology, J.W. Goethe-University Hospital, Frankfurt, Germany. 100 patients who had either TLT or GWDF tracheostomy were prospectively studied.

A-492  Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Dilatational Tracheostomy Performed with the Aid of a Lightwand Kristian R. Martinsen, MD; Axel L. Laboz, MD; Jens Runebo, MD, Anesthesiology and Intensive Care Medicine, Aarhus University Hospital, Aarhus, Denmark. Percutaneous dilatational tracheostomy requires readjustment of the existing tracheal tube. The combination with the trachlight device makes the procedure more secure.

A-493  Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Pyruvate Improves Hepatic Energy and Antioxidant Status during Hemorrhagic Shock in Swine Paul Morgan, MD; Anthony Banks, MD; Ryan Keneally, MD; Mark Carmichael, MD; John Fontana, MD, Anesthesiology, Uniformed Services University, Bethesda, MD, United States. Pyruvate during hemorrhagic shock improved the hepatic redox potential and energy status. Increases in the antioxidant, GSH, were also observed.

A-494  Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
A Pharmacoeconomic Evaluation of Dexmedetomidine for Sedation in Postoperative Patients Johann Motsch, MD; Martin Bauer, MD; Bernad Bolliger, MD; Elke O. Martin, MD; Alfonso Bach, MD, Department of Anesthesiology, University Hospital Heidelberg, Heidelberg, Germany. A total cost saving of DM 25.57 per patient was calculated when DEX was used. This reflects a cost reduction of 75%.

A-495  Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Treatment of Experimental Acute Severe Anemia with Recombinant Human Erythropoietin Areb Shander, MD; Feng Qin; Manoj Mammen; Jennifer Chuy; Herbert Dardik, Anesthesiology, Surgery and Critical Care Medicine, Englewood Hospital and Medical Center, Englewood, NJ, USA.