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 Hauke, Dr.med.; Lorenz Lampl, PD Dr.med., Dept. of Anaesthesiology and Intensive Care, Federal Armed Forces Medical Center Ulm, Ulm, Germany. Even severely traumatized patients can prehospital 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. Gargia-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 Polynitroxyalylated Albumin (PNA) Plus Tempol for Hemorrhagic Shock (HS) in Rats: II. Improved Survival with Early Treatment Rainer Kenntner, MD; Peter Safar, MD, Wilhelm Bebringer, MD, Carleton J. C. Hsia, PhD; Samuel A. Tisherman, 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 Polynitroxyalylated Albumin (PNA) Plus Tempol for Hemorrhagic Shock (HS) in Rats I: Effects of Late Treatment Rainer Kenntner, MD; Peter Safar, MD, Carleton J. C. Hsia, PhD; Valerie Kagan, PhD; Samuel A. Tisherman, 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 Kidder, MD; John W. Drover, MD, Anesthesiology, Queen's University, Kingston, Canada. Capnography accurately identifies feeding tubes located in mainstem bronchii (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; Tadahiko Totoke, MD, Anesthesiology and CCM, Saga Medical School, Nishinosima, 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 Shebeck, B.S.; Tanja A. Treisch, MD.; Berta Fuleidi, MD., Ph.D.; Daniel I. Sessler, M.D., Vienna Red Cross, Van Swieten, 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 Bakke, 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, MBch; 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. Miendl, MD; K. Westphal, MD; S. Haibig, 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 X. 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 Bankes, MD; Ryan Keneally, MD; Mark Carchmichael, 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; Bernul W. Bottiger, MD; Elke O. Martin, MD; Alfred 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 Arveb Shander, MD; Feng Qin; Manoj Mammin; Jennifer Chuy; Herbert Darlak, Anesthesiology, Surgery and Critical Care Medicine, Englewood Hospital and Medical Center, Englewood, NJ, USA.