A-1222  Room H, 10/17/2000 2:00 PM - 4:00 PM (PS)
Cancer Pain Education: The Use of a Structured Clinical Module (SCM) to Teach Hospice Nurses Paul A. Sloan, M.D.; Pat A. Lafountain, RN; Margaret A. Pymale, RN; Mitzi M. Johnson, Ph.D.; Janet Snapp, Ph.D., Anesthesiology, University of Kentucky, Lexington, KY, United States. 25 Hospice nurses completed a novel clinical course on cancer pain management, improving on each of the 8 items (p<.001).

A-1223  Room H, 10/17/2000 2:00 PM - 4:00 PM (PS)
Enhancing Educational Experience for Anesthesia Residents during Obstetric Anesthesia Rotation Kittipong Sujaevratananont, M.D.; Gary Vasdev, M.D.; Chris James, M.D.; Lori Dangel, M.D.; Edwin Rho, M.D., Anesthesiology, Mayo Clinic, Rochester, MN, United States. This study examines the impact of an obstetric anesthesia fellow on resident education.

A-1224  Room H, 10/17/2000 2:00 PM - 4:00 PM (PS)
Competencies for Anesthesia Practice in the Changing Health Care Environment: Residents' Views on Adequacy of Residency Training Sherrender B. Valabaria, MD; Enrico M. Camporesi, MD, Anesthesiology, SUNY Upstate Medical University, Syracuse, NY, United States. The survey reveals curricular inadequacies in the teaching of competencies deemed important for the emerging health care system.

A-1225  Room H, 10/17/2000 2:00 PM - 4:00 PM (PS)
11-Year Evolution of a World Wide Web System for Evaluation of Residents in Training John M. Watkins-Pitchford, FRCA, Anesthesiology, Yale University School of Medicine, New Haven, CT, United States. Objective reports of performance are essential to a training program. Our system encourages resident compliance, and validation of data including detection and removal of biases.

A-1226  Room H, 10/17/2000 2:00 PM - 4:00 PM (PS)
Stress with Simulated Trauma Management Measured by Salivary Amylase Y. Xiao, D. Via; R. Kyle; C.F. Mackenzie; P. Barton, U. of Maryland, +US/HS, Army Res. Lab, Baltimore, Bethesda, and Aberdeen, MD, United States. Salivary a-amylase tests indicate that the participants were stressed on arrival at the simulator and over the course of the simulation of trauma management.

A-1227  Room H, 10/17/2000 2:00 PM - 4:00 PM (PS)
Is There a Lack of Consensus in the Perioperative Decision Making Process? J. Yarnsmb, MD; G. Panagopoulos, PhD; G. Apergis, MS; J. Koka, MD; J. Schiano/ ML, Penn, Hospital, New York, NY, United States. There are important differences between Anesthesiologists, Internists, and General Surgeons during the perioperative decision-making process.

A-1228  Room H, 10/17/2000 2:00 PM - 4:00 PM (PS)

Practice Management & Patient Safety: Renal Effects of Inhalation Anesthetics, Carbon Dioxide Absorbers

A-1229  Room 310, 10/16/2000 9:00 AM - 10:30 AM (PD)
Sensitive Markers of Renal Injury after Low-Flow-Sevoflurane and Isoflurane in Patients with Preexisting Renal Insufficiency Peter Conzen, M.D.; Stephan Czerny, M.D.; Florian M. Reichle, M.D.; Gaby Groeger, C.R.; Klaus Peter, M.D., Department of Anesthesiology, Ludwig-Maximilians-University, Munich, Germany. Sensitive markers for renal injury were not elevated after low-flow Sevoflurane.

A-1230  Room 310, 10/16/2000 9:00 AM - 10:30 AM (PD)
Sevoflurane Low-Flow-Anesthesia in Patients with Renal Insufficiency: A Multi-Center, Randomized, Comparative Study Stephan Czerny, M.D.; Evam Kharasch, M.D.; Florian Reichle, M.D.; Alan Artru, M.D.; Peter Conzen, M.D., Dept. of Anesthesiology, Ludwig-Maximilians-University, Munich, Germany. Sevoflurane low-flow-anesthesia does not further deteriorate renal function in patients with renal insufficiency.

A-1231  Room 310, 10/16/2000 9:00 AM - 10:30 AM (PD)
Long-Duration Low-Flow Sevoflurane and Isoflurane Effects on Postoperative Renal Function Evam D. Kharasch, MD, PhD; Edward Frink, Sr., MD; Thomas Ebert, MD, PhD; Wallace Nogami, MD; Alan Artru, MD, Anesthesiology, University of Washington, Seattle, WA, United States

A-1232  Room 310, 10/16/2000 9:00 AM - 10:30 AM (PD)
Are There Clinically Significant Changes of Creatinine and Blood Urea Nitrogen in Patients with Renal Insufficiency after Low-Flow- Sevoflurane? Florian Reichle, M.D.; Alec Ruoik, M.D., PhD; Stephan Czerny, M.D.; Evam Kharasch, M.D.; Peter Conzen, M.D., Dept. of Anesthesiology, Ludwig-Maximilians-University, Munich, Germany. Low-flow Sevoflurane anesthesia does not further impair renal function.

A-1233  Room 310, 10/16/2000 9:00 AM - 10:30 AM (PD)
Comparison of Carbon Dioxide Absorption Capacity and Compound A Production in Different Soda Limes Florian M. Reichle, M.D.; Stephan Czerny, M.D.; Gaby Groeger; Peter Conzen, M.D.; Klaus Peter, M.D., Department of Anesthesiology, Klinikum Grosshadern, Munich, Germany. Compound A production and carbon dioxide absorption capacity of commercially available soda lines are positively linked.

A-1234  Room 310, 10/16/2000 9:00 AM - 10:30 AM (PD)
Carbon Dioxide Absorbers Containing KOH/NaOH Produce Much Higher Concentrations of Compound A from Sevoflurane in Clinical Practice Michiaki Yamada, MD, PhD; Shibuyuki Yamada, MD; Xiangdong Chen, MD; Sobshi Iwasaki, MD, Aktyoshi Namiki, MD, PhD, Anesthesiology, Sapporo Medical University School of Medicine, Sapporo, Hokkaido, Japan. An absorbent without KOH/NaOH does not produce compound A.