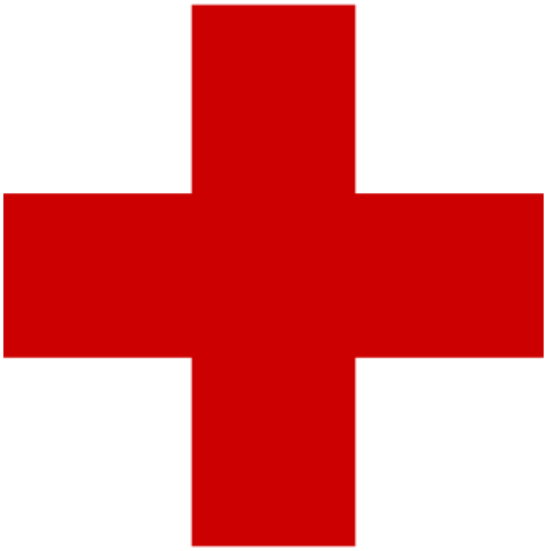
University Hospitals Bristol NHS
NHS Foundation Trust

Intensive Care

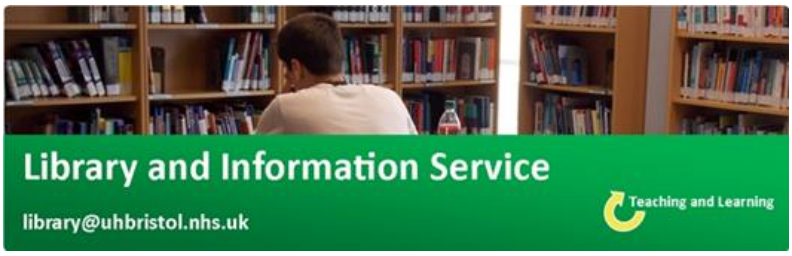
Evidence Update



January 2018

(Quarterly)

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Lunchtime Drop-in Sessions

All sessions last one hour

January (13.00-14.00)

4th (Thu) **Statistics**
8th (Mon) **Literature Searching**
18th (Thu) **Critical Appraisal**
24th (Wed) **Statistics**

February (12.00-13.00)

1st (Thu) **Literature Searching**
9th (Fri) **Critical Appraisal**
12th (Mon) **Statistics**
20th (Tue) **Literature Searching**
28th (Wed) **Critical Appraisal**

March (13.00-14.00)

8th (Thu) **Statistics**
12th (Mon) **Literature Searching**
20th (Tue) **Critical Appraisal**
28th (wed) **Statistics**

Your Outreach Librarian- Jo Hooper

Whatever your information needs, the library is here to help. As your Outreach Librarian I offer **literature searching services** as well as training and guidance in **searching the evidence** and **critical appraisal** – just email me at library@uhbristol.nhs.uk

Outreach: Your Outreach Librarian can help facilitate evidence-based practise for all in the oral and maxillofacial surgery team, as well as assisting with academic study and research. We can help with **literature searching, obtaining journal articles and books**, and setting up individual **Evidence Updates**. We also offer one-to-one or small group training in **literature searching, accessing electronic journals, and critical appraisal**. Get in touch: library@uhbristol.nhs.uk

Literature searching: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a one-to-one session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases

Tables of Contents from Critical Care journals

The links below will take you to the full Tables of Contents.

The Library does not have a subscription for all the journals listed, but we can always source the articles through **inter-library loan.** If you require full text articles please email: library@uhbristol.nhs.uk.

Critical Care Medicine
January 2018, Volume 46, Issue 1

Current Opinion in Critical Care
February 2018, Volume 24, Issue 1

Critical Care
December 2017, Volume 21

Intensive and Critical Care Nursing
February 2018, Volume 44, Issue p. 1-130

Nursing Journals:

Nursing Times
January 2018

Nursing Standard
December 13 2017, Volume 32, Issue 16-19

Nursing in Critical Care
November 2017, Volume 22, Issue 6

Updates

UpToDate®

OpenAthens login required. Register here: https://openathens.nice.org.uk/

Post-intensive care syndrome (PICS)

Literature review current through: Dec 2017. | **This topic last updated:** Jan 12, 2018.

Treatment of community-acquired pneumonia in adults who require hospitalization

Literature review current through: Dec 2017. | **This topic last updated:** Jan 25, 2018.

Palliative care: Issues in the intensive care unit in adults

Literature review current through: Dec 2017. | **This topic last updated:** Oct 27, 2017.

Withholding and withdrawing ventilatory support in adults in the intensive care unit

Literature review current through: Dec 2017. | **This topic last updated:** Jan 10, 2018.

Intraoperative management of shock in adults

Literature review current through: Dec 2017. | **This topic last updated:** Jan 25, 2018.

Perioperative temperature management

Literature review current through: Dec 2017. | **This topic last updated:** Jan 17, 2018.

Cochrane Library

Propofol for the promotion of sleep in adults in the intensive care unit

Sharon R Lewis, Oliver J Schofield-Robinson, Phil Alderson, Andrew F Smith

Online Publication Date: January 2018

NICE National Institute for Health and Care Excellence

End of life care: Annual statement of progress - December 2017 [PDF]

Source: Welsh Government - 13 December 2017

Compassionate collaborative care: an integrative review of quality indicators in end-of-life care
Source: PubMed - 01 December 2017 - Publisher: Bmc Palliative Care

Prevention of Ventilator-Associated and Early Postoperative Pneumonia Through Tapered Endotracheal Tube Cuffs: A Systematic Review and Meta-Analysis of Randomized Controlled Trials
Source: PubMed - 04 December 2017 - Publisher: Critical Care Medicine Read Summary

Ceftazidime-avibactam versus meropenem in nosocomial pneumonia, including ventilator-associated pneumonia(REPROVE): a randomised, double-blind, phase 3 non-inferiority trial
15 December 2017 - Publisher: The Lancet

Induced hypothermia in patients with septic shock and respiratory failure (CASS): a randomised, controlled, open-label trial
08 January 2018 - Publisher: The Lancet Respiratory Medicine

Earlier versus later initiation of renal replacement therapy among critically ill patients with acute kidney injury: a systematic review and meta-analysis of randomized controlled trials
Source: PubMed - 01 December 2017 - Publisher: Annals Of Intensive Care

Inotropic agents and vasodilator strategies for the treatment of cardiogenic shock or low cardiac output syndrome
Source: Cochrane Database of Systematic Reviews - 29 January 2018

Potentially Modifiable Risk Factors for Long-Term Cognitive Impairment After Critical Illness: A Systematic Review
Source: PubMed - 01 January 2018 - Publisher: Mayo Clinic Proceedings Read Summary

Practice Patterns and Outcomes Associated With Early Sedation Depth in Mechanically Ventilated Patients: A Systematic Review and Meta-Analysis
Source: PubMed - 08 December 2017 - Publisher: Critical Care Medicine

Departmental News

News, Research, Conferences, Training etc

Please contact us with any departmental news you wish to share with your colleagues in your Evidence Update bulletin.
library@uhbristol.nhs.uk

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Recent Database Articles

If you require full articles please email: **library@uhbristol.nhs.uk**

Below is a selection of articles related to medically unexplained symptoms recently added to the healthcare databases.

- **Ventilation: pneumonia, infection and oral care**
- **Life Support, Resuscitation and Temperature Targets**
- **Acute Kidney Injury and Renal Therapies**
- **Delirium and Sleep Deprivation**
- **End of Life Care and Treatment Withdrawal**

If you would like any of the following articles in full text,

Ventilation: pneumonia, infection and oral care

Early administration of appropriate antimicrobial agents to improve the outcome of carbapenem-resistant Acinetobacter baumannii complex bacteraemic pneumonia
Author(s): Park S.Y.; Lee E.J.; Kim T.H.; Kim T.; Choo E.J.; Yu S.N.; Jeon M.H.; Park K.-H.; Lee M.S.
Source: International Journal of Antimicrobial Agents; 2018
Publication Type(s): Article In Press
Abstract: Carbapenem-resistant Acinetobacter baumannii complex (CRABC) is an emerging pathogen that causes bloodstream infections and nosocomial pneumonia. This study aimed to describe severe infection associated with CRABC bacteraemic pneumonia and to investigate risk factors for 28-day mortality. **[ABSTRACT EDITED]**

Effect of extended infusion of meropenem and nebulized amikacin on Gram-negative multidrug-resistant ventilator-associated pneumonia
Author(s): Ammar M.; Abdalla W.
Source: Saudi Journal of Anaesthesia; 2018; vol. 12 (no. 1); p. 89-94
Publication Type(s): Article
Available at Saudi Journal of Anaesthesia - from Europe PubMed Central - Open Access
Abstract: Background: Ventilator-associated pneumonia (VAP) due to multidrug-resistant organisms (MDROs) is associated with a significant mortality in the Intensive Care Unit (ICU). The aim of this study was to compare the efficacy and safety of extended infusion of meropenem and nebulized amikacin on VAP caused by Gram-negative MDRO versus intravenous (IV) meropenem and amikacin alone. **[ABSTRACT EDITED]**

Evidence-based guidelines for prevention of ventilator-associated pneumonia: Evaluation of intensive care unit nurses' adherence
Author(s): Darawad M.W.; Sa'aleek M.A.; Shawashi T.
Source: American Journal of Infection Control; 2018
Publication Type(s): Article In Press
Abstract: Using self-reported questionnaires, this descriptive study assessed nurses' adherence to ventilator-associated pneumonia (VAP) guidelines, which was found to be 81.3%. Although items

concerning infection control achieved the highest scores, items concerning the suctioning process achieved the lowest scores. Participants' score of VAP care knowledge had a significant positive correlation with their score of VAP guidelines adherence. Addressing the strength and weakness domains that affect nurses' adherence is crucial for health care administrators at different managerial levels, which may help in executing different strategies to improve nurses' adherence to VAP strategies. Copyright © 2017 Association for Professionals in Infection Control and Epidemiology, Inc.

Early versus late tracheostomy after decompressive craniectomy for stroke.
Author(s): Catalino, Michael P; Lin, Feng-Chang; Davis, Nathan; Anderson, Keith
Source: Journal of intensive care; 2018; vol. 6 ; p. 1
Publication Type(s): Journal Article
Available at Journal of intensive care - from Europe PubMed Central - Open Access
Abstract: BackgroundStroke patients requiring decompressive craniectomy are at high risk of prolonged mechanical ventilation and ventilator-associated pneumonia (VAP). Tracheostomy placement may reduce the duration of mechanical ventilation. Predicting which patients will require tracheostomy and the optimal timing of tracheostomy remains a clinical challenge. In this study, the authors compare key outcomes after early versus late tracheostomy and develop a useful pre-operative decision-making tool to predict post-operative tracheostomy dependence. **[ABSTRACT EDITED]**

An antibiotic stewardship exercise in the ICU: building a treatment algorithm for the management of ventilator-associated pneumonia based on local epidemiology and the 2016 Infectious Diseases Society of America/American Thoracic Society guidelines.
Author(s): Awad, Lyn S; Abdallah, Dania I; Mugharbil, Anas M; Jisr, Tamima H; Droubi, Nabila S;
Source: Infection and drug resistance; 2018; vol. 11 ; p. 17-28
Publication Type(s): Journal Article
Available at Infection and drug resistance - from Europe PubMed Central - Open Access
Abstract: IntroductionManagement of ventilator-associated pneumonia (VAP), the most common infection in patients on mechanical ventilation, should be tailored to local microbiological data. The aim of this study was to determine susceptibility patterns of organisms causing VAP to develop a treatment algorithm based on these findings and evidence from the literature. **[ABSTRACT EDITED]**

No place like home redux
Author(s): Len E.; Lissauer M.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 322
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Modern hospitals often face capacity limits, leading to critically ill patients waiting for open beds in the intensive care unit (ICU). If the patient's destined ICU is at capacity, patients may be boarded in an alternate location. Boarding often requires the primary team to manage patients from afar. Coordinating care from a distance may have adverse effects. Previous studies suggest surgical ICU (SICU) patients boarding in the medical ICU (MICU) have worse outcomes. The aim of this project is to examine the association of ICU boarding on rates of nosocomial infection in primary MICU patients boarding in the SICU. **[ABSTRACT EDITED]**

Examining the benefit of double gramnegative coverage in critically ill patients with pneumonia
Author(s): Rumbaugh K.; Hayden C.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 328
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)

Abstract: Learning Objectives: The IDSA guidelines recommend double gram-negative (GN) coverage for pneumonia when patients have risk factors for resistance, or are in a unit with > 10% GN isolates resistant to the primary agent. Our surgical intensive care unit (SICU) utilizes empiric double GN coverage with an aminoglycoside(AMN) for hospital acquired and ventilator associated pneumonia (HAP/VAP) after hospital day 4. Our hypothesis is that double coverage with an AMN will significantly improve empiric antibiotic coverage for HAP/VAP. **[ABSTRACT EDITED]**

Narrow-spectrum empiric antimicrobial therapy for vap in critically ill trauma patients
Author(s): Krohn H.; Roth J.; Colley P.; Funk G.; Foreman M.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 328
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Ventilator-associated pneumonia (VAP) drives antimicrobial use in the intensive care unit. Current recommendations for VAP treatment include empiric regimens based on local pathogens and antimicrobial susceptibilities which prompted our site to perform a retrospective review of VAP causative pathogens in our traumatically injured patients. Our study aimed to assess the efficacy of a protocol that promotes narrow spectrum empiric antimicrobials for early-onset VAP in critically ill trauma patients. **[ABSTRACT EDITED]**

Identifying risk factors for mrsa pneumonia in sicu patients with ventilator-associated pneumonia
Author(s): Feeney M.; Lindsey D.; Vazquez D.; Porter K.; Murphy C.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 330
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: The incidence of ventilator-associated pneumonia (VAP) remains high in the intensive care unit (ICU) and multi-drug resistant (MDR) pathogens have become increasing prevalent as causative organisms. This study was conducted to identify the incidence of and risk factors for MRSA VAP in surgical ICU (SICU) patients. **[ABSTRACT EDITED]**

Chlorhexidine bathing and clostridium difficile infection in a surgical intensive care unit
Author(s): Bui L.; Swan J.; Shirkey B.; Randall O.; Long S.; Graviss E.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 329
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Clostridium difficile is the most common causative pathogen for hospital-acquired infections (HAIs) in the intensive care unit (ICU). This study evaluated the effect of chlorhexidine bathing every other day in preventing hospitalacquired Clostridium difficile infection (CDI) using a secondary analysis of data from a recently published CHlorhexidine Gluconate BATHing (CHG-BATH) randomized trial. **[ABSTRACT EDITED]**

A fatal outbreak of ST11 carbapenem-resistant hypervirulent Klebsiella pneumoniae in a Chinese hospital: a molecular epidemiological study
Author(s): Gu D.; Lin D.; Shu L.; Yu J.; Zhang R.; Huang M.; Wang L.; Dong N.; Zheng Z.; Chan E.W.-C.
Source: The Lancet Infectious Diseases; Jan 2018; vol. 18 (no. 1); p. 37-46
Publication Type(s): Article
Abstract: Background Hypervirulent Klebsiella pneumoniae strains often cause life-threatening community-acquired infections in young and healthy hosts, but are usually sensitive to antibiotics. In this study, we investigated a fatal outbreak of ventilator-associated pneumonia caused by a new emerging hypervirulent K pneumoniae strain. **[ABSTRACT EDITED]**

Unusually High Incidences of Staphylococcus aureus Infection within Studies of Ventilator Associated Pneumonia Prevention Using Topical Antibiotics: Benchmarking the Evidence Base.

Author(s): Hurley, James C
Source: Microorganisms; Jan 2018; vol. 6 (no. 1)
Publication Type(s): Journal Article
Available at Microorganisms - from Europe PubMed Central - Open Access
Abstract: Selective digestive decontamination (SDD, topical antibiotic regimens applied to the respiratory tract) appears effective for preventing ventilator associated pneumonia (VAP) in intensive care unit (ICU) patients. However, potential contextual effects of SDD on Staphylococcus aureus infections in the ICU remain unclear. The S. aureus ventilator associated pneumonia (S. aureus VAP), VAP overall and S. aureus bacteremia incidences within component (control and intervention) groups within 27 SDD studies were benchmarked against 115 observational groups. **[ABSTRACT EDITED]**

Efficacy and safety of normal saline instillation and paediatric endotracheal suction: An integrative review.
Author(s): Schults, Jessica; Mitchell, Marion L; Cooke, Marie; Schibler, Andreas
Source: Australian critical care : official journal of the Confederation of Australian Critical Care Nurses; Jan 2018; vol. 31 (no. 1); p. 3-9
Publication Type(s): Journal Article Review
Abstract:OBJECTIVETo synthesise research findings regarding the efficacy and safety of normal saline instillation (NSI) during endotracheal suction in the paediatric intensive care unit.DATA SOURCESThe Cochrane Library, PROSPERO, the National Health Service Centre for Reviews and Dissemination, PubMed and Cumulative Index to Nursing and Allied Health (CINAHL) databases were systematically searched. Subject headings included "suctioning, endotracheal", "suction", "sodium chloride", "normal saline" and "paediatrics". Additional references were sourced from hand searches of journal article reference lists and Google Scholar. **[ABSTRACT EDITED]**

Colonization of oropharynx and lower respiratory tract in critical patients: Risk of ventilator-associated pneumonia.
Author(s): de Carvalho Baptista, Ivany Machado; Martinho, Frederico Canato
Source: Archives of oral biology; Jan 2018; vol. 85 ; p. 64-69
Publication Type(s): Journal Article
Abstract:OBJECTIVETo investigate the microbial diversity existing in oral cavity and respiratory tract samples (from mini-bronchoalveolar lavage (BAL), endotracheal aspirate, and orotracheal tube) of patients on mechanical ventilation by using the checkerboard DNA-DNA hybridisation. Also, the study aimed to evaluate whether the microbial profile in the oral cavity is found in respiratory tract samples, at different periods of mechanical ventilation time (12h, 48h, 96h) in attempt to identification of relationship between VAP (ventilator-associated pneumonia) and bacterial species studied. The last objective was to analyses correlation between blood cultures and VAP. **[ABSTRACT EDITED]**

Comparison of standard versus extended durations of antimicrobial therapy for hospital-acquired pneumonia
Author(s): Petite S.; Nguyen K.
Source: Pharmacotherapy; 2017; vol. 37 (no. 12)
Publication Type(s): Conference Abstract
Abstract:INTRODUCTION: The Infectious Diseases Society of America recommends a seven-day duration of antimicrobial therapy for hospital-acquired pneumonia (HAP); however, this recommendation is based on low quality evidence. The majority of evidence supporting this recommendation is from ventilator-associated pneumonia clinical trials. Due to the lack of literature regarding length of antimicrobial therapy for HAP, adherence to guideline recommendations is variable in clinical practice. RESEARCH QUESTION OR HYPOTHESIS: Clinical stability at day 7 is no different between

patients treated with standard duration (<7 days) compared to extended duration (>7 days) antimicrobial therapy. **[ABSTRACT EDITED]**

Comparing the Effect of Echinacea and Chlorhexidine Mouthwash on the Microbial Flora of Intubated Patients Admitted to the Intensive Care Unit.
Author(s): Safarabadi, Mehdi; Ghaznavi-Rad, Ehsanollah; Pakniyat, Abdolghader; Rezaie, Korosh
Source: Iranian journal of nursing and midwifery research; 2017; vol. 22 (no. 6); p. 481-485
Publication Type(s): Journal Article
Available at Iranian journal of nursing and midwifery research - from Europe PubMed Central - Open Access
Abstract: BackgroundProviding intubated patients admitted to the intensive care units with oral healthcare is one of the main tasks of nurses in order to prevent Ventilator-Associated Pneumonia (VAP). This study aimed at comparing the effects of two mouthwash solutions (echinacea and chlorhexidine) on the oral microbial flora of patients hospitalized in the intensive care units. **[ABSTRACT EDITED]**

Effects of 60degree semi-recumbent position on preventing ventilator-associated pneumonia: A single-blind prospective randomised clinical trial
Author(s): Hassankhani H.; Akbarzadeh S.; Lakdizaji S.; Mamaghani E.A.; Najafi A.
Source: Journal of Clinical and Diagnostic Research; Dec 2017; vol. 11 (no. 12)
Publication Type(s): Article
Available at Journal of Clinical and Diagnostic Research - from Europe PubMed Central - Open Access
Abstract: Introduction: Head-of-Bed Elevation (HOBE) is now considered as a main modifiable factor for decreasing Ventilator-Associated Pneumonia (VAP) especially in the area of intensive care nursing. Despite numerous studies on the beneficial effects of different HOBE, there is little scientific evidence examining the effect of a 60degree HOBE position. Aim: The present study aimed to examine the effect of 60degree HOBE on preventing VAP and respiratory parameters in mechanically ventilated patients. **[ABSTRACT EDITED]**

Epidemiologic characteristics and outcomes of major trauma patients requiring prolonged mechanical ventilation
Author(s): Kung S.-C.; Lin W.-T.; Tsai T.-C.; Lin M.-H.; Chang C.-H.; Lai C.-C.; Chao C.-M.
Source: Medicine (United States); Dec 2017; vol. 96 (no. 52)
Publication Type(s): Article
Available at Medicine (United States) - from Europe PubMed Central - Open Access
Abstract: The epidemiologic characteristics and outcomes of severe trauma patients requiring prolonged mechanical ventilation (PMV) remain unclear. This retrospective study aims to investigate the outcomes of PMV in this specific group. **[ABSTRACT EDITED]**

Oral care with chlorhexidine seems effective for reducing the incidence of ventilator-associated pneumonia
Author(s): Veitz-Keenan A.; Ferraiolo D.M.
Source: Evidence-based dentistry; Dec 2017; vol. 18 (no. 4); p. 113-114
Publication Type(s): Note
Abstract: Data sourcesElectronic databases searched were Cochrane Oral Health's Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL), Medline Ovid, Embassy Ovid, LILACS BIREME Virtual Health Library, CINAHL EBSCO, Chinese Biomedical Literature Database, China National Knowledge Infrastructure, Wan Fang Database and VIP Database ClinicalTrials.gov and the World Health Organisation International Clinical Trials Registry Platform for ongoing trials. No restrictions on language or date of publication.Study selectionRandomised controlled trials (RCTs)

were included evaluating OHC in the form of mouthwashes, swabs or toothbrushing or in combination in critically ill patients receiving mechanical ventilation. **[ABSTRACT EDITED]**

Invasive versus non-invasive ventilation for acute respiratory failure in neuromuscular disease and chest wall disorders
Author(s): Luo F.; He L.; Yang M.; Zhou M.; Annane D.; Orlikowski D.; Liu G.J.
Source: Cochrane Database of Systematic Reviews; Dec 2017; vol. 2017 (no. 12)
Publication Date: Dec 2017
Publication Type(s): Review
Available at Cochrane Database of Systematic Reviews - from Cochrane Collaboration (Wiley)
Abstract: Background: Acute respiratory failure is a common life-threatening complication of acute onset neuromuscular diseases, and may exacerbate chronic hypoventilation in patients with neuromuscular disease or chest wall disorders. Standard management includes oxygen supplementation, physiotherapy, cough assistance, and, whenever needed, antibiotics and intermittent positive pressure ventilation. Non-invasive mechanical ventilation (NIV) via nasal, buccal or full-face devices has become routine practice in many centres. Objectives: The primary objective of this review was to compare the efficacy of non-invasive ventilation with invasive ventilation in improving short-term survival in acute respiratory failure in people with neuromuscular disease and chest wall disorders. The secondary objectives were to compare the effects of NIV with those of invasive mechanical ventilation on improvement in arterial blood gas after 24 hours and lung function measurements after one month, incidence of barotrauma and ventilator-associated pneumonia, duration of mechanical ventilation, length of stay in the intensive care unit and length of hospital stay. **[ABSTRACT EDITED]**

Compliance of Nurses and Hospitals With Ventilator-Associated Pneumonia Prevention Guidelines: A Middle Eastern Survey.
Author(s): Aloush, Sami M; Abdelkader, Fadia A; Al-Sayaghi, Khaled; Tawalbeh, Loai I
Source: Journal of nursing care quality; Dec 2017
Publication Type(s): Journal Article
Abstract: This study was a self-reported cross-sectional survey that investigated nurses' and hospitals' compliance with ventilator-associated pneumonia prevention guidelines and the barriers and factors that affect their level of compliance. A questionnaire was completed by 471 intensive care unit nurses from 16 medical centers in 3 Middle Eastern countries: Jordan, Egypt, and Saudi Arabia. The results show that both nurses and hospitals have insufficient compliance. Previous education, experience, and academic degree were all found to affect nurses' compliance.

A Comparison of Clinical Characteristics and Outcomes of Ventilator-Associated Pneumonias Among Burn Patients by Diagnostic Criteria Set.
Author(s): Younan, Duraid; Griffin, Russell; Swain, Thomas; Schinnerer, Eric; Pittet, Jean-Francois
Source: Shock (Augusta, Ga.); Dec 2017; vol. 48 (no. 6); p. 624-628
Publication Type(s): Journal Article
Abstract:OBJECTIVESThe National Healthcare Safety Network (NHSN) replaced its old definition for ventilator-associated pneumonia (VAP) with ventilator-associated events (VAEs) in 2013. Little data is available comparing the two definitions in burn patients. **[ABSTRACT EDITED]**

Efficacy and Cost-Benefit Analysis of a Global Environmental Cleaning Algorithm on Hospital-Acquired Infection Rates.
Author(s): Everett, Barbara R; Sitton, J Tracy; Wilson, Marlene
Source: Journal of patient safety; Dec 2017; vol. 13 (no. 4); p. 207-210
Publication Type(s): Journal Article

Abstract:OBJECTIVEThis study evaluates clinical outcomes and cost-benefit analysis before and after implementation of a global environmental cleaning algorithm on all hospital-acquired infection (HAI) rates. **[ABSTRACT EDITED]**

Effect of nursing care hours on the outcomes of Intensive Care assistance
Author(s): Nogueira T.D.A.; Menegueti M.G.; Laus A.M.; Perdona G.D.S.C.; Auxiliadora-Martins M.
Source: PLoS ONE; Nov 2017; vol. 12 (no. 11)
Publication Type(s): Article
Available at PLoS ONE - from EBSCO (MEDLINE Complete)
Abstract: Objectives: To correlate the average number of nursing care hours dedicated to Intensive Care Unit (ICU) patients with nursing care indicators. **[ABSTRACT EDITED]**

Association between implementation of "bundles of care" and possible ventilator associated pneumonia (PVAP) among mechanically ventilated patients in the intensive care unit: A quasi-experimental study
Author(s): Estrella P.A.; Abarquez A.F.; Orden M.C.
Source: Respirology; Nov 2017; vol. 22 ; p. 20
Publication Type(s): Conference Abstract
Abstract: Background and Aims: Ventilator Associated Pneumonia (VAP) is a serious medical condition causing significant morbidity and mortality among mechanically ventilated patients. "VAP Bundles of Care" is a process improvement program that lessens the incidence of VAP. This study aims to determine the impact of "VAP Bundles of Care" program in reducing the episodes of Possible Ventilator Associated Pneumonia (pVAP) in The Medical City Adult Intensive Care Unit (TMC-ICU). It also aims to determine the association between the implementation of "Bundles of Care" with secondary outcomes namely ventilator days, length of ICU stay, length of hospital stay and mortality among intubated adult patients in TMC-ICU from January 2008-December 2015. **[ABSTRACT EDITED]**

Effect of intensive education and training of nurses on ventilator-associated pneumonia and central line-associated bloodstream infection incidence in intensive care unit at a tertiary care center in North India
Author(s): Sahni N.; Gandhi K.; Saini V.; Yaddanapudi L.N.; Biswal M.; Kaur K.
Source: Indian Journal of Critical Care Medicine; Nov 2017; vol. 21 (no. 11); p. 779-782
Publication Type(s): Article
Available at Indian Journal of Critical Care Medicine - from Europe PubMed Central - Open Access
Abstract: Objective: The aim was to analyze the impact of education and training of nurses on the incidence of ventilator-associated pneumonia (VAP) and central line-associated bloodstream infection (CLABSI). **[ABSTRACT EDITED]**

Distribution and antibiotic susceptibility of pathogens isolated from adults with hospital-acquired and ventilator-associated pneumonia in intensive care unit
Author(s): Djordjevic Z.M.; Folic M.M.; Jankovic S.M.
Source: Journal of Infection and Public Health; Nov 2017; vol. 10 (no. 6); p. 740-744
Publication Type(s): Article
Abstract: Hospital-acquired pneumonia (HAP) and ventilator-associated pneumonia (VAP) are the most common hospital infections with the highest prevalence in intensive care units (ICU). The aim of this study was to investigate prevalence of bacterial pathogens isolated from ICU patients with HAP/VAP and reveal their susceptibility rates in order to establish a basis for empirical antibiotic therapy. **[ABSTRACT EDITED]**

Cost assessment of a new oral care program in the intensive care unit to prevent ventilator-associated pneumonia.
Author(s): Ory, Jérôme; Mourgues, Charline; Raybaud, Evelyne; Chabanne, Russell

Source: Clinical oral investigations; Nov 2017
Publication Type(s): Journal Article
Abstract:OBJECTIVESVentilator-associated pneumonia (VAP) is the most frequent hospital-acquired infections in intensive care units (ICU). In the bundle of care to prevent the VAP, the oral care is very important strategies, to decrease the oropharyngeal bacterial colonization and presence of causative bacteria of VAP. In view of the paucity of medical economics studies, our objective was to determine the cost of implementing this oral care program for preventing VAP. **[ABSTRACT EDITED]**

Nurses' implementation of ventilator-associated pneumonia prevention guidelines: an observational study in Jordan.
Author(s): Aloush, Sami M
Source: Nursing in critical care; Nov 2017
Publication Type(s): Journal Article
Abstract:BACKGROUNDVentilator-associated pneumonia prevention guidelines from the Center for Disease Control and Prevention, the American Thoracic Society, and the Institute for Health Care and Improvement have been published to reduce the rate of ventilator-associated pneumonia in the clinical settings; however, nurses' compliance with these guidelines is still questionable.AIMSThe purpose of this study was to assess nurses' compliance with ventilator-associated pneumonia prevention guidelines and the factors that influence their compliance.DESIGNA structured observational design with a non-participant approach. **[ABSTRACT EDITED]**

Management of mechanical ventilation in patients with hospital-acquired pneumonia: A retrospective, observational study.
Author(s): Uvizl, Radovan; Herkel, Tomas; Langova, Katerina; Jakubec, Petr
Source: Biomedical papers of the Medical Faculty of the University Palacky, Olomouc, Czechoslovakia; Nov 2017
Publication Type(s): Journal Article
Available at Biomedical papers of the Medical Faculty of the University Palacky, Olomouc, Czechoslovakia - from EBSCO (MEDLINE Complete)
Abstract:BACKGROUNDHospital-acquired pneumonia (HAP) in intensive care patients is a frequent reason for mechanical ventilation (MV). The management of MV and ventilator weaning vary, depending on the type of lung inflammation. This retrospective, observational study screened the data from all patients admitted to the intensive care unit (ICU) of the Department of Anaesthesiology and Intensive Care Medicine, Faculty of Medicine and Dentistry, Palacky University Olomouc between 2011 and 2016. The aims were to determine the parameters of pressure-controlled ventilation, the frequencies of tracheostomy, bronchoscopy, reconnection to MV, the length of ICU and hospital stay and the mortality in subgroups with early-/late-onset HAP compared to a subgroup with community-acquired pneumonia (CAP) and patients with MV without pneumonia. The primary outcome of this study was MV length. **[ABSTRACT EDITED]**

Randomized, multicenter trial of lateral Trendelenburg versus semirecumbent body position for the prevention of ventilator-associated pneumonia.
Author(s): Li Bassi, Gianluigi; Panigada, Mauro; Ranzani, Otavio T; Zanella, Alberto; Berra, Lorenzo
Source: Intensive care medicine; Nov 2017; vol. 43 (no. 11); p. 1572-1584
Publication Type(s): Journal Article
Abstract:PURPOSEThe lateral Trendelenburg position (LTP) may hinder the primary pathophysiologic mechanism of ventilator-associated pneumonia (VAP). We investigated whether placing patients in the LTP would reduce the incidence of VAP in comparison with the semirecumbent position (SRP). **[ABSTRACT EDITED]**

Impact of tapered-cuff tracheal tube on microaspiration of gastric contents in intubated critically ill patients: a multicenter cluster-randomized cross-over controlled trial.

Author(s): Jaillette, Emmanuelle; Girault, Christophe; Brunin, Guillaume; Zerimech, Farid
Source: Intensive care medicine; Nov 2017; vol. 43 (no. 11); p. 1562-1571
Publication Type(s): Journal Article
Abstract:PURPOSEStudies on the impact of tapered-cuff tracheal tubes on rates of microaspiration and ventilator-associated pneumonia (VAP) in intubated patients have reported conflicting results. The aim of this study was to determine the influence of this shape of tracheal cuff on abundant microaspiration of gastric contents in critically ill patients. **[ABSTRACT EDITED]**

Life Support, Resuscitation and Temperature Targets

Organ support therapy in the intensive care unit and return to work in out-of-hospital cardiac arrest survivors-A nationwide cohort study
Author(s): Riddersholm S.; Rasmussen B.S.; Kragholm K.; Torp-Pedersen C.; Mortensen R.N.
Source: Resuscitation; 2018
Publication Type(s): Article In Press
Abstract: Aim: With increased survival after out-of-hospital cardiac arrest (OHCA), impact of the post-resuscitation course has become important. Among 30-day OHCA survivors, we investigated associations between organ support therapy in the Intensive Care Unit (ICU) and return to work. **[ABSTRACT EDITED]**

An EICU/ICU collaborative to reduce sepsis mortality
Author(s): Maples L.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 686
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Sepsis costs over 20 billion dollars annually to treat making it the most expensive diagnosis for hospitals (Afrefian, et al., 2017) and carries with it an average mortality rate of 45% (SCCM, 2016). The eICU/ICU collaborative project was developed to improve sepsis mortality at Sutter Health's Solano hospital affiliate from 41.2% to the system-wide goal of 18.8% over the course of a year by implementing two technologies. **[ABSTRACT EDITED]**

Impact of varying ICU hyperglycemia severities on sepsis mortality
Author(s): Liang M.; Ty P.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 740
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Studies have documented increased mortality in critically ill patients presenting with higher blood glucose(BG) levels compared to those with lower levels. However, the relationship between elevated BG and mortality in sepsis has not been fully elucidated. A study found that sepsis patients presenting with baseline hyperglycemia had higher mortality compared to those without. However, another study found that sepsis patients with elevated average(avg) BG in the ICU had less mortality compared to those with lower levels. Our study aims to further delineate the relationship between different degrees of hyperglycemia and mortality in sepsis patients. **[ABSTRACT EDITED]**

Specialty intensive care and multispecialty resuscitation unit providers: Is care equivalent?
Author(s): Dawson M.; Medic A.; Nguyen T.; Palmer J.; Gilliam W.; Mikesell J.; Ejeh S.; Tiffany L.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 132
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)

Abstract: Learning Objectives: Spontaneous intracerebral hemorrhage (sICH) is a life-threatening emergency that can result in death or severe disability. Judicious control of hypertension, achieved with intravenous antihypertensives to a target systolic blood pressure (SBP) between 140-160mm Hg has been shown to abate hematoma expansion. The Critical Care Resuscitation Unit (CCRU) at the University of Maryland Medical Center (UMMC) is a novel resuscitation unit for the inter-hospital transfer of patients requiring a variety of specialized time-sensitive critical care interventions when a specialty intensive care (ICU) bed is not available. The CCRU Advanced Practice Providers (APP) perform the vast majority of invasive procedures, including arterial cannulations. We hypothesized that CCRU APPs achieved target SBP comparably to those at the specialty Neuro-Critical Care Unit (NCCU). **[ABSTRACT EDITED]**

Detrimental effect of supplemental dextrose infusions in the intensive care unit
Author(s): Bissell B.; Magee C.; Thompson-Bastin M.; Flannery A.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 200
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Enteral nutrition is recommended in the first 24-28 hours after admission to the intensive care unit (ICU) to mitigate metabolic complications of critical illness. Conversely, concern for reperfusion injury during resuscitation often leaves the safety of early enteral feeding up to question. Dextrose infusions are postulated to limit hypoglycemia and tissue catabolism and have been recommended in the acutely ill to prevent starvation ketosis. Our institution has available a supplemental dextrose infusion (SDI) consisting of dextrose 10% with a multivitamin and utilization of such is left to physician discretion. We postulate such continuous solutions have the potential to be overlooked resulting in excess fluid administration, hyponatremia, and delays in enteral feeding. This study sought to evaluate whether SDI is a significant contributor to overall volume status and the impact on clinical outcomes. **[ABSTRACT EDITED]**

Effect of target temperature management in the ICU after cardiac arrest stratified by RSO2
Author(s): Nakatani Y.; Nakayama T.; Nishiyama K.; Takahashi Y.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 125
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Target temperature management (TTM) has been used in clinical practice for comatose patients after cardiac arrest with return of spontaneous circulation (ROSC). The recent guidelines recommend temperature for TTM from 32 to 36degreeC. We considered patients who benefit from a TTM of 32 to 34degreeC might have specific features, and examined whether the treatment is effective in comatose cardiac arrest patients by being stratified according to every 10% of rSO2 on hospital arrival, based on our hypothesis that certain subgroups of patients benefit from the treatment. **[ABSTRACT EDITED]**

Racial and Geographic Disparities in Interhospital ICU Transfers
Author(s): Tyler P.D.; Stone D.J.; Geisler B.P.; McLennan S.; Celi L.A.; Rush B.
Source: Critical Care Medicine; Jan 2018; vol. 46 (no. 1)
Publication Type(s): Article
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Objectives: Interhospital transfer, a common intervention, may be subject to healthcare disparities. In mechanically ventilated patients with sepsis, we hypothesize that disparities not disease related would be found between patients who were and were not transferred. Design: Retrospective cohort study. Setting: Nationwide Inpatient Sample, 2006-2012. **[ABSTRACT EDITED]**

Leptospirosis in ICU: A Retrospective Study of 134 Consecutive Admissions
Author(s): Delmas B.; Jabot J.; Chanareille P.; Allyn J.; Allou N.; Gauzere B.-A.; Martinet O.

Source: Critical Care Medicine; Jan 2018; vol. 46 (no. 1); p. 93-99
Publication Type(s): Article
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Objectives: Leptospirosis causes reversible multiple organ failure, and its mortality remains high. The aim of this study was to determine the mortality rate of leptospirosis in an ICU offering all types of organ support available nowadays and to compare it with mortality in bacterial sepsis. **[ABSTRACT EDITED]**

End-of-Life Decision-Making for Patients With Geriatric Trauma Cared for in a Trauma Intensive Care Unit.
Author(s): Wooster, Meghan; Stassi, Alyssa; Hill, Joshua; Kurtz, James; Bonta, Marco
Source: The American journal of hospice & palliative care; Jan 2018 ; p. 1049909117752670
Publication Type(s): Journal Article
Abstract:BACKGROUNDThe geriatric trauma population is growing and fraught with poor physiological response to injury and high mortality rates. Our primary hypothesis analyzed how prehospital and in-hospital characteristics affect decision-making regarding continued life support (CLS) versus withdrawal of care (WOC). Our secondary hypothesis analyzed adherence to end-of-life decisions regarding code status, living wills, and advanced directives. **[ABSTRACT EDITED]**

Oral adjunctive midodrine for weaning vasopressor in the medical intensive care unit: A silver bullet?
Author(s): Dixit D.
Source: Pharmacotherapy; 2017; vol. 37 (no. 12)
Publication Type(s): Conference Abstract
Abstract:INTRODUCTION: Persistent hypotension after adequate resusci-tation and source control for septic shock is common and can be a major obstacle to discharging patients from the intensive care unit (ICU). Failure to wean off intravenous (IV) vasopressors can lead to increased length of stay and ICU-related complications. Recently there has been an increasing interest in using midodrine, an oral alpha-1 receptor agonist to facilitate weaning off IV vaso-pressors. However, evidence supporting this off-label use of mido-drine in the ICU is scarce CASE: We present a case series of five adult patients who received adjunctive midodrine to facilitate weaning IV vasopressors. **[ABSTRACT EDITED]**

What are the ethical aspects surrounding intensive care unit admission in patients with cancer?
Author(s): Rigaud J.-P.; Gelinotte S.; Declercq P.-L.; Large A.; Meunier-Beillard N.; Dargent A**Source:** Annals of Translational Medicine; Dec 2017; vol. 5
Publication Type(s): Review
Available at Annals of Translational Medicine - from Europe PubMed Central - Open Access
Abstract: Improvements in living conditions and increasing life expectancy have combined to result in ever older patients being admitted to hospital. In parallel, the increasing incidence of cancer, along with the improved efficacy of anti-cancer therapies has led to greater needs for intensive care among cancer patients. The objectives underpinning the management of cancer patients in the intensive care unit (ICU) are to achieve a return to a clinical status that would allow the patient to be either, transferred back to the original unit, or discharged from the hospital with an acceptable quality of life, and where warranted, pursuit of cancer therapy. The relevance of ICU admission should be assessed systematically for patients with active cancer. The decision needs to be made taking into account the expected benefit for the patient, the life-support therapies that are possible with discussion about a care project, and also considering the future quality of life and the short and long-term prognosis. **[ABSTRACT EDITED]**

A few realistic questions raised by organ retrieval in the intensive care unit
Author(s): Lesieur O.; Leloup M.; Genteuil L.

Source: Annals of Translational Medicine; Dec 2017; vol. 5
Publication Type(s): Review
Available at Annals of Translational Medicine - from Europe PubMed Central - Open Access
Abstract: Organ transplantation saves the lives of many persons who would otherwise die from end-stage organ disease. The increasing demand for donated organs has led to a renewed interest in donation after circulatory determination of death (CDD). In many countries (including France), terminally ill patients who die of circulatory arrest after a planned withdrawal of life support may be considered as organ donors under certain conditions. While having equal responsibility towards the potential donor and the persons awaiting a transplant, caregivers may experience an ethical dilemma between the responsibility to deliver the best care to the dying, and the need to retrieve the organs. **[ABSTRACT EDITED]**

Personalised fluid resuscitation in the ICU: Still a fluid concept?
Author(s): van Haren F.
Source: Critical Care; Dec 2017; vol. 21
Publication Type(s): Review
Available at Critical Care - from EBSCO (MEDLINE Complete)
Abstract: The administration of intravenous fluid to critically ill patients is one of the most common, but also one of the most fiercely debated, interventions in intensive care medicine. Even though many thousands of patients have been enrolled in large trials of alternative fluid strategies, consensus remains elusive and practice is widely variable. Critically ill patients are significantly heterogeneous, making a one size fits all approach unlikely to be successful. New data from basic, animal, and clinical research suggest that fluid resuscitation could be associated with significant harm. There are several important limitations and concerns regarding fluid bolus therapy as it is currently being used in clinical practice. These include, but are not limited to: the lack of an agreed definition; limited and short-lived physiological effects; no evidence of an effect on relevant patient outcomes; and the potential to contribute to fluid overload, specifically when fluid responsiveness is not assessed and when targets and safety limits are not used. **[ABSTRACT EDITED]**

Out-of-hospital cardiac arrest: Evaluation of patient outcomes and impact on icu resources
Author(s): Foong K.W.; Davies W.; Braganza D.; Jones N.
Source: Heart; Dec 2017; vol. 103
Publication Type(s): Conference Abstract
Available at Heart - from BMJ Journals - NHS
Abstract: Background Recent European Society of Cardiology guidelines recommend that Primary Percutaneous Coronary Intervention (PPCI) be considered in all patients resuscitated from out-of-hospital cardiac arrest (OHCA). **[ABSTRACT EDITED]**

TB prophylaxis along with anti-TNF drug lands patient in to ICU
Author(s): Agarwal D.; Gupta P.; Jain N.; Lapsiwala M.; Agarwal A.; Kumar A.
Source: Indian Journal of Rheumatology; Nov 2017; vol. 12 (no. 5)
Publication Type(s): Conference Abstract
Abstract: History: A 67-year old male, known case of RA (8 years duration) with hypertension, was admitted to hospital in June 2017 with drowsiness and loss of appetite for 1 week.There was no history of headache, vomiting, fever, seizures, slurring of speech, weakness of limbs or skin rash. He was on methotrexate + leflunomide with intermittent glucocorticoids. A week ago he was started on etanercept biosimilar and isoniazid + rifampicin (for LTBI). Examination Findings: Temperature 96.2degreeF, pulse 44/ min, respiratory rate 14/min, BP 90/54 mmHg, sPO2 88%. Patient was comatose with GCS: E2V2M4. Ankle jerks showed delayed relaxation. He had multiple rheumatoid nodules and deformities [Figure 1]. Other systems were normal. Investigations: TSH 98 uIU/ml, FT3 <0.4 pg/ml and FT4 <1ng/dl. pH 7.1, HCO3 8, pCO2 23, Na/K 116/4.9. Brain NCCT and MRI normal. Hb 11.7gm%, TLC 12250/mm3, platelet 1,71,000/mm3, AST/ALT 53/21 IU/ml, ALP 89 U/ ml, total

protein 7.6 gm%, A/G 3.8/3.8, creatinine 2mg%, serum procalcitonin 0.56ng/ml, blood and urine cultures: sterile, CSF normal, chest x-ray: left upper zone opacity, QFT gold, Mantoux, HBsAg, anti-HCV negative. **[ABSTRACT EDITED]**

Outcomes and changes in code status of patients with acute myeloid leukemia undergoing induction chemotherapy who were transferred to the intensive care unit
Author(s): Ahmed T.; Koch A.L.; Klepin H.D.; Bishop J.M.; Ellis L.R.; Berenzon D.; Howard D.; Lyerly S.
Source: Leukemia Research; Nov 2017; vol. 62 ; p. 51-55
Abstract: Patients with Acute Myeloid Leukemia (AML) have compromised marrow function and chemotherapy causes further suppression. As a result complications are frequent, and patients may require admission to the intensive care unit (ICU). How codes status changes when these events occur and how those changes influence outcome are largely unknown. Outcomes for adult patients with AML, undergoing induction chemotherapy, and transferred to the ICU between January 2000 and December 2013 were analyzed. 94 patients were included. **[ABSTRACT EDITED]**

Acute Kidney Injury and Renal Therapies

Response to different furosemide doses predicts AKI progression in ICU patients with elevated plasma NGAL levels.
Author(s): Matsuura, Ryo; Komaru, Yohei; Miyamoto, Yoshihisa; Yoshida, Teruhiko;
Source: Annals of intensive care; Jan 2018; vol. 8 (no. 1); p. 8
Publication Type(s): Journal Article
Available at Annals of intensive care - from Europe PubMed Central - Open Access
Abstract:BACKGROUNDFurosemide responsiveness (FR) is determined by urine output after furosemide administration and has recently been evaluated as a furosemide stress test (FST) for predicting severe acute kidney injury (AKI) progression. Although a standardized furosemide dose is required for FST, variable dosing is typically employed based on illness severity, including renal dysfunction in the clinical setting. This study aimed to evaluate whether FR with different furosemide doses can predict AKI progression. We further evaluated the combination of an AKI biomarker, plasma neutrophil gelatinase-associated lipocalin (NGAL), and FR for predicting AKI progression. **[ABSTRACT EDITED]**

Effects of stress ulcer prophylaxis in adult ICU patients receiving renal replacement therapy (Sup-Icu RENal, SIREN): Study protocol for a pre-planned observational study.
Author(s): Schefold, Joerg C; Perner, Anders; Lange, Theis; Wetterslev, Jørn; Wise, Matt P;
Source: Trials; Jan 2018; vol. 19 (no. 1); p. 26
Publication Type(s): Journal Article
Available at Trials - from EBSCO (MEDLINE Complete)
Abstract:BACKGROUNDProton pump inhibitors are often used in critically ill patients to prevent gastrointestinal bleeding despite limited evidence for benefit. Patients with acute kidney injury requiring renal replacement therapy (RRT) are at high risk of gastrointestinal bleeding as (pre-)uremia induces coagulopathy through effects on platelets and coagulation cascades. No high-quality randomized clinical trials have previously assessed the benefits and harms of prophylactic proton pump inhibitor use in this high-risk population of adult critically ill patients. **[ABSTRACT EDITED]**

B-lines score on lung ultrasound as a direct measure of respiratory dysfunction in ICU patients with acute kidney injury.
Author(s): Ciumanghel, Adi; Siriopol, Ianis; Blaj, Mihaela; Siriopol, Dimitrie; Gavrilovici, Cristina; Covic, Adrian
Source: International urology and nephrology; Jan 2018; vol. 50 (no. 1); p. 113-119

Publication Type(s): Journal Article
Abstract:PURPOSEFluid overload is frequently found in critically ill patients with acute kidney injury (AKI) and is associated with adverse outcomes. Lung ultrasonography (LUS) and bioimpedance spectroscopy (BIS) are potentially useful tools for the noninvasive volume assessment. We evaluated the utility of these measures, alone or in combination, in estimating the PaO2/FiO2 ratio in critical patients with AKI. **[ABSTRACT EDITED]**

Epidemiology of acute kidney injury in patients with stroke: a retrospective analysis from the neurology ICU.
Author(s): Wang, Dongxue; Guo, Yidan; Zhang, Yin; Li, Zhaoxia; Li, Ang; Luo, Yang
Source: Internal and emergency medicine; Jan 2018; vol. 13 (no. 1); p. 17-25
Publication Type(s): Journal Article
Abstract: Acute kidney injury (AKI) is proven to be an independent risk factor for adverse clinical outcomes in patients with stroke, but data about the epidemiology of AKI in these patients are not well characterized. Therefore, we investigated the incidence, risk factors, and the impact of AKI on the clinical outcomes in a group of Chinese patients with stroke. **[ABSTRACT EDITED]**

A comparison of nephrotoxicity in non-intensive care unit medical-surgical patients receiving vancomycin alone versus vancomycin with piperacillin-tazobactam
Author(s): Eberle H.; Rogers M.; Lee M.; Hill D.; Cross S.
Source: Infectious Diseases in Clinical Practice; Jan 2018; vol. 26 (no. 1); p. 23-26
Publication Type(s): Article
Abstract: Background Recent studies have identified an increase in nephrotoxicty in patients receiving vancomycin plus piperacillin-tazobactam (PT) when compared with vancomycin monotherapy. To date, studies have evaluated all hospitalized patients or intensive care unit patients only. The purposes of this study were to examine the incidence of acute kidney injury (AKI) in patients who received vancomycin either as monotherapy or with PT in a non-intensive care unit medical-surgical setting and to identify potential risk factors for the development of AKI. **[ABSTRACT EDITED]**

Acute kidney injury (AKI) progression during the first five days of an ICU stay
Author(s): Pachucki M.; Ghosh E.; Eshelman L.; Palanisamy K.; Gould T.; Bourdeaux C.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 660
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Acute Kidney Injury (AKI) is a common phenomenon occurring in more than half of ICU patients worldwide and is associated with mortality and morbidity that extends beyond ICU stay. It is a condition clinicians may fail to diagnose early. There is no single remedy for established AKI and early identification of patients with AKI has the potential to improve outcomes. **[ABSTRACT EDITED]**

Hemophagocytic lymphohistiocytosis in the ICU: A masked entity on the severe sepsis spectrum?
Author(s): Subramany S.; Nodurft D.; Gurram P.; Kakkera K.; Goel A.; Koppurapu V.; Alam S.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 701
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Hemophagocytic lymphohistiocytosis (HLH) secondary to infections can have a highly varied presentation over a background of sepsis and multi-organ failure. We report 2 such cases of HLH in the ICU secondary to Herpes virus infections. **[ABSTRACT EDITED]**

Application of a renal biomarker in patients in our intensive care unit with septic shock
Author(s): Sunderkrishnan R.; Gupta E.; Sidhu N.; Awsare B.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 717

Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Many studies have shown the association between acute kidney injury (AKI) and morbidity and mortality in the ICU. Traditional measures of AKI, such as serum creatinine and urine output, fail to show dynamic changes in renal function. Insulin-like growth factor binding protein 7 (IGFBP7) and tissue inhibitor of metalloproteinases-2 (TIMP-2) have been identified which reflect kidney injury in real-time and allow for more prompt intervention. We used the nephrocheck (NC) test which identifies these two biomarkers, to screen for patients at risk for AKI in the ICU, and to guide management. **[ABSTRACT EDITED]**

Large vancomycin doses (> 4 grams/day) are not associated with acute kidney injury in the trauma ICU
Author(s): Wylie D.; Childress M.; Cortopassi J.; Curtis G.; Erwin B.; Kilpatrick T.; Taylor J.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 477
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Vancomycin remains a commonly used antibiotic for patients in the intensive care unit (ICU). Augmented renal clearance (ARC) has been described in the critically ill trauma and burn populations. ARC leads to increased vancomycin clearance requiring higher doses of vancomycin to attain therapeutic troughs. A small study found a link between vancomycin doses >=4 grams/day and an increased incidence of acute kidney injury (AKI). Our aim was to establish if vancomycin regimens > 4 grams/day in trauma and burn ICU patients led to a higher incidence of AKI. **[ABSTRACT EDITED]**

Urinary versus plasma neutrophil gelatinase-associated lipocalin (NGAL) as a predictor of mortality for acute kidney injury in intensive care unit patients
Author(s): Mahmoodpoor A.; Hamishehkar H.; Fattahi V.; Sanaie S.; Arora P.; Nader N.D.
Source: Journal of Clinical Anesthesia; Jan 2018; vol. 44 ; p. 12-17
Publication Type(s): Article
Abstract: Objective To examine urinary and plasma neutrophil gelatinase-associated lipocalin (NGAL) levels in predicting ICU mortality. D**[ABSTRACT EDITED]**

On-line hemodiafiltration did not induce an overproduction of oxidative stress and inflammatory cytokines in intensive care unit-acute kidney injury.
Author(s): Klouche, Kada; Amigues, Laurent; Morena, Marion; Brunot, Vincent; Dupuy, Anne Marie
Source: BMC nephrology; Dec 2017; vol. 18 (no. 1); p. 371
Publication Type(s): Journal Article
Available at BMC nephrology - from EBSCO (MEDLINE Complete)
Abstract:BACKGROUNDThough on-line intermittent hemodiafiltration (OL-IHDF) is a routine therapy for chronic dialysis patients, it is not yet widespread used in critically ill patients. This study was undergone to evaluate efficiency and tolerance of OL-IHDF and to appreciate inflammatory consequences of its use in intensive care unit (ICU)-acute kidney injury (AKI) patients. **[ABSTRACT EDITED]**

Drug-induced kidney disease in the ICU: mechanisms, susceptibility, diagnosis and management strategies.
Author(s): Awdishu, Linda
Source: Current opinion in critical care; Dec 2017; vol. 23 (no. 6); p. 484-490
Publication Type(s): Journal Article
Abstract:PURPOSE OF REVIEWAcute kidney injury (AKI) is a common complication in the critically ill population, is multifactorial and associated with increased mortality. Drug-induced kidney injury is a significant contributor to the development of AKI. The purpose of this review is to provide updates in

the epidemiology, susceptibility and management of drug-induced kidney disease (DIKD). **[ABSTRACT EDITED]**

Oxalate nephropathy following vitamin C intake within intensive care unit .
Author(s): Colliou, Eloïse; Mari, Arnaud; Delas, Audrey; Delarche, Antoine; Faguer, Stanislas
Source: Clinical nephrology; Dec 2017; vol. 88 (no. 12); p. 354-358
Publication Type(s): Journal Article
Abstract:OBJECTIVETo report a case of acute oxalate nephropathy related to vitamin C intake within the intensive care unit (ICU). **[ABSTRACT EDITED]**

Acute kidney injury in the ICU: from injury to recovery: reports from the 5th Paris International Conference.
Author(s): Bellomo, Rinaldo; Ronco, Claudio; Mehta, Ravindra L; Asfar, Pierre; Boisramé-Helms, Julie
Source: Annals of intensive care; Dec 2017; vol. 7 (no. 1); p. 49
Publication Type(s): Journal Article Review
Available at Annals of intensive care - from Europe PubMed Central - Open Access
Abstract: The French Intensive Care Society organized its yearly Paris International Conference in intensive care on June 18-19, 2015. The main purpose of this meeting is to gather the best experts in the field in order to provide the highest quality update on a chosen topic. **[ABSTRACT EDITED]**

Impact of transfusion on patients with sepsis admitted in intensive care unit: a systematic review and meta-analysis.
Author(s): Dupuis, Claire; Sonneville, Romain; Adrie, Christophe; Gros, Antoine; Darmon, Michael
Source: Annals of intensive care; Dec 2017; vol. 7 (no. 1); p. 5
Publication Type(s): Journal Article Review
Available at Annals of intensive care - from Europe PubMed Central - Open Access
Abstract: Red blood cell transfusion (RBCT) threshold in patients with sepsis remains a matter of controversy. A threshold of 7 g/dL for stabilized patients with sepsis is commonly proposed, although debated. The aim of the study was to compare the benefit and harm of restrictive versus liberal RBCT strategies in order to guide physicians on RBCT strategies in patients with severe sepsis or septic shock. Four outcomes were assessed: death, nosocomial infection (NI), acute lung injury (ALI) and acute kidney injury (AKI). **[ABSTRACT EDITED]**

Organ failures associated with acute kidney injury in critically ill cirrhotics have a major influence on disease progression and outcomes-A prospective ICU based study
Author(s): Maiwall R.; Chandel S.S.; Sarin S.K.; Jain P.; Kumar G.; Bharadwaj A.
Source: Indian Journal of Gastroenterology; Dec 2017; vol. 36 (no. 1)
Publication Type(s): Conference Abstract
Abstract: Background and Aim Acute kidney injury (AKI) is a known detrimental complication in patients with cirrhosis. Currently, there are no studies evaluating the impact of extra-renal organ failures (E-OF) on the course of AKI and outcome in critically ill cirrhotics.We addressed this question in a large prospective cohort of cirrhotics admitted to liver intensive-care. **[ABSTRACT EDITED]**

SEVERITY AND OUTCOME OF PATIENTS WITH ACUTE KIDNEY INJURY IN THE INTENSIVE CARE UNIT.
Author(s): Ferreira de Moura, Samara Leopoldino; da Paixão Duarte, Tayse Tâmara
Source: Journal of Nursing UFPE / Revista de Enfermagem UFPE; Nov 2017; vol. 11 (no. 11); p. 4319-4325
Publication Type(s): Academic Journal
Available at Journal of Nursing UFPE / Revista de Enfermagem UFPE - from EBSCO (CINAHL with Full Text)

Abstract: Objective: identifying whether the presence of health problems interferes with the outcome of patients who evolve to acute kidney injury (AKI) in the intensive care unit (ICU). **[ABSTRACT EDITED]**

An isolated elevation in blood urea level is not 'uraemia' and not an indication for renal replacement therapy in the ICU.
Author(s): Mackenzie, Jack; Chacko, Bobby
Source: Critical care (London, England); Nov 2017; vol. 21 (no. 1); p. 275
Publication Type(s): Editorial
Available at Critical care (London, England) - from EBSCO (MEDLINE Complete)
Abstract: The decision to initiate renal replacement therapy (RRT) and the optimal timing for commencement is a difficult decision faced by clinicians when treating acute kidney injury (AKI) in the intensive care setting. Without clinically significant ureamic symptoms or emergent indications (electrolyte abnormalities, volume overload) the timing of RRT initiation remains contentious and inconsistent across health providers. Current trends of initiating RRT in the ICU are often based on isolated blood urea levels without clear guidelines demonstrating an upper limit for treatment. Although the appropriate upper limit remains unclear, it is reasonable to conclude that a blood urea level less than 40 mmol/L is not in itself an indication for RRT, especially in the absence of supporting evidence of kidney impairment (anuria, elevated serum creatinine), presenting a welcome reminder to treat the patient and not a number.

Role of cystatin-c in plasma and urine after intravenous contrast induced acute kidney injury in adult icu patients
Author(s): Mishra R.; Chaturvedi S.; Agarwal V.; Singh H.; Prasad N.; Gurjar M.
Source: Indian Journal of Nephrology; Nov 2017; vol. 27
Publication Type(s): Conference Abstract
Abstract:BACKGROUND: Acute Kidney Injury (AKI) is a common clinical condition despite progress inmedical care. The goal of early identification of AKI has been the primary impetus for biomarker research. Although AKIN (Acute Kidney Injury Network) criteria; based on serum creatinine and urine output; were a step forward in diagnosing AKI; reliable biomarkers to differentiate in clinical practice is still lacking. AIM OF THE STUDY: Cystatin-C has been found early and sensitive marker of AKI. This biomarker has not been evaluated simultaneously in plasma (P) and urine (U) after intravenous contrast in adult ICU patients. **[ABSTRACT EDITED]**

Acute kidney injury in intensive care unit: A clinical and outcome study
Author(s): Kathuria D.; Singh N.P.; Agarwal N.P.; Kumar A.
Source: Indian Journal of Nephrology; Nov 2017; vol. 27
Publication Type(s): Conference Abstract
Abstract:BACKGROUND: Acute kidney injury (AKI) has both short term as well as long term consequences in critically ill patients. Our study reviews etiological profile and outcome of AKI in critically ill patients which has been only scarcely done in India. AIM OF THE STUDY: To study the etiological profile of AKI among patients admitted in ICU and assess the clinical outcome at the time of discharge and at 3 months. **[ABSTRACT EDITED]**

Role of neutrophil gelatinase-associated lipocalin (NGAL) in plasma and urine after intravenous contrast induced acute kidney injury in adult icu patients
Author(s): Singh S.; Chaturvedi S.; Singh H.; Mishra R.; Gurjar M.; Agarwal V.; Ghosh P.; Prasad N.
Source: Indian Journal of Nephrology; Nov 2017; vol. 27
Publication Type(s): Conference Abstract
Abstract:BACKGROUND: Acute Kidney Injury (AKI) is a common clinical condition despite progress in medical care. The goal of early identification of AKI has been the primary impetus for biomarker research. Although Acute Kidney Injury Network (AKIN) criteria; based on serum creatinine and urine

output; were a step forward in diagnosing AKI; reliable biomarkers to differentiate in clinical practice is still lacking. AIM OF THE STUDY: NGAL has been found early and sensitive marker of AKI. This biomarker has not been evaluated simultaneously in plasma (P) and urine (U) after intravenous contrast in adult ICU patients. **[ABSTRACT EDITED]**

Renal replacement therapy in intensive care unit: A novel beginning at a tertiary care center in nepal

Author(s): Agrawaal K.K.; Chhetri P.K.; Manandhar D.N.; Poudel P.; Baidya S.K.
Source: Indian Journal of Nephrology; Nov 2017; vol. 27
Publication Type(s): Conference Abstract
Abstract:BACKGROUND: Acute Kidney Injury is a major complication in ICU patients. It is associated with increased in-hospital mortality; length of stay and is a risk factor for CKD including the need for long-term dialysis. Majority of these patients are on Mechanical Ventillator and transferring them for RRT is time consuming and risky. The provision of RRT in ICU is not available in resource poor countries like Nepal. We started this service at Nepal Medical College in outskirts of Kathmandu. AIM OF THE STUDY: The study aims look into the clinical; biochemical profile and outcomes of the patients during hospital stay who received RRT in the ICU. **[ABSTRACT EDITED]**

Profile of acute kidney injury at the time of nephrology referral and its correlation with the outcomes in intensive care unit patients

Author(s): Nand V.; Aggarwal M.; Sharma J.
Source: Indian Journal of Nephrology; Nov 2017; vol. 27
Publication Type(s): Conference Abstract
Abstract:BACKGROUND: AKI is a common and devastating medical condition in critically ill patients. Many epidemiological studies have demonstrated wide variation in causation and risk factors associated with AKI in ICU and its outcome. Nephrologists are usually involved when severe AKI has already settled; requiring dialysis. There are very few studies from north India. AIM OF THE STUDY: To assess the clinical and etiological profile of patients with AKI at the time of nephrology referral. We also assessed the outcome of AKI patients and its association with early and late referral. **[ABSTRACT EDITED]**

Delirium and Sleep Deprivation

The impact of sepsis, delirium, and psychological distress on self-rated cognitive function in ICU survivors-a prospective cohort study.

Author(s): Brück, Emily; Schandl, Anna; Bottai, Matteo; Sackey, Peter
Source: Journal of intensive care; 2018; vol. 6 ; p. 2
Publication Type(s): Journal Article
Available at Journal of intensive care - from Europe PubMed Central - Open Access
Abstract: BackgroundMany intensive care unit (ICU) survivors develop psychological problems and cognitive impairment. The relation between sepsis, delirium, and later cognitive problems is not fully elucidated, and the impact of psychological symptoms on cognitive function is poorly studied in ICU survivors. The primary aim of this study was to examine the relationship between sepsis, ICU delirium, and later self-rated cognitive function. A second aim was to investigate the association between psychological problems and self-rated cognitive function 3 months after the ICU stay. **[ABSTRACT EDITED]**

Therapeutic Advances in the Management of Older Adults in the Intensive Care Unit: A Focus on Pain, Sedation, and Delirium.

Author(s): Moore, Samantha
Source: American Journal of Therapeutics; Jan 2018; vol. 25 (no. 1)

Publication Type(s): Academic Journal

Improving the Accuracy of Delirium Assessments in Neuroscience Patients: Scaling a Quality Improvement Program to Improve Nurses' Skill, Compliance, and Accuracy in the Use of the Confusion Assessment Method in the Intensive Care Unit Tool.
Author(s): DiLibero, Justin
Source: Dimensions of Critical Care Nursing; Jan 2018; vol. 37 (no. 1); p. 26-34
Publication Type(s): Academic Journal
Abstract: Background: Delirium affects up to 80% of critically ill patients; however, many cases of delirium go unrecognized because of inaccurate assessments. The effectiveness of interventions to improve assessment accuracy among the general population has been established, but assessments among neuroscience patients are uniquely complicated due to the presence of structural neurologic changes. Objectives: The purposes of this quality improvement project were to improve the accuracy of nurse's delirium assessments among neuroscience patients and to determine the comparative effectiveness of the intervention between medical and neuroscience patients. **[ABSTRACT EDITED]**

Risk factors for the incidence of delirium in cerebrovascular patients in a Neurosurgery Intensive Care Unit: A prospective study.
Author(s): Wang, Jun; Ji, Yuanyuan; Wang, Ning; Chen, Wenjin; Bao, Yuehong; Qin, Qinpu;
Source: Journal of Clinical Nursing; Jan 2018; vol. 27 (no. 1/2); p. 407-415
Publication Type(s): Academic Journal
Abstract: Aims and objectives To explore the incidence of delirium in cerebrovascular patients admitted in our Neurosurgery Intensive Care Unit and analyse the risk factors leading to delirium. Background Delirium is one of the most common mental disorders in general hospitals, but the incidence of different kinds of diseases and studies varies. Cerebrovascular patients in our Neurosurgery Intensive Care Unit are high-risk groups for delirium; identifying risk factors for delirium and taking early interventions are crucial for patient prognosis. **[ABSTRACT EDITED]**

Propofol for the promotion of sleep in adults in the intensive care unit.
Author(s): Lewis, Sharon R; Schofield-Robinson, Oliver J; Alderson, Phil; Smith, Andrew F
Source: The Cochrane database of systematic reviews; Jan 2018; vol. 1 ; p. CD012454
Publication Type(s): Journal Article Review
Available at The Cochrane database of systematic reviews - from Cochrane Collaboration (Wiley)
Abstract:BACKGROUNDPeople in the intensive care unit (ICU) experience sleep deprivation caused by environmental disruption, such as high noise levels and 24-hour lighting, as well as increased patient care activities and invasive monitoring as part of their care. Sleep deprivation affects physical and psychological health, and people perceive the quality of their sleep to be poor whilst in the ICU. Propofol is an anaesthetic agent which can be used in the ICU to maintain patient sedation and some studies suggest it may be a suitable agent to replicate normal sleep.OBJECTIVESTo assess whether the quantity and quality of sleep may be improved by administration of propofol to adults in the ICU and to assess whether propofol given for sleep promotion improves both physical and psychological patient outcomes.SEARCH **[ABSTRACT EDITED]**

Effect of motor subtypes of delirium in the intensive care unit on fast-track failure after cardiac surgery.
Author(s): Lee, Anna; Mu, Jing Lan; Chiu, Chun Hung; Gin, Tony; Underwood, Malcolm John;
Source: The Journal of thoracic and cardiovascular surgery; Jan 2018; vol. 155 (no. 1); p. 268
Publication Type(s): Journal Article
Abstract:OBJECTIVEThe purpose of the study was to evaluate the association between motor subtypes of postoperative delirium in the intensive care unit and fast-track failure (a composite outcome of prolonged stay in the intensive care unit >48 hours, intensive care unit readmission, and 30-day mortality) after cardiac surgery. **[ABSTRACT EDITED]**

Investigating the influence of caffeine intake and the incidence of ICU delirium
Author(s): D'Angelo C.; Shekar S.P.; Gleason J.; Milicevic L.; Mehta J.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 463
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: ICU delirium is associated with prolonged intubation, increased length of stay, and higher mortality. Among the many factors which can influence ICU delirium we investigate caffeine. Caffeine is one of the most frequently used substances in modern society and is often overlooked as potential source of significant withdrawal symptoms when abruptly discontinued upon ICU admission. The relationship of caffeine cessation and ICU delirium rates has not been widely studied. The aim of this study was to examine the relationship between the two. **[ABSTRACT EDITED]**

The interdisciplinary process of implementing the abcdef bundle in a surgical ICU
Author(s): Marcarian T.; Murray K.; Hardin-Wike B.; Meltzer J.; Henderson J.; Apolinario J.; Choi C.; Shirazi S.; Zakaryan A.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 620
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: The ICU Liberation Collaborative a quality improvement initiative, was designed to facilitate the implementation of pain, Agitation, and Delirium guidelines using the evidence-based ABCDEF bundle. Improvements can be made in pain management, delirium, and overall outcomes in critically ill patients by incorporating each of the ABCDEF bundle elements into daily workflow and practice of the ICU. The Cardiothoracic Surgical ICU at the Ronald Reagan medical center was one of the 77 hospital units involved in this national collaborative initiative. Our objectives are to describe the ABCDEF bundle implementation process and compliance and compare our unit bundle compliance to all sites and peer regions involved in this quality improvement initiative. **[ABSTRACT EDITED]**

Icu delirium, its duration, and coma/ delirium days: Association with 28-and 90-day mortality
Author(s): Duprey M.; Van Den Boogaard M.; Van Der Hoeven J.; Pickkers P.; Devlin J.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 368
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Delirium prevalence and/or its duration is associated with greater 30-day, 6-month and 1-year mortality. However, the association between incident delirium and mortality remains unclear. The association between incident ICU delirium, its duration, days with coma and/or delirium in the 28 days after ICU admission and 28-and 90-day mortality was evaluated. **[ABSTRACT EDITED]**

Improving delirium and sedation documentation in the ICU by nursing education: A QI project
Author(s): Pervaiz A.; Durairajan N.; Dhillon K.; Bowe D.; Hill M.; Zaheerullah M.; AlSamman S.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 577
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Current ICU practice guidelines for sedation and analgesia recommend that patients be routinely screened for delirium using a validated assessment tool. Several authors noted variability in nursing staff's ability to recognize and document delirium and sedation. We implemented a Quality Improvement(QI) project to measure deficiencies in documenting delirium and sedation in the ICU, identify barriers and improve nursing documentation through simple educational interventions **[ABSTRACT EDITED]**

The effectiveness of a delirium assessment method that combines ICDSC and cam-ICU
Author(s): Ishii K.; Ono K.; Hidaka H.; Koyama Y.; Fujishige A.; Arai M.; Kosaka M.; Okazaki N.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 592
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Until a while ago, we used the two delirium assessment methods Intensive Care Delirium Screening Checklist (ICDSC) and Confusion Assessment Method for the intensive care unit (CAM-ICU) together in our intensive care unit (ICU). However, the result of these two methods did not necessarily match. In considering of the feature of the two methods, we had started new method that combining ICDSC and CAM-ICU. We evaluated in this study the effectiveness of this new method by calculating sensitivity and specificity. **[ABSTRACT EDITED]**

Evaluation of a pharmacist-driven medication discontinuation protocol in an intensive care unit
Author(s): Martz C.; Peters M.; Swiderek J.; Smith Z.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 464
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Many temporary medications are initiated in the intensive care unit (ICU) for treatment and prevention of complications. A growing body of literature has described these medications continued inappropriately at hospital discharge. This study aimed to establish a process for pharmacists to discontinue temporary medications in the ICU. **[ABSTRACT EDITED]**

Evaluation of a pain, agitation, and delirium protocol in a medical intensive care unit
Author(s): Chambers L.; Frock K.; Simcoe B.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 464
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: The Society of Critical Care Medicine (SCCM) guidelines for management of pain, agitation, and delirium (PAD) advocates an analgesia first strategy, targeting light sedation, and minimizing benzodiazepines. Based on these guidelines, an ICU PAD nursing driven protocol was developed at WellSpan York Hospital (YH) in December 2015 to replace the previous ICU Sedation nursing driven protocol. Key changes to the protocol included a transition to a validated pain assessment tool, recommended analgesia prior to initiation of sedation, provided guidance for selection of sedation with minimization of benzodiazepines, and added treatment options for hyperactive delirium. The primary objective of the study was to evaluate the impact of implementation of an updated nursing driven PAD protocol on duration of mechanical ventilation (MV). **[ABSTRACT EDITED]**

Dopamine agonist effect on intensive care unit delirium in traumatic brain injury patients
Author(s): Schuler A.; Preslaski C.; Gannon K.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 769
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Traumatic brain injury (TBI) is a condition that includes a wide range of insults affecting the brain, causing temporary or long term deficits. Despite the known physiology, the role of dopamine during the acute phase of TBI and its effect on outcomes remains unclear. Amantadine, a proposed dopamine agonist, has been shown to improve functional outcomes in TBI patients when used in the rehab setting. Given the prolonged course of recovery in TBI, early administration of amantadine has become more frequent. Delirium in the intensive care unit (ICU) is a common and costly occurrence. Treatment often includes administration of dopamine antagonists. Furthermore, dopamine agonists are known to increase symptoms similar to delirium. The objective

of this study is to compare the incidence of delirium in acute TBI patients who are initiated on amantadine early in their ICU stay to those who are not. **[ABSTRACT EDITED]**

Evaluation of ramelteon for the reduction of ICU delirium
Author(s): Gibson W.; Giarratano M.; Glass M.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 446
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: The incidence of ICU delirium has been reported to occur in 11-80% of patients. Delirium leads to negative outcomes such as prolonged ICU and hospital stay, increased duration of mechanical ventilation, and is a strong predictor of mortality. This study aims to evaluate the impact of ramelteon, a potent and selective melatonin agonist, on incidence of ICU delirium in patients with a positive delirium score. Delirium scores were assessed using the Intensive Care Delirium Screening Checklist (ICDSC). Secondary endpoints include cumulative doses of haloperidol, number of ventilator days, and restraint use. **[ABSTRACT EDITED]**

Addressing sequelae of critical illness in veterans and their families with ICU diaries
Author(s): Drumright K.; Boehm L.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 407
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: The depression, anxiety, and post-traumatic stress disorder (PTSD) experienced by Intensive Care Unit (ICU) survivors has led to interest in appropriate interventions. Diaries are recommended to reduce patient stress and improve coping and communication with families during critical illness. Diaries are also associated with reduction in symptoms of depression, anxiety, and PTSD for ICU survivors. The aim of this quality improvement project was to implement diaries in a Veterans Affairs hospital. **[ABSTRACT EDITED]**

Evaluation of a sleep-enhancing night protocol on the incidence of delirium in the ICU
Author(s): Spray J.; Shifflett A.; Grubb-Amann A.; Lewis B.; Basnet S.; Brackbill M.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 383
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Delirium is a common complication for patients who are admitted to the intensive care unit, with up to 80% of mechanically ventilated patients developing delirium during the course of their ICU stay. Non-pharmacologic prevention strategies that aim to promote sleep and natural circadian rhythm have been shown in several studies to reduce the incidence of delirium. **[ABSTRACT EDITED]**

Impact of the abcdef bundle on duration of mechanical ventilation in the neuroscience ICU
Author(s): Panos N.; Musolf V.; Patel A.; Gurnani P.; Hall L.; Gulczynski B.; Day E.; Koverman B.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 587
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: The Society of Critical Care Medicine's ICU Liberation Campaign's ABCDEF Bundle Collaborative was a multicenter initiative that included a Neuroscience intensive care unit (NSICU) which served as the data collection unit at a tertiary academic medical center. A multidisciplinary group was formed to incorporate the ABCDEF bundle components in four adult critical care units, with a specific focus on the NSICU patient population. **[ABSTRACT EDITED]**

Abcdef bundle improves mobility in the medical intensive care unit
Author(s): Cape K.; Elefritz J.; Ryder L.; Doepker B.; Weber M.; Carey C.; Exline M.; Byrd C.

Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 611
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Mobilizing patients in the ICU improves delirium as well as ICU/hospital length of stay. Our institution participated in SCCM's ABCDEF ICU Liberation Collaborative which evaluated multiple components of ICU care. We hypothesized that mobility rates increase when other components of the ABCDEF Bundle are met in medical ICU (MICU) patients. **[ABSTRACT EDITED]**

Continuation of antipsychotic treatment following initiation in an intensive care unit
Author(s): Wilson A.; Hamilton E.; Jagana R.; Meena N.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 611
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: ICU delirium is common and can pose negative consequences for patients if not managed properly. Currently, there are no approved medications for the treatment of ICU delirium. However, antipsychotic (AP) medications are commonly prescribed for patients suffering from ICU agitation and delirium. There is concern that once these medications are initiated in the ICU, they are continued past ICU and hospital discharge. **[ABSTRACT EDITED]**

Icu delirium, clinical outcomes, and cost: Systematic review and metaanalysis
Author(s): Kyeremanteng K.; Bhardwaj K.; Chaudhuri D.; Herritt B.; Foster M.; Lawlor P.; Bush S.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 235
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: To investigate the association between delirium and duration of mechanical ventilation in patients with delirium. The primary outcome is Intensive Care Unit Length of Stay (ICU LOS). The secondary outcomes are hospital LOS, an association between delirium and mortality in the ICU or the hospital and cost-effectiveness. **[ABSTRACT EDITED]**
Clinical impact of pharmacist assessment in patients with ICU delirium
Author(s): Glass M.; Gibson W.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 460
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: ICU delirium is an independent predictor of increased mortality, length of stay, and long term cognitive impairment. Our institution routinely screens all ICU patients using the Intensive Care Delirium Screening Checklist (ICDSC) as recommended by the Pain, Agitation, and Delirium guidelines. A score of >= 4 shows a strong correlation with ICU delirium. This positive score triggers an evaluation by the ICU pharmacist to recommend discontinuing deliriogenic medications or to initiate pharmacologic treatment of delirium. This purpose of this quality improvement project is to evaluate the impact of pharmacist assessment on outcomes in patients with ICU delirium. **[ABSTRACT EDITED]**

Risk factors for unplanned extubation in adult ICU patients: A casecontrolled, retrospective study
Author(s): Watson N.; Meister D.; Yedlin N.; Peterson T.; Smith D.; Monsma N.; Nowatzke R.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 512
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Unplanned extubation (UE) is a potential complication in mechanically ventilated patients with an endotracheal tube. UE is a critical event in the intensive care unit (ICU) and can result in complications such as hypoxemia, laryngeal edema, and reintubation. The literature indicates that UE may be associated with agitation, low levels of sedation, and male

gender; however, continued investigation is required to clarify risk factors for UE. Global changes in critical care, such as the relatively recent use of dexmedetomidine for routine sedation and delirium screening with Confusion Assessment Method-ICU create an opportunity for further evaluation of risk factors associated with UE. **[ABSTRACT EDITED]**

Nonpharmacologic management of delirium in the medical intensive care unit (MICU)
Author(s): Fuentes X.F.; Breighner C.; Gobeske K.; Nelson S.; Finley K.; Bowron C.; Elmer J.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 579
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: In the United States alone, more than 7 million hospitalized patients develop delirium each year, and in the intensive care unit delirium goes unrecognized more than 60% of the time. The identification, management and prevention of ICU-associated delirium remain a challenge for healthcare providers and the public health alike. Previously in our institution we found that 19% of patients admitted to the MICU developed delirium, with a mean duration of 71 hours. These patients also had increased length of ICU stay, length of overall hospitalization, and rate of 30-day mortality. **[ABSTRACT EDITED]**

ICU liberation: Nurse practitioner-led implementation of the abcdef bundle in a VA hospital
Author(s): Loffink A.; Barr J.; Zimmerman L.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 614
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: The ABCDEF Bundle (Assess, Manage and Treat Pain; Both Sedation Awakening and Spontaneous Breathing Trials; Choice of Sedation; Delirium Monitoring and Management; Early Mobility; Family Support) is a set of evidence-based guidelines that have been shown to improve outcomes in adult ICU patients. A team of Critical Care Nurse Practitioners oversaw implementation of the ABCDEF Bundle in the Medical-Surgical ICU at the Palo Alto Veteran's Affairs Hospital over a three-year period commencing in 2014. **[ABSTRACT EDITED]**

An ICU reader program to decrease delirium days
Author(s): Reiff S.; Korzick K.; Layon A.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 587
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Delirium is a form of brain failure that may result in increased LOS/mortality, and have a role in post-ICU cognitive dysfunction (1, 2). While prevention/treatment remain to be unraveled, and while most strategies focus on pharmacology, mobilization and improvement of sleep-wake cycling (2), data suggest sensory deprivation/social isolation are also risk factors (1). We hypothesized a program of reading to awake ICU patients on a daily basis will decrease delirium days. **[ABSTRACT EDITED]**

Ramelteon for the prevention of ICU delirium
Author(s): Nichols K.; Killian A.; Asbury W.; Mukhtar A.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 380
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Delirium is a common and often underdiagnosed condition in the intensive care unit, associated with increased mortality, prolonged ICU and hospital length of stay, and development of post-ICU cognitive impairment. The current gold standard for prevention of delirium is wholly non-pharmacological. One hormone which plays an important role in sleep hygiene is melatonin. Ramelteon (ROZEREM) is a melatonin agonist which has been FDA approved

for treatment of insomnia. There have been case reports of ramelteon used to prevent delirium in patients and only one study has directly evaluated this with a randomized controlled trial. Our study looks to test the hypothesis that ramelteon can reduce the incidence of delirium in the ICU population. **[ABSTRACT EDITED]**

Do moon phases or proximity influence the incidence of delirium and agitation in ICU patients?
Author(s): Ice T.; Hana A.; Arthur W.; Tennenberg S.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 377
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: The potential influence of lunar phases, most notably full moons (FM), on a wide range of human physiology, especially of a psychological nature, has been the subject of much debate. In addition, the increased gravitational effect of the moon during lunar perigees (PE, when the moon is nearest to Earth, monthly cycle independent of moon phases) may also play a role. This study aimed to determine whether moon phases or moon distance influence the incidence of delirium and agitation in critically ill patients. **[ABSTRACT EDITED]**

Melatonin for the prevention of intensive care unit (ICU) delirium
Author(s): Baumgartner L.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 454
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Intensive care unit (ICU) delirium is an acute brain injury that has been associated with increased mortality, prolonged ICU and hospital length of stay, and development of post-ICU cognitive impairment. Despite the lack of sufficient evidence, anti-psychotics are commonly used in clinical practice to prevent and treat delirium, but pose a risk of significant adverse effects. Melatonin may serve as a natural source to restore sleep and reduce the incidence of ICU delirium. **[ABSTRACT EDITED]**

Survey of clinical pharmacist perceptions and practices in promoting sleep quality in ICU patients
Author(s): Nguyen N.; Heavner M.; Gonzales J.; Verceles A.; Pisani M.; Knauert M.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 453
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: ICU patients experience sleep deprivation, which is associated with worse clinical outcomes. There are no studies evaluating pharmacist management of sleep quality. The purpose of this study is to evaluate critical care clinical pharmacist perceptions and practices in promoting sleep quality in the ICU setting. **[ABSTRACT EDITED]**.

Intensive Care Unit delirium: A wide gap between actual prevalence and psychiatric referral
Author(s): Grover S.; Sarkar S.; Ghosh A.; Basu D.; Yaddanapudi L.; Desouza A.
Source: Journal of Anaesthesiology Clinical Pharmacology; 2017; vol. 33 (no. 4); p. 480-486
Publication Type(s): Article
Available at Journal of Anaesthesiology Clinical Pharmacology - from joacp.org
Abstract: Background and Aims: The study aimed to assess the rates of delirium in an Intensive Care Unit (ICU) prospectively assessed with a delirium screening instrument and confirmed through psychiatrist evaluation. In addition, the referral rate to psychiatric consultation liaison services from the same ICU was assessed through the rates of psychiatric referral over the previous 10 years. **[ABSTRACT EDITED]**

Impact of deep sedation in the emergency department upon transfer to the intensive care unit
Author(s): Telebak E.; Rech M.A.; Monzon B.; Chaney W.

Source: Pharmacotherapy; 2017; vol. 37 (no. 12)
Publication Type(s): Conference Abstract
Abstract:INTRODUCTION: Oversedation, along with pain and delirium, is associated with increased morbidity and mortality. The early phase of sedation in the intensive care unit (ICU), the first 48 hours, and the effect of initial depth of sedation on clinical outcomes is not well studied. RESEARCH QUESTION OR HYPOTHESIS: The purpose of this study was to assess the impact of early deep sedation on clinical outcomes including number of ventilator-free days, ICU and hospital length of stay (LOS), and ICU and hospital mortality. **[ABSTRACT EDITED]**

Feasibility of a Nurse-Managed Pain, Agitation, and Delirium Protocol in the Surgical Intensive Care Unit.
Author(s): Rozycki, Alan; Jarrell, Andrew S.; Kruer, Rachel M.; Young, Samantha
Source: Critical Care Nurse; Dec 2017; vol. 37 (no. 6); p. 24-35
Publication Type(s): Academic Journal
Available at Critical Care Nurse - from EBSCO (CINAHL with Full Text)
Abstract: Background Society of Critical Care Medicine guidelines recommend the use of pain, agitation, and delirium protocols in the intensive care unit. The feasibility of nurse management of such protocols in the surgical intensive care unit has not been well assessed. Objectives To evaluate the percentage of adherent medication interventions for patients assessed by using a pain, sedation, and delirium protocol. **[ABSTRACT EDITED]**

Delirium in the intensive care setting: A reevaluation of the validity of the CAM-ICU and ICDSC versus the DSM-IV-TR in determining a diagnosis of delirium as part of the daily clinical routine.
Author(s): Boettger, Soenke; Nuñez, David Garcia; Meyer, Rafael; Richter, André;
Source: Palliative & Supportive Care; Dec 2017; vol. 15 (no. 6); p. 675-683
Publication Type(s): Academic Journal
Abstract: Background:In the intensive care setting, delirium is a common occurrence that comes with subsequent adversities. Therefore, several instruments have been developed to screen for and detect delirium. Their validity and psychometric properties, however, remain controversial. **[ABSTRACT EDITED]**

Intensive Care Unit Delirium and Intensive Care Unit-Related Posttraumatic Stress Disorder.
Author(s): Marra, Annachiara; Pandharipande, Pratik P; Patel, Mayur B
Source: The Surgical clinics of North America; Dec 2017; vol. 97 (no. 6); p. 1215-1235
Publication Type(s): Journal Article Review
Abstract: Delirium is one of the most common behavioral manifestations of acute brain dysfunction in the intensive care unit (ICU) and is a strong predictor of worse outcome. Routine monitoring for delirium is recommended for all ICU patients using validated tools. In delirious patients, a search for all reversible precipitants is the first line of action and pharmacologic treatment should be considered when all causes have been ruled out, and it is not contraindicated. Long-term morbidity has significant consequences for survivors of critical illness and for their caregivers. ICU patients may develop posttraumatic stress disorder related to their critical illness experience.

Improved detection of delirium, implementation and validation of the CAM-ICU in elderly Emergency Department patients.
Author(s): Van de Meeberg, Evelien K; Festen, Suzanne; Kwant, Marieke; Georg, Rita R;
Source: European journal of emergency medicine : official journal of the European Society for Emergency Medicine; Dec 2017; vol. 24 (no. 6); p. 411-416
Publication Type(s): Journal Article
Abstract:OBJECTIVETo evaluate the effect of routine use of the Confusion Assessment Method for the Intensive Care Unit (CAM-ICU) on the diagnosis rate of delirium in elderly Emergency Department (ED) patients and the validity of the CAM-ICU in the ED setting. **[ABSTRACT EDITED]**

Incidence, correlates and outcomes associated with falls in the intensive care unit: a retrospective cohort study.
Author(s): Trumble, Drayton; Meier, Michael A; Doody, Maryellen; Wang, Xiaoming;
Source: Critical care and resuscitation : journal of the Australasian Academy of Critical Care Medicine; Dec 2017; vol. 19 (no. 4); p. 290-295
Publication Type(s): Journal Article
Available at Critical care and resuscitation : journal of the Australasian Academy of Critical Care Medicine - from EBSCO (MEDLINE Complete)
Abstract:BACKGROUNDFalls among hospitalised patients contribute to avoidable morbidity and prolonged hospital stay. We aimed to describe the incidence, circumstances and outcomes associated with patient falls occurring in intensive care units. **[ABSTRACT EDITED]**

Sound level intensity severely disrupts sleep in ventilated ICU patients throughout a 24-h period: a preliminary 24-h study of sleep stages and associated sound levels.
Author(s): Elbaz, Maxime; Léger, Damien; Sauvet, Fabien; Champigneulle, Benoit; Rio, Stéphane;
Source: Annals of intensive care; Dec 2017; vol. 7 (no. 1); p. 25
Publication Type(s): Journal Article
Available at Annals of intensive care - from Europe PubMed Central - Open Access
Abstract:BACKGROUNDIt is well recognized that sleep is severely disturbed in patients in intensive care units (ICU) and that this can compromise their rehabilitation potential. However, it is still difficult to objectively assess sleep quantity and quality and the determinants of sleep disturbance remain unclear. The aim of this study was therefore to evaluate carefully the impact of ICU sound intensity levels and their sources on ICU patients' sleep over a 24-h period. **[ABSTRACT EDITED]**

Comparing the ICU-7 to the Delirium Rating Scale.
Author(s): Regal, Paul Jay
Source: Critical Care Medicine; Nov 2017; vol. 45 (no. 11)
Publication Type(s): Academic Journal
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)

Repeated sleep-quality assessment and use of sleep-promoting interventions in ICU.
Author(s): Menear, Ashika; Elliott, Rosalind; M Aitken, Leanne; Lal, Sara; McKinley, Sharon
Source: Nursing in Critical Care; Nov 2017; vol. 22 (no. 6); p. 348-354
Publication Type(s): Academic Journal
Abstract:ABSTRACT To describe sleep quality using repeated subjective assessment and the ongoing use of sleep-promoting interventions in intensive care. It is well known that the critically ill experience sleep disruption while receiving treatment in the intensive care unit. Both the measurement and promotion of sleep is challenging in the complex environment of intensive care unit. Repeated subjective assessment of patients' sleep in the intensive care unit and use of sleep-promoting interventions has not been widely reported. An observational study was conducted in a 58-bed adult intensive care unit. **[ABSTRACT EDITED]**

Decreasing Delirium through Music (DDM) in critically ill, mechanically ventilated patients in the intensive care unit: study protocol for a pilot randomized controlled trial.
Author(s): Khan, Sikandar H; Wang, Sophia; Harrawood, Amanda; Martinez, Stephanie
Source: Trials; Nov 2017; vol. 18 (no. 1); p. 574
Publication Type(s): Journal Article
Available at Trials - from EBSCO (MEDLINE Complete)
Abstract:BACKGROUNDDelirium is a highly prevalent and morbid syndrome in intensive care units (ICUs). Changing the stressful environment within the ICU via music may be an effective and a scalable way to reduce the burden of delirium. **[ABSTRACT EDITED]**

Effects of music during daytime rest in the intensive care unit.
Author(s): Hansen, Isabella P; Langhorn, Leanne; Dreyer, Pia
Source: Nursing in critical care; Nov 2017
Publication Type(s): Journal Article
Abstract:BACKGROUNDSleep is essential to the recovery of patients in the intensive care unit. Patients in the intensive care unit frequently experience poor sleep, characterized by sleep deprivation, sleep fragmentation and abnormal sleep architecture. Factors affecting sleep are multifactorial.AIMTo investigate the effects of music on self-reported quality of sleep during daytime rest among patients in the intensive care unit.STUDY DESIGNA randomized controlled trial. **[ABSTRACT EDITED]**

Delirium and effect of circadian light in the intensive care unit: a retrospective cohort study.
Author(s): Estrup, S; Kjer, C K W; Poulsen, L M; Gøgenur, I; Mathiesen, O
Source: Acta anaesthesiologica Scandinavica; Nov 2017
Publication Type(s): Journal Article
Abstract:BACKGROUNDDelirium is a serious condition often experienced by critically ill patients in intensive care units (ICUs). The role of circadian light for this condition is unclear. The aim of this study was to describe incidence of delirium, risk factors for delirium, and the association between delirium and circadian light for patients in the ICU. **[ABSTRACT EDITED]**

Determination of the feasibility of a multicomponent intervention program to prevent delirium in the Intensive Care Unit: A modified RAND Delphi study.
Author(s): Wassenaar, Annelies; van den Boogaard, Mark; Underpin-Icu Study Group;
Source: Australian critical care : official journal of the Confederation of Australian Critical Care Nurses; Nov 2017; vol. 30 (no. 6); p. 321-327
Publication Type(s): Journal Article
Abstract:BACKGROUNDDelirium is common in Intensive Care Unit (ICU) patients and associated with poor outcome. In non-ICU patients a multicomponent intervention program with non-pharmacological interventions has shown to reduce delirium. Currently, there is insufficient evidence regarding the effects of such a program in ICU patients. We developed a draft program based on a review. As most studies were conducted in non-ICU patients, the feasibility of the program in ICU patients needs to be assessed before investigating its effectiveness.OBJECTIVESTo determine experts' opinion and to achieve group consensus on the feasibility and completeness of the multicomponent intervention program for ICU patients. **[ABSTRACT EDITED]**

End of Life Care and Treatment Withdrawal

Palliative Care Processes Embedded in the ICU Workflow May Reserve Palliative Care Teams for Refractory Cases.
Author(s): Mun, Eluned; Umbarger, Lillian; Ceria-Ulep, Clementina; Nakatsuka, Craig
Source: American Journal of Hospice & Palliative Medicine; Jan 2018; vol. 35 (no. 1); p. 60-65
Publication Type(s): Academic Journal
Abstract: Context: Palliative Care Teams have been shown to be instrumental in the early identification of multiple aspects of advanced care planning. Despite an increased number of services to meet the rising consultation demand, it is conceivable that the numbers of palliative care consultations generated from an ICU alone could become overwhelming for an existing palliative care team. Objective: Improve end-of-life care in the ICU by incorporating basic palliative care processes into the daily routine ICU workflow, thereby reserving the palliative care team for refractory situations. **[ABSTRACT EDITED]**

Developing a minimum dataset for nursing team leader handover in the intensive care unit: A focus group study.
Author(s): Spooner, Amy J.; Aitken, Leanne M.; Corley, Amanda; Chaboyer, Wendy
Source: Australian Critical Care; Jan 2018; vol. 31 (no. 1); p. 47-52
Publication Type(s): Academic Journal
Abstract: Background Despite increasing demand for structured processes to guide clinical handover, nursing handover tools are limited in the intensive care unit. Objectives The study aim was to identify key items to include in a minimum dataset for intensive care nursing team leader shift-to-shift handover. **[ABSTRACT EDITED]**

A Retrospective Study of End-of-life Care Decisions in the Critically Ill in a Surgical Intensive Care Unit.
Author(s): Yi Lin Lee; Yee Yian Ong; Sze Ying Thong; Shin Yi Ng
Source: Indian Journal of Palliative Care; Jan 2018; vol. 24 (no. 1); p. 17-24
Publication Type(s): Academic Journal
Available at Indian Journal of Palliative Care - from EBSCO (CINAHL with Full Text)
Abstract: Aim: Progress in medical care and technology has led to patients with more advanced illnesses being admitted to the Intensive Care Unit (ICU). The practice of approaching end-of-life (EOL) care decisions and limiting care is well documented in Western literature but unknown in Singapore. We performed a retrospective cohort study to describe the practice of EOL care in patients dying in a Singapore surgical ICU (SICU). The surgical critical care population was chosen as it is unique because surgeons are frequently involved in the EOL process. **[ABSTRACT EDITED]**

End-of-Life Decision Support in the ICU: Where Are We Now?
Author(s): Pignatiello, Grant; Hickman, Ronald L.; Hetland, Breanna
Source: Western Journal of Nursing Research; Jan 2018; vol. 40 (no. 1); p. 84-120
Publication Type(s): Academic Journal
Abstract: Determining effective decision support strategies that enhance quality of end-of-life decision making in the intensive care unit is a research priority. This systematic review identified interventional studies describing the effectiveness of decision support interventions administered to critically ill patients or their surrogate decision makers. We conducted a systematic literature search using PubMed, CINAHL, and Cochrane. **[ABSTRACT EDITED]**

Do-not-resuscitate orders in an oncologic icu: When does no mean yes?
Author(s): Tayban Y.; Dhawan V.; Kirnicinii G.; Pastores S.; Halpern N.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 123
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: To our knowledge, there is a lack of information on the patterns of change in Do Not Resuscitate (DNR) status during an ICU stay. **[ABSTRACT EDITED]**

Forgoing life-sustaining treatments in the ICU. To withhold or to withdraw: is that the question?
Author(s): Gristina, Giuseppe R; Baroncelli, Francesca; Vergano, Marco
Source: Minerva anestesiologica; Jan 2018
Publication Type(s): Journal Article
Abstract: In the last decades, mortality from severe acute illnesses has considerably declined thanks to the advances in intensive care medicine. Meanwhile, critical care physicians realized that lifesustaining treatments (LST) may not be appropriate for every patient, and end-of-life care in the Intensive Care Unit (ICU) started to receive growing attention. Most deaths occurring in the ICU now follow a decision to forgo life-sustaining treatments (DFLST), which can be implemented either by withdrawing (WDLST) or withholding (WHLST) life-sustaining treatments. Despite the broad

consensus about the equivalence of the two practices from an ethical point of view, the issue of the best option between WDLST and WHLST constantly gives rise to controversies in clinical practice. This review is not intended to take a stand for or against WDLST or WHLST. Based on available evidence, the definitions of the two practices are first presented. Secondly, the preferences of ICU physicians towards WDLST and WHLST are examined. Finally, some arguments are offered outlining pros and cons of WDLST and WHLST, stressing that the clinician's attention should focus on an early and thorough recognition of patients in need of a DFLST, rather than on the theoretical strength and weakness of the two practices. This approach will enable physicians to make informed decisions on how to implement the limitation of LSTs, considering the patients' clinical conditions and preferences, the circumstances and needs of their families.

Improving partnerships with family members of ICU patients: study protocol for a randomized controlled trial.
Author(s): Heyland, Daren K; Davidson, Judy; Skrobik, Yoanna; des Ordons, Amanda Roze
Source: Trials; Jan 2018; vol. 19 (no. 1); p. 3
Publication Type(s): Journal Article
Available at Trials - from EBSCO (MEDLINE Complete)
Abstract:BACKGROUNDOver the last decade, health care delivery has shifted to partnering with patients and their families to improve health and quality of care, and to lower costs. Partnering with family members (FMs) of critically ill patients who lack capacity is particularly important for improving experiences and outcomes for both patients and FMs. How best to apply such partnering strategies, however, is yet unknown. The IMPACT trial will evaluate two interventions that enable partnerships with families of critically ill patients, each in a distinct content area, but similar in that they empower and support FMs. **[ABSTRACT EDITED]**

End-of-Life Decision-Making for Patients With Geriatric Trauma Cared for in a Trauma Intensive Care Unit.
Author(s): Wooster, Meghan; Stassi, Alyssa; Hill, Joshua; Kurtz, James; Bonta, Marco;
Source: The American journal of hospice & palliative care; Jan 2018 ; p. 1049909117752670
Publication Type(s): Journal Article
Abstract:BACKGROUNDThe geriatric trauma population is growing and fraught with poor physiological response to injury and high mortality rates. Our primary hypothesis analyzed how prehospital and in-hospital characteristics affect decision-making regarding continued life support (CLS) versus withdrawal of care (WOC). Our secondary hypothesis analyzed adherence to end-of-life decisions regarding code status, living wills, and advanced directives. **[ABSTRACT EDITED]**

Trainees in the ICU: Academic and psychosocial needs
Author(s): Von-Maszewski M.; Schneider V.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 164
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Learning Objectives: Trainees new to the critical care setting have specific patient care and educational objectives. However, the care of an ICU patient includes unique psychosocial components which may cause significant anxieties for medical students and residents. The educational team at an oncologic ICU instituted surveys of trainees prior to interaction with patients, in order to identify perceived educational and emotional needs of trainees. **[ABSTRACT EDITED]**

Outcomes in lung cancer patients admitted to the medical intensive care unit
Author(s): Minhas P.; Malik F.; Cohen S.; Patel R.
Source: Critical Care Medicine; Jan 2018; vol. 46 ; p. 233
Publication Type(s): Conference Abstract
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)

Abstract: Learning Objectives: Cancer survival rates continue to improve due to improvement in surgical techniques and combined therapies but multiple studies have shown poor outcome in cancer patients admitted in intensive care unit (ICU). Our study specifically looked at the outcome in lung cancer patients. **[ABSTRACT EDITED]**

Foregoing life-sustaining treatments in the ICU: Practices evolve over time
Author(s): Lesieur O.; Briatte I.; Langlois A.; Herbland A.; Leloup M.
Source: Transplant International; Jan 2018; vol. 31 ; p. 8
Publication Type(s): Conference Abstract
Abstract: Introduction: Significant variability exists in the decisions to withhold or withdraw (WhWd) treatments. Moreover practices may evolve over time. This study aims to compare the procedural features of foregoing treatments between two separate periods (2012 vs. 2016) in a single 16-bed ICU. Methods: For each of the two periods considered, the characteristics and outcome of patients qualified for a WhWd procedure were collected. Results: During the first and second periods, 596 and 600 patients were admitted to the ICU. The number of brain and circulatory deaths were 25 and 144 in 2012, 24 and 145 in 2016, respectively. Table 1 gives the characteristics of patients qualified for a WhWd procedure. (Table Presented) Conclusion: The rate of patients who die in the ICU after a WhWd decision significantly increases, while those of overall mortality and brain deaths remain stable. As a consequence, donation after circulatory arrest is expected to provide a growing proportion of organs for transplantation.

Emotional Impact of End-of-Life Decisions on Professional Relationships in the ICU: An Obstacle to Collegiality?
Author(s): Laurent, Alexandra; Bonnet, Magalie; Capellier, Gilles; Aslanian, Pierre; Hebert, Paul
Source: Critical Care Medicine; Dec 2017; vol. 45 (no. 12); p. 2023-2030
Publication Type(s): Academic Journal
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: Objectives: End-of-life decisions are not only common in the ICU but also frequently elicit strong feelings among health professionals. Even though we seek to develop more collegial interprofessional approaches to care and health decision-making, there are many barriers to successfully managing complex decisions. The aim of this study is to better understand how emotions influence the end-of-life decision-making process among professionals working in ICU. **[ABSTRACT EDITED]**

A Qualitative Look at End-of-Life Care in the ICU.
Author(s): Granstein, Justin H.; Creutzfeldt, Claire J.
Source: Critical Care Medicine; Dec 2017; vol. 45 (no. 12); p. 2109-2110
Publication Type(s): Academic Journal
Available at Critical Care Medicine - from Ovid (Journals @ Ovid)
Abstract: The author discusses application of qualitative research in order to evaluate the end-of-life care in the intensive care unit (ICU). Topics discussed relation between caregivers and patients, role of decision-making process in management of ICU to improve communication between its team members, and inter-professional relations.

Home to die from the intensive care unit: A qualitative descriptive study of the family's experience.
Author(s): Hutchinson, Amy L.; Van Wissen, Kim A.
Source: Intensive & Critical Care Nursing; Dec 2017; vol. 43 ; p. 116-122
Publication Type(s): Academic Journal
Abstract: Background Many people would choose to die at home, and this can be an option for intensive care patients. However, there is limited exploration of the impact on the family. Aim To

gain insight into family members' experiences when an adult intensive care unit patient is taken home to die. **[ABSTRACT EDITED]**

Evaluating the Economic Impact of Palliative and End-of-Life Care Interventions on Intensive Care Unit Utilization and Costs from the Hospital and Healthcare System Perspective.
Author(s): Khandelwal, Nita; Brumback, Lyndia C.; Halpern, Scott D.; Coe, Norma B.
Source: Journal of Palliative Medicine; Dec 2017; vol. 20 (no. 12); p. 1314-1320
Publication Date: Dec 2017
Publication Type(s): Academic Journal
Abstract: Purpose of report: Understanding the impact of palliative care interventions on intensive care unit (ICU) costs and utilization is critical for demonstrating the value of palliative care. Performing these economic assessments, however, can be challenging. The purpose of this special report is to highlight and discuss important considerations when assessing ICU utilization and costs from the hospital perspective, with the goal of providing recommendations on methods to consider for future analyses. **[ABSTRACT EDITED]**

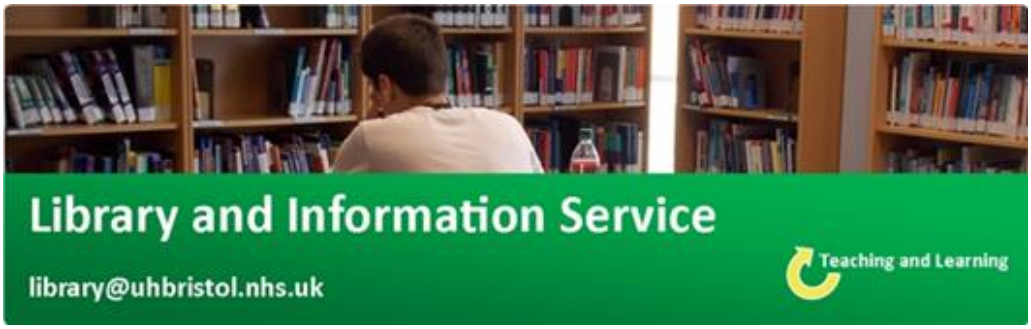
Criterion validity and inter-rater reliability of a palliative care screening tool for patients admitted to an emergency department intensive care unit.
Author(s): Corrêa da Costa Ribeiro, Sabrina; Tavares de Carvalho, Ricardo; Aparecida Rocha, Juraci;
Source: Palliative & supportive care; Dec 2017 ; p. 1-7
Publication Type(s): Journal Article
Abstract:OBJECTIVEThe use of palliative care (PC) screening criteria to trigger PC consultations may optimize the utilization of PC services, improve patient comfort, and reduce invasive and futile end-of-life care. The aim of the present study was to assess the criterion validity and inter-rater reliability of a PC screening tool for patients admitted to an emergency department intensive care unit (ED-ICU). **[ABSTRACT EDITED]**

Quality of dying and death in the ICU. The euroQ2 project.
Author(s): Gerritsen, Rik T; Jensen, Hanne Irene; Koopmans, Matty; Curtis, J Randall; Downey, Lois
Source: Journal of critical care; Dec 2017; vol. 44 ; p. 376-382
Publication Type(s): Journal Article
Abstract:PURPOSEKnowledge of families' perspective of quality of intensive care unit (ICU) care is important, especially with regard to end-of-life (EOL) care. Adaptation of the US-developed "Quality of dying and death questionnaire" (QODD) to a European setting is lacking. The primary aim of this study is to examine the euroQODD's usability and its assessments of EOL care in a cohort of Danish and Dutch family members. **[ABSTRACT EDITED]**

Goals of Care and End of Life in the ICU.
Author(s): Berlin, Ana
Source: The Surgical clinics of North America; Dec 2017; vol. 97 (no. 6); p. 1275-1290
Publication Type(s): Journal Article Review
Abstract: Despite advances in surgical critical care, critical illness remains traumatic and has long-term adverse sequelae. Unrealistic expectations and erroneous assumptions about outcomes acceptable to patients have been identified as drivers of goal-discordant treatment. Goal setting in the ICU begins with compassionately delivered, accurate, and honest prognostic information. Through skilled communication and shared decision making, clinicians forge a mutual understanding of patient values and priorities and the role of therapeutic options in achieving patient goals. **[ABSTRACT EDITED]**

Family Members' and Intensive Care Unit Nurses' Response to the ECG Memento© During the Bereavement Period.
Author(s): Beiermann, Mary

Source: Dimensions of Critical Care Nursing; Nov 2017; vol. 36 (no. 6); p. 317-326
Publication Type(s): Academic Journal
Abstract: Background: In the United States, 20% of patients die in the intensive care unit (ICU), yet little is known about bereavement strategies to aid grieving families. Objective: The primary aim was to study the bereavement experience for families in the ICU; secondary aim was to measure nurses" perception of end-of-life care, and a third was to evaluate the impact of the ECG Memento© by families and nurses. **[ABSTRACT EDITED]**



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