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Benchmarking Intensive Care Physiotherapy Staffing in Australian Tertiary Hospitals

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Congress Guide
ASSOCIATION OF PLASMA AND TISSUE LACTATE BY MEANS OF SUBCUTANEOUS MICRODIALYSIS DURING SEPTIC SHOCK: CASES WITH BACTEREMIA (BA) VS. NONBACTEREMIA (NON-BA).

Introduction: Plasma lactate has been used as a better marker of tissue hypoperfusion in patients with sepsis. However, we hypothesized that there can be difference between plasma and tissue lactate in septic shock. Thus we investigated plasma and tissue lactate in patients for an assessment of difference and correlation in both groups. Methods: Cases with septic shock were enrolled between April 2006 and March 2006 in a mixed ICU at a tertiary care hospital in Japan. Microdialysis (Manas/Microdialysis) was used for measuring tissue lactate. Plasma and tissue lactate of cases with BA and Non-BA were measured 3 times with 8-hour interval after ICU admission. Then two groups were compared and evaluated whether plasma lactate was correlated with tissue lactate. All data were reported as medians and interquartile range (IQ). Mann-Whitney U test and Spearman's correlation were used for statistical analysis and P<0.05 was considered statistically significant.

Results: Fourteen cases were evaluated no difference of APACHE-II score was observed in BA and Non-BA. Tissue lactate level (mmol/L) in BA (median 3.8, IQR 1.9-5.4) was significantly higher than in Non-BA (median 1.5, IQR 1.5-2.6, p=0.012). Tissue lactate level was correlated with plasma lactate in both BA (P=0.005) and Non-BA (P=0.012).

Conclusions: Our data suggested that tissue lactate was more correlated in septic patients with BA than those with Non-BA. Tissue lactate measured by Microdialysis and plasma lactate were correlated in both BA and Non-BA groups.