2008

Benchmarking Intensive Care Physiotherapy Staffing in Australian Tertiary Hospitals

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Asia Pacific Critical Care
2008 Congress
Celebration of Intensive Care
Past Present and Future
Sydney Convention & Exhibition Centre
Darling Harbour, Australia
30 October - 2 November 2008
Congress Guide
COMPARATIVE ANALYSIS ON THE TIMING OF TRACHEOSTOMY DURING MECHANICAL VENTILATION

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Despite widespread use of tracheostomy in ICU, it is still a controversial issue to define the best timing of change from endotracheal intubation to tracheostomy under the ongoing mechanical ventilation. This study was designed to compare clinical parameters between early tracheostomy (ET) and late tracheostomy (LT).

A retrospective study was done in 135 medical and surgical ICU patients with observations during 38 days from tracheostomy in terms of ET group (n=65) vs LT group (n=65). The reference day between ET and LT was defined to 7th day from intubation.

The mean age was 49±18 years in ET and 63±17 years in LT. APACHE II score in each time of intubation and tracheostomy were slightly higher in LT but not significantly. Day to day APACHE II score was not different between two groups during an observation period until 7th day from tracheostomy. Occurrence of nasopercutaneous feeding from mechanical ventilation and mortality showed no significant difference between two groups during observation period of 38 days from tracheostomy. The mortality was increased as the APACHE II score up to 7 days from tracheostomy was increased. However, there were no increase on mortality in terms of time of tracheostomy and days of ventilator use before tracheostomy.

There was no clinical benefit of ET vs LT in terms of changes of severity index, nonosmolar intake, duration of ventilator support, and mortality. It suggests that the proper time of tracheostomy is better to be decided on the clinical judgement.

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

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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 sepsis. To investigate 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 2008 in a mixed ICU at a tertiary care hospital in Japan. Microdialysis (SUM/Microlab) was used for measuring tissue lactate. Plasma and tissue lactate of cases with BA and Non-BA were measured 3 times with 6-hour interval after ICU admission. Two groups were comprised and evaluated whether plasma lactate was correlated with tissue lactate. All data were reported as medians and interquartile ranges (IQR). 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-2 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 1.9, IQR 1.56-6.8) (P<0.01). Tissue lactate 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 prominent 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.