MESSAGE FROM THE CHAIR
Karen J. McAllen, PharmD, FCCM

The weather has started to improve a bit for us in the northern states, but it is not yet time to start watching our football teams crumble. It is, however, time to start thinking about submitting abstracts for the 44th Critical Care Congress in Phoenix, January 17-21, 2015. Our section has always generated very active and high quality submissions, and we expect the same this year. Please note that the abstract submission deadline has been moved from midnight September 3 to noon Central Time on August 1, 2014. You may sign into the iRoom and view last year’s CPP members’ posters, stored in the folder “Annual Congress Posters.” If you presented a poster last year and it is not yet in the iRoom, please send a PDF version to Janie Faris at phanefaris325@gmail.com to have it uploaded. The posters are also available in the LearnICU Pharmacology Knowledge Area.

The CPP Section recognizes your research by offering abstract awards as well as a travel grant. Following are details regarding the CPP Section Technology and Patient Safety awards. Both are detailed in the iRoom. If you are interested in applying for either of these awards, be sure to submit the requested information after abstracts are submitted. These awards are available to SCCM members employed in a hospital or health system supporting a project that meets the following goals:

**Excellence in Using Technology to Improve ICU Medication Safety Award** recognizes a health system or individual incorporating state-of-the-art technology and innovative programs to maximize and improve medication safety. The goal of this award is to sensationalize the technology and medication safety improvements and to disseminate the objectives, methods, and outcomes used to achieve the innovation

**Innovations in ICU Medication Safety Award** recognizes a health system or an individual that designed a successful and novel program that minimizes medication errors and improves medication safety in the ICU. The goal of this award is to sensationalize the medication safety improvements and to disseminate the objectives, methods, and outcomes used to achieve the innovation.
The CPP Section is again offering a travel grant. To apply for the travel grant, submit your application on the SCCM website at http://www.sccm.org/Education-Center/Annual-Congress/Abstracts/Pages/default.aspx.

The due date for all abstract awards is noon Central Time on August 1, 2014.

As many of you are aware, late in 2013 critical care was recognized as a specialty by the Board of Pharmaceutical Specialties. The first certification exam will occur in October 2015. The CPP Section and SCCM have been working hard to evaluate how we can help with preparation for the exam and eventually recertification.

If you have input or ideas for the CPP Section, would like to get involved in one of the committees, or can offer any special skills, I would like to hear from you. Emails can be sent to me at Karen.mcallen@sanofi.com.

CPP COMMITTEE CORNER

Communications Committee
Deepali Dixit, PharmD (Chair), and Simon Lam, PharmD (Chair-Elect)

This issue highlights a pharmacotherapy article examining the use of inhaled epoprostenol for salvage therapy in acute respiratory distress syndrome, the Mentor-Mentee Program spotlight, member spotlight. Thank you to everyone for their contributions!

The Communications Committee is working with SCCM to make the iRoom resources more readily accessible and to better promote the great programs that are offered through CPP. If you have any suggestions or changes that you would like to see to the current way that we disseminate information within the section, please don’t hesitate to let us know. In addition, if you have any questions regarding membership in the Communications Committee or contributions you would like to make to the CPP Section newsletter, please email either Deepali Dixit at deepali0420@gmail.com or Simon Lam at lams@ccf.org.

Education Committee
Jorie Frasiolas, PharmD (Chair), and Jeff Gonzales, PharmD (Chair-Elect)

Congratulations to all CPP Section members who presented a poster or platform talk at the 2014 SCCM Annual Congress in San Francisco. Of the 186 abstracts presented by members of the section, 134 are now available in the CPP Section iRoom and LearnICU eCommunity. To view the posters in the iRoom, please access the committee documents along the left menu. The posters can also be found in the LearnICU eCommunity at http://community.sccm.org/p/fo/si/topic=47 or by visiting the LearnICU Pharmacology Knowledge Area. If your poster is not yet available in the iRoom or LearnICU eCommunity, please email a PDF version to Janie Faris at pjanefaris325@gmail.com for inclusion.

The CPP Education Committee continues to partner with the Society on several key initiatives, including educational modules, a toolkit for protocol implementation, recertification education for board certification in critical care pharmacotherapy, and Journal Club.

Journal Club continues to be held the third Friday of every month at 2 PM EST. Upcoming dates include July 18, August 15, and September 19. If you would like to receive the monthly
notification and link for accessing the Journal Club session, please contact Karen Berger at karenberger7@gmail.com or sccmcppjc@gmail.com.

Membership Committee
Laura Aykroyd, PharmD (Chair), and John Allen, PharmD (Chair-Elect)

Mentor-Mentee Program
The Mentor-Mentee Program provides CPP members with guidance in a variety of areas such as clinical practice, research, teaching and SCCM/CPP involvement. Members are matched based on mentoring need, specialty practice area (e.g., emergency medicine, computed tomography, surgery, pediatrics, trauma, burn) and experience level. We continue to expand the demographics used to match individuals to make the pairing as beneficial as possible. If there is a specific area in which you are seeking mentorship, please let us know and we will work to match you with a mentor. All CPP Section members are welcome to participate in a mentor and/or mentee capacity.

The Membership Committee is actively looking for mentors. We continue to need our more experienced CPP members to participate in this program. We also encourage recently established practitioners to apply as mentors as the number of mentors needed for residents completing the PGY-2 is rapidly expanding.

All CPP members interested in serving as mentees are encouraged to contact us as soon as possible. Although there is no deadline for enrollment, members interested in the program are encouraged to apply early in the year to facilitate live interaction between mentors and mentees at annual pharmacy meetings (ACCP, ASHP, SCCM) and the development of a stronger professional relationship.

If you are interested or need additional information, please email either Laura Aykroyd (laykroyd@iuhealth.org) or John Allen (johnallen@health.usf.edu) and indicate on which role you are seeking information. We look forward to working with everyone—and to the continued success of the program.

Patient Safety Committee
Lisa Harinstein, PharmD (Chair), and Elizabeth Sinclair, PharmD (Chair-Elect)

The CPP Patient Safety Committee is accepting applications for the 2014 CPP Patient Safety Awards.

These awards are available to SCCM pharmacist members employed in a hospital or health system that has led or participated in a project that meets these goals:

Excellence in Using Technology to Improve ICU Medication Safety Award recognizes a health system or individual incorporating state-of-the-art technology and innovative programs to maximize and improve medication safety. The goal of this award is to sensationalize the technology and medication safety improvements, and to disseminate the objectives, methods, and outcomes used to achieve the innovation.

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innovation.

Program Committee
Moo Sultan, PharmD (Chair), and Marilyn Bulloch, PharmD (Chair-Elect)

The CPP Program Committee has been coming together to complete the charges for the year. The committee has decided on the topics for the Congress session, “Year in Review: Pharmacy.” This session will cover fluid resuscitation, burns, and infectious disease in the critically ill. The committee is working on finalizing the program speakers. One of the goals this year is to give the speakers more guidance and even provide a mentor. A group of committee members is developing a guidance document and determining the requirements for the mentors. If you have served as a speaker for past Year in Review sessions, please let me know if you have any suggestions for future speakers.

The committee is also in the beginning stages for planning for the Pre-Congress Symposium, Member Reception, and Recruitment Exchange. We learned a lot from the Recruitment Exchange this past year and are working on making it a successful event for both employers and job seekers. We are working on ideas for Pre-Congress Symposium programming and marketing. If anyone has any suggestions for the Recruitment Exchange or the Pre-Congress Symposium, please let me know.

Finally, the Visiting Clinical Professor Program application process closed on April 1, 2014. Unfortunately, we did not have any applications this year. The committee is looking at ways to improve marketing of this program for the upcoming year. We are continuing to work with Vidant Medical Center. We have found a professor and hope that the visit can be made in late August or early September.

If you have any questions or suggestions for the above charges, please email Moo Sultan (smsultan@unch.unc.edu) or Marilyn Bulloch (novellm@gmail.com).

Research Committee
Erin Frazee, PharmD (Chair), and Mitch Daley, PharmD (Chair-Elect)

As one academic year draws to a close and another begins, it is a great time to highlight two services offered by the CPP Research Committee that might be of interest to staff and trainees alike.

**Peer Pre-Review Service**

The CPP Research Committee is interested in reviewing your work! If you have a manuscript or grant proposal that you would like to have reviewed prior to its submission, consider taking advantage of the Peer Pre-Review Service offered by this committee. Reviews will be provided by individuals experienced in critical care pharmacy, preferably in the subspecialty that is the topic of the work. Each reviewer will have up to 21 days to return feedback directly to the author. Interested authors of grant proposals/manuscripts/PP documents can contact the CPP Research Committee Chair (Erin Frazee at Frazee.Erin@mayo.edu), who will arrange the appropriate author/reviewer combination. The committee accepts requests for this service on a rolling basis.

**Research Consult Service**

Run into a snag while working on your research and need some quick help from a knowledgeable individual? The CPP Section Research Committee has created a new service
to help! The Research Consult Service allows new and experienced researchers alike to submit research-related questions and get quick, direct, one-on-one feedback similar to that received via a helpline. This new service is now available; if you would like to submit a question, please email us at cppresearchconsult@gmail.com. In the future, you will also be able to review the Research Consult Service archives in the CPP Section iRoom. Please contact Kasey Greathouse, PharmD, BCPS (kmgreathouse@gmail.com) if you have any additional questions.

If you would like further information about any of these activities or would like to get involved in the Research Committee, please do not hesitate to contact Chair Erin Frazee (frazee.erin@mayo.edu) or Chair-Elect Mitch Daley (mjdaley@seton.org).

Pharmacotherapy Article

Inhaled epoprostenol for salvage therapy in acute respiratory distress syndrome (ARDS)

James Landzinski, PharmD

Originally described in 1967 and later defined by the American / European Consensus Conference (AECC), acute respiratory distress syndrome (ARDS) is known as a destructive process characterized by bilateral patchy infiltrates on radiograph, an arterial partial pressure of oxygen to the fraction of inspired oxygen ratio (PaO₂/FI0₂) of less than 200 mm Hg regardless of any positive end-expiratory pressure (PEEP), and the absence of congestive heart failure (wedge pressure less than 18 mm Hg) (1, 2). Recent updates to the AECC definition (Berlin definition) have further delineated severity of ARDS based on the level of hypoxemia, which can present as mild (PaO₂/FI0₂ less than 300 mm Hg), moderate (PaO₂/FI0₂ less than 200 mm Hg), and severe (PaO₂/FI0₂ less than 100 mm Hg) (3). It is a common condition affecting roughly 5 in 100,000 individuals annually. Given the high degree of ventilation/perfusion mismatch caused by the disease, ARDS is associated with an average mortality of 53% (1, 2).

ARDS can be delineated based on origin. For example, direct or pulmonary ARDS is the result of aspiration of gastric contents, pneumonia, smoke inhalation, or pulmonary contusion. Indirect or extrapulmonary ARDS is caused by sepsis and blood-product transfusions. Regardless of origin, ARDS may be so severe that death can occur quickly despite best efforts. Most patients succumb to multiorgan failure, but a fair proportion die secondary to refractory hypoxemia (1, 4, 5). By definition, refractory hypoxemia consists of a PaO₂/FI0₂ less than 100 mm Hg, the inability to maintain plateau pressures below 30 cm H₂O on a tidal volume of 4 mL/kg of ideal body weight, barotrauma, and an oxygenation index greater than 30 (5). Such hypoxemia is caused by the redistribution of blood flow leading to ventilation/perfusion mismatch and intrapulmonary shunting (1, 4), which adversely affects gas exchange. Supportive care, the only therapy for ARDS, includes interventions that attempt to improve oxygenation, minimize edema and/or inflammation, and eradicate infections. However, of the supportive measures implemented in ARDS, only lung protective strategies (which include low tidal volumes of 4-8 mL/kg of ideal body weight, plateau pressures no higher than 30 cm H₂O, and “modest” PEEP) have been proven to provide a mortality benefit (1, 5, 6). Other interventions studied, but not associated with a mortality benefit, include corticosteroids, extracorporeal membrane oxygenation, neuromuscular blocking agents, prone positioning, and inhaled vasodilator therapy, which includes nitric oxide and epoprostenol (1, 2, 4, 6-10).

Due to the rising cost of inhaled nitric oxide, many institutions have pursued aerosolized prostaglandin therapy to preserve budgets. Epoprostenol, a naturally occurring prostaglandin synthesized from arachidonic acid in the endothelial cell, is considered therapeutically equivalent to inhaled nitric oxide in improving oxygenation and is employed as salvage therapy.
in severe ARDS (4, 5, 8). Although the effect of inhaled prostaglandin on mortality rates and duration of mechanical ventilation remains to be determined, small studies have investigated the potential benefit of inhaled epoprostenol. Researchers have based their interventions on the theory that redistribution of blood flow via site-selective vasodilatation (i.e., healthier lung tissue) may improve the ventilation/perfusion ratio while preserving systemic pressures. Thus, oxygenation increases through dilatation of pulmonary vasculature, inhibition of platelet aggregation, and the reduction of inflammation (1, 2, 5, 6, 8, 10). These mechanisms may allow epoprostenol to reduce the formation of pulmonary edema, preventing the progression of disease and ultimately preserving viable lung tissue (5). Due to its rapid onset of action, short duration of activity, minimal adverse effect profile, and low cost, epoprostenol has become a suitable agent for inhalation therapy. However, certain limitations to therapy raise questions on feasibility and safety. Given that the physiologic effect of epoprostenol is highly dependent on the delivery and distribution of drug, certain modes of ventilation may not be suitable (i.e., high-frequency oscillatory ventilation) as they can result in insufficient drug delivery. This limitation may be coupled with the global distribution of disease leaving little viable tissue on which the drug can exert physiologic effect, the operational limitations of the nebulizer, and/or the setup of the ventilator/nebulizer unit (2, 4).

No standard method of delivery has been established, although many institutions have implemented similar strategies. Those that have implemented aerosolized epoprostenol describe a system that incorporates an intravenous pump delivering medication into a nebulizer, which is supported by a high-flow meter to deliver airflow and drug into the endotracheal tube. Most institutions have reported a dose range of 1 to 50 nanogram per kilogram per minute titrated up to a maximum dose or down to the desired physiologic effect (2, 8, 9, 11, 12), depending on the study. A set infusion rate of epoprostenol into an aerosolizer is responsible for changes in dose, based on varying concentrations of drug compounded in a syringe (2, 9). Currently, all studies have been performed prior to a second epoprostenol product to reach the U.S. market. This limitation may account for the complexity of the protocols requiring the frequent replacement of product and the expiratory filters on ventilation circuits because of the high viscosity of the diluent used for reconstitution.

No study has been able to determine a mortality benefit with therapy. Investigators have evaluated physiologic endpoints such as mean right atrial pressures, mean pulmonary wedge pressures, mean arterial pressures, cardiac output, \( \text{Pa}_2 \), and \( \text{PaO}_2/\text{FiO}_2 \). To date, the only variables which have shown any improvement include oxygenation, pulmonary artery pressures, and an overall change in shunt physiology (5). Few randomized controlled trials exist in the available literature. One dose-ranging study performed in nine patients has identified improvements in \( \text{PaO}_2/\text{FiO}_2 \) (\( P=0.003 \)) and alveolar-arterial gradient (\( P=0.01 \)) that appear to be dose-dependent (11). In a small randomized trial conducted by Putensen and colleagues, improvements in arterial oxygenation and pulmonary gas exchange (\( P<0.05 \)) were noted with inhaled epoprostenol compared to intravenous prostaglandin and inhaled nitric oxide therapy (13). Another study conducted by Zwissler and colleagues also found significant improvements in the \( \text{PaO}_2 \) (increase of 18-24% from baseline) and in mean pulmonary artery pressure (4). These findings were confirmed in another small case series involving 15 patients, where a decreased mean pulmonary artery pressure (32 mm Hg to 29 mm Hg, \( P<0.05 \)), a decreased pulmonary vascular resistance (177 to 153 dynes*sec/cm\(^5\)), and an improvement in the \( \text{PaO}_2/\text{FiO}_2 \) (101 ±7 to 155 ±15, \( P<0.001 \)) were identified (12).

Although not all patients exhibited these changes, the responders demonstrated an increase in \( \text{PaO}_2/\text{FiO}_2 \) ranging from 14% to 165%, which was defined as a delta of 10% from baseline within 4 hours of therapy (2). The most substantial improvements were found in patients with extrapulmonary ARDS. In fact, implementing epoprostenol therapy in patients with pulmonary ARDS equated to a worsening of oxygenation variables; this unexpected decline may be a
result of greater consolidation. In contrast, the nine patients with disease of extrapulmonary origin presented with a lower distribution of consolidation. This variation in the origin of disease appears to allow for viable lung tissue to respond to vasodilator therapy (12). However, not all studies were able to replicate these benefits. In a retrospective review of 17 patients (10 of whom received inhaled epoprostenol), no difference was noted in the PaO_2/FiO_2 or PaO_2 values at any time during therapy (1).

Inhaled epoprostenol appears to be a cost-effective alternative to inhaled nitric oxide. In a single center, retrospective review, epoprostenol was found to be 4.5 to 17 times less expensive than nitric oxide, depending on the institutional contract agreement (8). This can translate into substantial cost savings for those utilizing nitric oxide, but many practical considerations are associated with epoprostenol therapy. For example, protocols must delineate a weight-based versus non-weight-based regimen, consider the functional limitations of the nebulizer, and implement syringe pumps or infusion pumps for medication delivery (14). Safety in drug administration is also a legitimate concern given its high-risk nature. In a study by Dunkley et al, the investigators report the potential for mistaking the route of inhaled administration for intravenous use (2). Additionally, the dose ordered has the potential for carrying the incorrect unit of measure; for example, micrograms per kilogram per hour may be used instead of micrograms per kilogram per minute (2). Education of pharmacy staff, nurses, prescribers, and respiratory therapists will likely alleviate most errors associated with administration and ordering. Other safety measures that may be alleviated these errors include auto-populating fields of the order via computerized prescriber order entry applications and/or the utilization of smart-pump technology.

Whichever salvage strategy for ARDS is implemented, practitioners should be cautioned that use of inhaled epoprostenol remains controversial (5, 12). Until randomized trials with adequate power are conducted to determine the benefits of therapy, inhaled epoprostenol should be employed as salvage therapy for patients with severe ARDS for which no other alternative exists.

References


**Member Spotlight**

*Calvin Tucker, PharmD, BCPS*

**Donald W. Johnson, PharmD, BCPS (Clinical Specialist in Trauma/Surgical ICU)**

Donald W. Johnson, PharmD, BCPS, is a clinical specialist in the trauma/surgical ICU at UF Health Jacksonville, and a clinical assistant professor with the University of Florida College of Pharmacy. UF Health Jacksonville is a 695-bed teaching hospital located in downtown Jacksonville, Florida. With approximately 100 ICU beds, it offers critical care services in medical, surgical, cardiovascular surgery, pediatric, neurological, trauma (level I trauma center), neonatology (level III neonatal intensive care unit), and emergency medicine/clinical toxicology.

Dr. Johnson received his Pharmacy degree from the University of Florida College of Pharmacy. He completed his pharmacy practice residency (PGY-1) and specialty residency in critical care (PGY-2) at UF Health Jacksonville. He is a faculty member with the University of Florida College of Pharmacy, where he is course coordinator for the critical care pharmacy elective and a course facilitator for dose optimization and pharmacotherapy courses. Dr. Johnson also serves as adjunct faculty for NOVA University for their physician assistant program.

One of Dr. Johnson’s many great attributes is his ability to teach and explain complex topics. The students and residents who have been instructed by Dr. Johnson rave about his enthusiasm for teaching, his personality, and the high level at which he practices within the ICU. He is well respected by the physicians and nurses within the ICU and is an active member of various multidisciplinary committees. Dr. Johnson embodies a commitment to professionalism, service, and safe, effective patient care.

In addition to his membership in the Society of Critical Care Medicine, Dr. Johnson is also a member of the Northeast Florida Society of Health-System Pharmacists, where he served as
the treasurer. He also volunteers with We Care Jacksonville and sits on the Young Professional Advisory Board. Dr. Johnson is actively involved in the residency programs at UF Health Jacksonville and serves as a student preceptor for several colleges of pharmacy in Florida. He was awarded Preceptor of the Year by the Florida Society of Health-System Pharmacists, UF Health Jacksonville, and the University of Florida College of Pharmacy.

His current areas of interest are in the use of 23.4% hypertonic saline in traumatic brain injury, music and sleep therapy in reducing ICU delirium, and antibiotic stewardship strategies in the ICU.

**Mentor-Mentee Spotlight**

*Julie Kalabalik, PharmD, BCPS*

This month’s Mentor-Mentee Spotlight features Susan Hamblin, and her mentor, Gail Gesin. Dr. Hamblin obtained a Bachelor of Science degree and Doctorate in Pharmacy from the University of Mississippi. She completed her PGY-1 residency at Methodist University Hospital in Tennessee and her critical care residency at Greenville Memorial Medical Center in South Carolina. Dr. Hamblin is currently a trauma critical care clinical pharmacist and critical care pharmacy residency program director at Vanderbilt University Medical Center in Nashville, Tennessee. She serves as a preceptor for Belmont University School of Pharmacy, Lipscomb College of Pharmacy, and the University of Tennessee College of Pharmacy. Her daily responsibilities include rounding with the critical care team, teaching pharmacy residents and students, and working on transition of care for trauma patients. Dr. Hamblin’s research interests include the use of intrapleural tissue plasminogen activator and management of analgesia in trauma patients.

Dr. Hamblin became interested in the Mentor-Mentee Program when looking for ways to expand her involvement in SCCM and for mentorship in leading a pharmacy residency program. Upon return from maternity leave and assessing her new role as a residency director, Dr. Hamblin viewed this as an opportune time to take advantage of the program. She used the CPP Section website and emailed the Membership Committee Chair to inquire about the program.

Dr. Gesin obtained a Bachelor of Science degree in pharmacy from the Massachusetts College of Pharmacy and Allied Health Sciences, followed by a Doctorate in Pharmacy from the Medical University of South Carolina. She then completed a two-year critical care residency at the Medical University of South Carolina. Dr. Gesin is currently a clinical pharmacist specializing in trauma critical care at Carolinas Medical Center in North Carolina. She serves as a preceptor for the University of North Carolina Eshelman School of Pharmacy and Wingate University School of Pharmacy. Her daily activities involve direct patient care of trauma ICU patients, rounding with a multidisciplinary team, and bedside teaching. Dr. Gesin’s research interests include pain, agitation, delirium, and the role of prothrombin complex concentrates in the management of life-threatening bleeding.

Dr. Gesin served as Chair of the CPP Communications Committee in the past and became aware of the Mentor-Mentee Program while working on the CPP newsletter. Having experience on the CPP Steering Committee for seven years and the CPP Section for 10 years, she desired to continue giving back to the CPP community. Dr. Gesin noted that mentors, such as Joseph Dasta, helped her become more involved in the CPP Section.

Drs. Hamblin and Gesin communicate by telephone on a monthly basis. Their conversations involved issues related to development of a PGY-2 residency program and involvement in the CPP Section and SCCM. They also discussed topics related to their practices in trauma critical
care, such as deep venous thrombosis prophylaxis in trauma patients, protocol development including prothrombin complex concentrates, and sedation management and the use of dexmedetomidine. Dr. Hamblin created a list of issues she planned to discuss with Dr. Gesin, which added structure and facilitated the flow of the discussions.

Dr. Hamblin was initially unaware of how to become more involved in the CPP Section and benefited from Dr. Gesin’s advice to take the initiative and volunteer. Also, Dr. Hamblin felt that an advantage of the Mentor-Mentee Program was the association with a former CPP Section leader at the SCCM Annual Congress. This relationship allowed Dr. Hamblin networking opportunities at various Congress activities. Dr. Gesin appreciates Dr. Hamblin’s enthusiasm and energy for critical care and such passion is inspiring. For both, the program has led to the potential for collaboration on scholarly activity and research, and the ability to view each other as colleagues. Dr. Hamblin states, “You can be a mentee at any point of your career. Mentors are needed for each phase of your career.” Dr. Gesin encourages even new practitioners to become mentors, as well as it is an excellent way to become involved. Overall, the experience of the Mentor-Mentee Program has been rewarding for Drs. Hamblin and Gesin, and they encourage practitioners to take advantage of this program.

**Miscellaneous**

**Technology Update**

*Tom Smoot, PharmD, BCPS*

The SCCM eCommunities have launched! These comprise a new online communication environment located on the SCCM website and designed to connect colleagues, encourage discussion and facilitate the sharing of resources and information. The eCommunity structure features private work spaces for members of SCCM committees, open-access forums for discussion of a variety of ICU-related issues, and an area for SCCM chapters. In addition to participating in discussions, you can subscribe to feeds and receive emails with updates from your favorite groups. Log on to MySCCM.org and, on the right-hand side of the screen, locate the box that contains the link to the eCommunities. To find the CPP eCommunity, click on the sections box, then the Clinical Pharmacy and Pharmacology Section. The favorites button on the right-hand side of the page will allow you to sign up for updates, and it will ask you to set your communication preferences.

**The Critical Care Pharmacotherapy Trials Network (CCPTN)**

CCPTN will be soliciting proposals through October 31, 2014. For more information, please see [http://www.pharmacy.vcu.edu/ccptn/forms/](http://www.pharmacy.vcu.edu/ccptn/forms/).

**Frequently Asked Questions**

How do I get involved in CPP?

At each SCCM Annual Congress, the CPP Section has a business meeting, which provides an amazing opportunity to learn about the different committees and to network with colleagues. Each committee presents the activities for the year. In addition, a sign-up sheet allows section members to get involved with the different CPP committees, which include: communications, education, membership, patient safety, program, and research. Also, the various committees hold their meetings at Congress. The dates and times of these meetings can be found in the Congress Program or by downloading each year’s SCCM Congress app. To learn more about getting involved with CPP, visit [http://www.sccm.org/Member-Center/Sections/Pages/CPP-Section.aspx](http://www.sccm.org/Member-Center/Sections/Pages/CPP-Section.aspx).
Communications Committee members are charged with publishing the newsletter. Thanks to the following members:

Deepali Dixit (Chair)  Chris Droege  Kirstin Kooda
Simon Lam (Chair-Elect)  Michaelia Dunn  Jim Landzinski
Amy L. Dzierba (MAL)  Diana Esaian  Xi Liu-Deryke
Kate Adamczyk  Stacey Folse  Jason Makii
Farooq Bandali  Amanda Giancarelli  Tom Moran
Kim Berger  Daryl Glick  Justin Muir
Aida Rebecca Bickley  Payal K Gurnani  Aljuhani Ohoud
Marilyn Bulloch  Susan Hamblin  Mona K. Patel
Darlene Chaykosky  John Hammer  Tom Smoot
Jessica Crow  Angela Haskell  Joanna Stollings
Garrett Curtis  Tudy Hodgman  Ed Sypniewski
Stephanie Davis  Julie Kalabalik  Calvin Tucker
Hammond Drayton

**Featured CPP Resources**

- Are you stuck on a research-related question? Consider reaching out to the experts in the CPP Research Committee by emailing cppresearchconsult@gmail.com
- Do you have a manuscript or grant that you would like to be reviewed by a content expert? If so, consider emailing the Research Committee Chair at Frazee.Erin@mayo.edu

**Upcoming SCCM Congress Meetings – Save the Date!**

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