Official Program & Exhibition Guide

GAYLORD OPRYLAND RESORT AND CONVENTION CENTER

I AM SCCM
Organized by Stories about individuals who survive falls into icy waters or avalanches have led researchers to study the beneficial effects of hypothermia for decades. Today therapeutic hypothermia is used frequently in areas such as post cardiac arrest, myocardial infarction, stroke, traumatic brain injury, and perinatal asphyxia. However, the optimal cooling method and overall effectiveness of temperature management in the critical care setting remains controversial.

During the 11th International Consensus Conference in Intensive Care Medicine: Therapeutic Hypothermia – To Cool or Not To Cool?, a panel of experts will examine current practices and research in therapeutic hypothermia during an informed debate. Five main questions will be presented:

- What is mild therapeutic hypothermia?
- Where is the clinical evidence supporting the use of mild therapeutic hypothermia?
- Who else might we cool?
- How should we cool? The devil is in the details!
- Why we should not cool?

Discussions will address topics such as the effectiveness of various cooling techniques; management of patients with fever and abnormalities using temperature control; effects of hypothermia on drug metabolism, coagulation and infection; and optimal methods for rewarming patients.

Evaluate the latest scientific information and advance your understanding of therapeutic hypothermia. Register today! Visit www.sccm.org or contact SCCM Customer Service at +1 847 827-6888.
Make your contribution to the advancement of critical care by submitting your original investigative research and case reports for the 39th Critical Care Congress. If accepted, your work will be on display throughout Congress, which will be held January 9-13, 2010. Abstracts also will be published in Critical Care Medicine, the #1 critical care subspecialty journal. Individuals whose abstracts are accepted also enjoy other benefits:

**PEER EVALUATION.** Select posters will be visited by critical care experts who provide indispensable feedback.

**AWARDS.** Multiple awards are offered, including scientific awards, educational scholarships and research awards.

**FREE REGISTRATION** to the 2010 Congress. All presenting authors with SCCM member status as a non-full physician at the time of abstract submission will receive complimentary Congress registration.

Visit [www.sccm.org](http://www.sccm.org) for complete details on submission guidelines and categories.

Submission categories are: Administration, Basic Science, Case Reports, Clinical Science, and Education. Electronic submission will open May 1, 2009.

**Abstracts Deadline:** Wednesday, September 9, 2009
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The Society has made every effort to provide a premier environment for creating critical care leaders at the 38th Critical Care Congress. Our goal is to place you with global thought leaders at the intersections of innovation, technology and science so that you will be inspired to return home with the ideas, tools and contacts to improve critical care.

Throughout 2008, the Society of Critical Care Medicine (SCCM) collected inspiring stories about your successes at the local, national and international levels via the I AM SCCM campaign. Many of you made significant changes in healthcare delivery that dramatically improved care for the critically ill and injured and submitted your stories to www.iamsccm.org. The campaign was designed to highlight dedication to patient-centered care so that others would be inspired to do the same.

Each day during Congress, attendees will see wide-screen, high-definition presentations of selected interviews and stories from some of our best and most inspiring I AM SCCM contributors – those who implemented changes in practice, provided ground-breaking research, and improved patient and family care. Even more of these stories will be showcased in different forms throughout Congress to ensure attendees return home invigorated and ready to take the next step both clinically and professionally.

Attendees will also engage with more than 300 well-known speakers, be presented with the research of nearly 1,000 members in our poster halls, and learn from our seven specially selected renowned plenary presenters. Although you will be surrounded by nearly 6,000 total attendees, Congress also will provide you with many smaller venues in which to exchange information with others facing issues not unlike your own.

Thank you for joining us in Nashville, Tennessee, USA for our 38th Critical Care Congress. We hope that you will return home safely, further inspired and more knowledgeable.
Get More:

• Innovative Clinical Techniques
• Breakthrough Technologies
• Advancements in Critical Care
• Scientific Research
• Healthcare News and Information

With SCCM.

Become a member today and get FREE subscriptions to Critical Care Medicine and Critical Connections — the go-to resources for dedicated experts like you.

Achieve your educational and clinical goals with these additional member benefits:

• **Career Development.** Continue the lifelong learning process by accessing educational and clinical content as well as practice-enhancing guidelines on SCCM’s Web site LearnICU.org. Search for new job opportunities using Career Central, SCCM’s career placement Web site for clinicians.

• **Skill Enhancement.** Gain a multiprofessional perspective to optimize patient care, develop teambuilding skills and improve the financial performance of your institution using the Right Care, Right Now™ paradigm.

• **Unlimited Networking.** Engage in informative conversations in-person at SCCM events or online using Critical Care Forums. Locate fellow colleagues from around the world using SCCM’s membership database.

• **Leadership Opportunities.** Give back to the profession and help further patient care practices by volunteering in SCCM’s Creative Community in Critical Care. Join up to three specialty sections to meet colleagues with your same interests.

• **Substantial Savings.** Receive up to 25% off on educational programs and resources including SCCM’s popular annual Congress and board review courses, publications and products.

Join Today!

With 14,000 members in 80 countries, the Society of Critical Care Medicine is the only multiprofessional organization dedicated exclusively to the advancement of critical care through excellence in patient care, education, research and advocacy. For more information, visit www.sccm.org.
Membership Acceptance

**Personal Information:**

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**Date of Birth (mm/dd/yy):**

**Ethnic/Culture Group:**

- African American
- Asian Native
- Hawaiian
- Hispanic
- Native American
- White
- Other

**Privacy Statement:** SCCM periodically rents its membership list to organizations that wish to promote educational courses, publications and other products or services that are of interest to critical care practitioners. If you wish to be excluded, please check here.

- 

**License/Board Certifications & Year:** (ex. Registered Nurse, 2001; Internal Medicine, 1996, etc.)

**Year Began Practicing:**

**Training Status:**

- In Training
- Not in Training

**Required if in training:**

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**Membership Options:**

- **Healthcare Professional:** Dues $125 U.S. – Available to all healthcare professionals except physicians. Provides full privileges of membership.
- **Physician:** Dues $240 U.S. – Provides full privileges of membership.
- **International Physician:** Dues $245 U.S. – Available to physicians residing outside of the 50 United States. Provides privileges of membership, except the right to make motions, vote, or hold office.
- **Young Physician:** Dues $185 U.S. – Available to physicians who have completed their fellowship training programs within the last three years. Documentation verifying the fellowship program completion date is required. Provides full privileges of membership.
- **In-training:** Fellow | Student
- **International Associate:** Dues $90 U.S. – Available to all healthcare professionals residing outside the 50 United States. Provides privileges of membership, except the right to make motions, vote, or hold office; receive Critical Care Medicine; or apply for fellowship in the American College of Critical Care Medicine.

**Payment Information:**

- **Annual Dues**
- **Add $55 U.S. if Pediatric Section membership selected.**
- **Add $45 U.S. if Chapter membership selected.** (no charge for In-training members)

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- **Check:** made payable to Society of Critical Care Medicine (U.S. funds drawn on U.S. bank) or International Money Order

- **Charge to:**
  - American Express
  - Discover
  - MasterCard
  - Visa

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**Specialty Sections:**

Membership in SCCM includes the option to join up to three specialty sections.

- Please check a maximum of three:
  - Anesthesiology
  - Clinical Pharmacy & Pharmacology
  - Emergency Medicine
  - Industry & Technology
  - Internal Medicine
  - In-training
  - Neuroscience
  - Nursing
  - Osteopathic Medicine
  - Pediatric
  - Physician Assistants
  - Respiratory Care
  - Surgery
  - Uniformed Services

* Please note that Pediatric Section membership has an associated fee of $55 U.S., which includes a subscription to Pediatric Critical Care Medicine.

**Chapters:**

Membership includes the option to join one of 13 state and regional chapters for an additional fee of $45 U.S. (In-training members may join at no cost.)

- **Baltimore**
- **California**
- **Carolina/Virginia** (includes VA, NC, SC)
- **Michigan**
- **New England** (includes ME, VT, NH)
- **New Jersey**
- **North Central** (includes IA, MN, ND, SD, and WI)
- **Ohio**
- **Oregon**
- **Pennsylvania**
- **South East** (includes AL, AR, GA, KY, LA, MS, and TN)
- **Texas**
- **Washington, DC**
As the co-chairs of the Society of Critical Care Medicine’s (SCCM) Program Planning Committee, we are pleased to bring you the 38th Critical Care Congress in Nashville, Tennessee, USA.

Each year, the Congress Planning Committee works to meet and exceed the expectations set by the previous year’s event. This Congress is no exception, as it will be the stage for the launch of several important programs and publications and for the unveiling of the culminated efforts of the I AM SCCM campaign.

As always, Congress attendees will be among the first to experience the new programs and opportunities offered by the Society. This year, many will have the opportunity to attend the new Pediatric Fundamental Critical Care Support course as well as the updated Fundamental Disaster Management course. Both are important additions and position the Society at the cutting edge of critical care.

While product and program premieres are part of every Congress, this year will mark the launch of a campaign that is very special to SCCM members—as it focuses exclusively on us! The I AM SCCM campaign has been collecting patient-centered care stories all year and will showcase them during Congress. Members have recounted saving lives, launching research careers, implementing guidelines and protocols—all with the help of SCCM resources. These stories will serve as inspiration for our colleagues and friends and will offer a new sense of vigor after these five days of intense learning.

Finally, this Congress will mark the start of a new tradition—one that reminds SCCM members where we have been and where we are going. Starting with the 2009 Critical Care Congress, select plenary sessions will be named to honor key founding Society members. The Society wants to ensure that the legacy of these important members stays strong and that our younger colleagues are aware of their tremendous contributions.

These honorary plenary sessions will be named after Max H. Weil, MD, PhD, FCCM; Peter Safar, MD, FCCM; William C. Shoemaker, MD, FCCM; and Ake Grenvik, MD, PhD, FCCM. Each plenary speaker will offer comments about the founding member for whom his or her presentation is named. We hope this gesture is a fitting tribute to these critical care trailblazers.

The Congress Program Planning Committee strived to ensure that this Congress, located in the heart of Music City, is unique, worthwhile and inspirational, while also being convenient, affordable and easily accessible. More than a year of careful planning and collaboration has resulted in a well-rounded program that will be beneficial to everyone, regardless of his or her position on the multiprofessional critical care team. We hope you will have a truly memorable Critical Care Congress here in Nashville.

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NEW CUTTING-EDGE INFORMATION FROM THE SOCIETY OF CRITICAL CARE MEDICINE

**13th Critical Care Refresher and Current Concepts in Pediatric Critical Care**

The 13th Critical Care Refresher and Current Concepts in Pediatric Critical Care focus on cutting-edge clinical information regarding adult and pediatric patients in the ICU. Each chapter probes current critical care treatments and includes an in-depth overview on standards of practice in critical care as well as a review of basic critical care concepts. Content is updated annually and presented as a pre-course at SCCM’s Critical Care Congress.

$75 member/$95 nonmember

**Critical Care Ethics: A Practice Guide, Second Edition**

Critical care professionals encounter many challenges in their efforts to deliver quality care, making important decisions to save lives. But what if a patient asks not to be saved? Critical Care Ethics: A Practice Guide, Second Edition, explores thought-provoking ethical questions that critical care professionals must face in real-life situations. Topics include: withdrawing and withholding of artificial nutrition and hydration, ethical issues surrounding organ donation, religious views of end-of-life care, unique considerations regarding pediatric and neonatal care, and much more.

$35 member/$46 nonmember

**Designing, Implementing, and Enhancing a Rapid Response System**

Written by leaders in the field, this book contains the tools needed to plan, develop, enhance, and customize a Rapid Response Team (RRT) in your hospital. This book includes a turnkey education and implementation program designed for a variety of clinical settings and will assist in defining your RRT depending on your hospital’s personnel, patient population, and other factors. Also included is a CD with additional education programs and customizable material. RRTs will empower your staff and improve patient outcomes. Topics include key elements of an RRT, overcoming barriers, policy and procedures, education and case studies, and data collection and quality assurance.

$250 members/$325 nonmembers

**Coding and Billing for Critical Care: A Practice Tool, Third Edition**

A must-have text for professional coders, hospital administrators, physicians, and advance practice nurses, Coding and Billing for Critical Care: A Practice Tool explains the complexities of critical care coding and billing and provides assistance in optimizing understanding of the coding and billing procedures in a critical care setting. This third edition encompasses the 2008 CPT changes. Updates include expansion of material for non-physician providers (NPP) and essential updates of critical care billing criteria.

$70 member/$95 nonmember

**Mechanical Ventilation: Trends in Adult and Pediatric Practice**

A compilation of selected presentations given by critical care experts at the 2008 SCCM Summer Conference, Mechanical Ventilation: Trends in Adult and Pediatric Practice provides thirteen articles on the key topics in mechanical ventilation. Articles include principles of mechanical ventilation, noninvasive ventilation for acute hypoxic respiratory failure, preventing ventilation-associated pneumonia, lung recruitment strategies, mechanical ventilation in neurologically ill patients, and weaning from mechanical ventilation.

$49 member/$64 nonmember

**Fundamental Disaster Management, Third Edition**

During times of disaster, healthcare workers without critical care training will likely be called upon to assume responsibility for inpatient critical care. In preparation for this, the Society of Critical Care Medicine’s Fundamental Disaster Management, Third Edition, textbook offers specific knowledge and skills necessary to provide appropriate patient care in a mass casualty event. From radiation and chemical exposures to natural disasters, the text includes comprehensive discussion of global and specific concerns, focusing on how to care for patients once they arrive at the hospital. It is a valuable resource for hospital, agency, and community disaster readiness planning.

$59 member/$77 nonmember
Speed patient recovery with IMPACT®

7 days is the average length of hospital stay for trauma and critically ill patients.*

IMPACT nutritional therapy has been shown to significantly reduce patients’ average length of hospital stay by 2 days†.

* Patients’ illness/injury includes: adverse effects/infection, burn, firearm, drowning, vehicle accident, pedestrian, and other. N=533,951.

† Versus standard formula. Review of 17 randomized trials to determine the relationship between postsurgical infection and nutritional support with IMPACT in patients undergoing elective surgery; n=2,305.

Find more IMPACT evidence at the Nestlé Nutrition Booth #829.
OVERVIEW:
Delirium is one of the most prevalent forms of acute organ dysfunction in critically ill patients, and one with a large iatrogenic component that is potentially modifiable. This symposium will focus on informing attendees about new information regarding sedative drugs and their delivery and ways of thinking about the implementation of this information that will help modify bedside practice using recent data and evidence. Speakers will use literature from recent high-impact, randomized and controlled clinical trials that are shaping current practice changes across the globe in regard to optimal management of patients on sedation both on and off mechanical ventilation.

LEARNING OBJECTIVES:
At the conclusion of this educational session, participants should be able to:
- Evaluate the implications of developing delirium in the ICU
- Assess the risk factors and prevention techniques for various ICU patient populations
- Describe the new pharmacological options for management of delirium in the ICU

TARGET AUDIENCE
This continuing medical education offering is intended to meet the needs of all nurses, pharmacists, physicians, respiratory therapists, and other providers who care for critically ill patients.

AGENDA:
Breakfast will be served from 6:30 a.m. to 7:00 a.m.

Moderator: E. Wesley Ely, MD, FCCM
7:00 a.m. – 7:30 a.m. Identification of Delirium in the ICU – Practical Points and Lessons Learned
    E. Wesley Ely, MD, FCCM
    Vanderbilt University Medical Center
    Nashville, Tennessee, USA

7:30 a.m. – 8:00 a.m. Protocols for Prevention and Management of Delirium in Different Patient and ICU Types
    Gregory Margolin, DO, FCCM
    Internal Medicine, Pulmonary & Critical Care Associates - In Association with University of Colorado
    Denver, Colorado, USA

8:00 a.m. – 8:30 a.m. Alpha2 Agonists Versus GABA Agonists – Should We Change Standard Practice?
    Richard R. Riker, MD
    Maine Medical Center
    Portland, Maine, USA

REGISTRATION:
Reserve a seat at this informative symposium by registering before January 8, 2009 at www.sccm.org or by calling +1 847 827-6888. Seating is limited and tickets will be issued on a first-come, first-served basis. Attendees must be registered for SCCM’s 38th Critical Care Congress to attend this complimentary sponsored symposium.

Questions and comments should be directed to congress@sccm.org or +1 847 827-6888.

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Recently, the Society of Critical Care Medicine decided to honor four extraordinary founding members: Drs. Peter Safar, Ake Grenvik, William Shoemaker and Max Harry Weil, by naming Congress Plenary lectures after these distinguished individuals. Starting with the 2009 Congress, four key plenary speakers will have the honor of presenting in these named lectures. As the Society continues to mature as an organization, starting its 38th year, the Council felt that it is important to remember our roots and to honor the vision of these founding members, as that vision still guides us in all of our clinical, scientific, and administrative endeavors.

PETER SAFAR, MD, FCCM
Plenary Speaker  
– Peter Holbrook, MD, FCCM  
Wednesday, February 4, 2009  
8:30 A.M. - 9:15 A.M.

AKE N.A. GRENVIK, MD, PHD, FCCM
Plenary Speaker  
– Paul L. Rogers, MD  
Sunday, February 1, 2009  
1:30 P.M. - 2:15 P.M.

WILLIAM C. SHOEMAKER, MD, FCCM
Plenary Speaker  
– Peter Buerhaus, MD  
Monday, February 2, 2009  
8:30 A.M. - 9:15 A.M.

MAX HARRY WEIL, MD, FCCM
Plenary Speaker  
– Arthur Caplan, MD  
Monday, February 2, 2009  
1:30 P.M. - 2:15 P.M.

Barry A. Shapiro,  
MD, MBA, FCCM

1937 - 2008

When the Society of Critical Care Medicine (SCCM) moved from its original headquarters in Anaheim, California to the Chicago area in 2001, it marked a crucial time in the organization’s history. It was a period of great change as the Society looked ahead to becoming the leading organization for critical care professionals. It was a time that needed steady and strong leadership coupled with creative thinking. Barry A. Shapiro, MD, MBA, FCCM, provided that guidance, serving as SCCM’s Chief Executive Officer during this crucial transition period. Sadly, nearly eight years after the historic relocation, Dr. Shapiro died September 25, 2008, at the age of 71. His loss is keenly felt by all of SCCM and especially by those that knew him well and worked with him during this critical period in the Society’s development.

Dr. Shapiro began his career as a student at University of Michigan Medical School, where he also completed his residency and fellowship. In 1970, he began his practice at Northwestern University Medical School where he spent the next 29 years. His clinical accomplishments at Northwestern University School of Medicine were varied and many; he was a specialist in anesthesia and a pioneer in both respiratory care and blood gas technology. In addition to his leadership roles and contributions to SCCM, Dr. Shapiro also served as Chancellor of the American College of Critical Care Medicine from 1994 to 1996 and was instrumental in its creation. He also served as Chair of the Society’s Coalition for Critical Care Excellence, an industry partnership program. His colleagues have described Dr. Shapiro as extroverted, engaged, independent, articulate, complicated, focused, humorous, confident, organized, objective, and grand. Dr. Shapiro’s contributions to critical care, and to the Society of Critical Care Medicine, positively impacted the care of many thousands of patients. The groundwork he laid in the field and with SCCM will ensure that improved care of the critically ill and injured will continue for many lifetimes to come. We are truly grateful to have known Dr. Shapiro.

The family has established the Barry A. Shapiro Memorial Fund at the Society of Critical Care Medicine. At Dr. Shapiro’s request, the fund will be used to promote research and education on the management of intensive care units. For more information, visit www.barryshapiromemorial.com.

Learn more about the life and legacy of Dr. Shapiro in the December issue of Critical Connections.
ALL THE NAMES YOU KNOW AND TRUST, UNIFIED UNDER ONE: COVIDIEN

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Weill Cornell Medical College
Head of Division of Critical Care
Director of Medical Intensive Care Unit
Department of Medicine
The Methodist Hospital
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Chair, Division of Critical Care
Department of Anesthesiology
Mayo Clinic
Rochester, Minnesota, USA

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Bethesda, Maryland, USA
CRITICAL CARE PHYSICIAN HONORED AS A MACARTHUR FELLOW

Society of Critical Care Medicine member Peter J. Pronovost, MD, FCCM, was honored as a 2008 MacArthur Fellow, pushing forward an agenda to improve patient safety and creating another opportunity to put critical care in the spotlight.

The $500,000 “no-strings-attached” grant is given to 25 recipients each year to recognize those who have shown extraordinary originality and dedication in their creative pursuits and a marked capacity for self-direction. Fellows must be exceptionally creative, show a promise for important future advances based on a track record of significant accomplishment, and display potential to facilitate subsequent creative work. Pronovost exemplifies all these characteristics in his efforts to bring scientific evidence to the bedside and motivate healthcare professionals in large health systems – including hospital administrators, intensive care specialists, residents, nurses, and other healthcare professionals – to change the culture of their institutions.

“I was humbled and honored by the award, but for me, the real reward is knowing that we make a difference in people’s lives,” he said, while also recognizing his colleagues. “I have an amazing team of researchers; together, we are much wiser than we are apart. I’ve brought the lessons I’ve learned about the value of the ICU multiprofessional team to my research team. The disciplines are different, but the concept is fundamentally the same.”

The MacArthur Fellows Program is intended to encourage people of outstanding talent to pursue their own creative, intellectual and professional inclinations. In keeping with this purpose, the Foundation awards fellowships directly to individuals rather than through institutions. “It is a unique grant in that they trust your ingenuity. They want to support creativity and let it flourish,” Pronovost explained.

While Pronovost hasn’t yet decided how he will use the funds, he has several long-term projects in mind. One project involves expanding and duplicating his work in reducing the risk of medical errors and hospital-acquired infections. One of Pronovost’s most notable contributions to date resulted from his focus on bloodstream infections from central venous catheters. Pronovost culled lengthy guidelines into a simple checklist of five precautionary steps and tested its efficacy through a cohort study conducted in ICUs throughout Michigan. Pronovost’s checklist intervention yielded a significant and sizeable decrease in rates of infection and is currently being replicated by hospitals across the United States and Europe. He also hopes to develop similar checklist approaches to methicillin-resistant Staphylococcus aureus and vancomycin-resistant enterococci.

Another project includes the development of a “checklist maker,” a software tool that would harness knowledge, make it easily accessible and ensure that it is adaptable to specific practices – such as resource-limited or clinician-based environments. Physicians would no longer have to wait years for guideline development and updates. “So much of what we do is based on experience, intuition or gut,” he explained. “That is valuable information, but we don’t have a good way of sharing that knowledge. I’m longing for a way to tap more efficiently into both empiric and tacit knowledge.”

By doing the technical work behind the checklists, he hopes hospitals will be encouraged to take action based on their needs and resources. “It is not efficient or effective for all hospitals to do the technical work themselves. Measuring infection rates requires developing a database, data collection forms and many other aspects. We can standardize the evidence and how to measure it, but we can’t standardize how to put a program into practice – that has to be locally modified.” Other efforts under way include the development of a Web-based ICU safety reporting system, methods for minimizing the incidence of aspiration pneumonia and acute lung injury in patients receiving ventilator assistance, and quality care measures for patients suffering from severe sepsis.

In all these approaches, Pronovost understands the need for teamwork. “No one is going to solve this alone,” he said. “We need to partner with consumers, providers, insurers and regulators because in the end, we all want the same thing -- high-value healthcare that we can afford. For too long, these groups have been working at odds, but we have started to pull them all together.”

Pronovost also was named as one of Time magazine’s 100 Most Influential People of 2008 for patient safety efforts in Michigan. While his research is well known throughout the medical community, the high-profile recognition helps bring critical care awareness to the general public. With profiles in the New York Times, The Washington Post and several other national newspaper and television outlets, the focus on patient safety and the role of the critical care physician may pique the interest of patients, families, the general public and young medical professionals. With the shortage of critical care professionals, he expressed hope that his work would illuminate the rewarding career path of intensive care. He also encouraged researchers not to stop their clinical practice. “I am fundamentally at my heart a clinician and an intensivist; continuing my clinical practice has made my research more effective. The ICU is my learning lab. I practice there, and then I reflect on things that are broken and think about how to make them better.”

38th CRITICAL CARE CONGRESS PROGRAM | SOCIETY OF CRITICAL CARE MEDICINE • 15
When the American College of Critical Care Medicine (ACCM) was created in 1988, the Society of Critical Care Medicine began a tradition dedicated to the recognition of excellence.

The College is committed to fostering the highest goals of multiprofessional critical care. It honors individuals whose achievements and contributions demonstrate a personal commitment to these goals, promotes a forum for the development of collaborative practice among the specialties and professions providing critical care and serves as the Society’s consultative body possessing recognized expertise in the practice of critical care.

The prestigious designation of Fellow of the American College of Critical Care Medicine (FCCM) honors practitioners, researchers, administrators and educators who have made outstanding contributions to the collaborative field of critical care. The College is comprised of nurses, pharmacists, physicians, respiratory care practitioners and other healthcare professionals who are all experts in their fields.

As an organization devoted to creating a greater understanding of critical care, the College emphasizes quality management in the practice and administration of critical care, focuses on leadership and underscores the importance of fostering partnerships, humane caring, communication and public opinion involving critical care.

ACCM Convocation and SCCM Awards Ceremony
MONDAY, FEBRUARY 2, 2009, 6:00 – 7:30 P.M.
TENNESSEE BALLROOM C
Members and guests are invited to attend the ACCM Convocation and SCCM Awards Ceremony where 55 new Fellows will be inducted into the American College of Critical Care Medicine and award and grant recipients will be honored. Come support your colleagues on this prestigious occasion.

Derek Angus, MD, MPH, FCCM, is the recipient of the 2009 ACCM Distinguished Investigator Award, ACCM’s highest recognition, given to an individual whose scientific and educational contributions to the art and science of critical care demonstrates career commitment and excellence. Dr. Angus’ address is entitled, “Change.”

ACCM Town Hall
TUESDAY, FEBRUARY 3, 2009, 5:30 – 6:30 P.M.
TENNESSEE BALLROOM C
All Congress attendees are invited to attend the ACCM Town Hall where this year’s informative topic will be “Personalized Medicine: Emerging Technology and Bioethical Issues.” Patricia Milos, PhD, will present on Emerging Technology and Life Sciences Over the Next 10 Years, and Alexander Kon, MD, FCCM, will present on Bioethical Issues Resulting from these New Technologies. Don’t miss it!

ACCM Business Meeting
TUESDAY, FEBRUARY 3, 2009, 6:30 – 7:00 P.M.
TENNESSEE BALLROOM C
The leadership of the American College of Critical Care Medicine will announce election results for the 2009-2010 Board of Regents and summarize the activities of the College over the past year. Photographs and biographies will be on display at SCCM Central, Booth 955. This is a great opportunity to meet with members of the Board of Regents and network with Fellows of the College.

Become a Fellow of the American College of Critical Care Medicine
Stop by SCCM Central, Booth 955, to obtain an application for Fellowship in the American College of Critical Care Medicine or contact Carol Prendergast at cprendergast@sccm.org. Apply for this prestigious fellowship by March 15, 2009.

SCCM Business Meeting
SUNDAY, FEBRUARY 1, 2009, 2:20 – 3:00 P.M.
TENNESSEE BALLROOM A & B
Join the Society’s leadership at the SCCM Annual Business Meeting for a summary of the past year’s activities and an announcement of the Council election results.
In 2006, Pablo Perez-D’Empaire, MD, decided to attend his first Critical Care Congress. He traveled from his hospital in Caracas, Venezuela, to the 36th Critical Care Congress in Orlando, Florida, prompted by his mentors in Latin America who often stressed the vast networking and learning opportunities of the meeting. The event, Perez-D’Empaire recalled, exceeded his expectations. Beyond the educational sessions and hands-on workshops, Congress opened personal and professional doors that enabled him to become a leader and champion in his country. His efforts serve as an inspiration and an example, bringing the Society of Critical Care Medicine to choose Perez-D’Empaire as the winner of the I AM SCCM campaign.

Perez-D’Empaire returned to his critical care unit refreshed and excited with new ideas and tools to improve early identification and treatment of sepsis, which he accessed via the SSC Web site. He translated SSC materials from English to Spanish, including the guidelines, related pocket guides, posters and slides and scheduled sepsis educational programs for multiprofessional teams from the intensive care unit, emergency department and other hospital wards.

Soon, the SSC bundles began to be accepted as evidenced-based practice throughout the hospital and performance was documented through use of the free SSC database. However, Perez-D’Empaire wanted to go further. He identified certain challenges in implementing the bundles and understood that his colleagues could offer important insights. He wanted to make an extra effort and sought more resources from the Society.

The lessons learned at the SSC North American Summit paid off. Perez-D’Empaire again returned to the hospital with fresh ideas – this time he taught staff concepts related to the Institute of Healthcare Improvement’s Plan-Do-Study-Act cycle and various communication strategies. As a result, Hospital De Clinicas Caracas became the first hospital in Venezuela to implement the SSC and ranked among the top SSC performers as far as bundle compliance. The group has entered 102 charts into the database. Performance to date has indicated a resuscitation bundle compliance of 40.54% and a management bundle compliance of 67.56%. This is stellar performance and is a testimony to the entire team’s attention to evidence-based medicine. “We were very proud of these results,” Perez-D’Empaire said.

Reflecting on his success, Perez-D’Empaire states, “You will have a lot of obstacles and challenges, but if you really believe in the programs, you should try. In Latin America, we have limited resources and most of the countries here are developing. Programs like the Surviving Sepsis Campaign and organizations like the Society of Critical Care Medicine provide very important ideas for doing new things.”

Perez-D’Empaire truly demonstrates the mission of I AM SCCM. Using the resources provided by SCCM and fueled by his drive to improve patient care, Perez-D’Empaire has made a difference that will reach far beyond his own practice. His efforts to implement the SSC will have lasting effects on patient care in Latin America and, through I AM SCCM, it is hoped that his story will inspire this year’s Congress attendees to return to their intensive care units to spark their own stories of inspiration.
The Society of Critical Care Medicine (SCCM) provides valuable resources to all Congress attendees at its booth, SCCM Central. Visit SCCM Central to learn about SCCM products and resources, as well as the many benefits of becoming an SCCM member. Society staff members and representatives will be available to answer questions and discuss SCCM programs.

**Membership**
Become a member of the world’s largest multiprofessional critical care organization. Members enjoy such benefits as reduced rates to SCCM’s annual Congress, educational programs and products, and networking opportunities with critical care colleagues from around the world. Please stop by the membership section of SCCM Central to take advantage of the special introductory membership dues offer for attendees of the 38th Critical Care Congress: $50 for Healthcare Professionals and $150 for Physicians and International Physicians. For your convenience, a membership application is located on page 6. If you are already a member, find out how you can become more involved or renew your membership on site. Also, new this year, members will be able to look at their online profiles and update their contact information on site.

**Fundamental Critical Care Support (FCCS), Pediatric Fundamental Critical Care Support (PFCCS) and Fundamental Disaster Management (FDM)**
Due to increased demand for FCCS, PFCCS and FDM worldwide, there is a growing need for new course instructors and sponsors. Set to debut at the 38th Critical Care Congress, the PFCCS course is an expansion of the Fundamentals family. This course addresses timely care of the critically ill or injured pediatric patient. The underlying premise is that all infants and children should have access to critical care interventions if the pediatric multiprofessional critical care team is not available. The course parallels the adult-focused FCCS course in structure and process. In addition, the entire FDM program has been updated, enhanced and expanded to reflect the latest skills and techniques needed to treat critically ill and injured victims of natural or man-made mass casualty events. Visit SCCM Central to learn more about FCCS, PFCCS and FDM courses, locations, becoming an instructor, and course sponsorship and pricing.

**Paragon Critical Care Quality Implementation Program™ (Paragon)**
To meet the challenges presented in the ICU today, SCCM has developed an innovative new program to assist critical care leadership in their endeavors to maximize teamwork, improve staff satisfaction and enhance care delivery. This ground-breaking program is positioned to organize a community of purpose around the strategic conversion of ideas into action within critical care units. The Paragon program offers hospitals a unique opportunity to benefit from the vast advanced experience of SCCM peer leaders dedicated to critical care performance improvement. Paragon utilizes a year-long combination of self-assessment, teleconferences, site visits, peer collaboration and coaching. Movement toward the more ideal multiprofessional model with the support systems to assist hospital leadership teams in transforming targeted areas of clinical practice or operations within individual ICUs is Paragon’s goal. To learn more about how your hospital or health system can contract with SCCM for this cost-effective opportunity to transform your critical care unit, visit SCCM Central.

**American College of Critical Care Medicine (ACCM)**
In 1988, SCCM established the American College of Critical Care Medicine (ACCM) to recognize individuals who have excelled in the advancement of critical care. The prestigious designation of Fellow of the American College of Critical Care Medicine (FCCM) is awarded to practitioners, researchers, administrators, and educators who are members of the ACCM and demonstrate personal and professional commitment to the profession. Visit SCCM Central for information on applying for Fellowship in the ACCM.

**Career Central**
Let the networking strength of SCCM help you in today’s job marketplace. Career Central is the perfect online tool for both employers and job seekers looking to increase exposure within a targeted critical care audience. A designated computer for posting and searching open positions will be available during Exhibit Hall hours. Job searching is free and there is a special rate for posting open positions during Exhibit Hall hours. A bulletin board for posting open positions is also available at no charge. Please visit our Career Central booth, located directly across from SCCM Central in booth #960.

**Sections and Chapters**
Join one of the 14 sections and 13 chapters of SCCM! Sections serve as a voice for members of the same or a similar discipline and help advance professional specialties through unique projects, advocacy and educational programming. Chapters provide a vehicle for members to exchange information, network with local critical care practitioners, and discuss the impact of national issues that affect their communities. If you are interested in joining an SCCM section or chapter, please complete an application at SCCM Central.

**European Society of Intensive Care Medicine (ESICM)**
Stop by and visit with representatives of the European Society of Intensive Care Medicine. With 4000 members, ESICM aims at fostering intensive care medicine in Europe and around the world. ESICM and SCCM often work together to further their missions through research and education.

**BOOKSTORE**
A complete selection of SCCM publications, educational materials and merchandise is available for purchase at the bookstore located in SCCM Central and the auxiliary bookstore located in the Presidential Lobby on the second level, near Registration. Congress participants will have the opportunity to purchase texts, self-assessment materials, and review course syllabi and a variety of other SCCM materials during Registration and Exhibit Hall hours. Members of the Society receive a discount of up to 25% on all purchases. If you are not a member, join SCCM at Congress and receive the member discount.

**PRIZE DRAWINGS**
Fill out the drawing ticket included in your registration packet for your chance to win one of three Amazon Kindles™ with some of SCCM’s most popular text books and reference materials in digital format.
Nashville is widely known as Music City, and for years, famous artists have flocked to Nashville to record their chart-topping hits. However, visitors will find that Nashville also is a city rich with culture and history, outstanding academics, natural beauty, and pure Southern charm. The Society is offering the following tours to provide you with a sampling of some of the city’s main attractions. For complete tour details, visit www.sccm.org.

TO REGISTER FOR TOURS, SEE PAGE 20

Hertz Car Rental Discounts

Special meeting rates are available for attendees of the 38th Critical Care Congress.

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<thead>
<tr>
<th>January 22 - February 11, 2009</th>
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You must use the exclusive code CV#02204007 to take advantage of these special rates, which include unlimited mileage.

Rates are based on roundtrip rentals. Meeting rates are guaranteed from one week prior through one week after the meeting dates and are subject to car availability. Advance reservations are recommended. Blackout dates may apply. Government surcharges, taxes, tax reimbursement, airport-related fees, vehicle licensing fees and optional items, such as refueling or additional driver fees, are extra. Minimum rental age is 25 (exceptions apply). Standard rental conditions and qualifications apply. In the continental U.S., weekend rentals are available for pick-up between noon Thursday and noon Sunday and must be returned no later than Monday at 11:59 PM. Thursday pick-up requires a minimum three-day keep, Friday pick-up requires a minimum two-day keep, and Saturday and Sunday pick-up requires a minimum one-day keep. Weekly rentals are from five to seven days. Extra day rate for weekly rentals will be charged at 1/5 of the weekly rate. A “rental day” consists of a period of 24 consecutive hours, with each day starting at the time of the day the rental began.

NASHVILLE TOURS

Sunday, February 1, 2009

**The Hermitage**

9:00 a.m. – 1:00 p.m.
$49 per person
Experience Tennessee as it was 150 years ago at the Hermitage, home of President Andrew Jackson. The recently restored mansion exhibits the most complete collection of original furnishings and personal belongings of any early presidential home in America. See the family carriage, Jackson’s tomb, the original log cabins, and more.

**Behind the Music**

1:30 p.m. – 5:30 p.m.
$87 per person
Nashville is known as Music City for a reason – 80% of all music produced in the world is recorded here. On this tour you will learn about the history of Nashville recording, tour one of the most outstanding working studios in the city and participate in a private recording session at RCA’s Studio B, the town’s oldest surviving recording studio. Each participant will receive a recording of his/her own session.

Monday, February 2, 2009

**Heart of Country**

9:00 a.m. – 1:00 p.m.
$49 per person
This driving tour hits all of Nashville’s hot spots. First, tour Music Row, home to music industry giants such as Sony Music and Broadcast Music International (BMI). Then, see Nashville’s historic downtown, including sights such as Riverfront Park, Fort Nashboro, the Ryman Auditorium, Printer’s Alley, the state capitol, the Country Music Hall of Fame, and Centennial Park.

**Fortunes and Fiddles**

10:00 a.m. – 4:00 p.m.
$93 per person
Get a behind-the-scenes look at country music as this tour brings its fascinating history to life. You will visit the Ryman Auditorium (home of the Grand Ole Opry), take a driving tour through Music Row, enjoy lunch at the world-famous Wildhorse Saloon, and tour the Country Music Hall of Fame.

**Historic Franklin**

1:30 p.m. – 5:30 p.m.
$45 per person
Visit the historic city of Franklin, Tennessee, founded in 1799. Tour fascinating Civil War sites and museums, view magnificent antebellum and Victorian homes, and visit the thriving downtown shopping area for the best antiquing in Tennessee, as well as unique dining and entertainment.

Tuesday, February 3, 2009

**Art and Architecture**

9:00 a.m. – 1:00 p.m.
$55 per person
See firsthand the many wonderful outdoor pieces of art on a driving tour of Music City. Meet one of Nashville’s most prominent artisans, Alan LeQuire, stop at Centennial Park (home of the Parthenon), and visit the city’s art museum located beneath this grand structure.

**Cheekwood**

1:30 p.m. – 5:30 p.m.
$47 per person
Spend the afternoon at Cheekwood, the private home and estate of the Leslie Cheek family, founder of Maxwell House® coffee. Throughout this beautiful, 55-acre property are specialty gardens, greenhouses and landscaped vistas.
Complete this form and submit it to the SCCM Registration Desk located in the Tennessee Ballroom Lobby.

Please use this form to register guests for the 38th Critical Care Congress and/or to purchase tickets for Nashville tours. Please type or print clearly. Please keep a copy of this form for your records.

Registrtant Information

Last Name (Surname) ____________________________ First ______________________ Middle Initial ______ Customer/Member # ____________

Address ___________________________________________________________________________________________________________________________________________

Organization ____________________________________________ State ____________ Zip/Postal Code ____________ Country____________________


Spouse/Guest Registration (IF YOU NEED MORE SPACE, PLEASE MAKE A COPY OF THIS FORM.)

Spouse/guest registration is required for anyone over 18 years of age who will be participating in SCCM activities. Registration includes admission to the Opening Reception and Exhibit Hall as well as an SCCM gift. Spouses/guests must be registered for Congress in order to purchase tickets for tours. Spouse/guest registration does not include admission to any educational session.

$25 per guest over 18 $__________

Gender: ☐ Male ☐ Female ☐ over 18

Last Name First M.I.

Last Name First M.I.

Last Name First M.I.

(Please note that tours are subject to change and/or cancellation)

Tours (PLEASE INDICATE TICKET QUANTITY.)

□ The Hermitage 9:00 a.m. – 1:00 p.m. $49 per person QTY $__________

□ Behind the Music 1:30 p.m. – 5:30 p.m. $87 per person QTY $__________

□ Heart of Country 9:00 a.m. – 1:00 p.m. $49 per person QTY $__________

□ Fortunes and Fiddles 10:00 a.m. – 4:00 p.m. $93 per person QTY $__________

□ Historic Franklin 1:30 p.m. – 5:30 p.m. $45 per person QTY $__________

□ Art and Architecture 9:00 a.m. – 1:00 p.m. $55 per person QTY $__________

□ Cheekwood 1:30 p.m. – 5:30 p.m. $47 per person QTY $__________

□ TOTAL DUE $__________

PAYMENT INFORMATION (PLEASE SEND PAYMENT WITH REGISTRATION FORM.)

☐ Check payable to SCCM (must be U.S. funds drawn on a U.S. bank) or International Money Order

☐ Wire Transfer (Please contact SCCM Customer Service for wire transfer information.)

☐ Credit Card: ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Card Number ____________________________ Expiration Date ____________________________

Cardholder Name ____________________________ Date ____________________________

☐ Check here or email registration@scmm.org if you have special needs related to a disability and an SCCM staff member will contact you to determine specific requirements.
SCCM CONTINUES ITS GREEN EFFORTS

When the Society of Critical Care Medicine (SCCM) moved into its new headquarters last year, it resolved to focus on implementing green initiatives. That focus has not only continued, it has blossomed and become an important part of SCCM’s overall mission.

Today, the Society continues its environment-friendly efforts in several areas:

Reduction of paper.
Records that many organizations keep in paper format have been scanned electronically and added to a central database that can be accessed by all staff members. In addition, these files are routed electronically whenever possible, further eliminating paper waste.

Use of recycled materials.
Not only does SCCM focus on not wasting paper, it focuses on using recycled products when the use of paper is absolutely necessary. SCCM’s copy paper is made of 30% recycled materials. Additionally, recycled paper and paper from managed sources are used for all marketing materials and publications produced by the Society.

Reduction of waste.
The Society provides dishes and flatware for employee use in an effort to reduce waste from paper plates, plastic forks, etc. The Society also provides several recycling stations for paper, plastic, glass and aluminum products. Additionally, there are recycling stations on site for retired or inoperable cell phones, batteries, personal digital assistants, computer equipment, and battery chargers.

Energy efficiency.
The Society uses energy-efficient dishwashers, heating and cooling systems, and lighting systems to reduce its consumption of power and natural resources.

The Society of Critical Care Medicine is not just focused on helping those who are committed to keeping people healthy; it is also dedicated to keeping our planet healthy. As a professional who is dedicated to the well-being of all critically ill or injured patients, you recognize the impact of the environment on making and keeping people healthy. We hope that you will join SCCM in its charge... both personally and in your facility when you return home.
PLENARY SESSIONS

Attend thought-provoking presentations that promote innovative developments in critical care. Plenary sessions are held at unopposed times with presentations given by distinguished, world-renowned leaders in the critical care field.

PETER HACKETT, MD
Director
Trauma and Emergency Services, Telluride
Medical Center
Director
Institute for Altitude Medicine
Telluride, Colorado, USA
Clinical Director
Altitude Research Center,
University of Colorado
School of Medicine
Denver, Colorado, USA

HYPOXIA: MT. EVEREST OF THE ICU
SUNDAY, FEBRUARY 1, 2009
9:25 A.M. - 10:00 A.M.

AKE GRENVICK
HONORARY LECTURE

PAUL ROGERS, MD
Professor of Critical Care Medicine
University of Pittsburgh Medical Center
Pittsburgh, Pennsylvania, USA

TEACHING MEDICINE IS AN ART, VALUING IT IS CRITICAL
SUNDAY, FEBRUARY 1, 2009
1:30 P.M. - 2:15 P.M.

WILLIAM C. SHOEMAKER
HONORARY LECTURE

PETER BUERHAUS, RN, PHD
Professor of Nursing
Director
Center for Medicine and Public Health
Vanderbilt University
Nashville, Tennessee, USA

THE FUTURE OF THE NURSING WORKFORCE IN THE UNITED STATES: DATA, TRENDS, AND IMPLICATIONS
MONDAY, FEBRUARY 2, 2009
8:30 A.M. - 9:15 A.M.

MAX H. WEIL HONORARY LECTURE

ARTHUR CAPLAN, MD
Chair, Department of Medical Ethics
Director of Center for Bioethics
University of Pennsylvania
Philadelphia, Pennsylvania, USA

BEYOND BAND-AIDS: HOW TO CURE AMERICA’S AILING HEALTHCARE SYSTEM
MONDAY, FEBRUARY 2, 2009
1:30 P.M. - 2:15 P.M.

MARK GLADWIN, MD
Division Chief
Pulmonary, Allergy and Critical Care Medicine Department
Director
Hemostasis and Vascular Biology Research Institute
University of Pittsburgh
Pittsburgh, Pennsylvania, USA

HALDANE, HOT DOGS AND HALITOSIS: THE EMERGING BIOLOGY OF THE NITRITE ANION IN PHYSIOLOGY AND THERAPEUTICS
TUESDAY, FEBRUARY 3, 2009
8:30 A.M. - 9:15 A.M.

L. RUDO MATHIVHA, MD
Adjunct Professor
Chris Hani Baragwanath Hospital
The University of the Witwatersrand
Johannesburg, South Africa

OUT OF AFRICA: CRITICAL CARE WHEN RESOURCES ARE SCARCE
TUESDAY, FEBRUARY 3, 2009
1:30 P.M. - 2:15 P.M.

PETER SAFAR HONORARY LECTURE

PETER HOLBROOK, MD, FCCM
Chief Medical Officer
Children’s National Medical Center
Washington, DC, USA

CRITICAL CARE: A MILEPOST ON THE JOURNEY TO TRUE HEALTHCARE REFORM
WEDNESDAY, FEBRUARY 4, 2009
8:30 A.M. - 9:15 A.M.

POPULAR CONGRESS EVENTS AND SESSIONS

Opening Reception
Don’t miss this year’s Opening Reception, which will be held Saturday, January 31, 2009, from 6:00 p.m. to 9:00 p.m., at the Country Music Hall of Fame and Museum located in downtown Nashville. Relax and mingle with colleagues while enjoying the flavor and history of Nashville. A variety band will provide live music while hors d’oeuvres and cocktails are served. Take a quick dance lesson or get a photo with look-a-like characters such as Dolly Parton or Garth Brooks, then move to the Rotunda to hear a bluegrass or country music trio. The Opening Reception is complimentary for Congress registrants. Guests over the age of 18 are $25. See page 12 to register guests.

SCCM Business Meeting
SUNDAY, FEBRUARY 1, 2009
2:20 P.M. – 3:00 P.M.
TENNESSEE BALLROOM A & B
Join the Society’s leadership at the SCCM Annual Business Meeting for a summary of the past year’s activities and an announcement of the Council election results.

Fellowship Directors’ Luncheon
Critical care fellowship program directors are invited to participate in the Fellowship Directors’ Luncheon, Surviving the Accreditation Process, to be held on Monday, February 2, 2009, from 12:00 p.m. to 1:20 p.m. Take advantage of this opportunity to discuss the accreditation process and other issues pertinent to critical care fellowship programs during this networking luncheon. Registration fee is $60.

SPONSORED SYMPOSIA

Learn about clinical breakthroughs and advances that lead to better patient care during the stimulating discussions of sponsored symposia. Each session is presented by leading experts in critical care and offers a thorough analysis of the developments and controversies affecting most intensive care unit environments. Registration is required.
Executive Administration

DAVID JULIAN MARTIN, CAE CEO / Executive Vice-President
DOROTHY SUWANSKI Executive Assistant
ELLEN TURNER, PHR Human Resources Manager

Business Affairs

BRIAN SCHRAMM, CAE Director of Business Affairs
JIM BROWN Accounting Manager
ARIANA HOBBY Customer Service Manager
MARIA BUCICA Accounts Payable Clerk
VIRGINIA CALDERONE Customer Service Representative
TIFANY JACKSON Cash Receipts Administrator
MARIANNE OLSON Receptionist
ANTONIO ORTIZ Customer Service Representative
FRANK PETRITIS Facilities Administrator
SHERYL ROBINSON Staff Accountant-Budgets & Financial Reporting
TYQUIA SIMS Customer Service Representative
JOANN WILLIAMS Service Representative

Marketing

RENEA BROWN Marketing Communications Manager
KENNETH KLARICH Hospital Relations Manager
DESIREE NG Industry Relations Manager
EWA STANKIEWICZ Membership Marketing Manager
ROSA HERNANDEZ Hospital Relations Specialist
COLLEEN MCNAMARA Industry Relations Coordinator
JULIE OSWALD Communications Specialist
LILIYA YAMPOLSKAYA Communications Specialist

Meetings and Conventions

PAMELA S. DALLSTREAM, CMP Director of Meetings & Conventions
TRUDI BARTAKOVICS, CMP Meetings & Conventions Manager
BARB GOULD Meetings & Conventions Coordinator
TRACY MONDROWSKI Meetings & Conventions Coordinator

Organizational Affairs

DIANA HUGHES Director of Organizational Affairs
COLETTE PUNDA Manager of Organizational Affairs
CAROL PRENDERGAST Coordinator of Organizational Affairs

Program Development and Professional Affairs

NANCY STONIS, RN, BSN, MJ Director of Program Development and Professional Affairs
DIANE ABERSON Manager of Continuing Education
ADAIR ANDREWS, RN, MATD Manager of Program Development
PATRICIA GLOVER, RN, BSN, MS Manager of Program Development
LORI HARMON, RRT, MBA Paragon Critical Care Program Manager
STEVEN MCCULLIN Manager of Professional Affairs
GERVAISE NICKLAS, MS, RN Manager of Program Development
CRISTINA FETILA Coordinator of Continuing Education
GINGER JOHNSTON Program Development and Professional Affairs Coordinator
JOMARIE LISTINSKY Coordinator of Program Development
SYLVIA QUINTANILLA Program Development and Professional Affairs Coordinator

 Publications

LYNN RETFORD Director of Publications
MARY ANN BRANAGAN Periodical Publications Manager
KATIE BROBST Managing Editor, Books
CHRISTINE DIEDRICH Managing Editor, Publications
MELISSA NIELSEN Managing Editor, Member Communications
SOPHIE TOSTA Managing Editor, Journals
HEATHER HAEMKER Editorial Assistant, Periodicals
MEGAN O’NEILL Editorial Assistant, Journals

Technology Department

DIANE SCOTT Director of Technology
LAURA LEWIS Manager of Technology
JERRY BYRNES Software Developer
JULIAN CORLACI eDeveloper
MICHAEL HUERTA Technology Support Specialist
KIRK PALMATIER Network Administrator
Access
All efforts have been made to make every Congress session and event accessible to those with disabilities. If you have any special needs or requirements in order to participate in a Congress activity, please notify an SCCM staff member at the Special Assistance Booth located at SCCM Registration Desk in the Tennessee Ballroom Lobby of the Gaylord Opryland Resort and Convention Center.

Badges
Congress badges are required for entrance to all Congress functions and events, including scientific sessions and the Exhibit Hall. To enter a ticketed session or event you must present your badge as well as the appropriate wristband. Lost badges may be replaced at the Registration Desk located in the Tennessee Ballroom Lobby of the Gaylord Opryland Resort and Convention Center. Please note that a nominal fee may be charged for replacement badges.

Society Council members and leaders, Congress Program Planning Committee members and Congress Faculty/Moderators are easily identified by the ribbons affixed to their name badges.

Business Center
The IKON Business Center is located in the Governor’s Ballroom Lobby of the Gaylord Opryland Resort and Convention Center. It offers photocopying services, fax services, office supplies, and FedEx/UPS drop-off service. The Business Center is open during all Congress activities. Major credit cards are accepted for services and purchases.

CD/MP3 Sales
Selected Congress sessions will be professionally recorded on audio CDs and MP3s. The CD/MP3 sales desk is located outside the Presidential Ballroom at the Gaylord Opryland Resort and Convention Center. MP3s of the Pre-Congress sessions loaded on MP3 players will be available for pickup on site. Complete Congress recordings will be available for sale within 5 days following the meeting. All orders received at Congress will receive discounted pricing and free shipping through AVEN:

10532 Greenwood Avenue North
Seattle, Washington 98133
Telephone: (800) 810-TAPE or +1 206 440-7989
Facsimile: +1 206 440-7990 www.AVEN.com

Coat/Luggage Check
Coat/Luggage Check services will be available in the Presidential Ballroom Lobby of the Gaylord Opryland Resort and Convention Center. A fee of $2 per checked item will be charged for this service. Coat/Luggage Check services available during Congress registration hours.

Emergency Procedures
In the event of an emergency, please follow the instructions given by the Gaylord Opryland Resort and Convention Center or locate a SCCM staff member at the Registration Area in the Tennessee Ballroom Lobby, at SCCM Central in the Exhibit Hall, or the SCCM Convention Office in Jackson A.

Exhibit Hall Hours
The Ryman C Exhibit Hall at the Gaylord Opryland Resort and Convention Center is open during the following hours:

- Sunday, February 1, 9:00a.m. – 3:00p.m.
- Monday, February 2, 9:00a.m. – 3:00p.m.
- Tuesday, February 3, 9:00a.m. – 1:30p.m.

First Aid Center
Paramedics are available in the First Aid Center during all Congress activities at the Gaylord Opryland Resort and Convention Center. The First Aid Center is staffed with registered paramedics in order to ensure the safety and well-being of all Congress participants. For general first aid assistance, please alert a hotel staff member for directions to the First Aid office or to request paramedics on the scene. For emergencies, dial 1700 on any house phone to reach in-house paramedics directly. For life threatening situations, dial 911.

Lost and Found
Lost and Found is located in the SCCM Convention Office in Jackson A.

Message Board
A message board will be located outside of the Convention Office in Jackson A.

No Smoking Policy
In accordance with the Nashville Clean Air Act, the Gaylord Opryland Resort and Convention Center is a smoke-free environment. Smoking is restricted to designated areas only.

Refreshment Breaks in the Ryman Exhibit Hall
Complimentary refreshments will be available during the morning and afternoon breaks in the Ryman C Exhibit Hall on Sunday, February 1, and Monday, February 2, and in the morning on Tuesday, February 3. These times offer an excellent opportunity for attendees to visit with the exhibitors while enjoying refreshments. Complimentary refreshments will also be available Wednesday morning, February 4, outside the Presidential Ballroom.
Registration
Registration is located in the Tennessee Ballroom Lobby of the Gaylord Opryland Resort and Convention Center and will be open during the following hours:

- Thursday, January 29: 4:00 p.m. – 7:00 p.m.
- Friday, January 30: 6:00 a.m. – 5:30 p.m.
- Saturday, January 31: 6:00 a.m. – 5:45 p.m.
- Sunday, February 1: 6:00 a.m. – 5:30 p.m.
- Monday, February 2: 8:00 a.m. – 5:45 p.m.
- Tuesday, February 3: 8:00 a.m. – 5:45 p.m.
- Wednesday, February 4: 8:00 a.m. – 12:15 p.m.

Session Protocol
To ensure a pleasant meeting environment for all Congress participants, meeting room temperatures are maintained to provide optimal comfort. A light jacket or sweater is recommended. Please note that children under the age of 16 are not permitted in any Congress session at any time. Only registered Congress attendees are allowed entrance to Congress sessions. Children 16 years and younger are required to register for admission to the Exhibit Hall and must be accompanied by an adult at all times. For reasons of insurance liability and safety, strollers and infant carriers are not permitted on the exhibit floor at any time.

Society Offices/Exhibits
All locations are in the Gaylord Opryland Resort and Convention Center.

Legend

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<th>Service</th>
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<td>Presidential Ballroom Lobby</td>
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<td>CD/MP3 Sales Booth</td>
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<td>Wireless Internet Access</td>
<td>SCCM Central and Presidential Ballroom Lobby</td>
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Speaker Ready Room
Prior to their session, faculty should submit their presentation in Jackson D, which will be open during the same hours as Registration.

Special Assistance
Wheelchairs are available for use within the Gaylord Opryland Resort and Convention Center at no charge. Wheelchairs may be picked up from the SCCM Convention Office located in Jackson A.

Suggestion Box
Suggestion boxes are available at the SCCM Registration Desk in the Tennessee Ballroom Lobby of the Gaylord Opryland Resort and Convention Center and in the SCCM Convention Office in Jackson A. Please provide any comments, suggestions, or other valuable feedback that may be useful in evaluating the 38th Critical Care Congress. Suggestions may be signed or may remain anonymous.

Use of Recording Equipment
No personal photography, audio or video recording is allowed at any Congress session or in the Exhibit Hall at any time.

Wireless Internet Access
Internet access is available from kiosks located in the Presidential Ballroom Lobby and at SCCM Central in the Exhibit Hall.
The Council of Medical Specialty Societies (CMSS) developed a set of recommendations to assist societies in building programs that include competencies, encourage self-assessment, and are designed to close the gap between best and actual practice. The Society of Critical Care Medicine (SCCM) supports recommendations that will promote lifelong learning through continuing education. As a result, SCCM has identified a set of Core Competencies.

Listed after each session, in parenthesis, is a letter A through E that corresponds to a specific SCCM Core Competency. Also listed after each session is the page number on which the session can be located.

A= Patient- and Family-Centered Care
B= Practice Applications
C= Communications
D= Multiprofessionalism
E= Quality Improvement

**COMPREHENSIVE PROGRAM TOPICS**

**Endocrine – Renal**
- Are Your Everyday Drugs Killing Patients? (A, B, D, E)
- Diagnosing and Managing Patients with Renal Failure (A, B, D, E)
- Glycemic Control: Goldilocks and the Three Bears (A, B, D, E)
- New Updates in Renal Replacement Therapy (A, B, D, E)
- The Future of Endocrinology (A, B, D)

**GI – Nutrition**
- Around the World in Two Hours: Case Study (A, B, D, E)
- Lifesaving Lipids: Therapy Your Patient Can’t Live Without (A, B, D, E)
- Pharmacotherapy (A, B, D, E)
- Stress Ulcer Prophylaxis: To Protect or Not to Protect (A, B, D, E)
- Hyponatremia: An Update for Critical Care Management (A, B, D, E)

**Hematology**
- Can You Stop Bleeding Please? I Need to Do a Procedure! (A, B, D, E)
- Massive Hemorrhage During Childbirth: The ICU Aftermath (A, B, D, E)
- Recombinant Factor VII Therapy in Acute Hemorrhage: Addressing the Issues (A, B, D, E)
- Updates on Therapeutic Options for DVT and PE Prevention and Management in the ICU (A, B, C, D, E)

**Infectious Diseases**
- Getting More Bang for the Buck: Optimizing Antimicrobials for Life-Threatening Infections (A, B, D, E)
- Monotherapy Versus Combination Antimicrobial Therapy of Sepsis and Septic Shock: A Pro/Con Debate (A, B, D, E)

**Monitoring – Technology**
- Advances in Clinical Monitoring (A, B, D)
- Ultrasound in the ICU (A, B, D)

**Cardiology – CPR**
- Hot Molecules in Sepsis (A, B)
- Is Multiple-Organ Failure an Adaptive Response and Can We Control it? (A, B, E)
- The Relationship Between Opiates and Infectious Diseases (A, B, E)

**Airway**
- Every Breath I Take: Airway Controversies (A, B, D)

**Basic Science**
- Fixing My Achy Breaky Heart (A, B, D, E)
- How Do You Mend a Broken Heart? Update in Heart Failure (A, B, D)
- Acute Coronary Syndromes (A, B, D, E)

**End of Life**
- Don’t It Make My Brown Eyes Blue? Moral Distress in the ICU Provider (A, B, C, D, E)
- Ethical Controversies (A, B, C, D, E)
- Update in Organ Donation (A, B, D, E)

**Administration**
- On the Road Again...ICU Care Worldwide (B, C, D, E)
- National Critical Care Trials Groups: Lessons Learned (B, E)
- Teaching Modalities for Critical Care (B, C, D, E)
- Working 9 to 5: Who Will Replace and Take Care of Us? (A, B, D, E)
Neuroscience

- Always on My Mind: Brain Bleeds (A, B, D)
- Controversies in Brain Injury (A, B, D)
- Update in Spinal Cord Injury (A, B, D)
- Delirium Management: Evidence for Change and Future Directions (A, B, D, E)
- Managing the Crisis: Hypertension in Acute and Neurocritical Care Patients (A, B, D, E)

Nursing

- Targeting Best Practices in the ICU (A, B, C, D, E)
- Monitoring Nurse-Sensitive Outcomes in the Adult ICU (A, B, E)
- You Gotta’ Know How To Hold ‘Em: Retention Strategies (C, E)

Pediatrics

- Cardiac Surgery Potpourri (A, B, D)
- Controversies in Pediatric Mechanical Ventilation (A, B, D, E)
- Hot Off the Press: Latest Findings in Pediatric ICU Nursing Practice (A, B, D, E)
- Pediatric Interactive Cases (A, B, D)

Pharmacology

- Don’t Blow Your Top: Blood Pressure Control in the ICU (A, B, D)
- Pharmacy Fondue: Drug Interactions in the ICU (A, B, D, E)
- Shake, Rattle and Roll: Drug Withdrawal in the ICU (A, B, D, E)
- The Terminator: Avoiding Medication Errors in the ICU (A, B, D, E)

Respiratory

- Acute Respiratory Distress Syndrome: Figment of the Imagination? (A, B, D)
- Controversies in Mechanical Ventilation (A, B, D)
- Hail CESAR! Thoughts One Year Later (A, B, D, E)
- A Legend In Mechanical Ventilation (A, B, D, E)
- The Modes of Mechanical Ventilation (B)
- You Picked a Fine Time to Leave Me: Kissing the Ventilator Good-Bye (B, E)

Sedation – Pain

- Changing Sedation and Delirium Management: Evidence and Implications for Long-Term Outcomes (A, B, C, D, E)
- How Do I Live? Beyond the ICU (A, B, D, E)

Sepsis

- Biomarkers at the Bedside (B)
- Cardiovascular Sepsis Management (A, B, D)
- International Sepsis Forum (A, B, D, E)
- Pediatric Septic Shock: Soup to Nuts (A, B, D)
- Reducing Mortality in Sepsis: The Surviving Sepsis Campaign (A, B, C, D, E)
- The Cutting Edge of Sepsis Therapy (A, B, D, E)

Trauma/Surgery

- Application of Critical Care Advances: From Trauma to Burn Patients (A, B, D)
- Hypothermia in Trauma (A, B, D)
- Pre-Hospital Resuscitation: What’s New a Decade After Mattox’s Scoop and Run? (A, B, D)
- The Evolving Management of Intra-Abdominal Hypertension and Abdominal Compartment Syndrome (A, B, D)
CONGRESS 2009 CONTINUING
EDUCATION CREDIT

Target Audience
This continuing medical education offering is intended to meet the needs of any healthcare provider involved in the care of critically ill patients, including:
» Advance Practice Nurses
» Anesthesiologists
» Clinical Pharmacists
» Critical Care Educators, Nurses, Physicians
» Emergency Department Physicians
» Family Practice Physicians
» ICU Medical Directors
» ICU Nurse Managers
» In-Training
» Internists
» Neurosurgeons
» Neurologists
» Pediatric Critical Care Nurses, Physicians
» Physician Assistants
» Respiratory Care Practitioners
» Research Scientists
» Trauma Surgeons
» Other Critical Care Practitioners

Learning Objectives
At the conclusion of the 38th Critical Care Congress, participants should be able to:
» Recognize recent advances in drug design and development and the relevance to critical illness
» Apply patient care to current and cutting-edge information regarding specific therapeutic interventions for the critically ill patient
» Review, in the context of the intensivist-led, multiprofessional critical care team, new knowledge and strategies to optimize the care and outcomes of the critical care patient.

Competencies
SCCM supports recommendations that will promote lifelong learning through continuing education. SCCM promotes activities that encourage the highest quality in education that will enhance knowledge, competence or performance in critical care practice. This activity will meet the following:
» Patient- and Family-Centered Care
» Practice Applications
» Communication
» Quality Improvement
» Multiprofessionalism

Type of activity
This activity was developed as a comprehensive update in critical care clinical practice and basic science research. Overall, it will focus on increasing knowledge-based content. Some sessions will focus on increasing application-based knowledge.

Once you have completed the online application and evaluation, you will be able to download and email your CE certificate. If you have questions, please send an email to congress@scm.org or call +1 847 827-6869.

Nurses
This program has been approved by the California Board of Registered Nursing, Provider No. 8181, for a maximum number of hours, as listed below:

<table>
<thead>
<tr>
<th>Course Duration</th>
<th>Maximum Contact Hours</th>
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<tbody>
<tr>
<td>Overall Congress (Concurrent Sessions)</td>
<td>25.75 contact hours</td>
</tr>
<tr>
<td>Adult Critical Care Refresher Course</td>
<td>15 contact hours</td>
</tr>
<tr>
<td>Current Concepts in Pediatric Critical Care Course</td>
<td>15 contact hours</td>
</tr>
<tr>
<td>Fundamental Disaster Management Course</td>
<td>8.25 contact hours</td>
</tr>
<tr>
<td>Fundamental Critical Care Support Instructor Course</td>
<td>8.25 contact hours</td>
</tr>
<tr>
<td>Pediatric Fundamental Critical Care Support Course</td>
<td>8.25 contact hours</td>
</tr>
<tr>
<td>Postgraduate Review Courses</td>
<td>8 contact hours</td>
</tr>
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</table>

Osteopaths
Complete the Osteopath category 1-B Form, which is available online, to apply for credit individually at www.sccm.org/2009Congress.

Physicians/Physician Assistants
ACCREDITATION STATEMENT
The Society of Critical Care Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. SCCM designates this educational activity for a maximum AMA PRA Category 1 Credits™, as listed below. Physicians should only claim credit commensurate with the extent of their participation in the activity.

<table>
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<tr>
<th>Course Duration</th>
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<td>Overall Congress (Concurrent Sessions)</td>
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<tr>
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<tr>
<td>Fundamental Disaster Management Course</td>
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<tr>
<td>Fundamental Critical Care Support Instructor Course</td>
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<tr>
<td>Pediatric Fundamental Critical Care Support Course</td>
<td>8.25 credits</td>
</tr>
<tr>
<td>Postgraduate Review Course</td>
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</table>

Respiratory Therapists
The American Association for Respiratory Care has approved for CRCE credits as follows:

<table>
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<td>15 credits</td>
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<tr>
<td>Current Concepts in Pediatric Critical Care Course</td>
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<tr>
<td>Fundamental Disaster Management Course</td>
<td>8.25 credits</td>
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<tr>
<td>Fundamental Critical Care Support Instructor Course</td>
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<tr>
<td>Pediatric Fundamental Critical Care Support Course</td>
<td>8.25 credits</td>
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<tr>
<td>Postgraduate Review Course</td>
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</table>
Pharmacists

The Society of Critical Care Medicine is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmaceutical education. Pharmacists need to complete an online Congress verification form and identify all sessions that they attended. Upon submitting the verification form to SCCM, a statement of credit can be printed by each pharmacist. The 38th Critical Care Congress will provide the following contact hours of continuing education:

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<th>Title</th>
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<tr>
<td>236-000-09-01-L04-P</td>
<td>Adult Care Critical Refresher Course</td>
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<td>236-000-09-02-L04-P</td>
<td>Current Concepts In Pediatric Critical Care</td>
<td>15</td>
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<tr>
<td>236-000-09-03-L04-P</td>
<td>Pharmacotherapy</td>
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<td>236-000-09-04-L04-P</td>
<td>Neurocritical Care</td>
<td>8</td>
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<tr>
<td>236-000-09-05-L04-P</td>
<td>Bedside Procedures</td>
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<tr>
<td>236-000-09-06-L04-P</td>
<td>Coding and Billing</td>
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<td>236-000-09-07-L01-P</td>
<td>Plenary- Hypoxia: Mt. Everest of the ICU</td>
<td>1.25</td>
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<td>236-000-09-08-L01-P</td>
<td>Reducing Mortality In Sepsis: The Surviving Sepsis Campaign</td>
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<tr>
<td>236-000-09-09-L04-P</td>
<td>Pediatric Interactive Cases</td>
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<td>236-000-09-10-L01-P</td>
<td>Hypothermia In Trauma</td>
<td>2</td>
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<tr>
<td>236-000-09-11-L01-P</td>
<td>Is Multiple Organ Failure An Adaptive Response</td>
<td>2</td>
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<td>236-000-09-12-L01-P</td>
<td>Don’t Blow Your Top- Blood Pressure Control In The ICU</td>
<td>1</td>
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<tr>
<td>236-000-09-13-L01-P</td>
<td>Stress Ulcer Prophylaxis: To Protect Or Not Protect</td>
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<td>Pharmacy Fondu - Drug Interactions in the ICU</td>
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<td>236-000-09-15-L01-P</td>
<td>Lifesaving Lipids: Therapy Your Patient Can’t Live Without</td>
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<td>236-000-09-16-L04-P</td>
<td>Plenary-Teaching Medicine is an Art, Valuing it is Critical</td>
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<td>236-000-09-17-L04-P</td>
<td>Oral Sessions</td>
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<tr>
<td>236-000-09-18-L04-P</td>
<td>Plenary-The Future of the Nursing Workforce in the United States: Data, Trends, and Implications</td>
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<td>236-000-09-19-L01-P</td>
<td>Changing Sedation and Delirium Management</td>
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<td>Joint Session: SCCM/AACN/ACCP/ATS</td>
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<td>236-000-09-21-L01-P</td>
<td>Application of Critical Care Advances To the Trauma and Burn Patient</td>
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<td>236-000-09-22-L04-P</td>
<td>Around The World In 2 Hours: Case Study</td>
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<td>236-000-09-23-L04-P</td>
<td>Latebreaker</td>
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<tr>
<td>236-000-09-24-L01-P</td>
<td>Always On My Mind: Brain Bleeds</td>
<td>2</td>
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<tr>
<td>236-000-09-25-L04-P</td>
<td>Can You Stop Bleeding Please? I Need To Do A Procedure!</td>
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<td>236-000-09-26-L04-P</td>
<td>Biomarkers At The Bedside</td>
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<td>Plenary-The Future of the Nursing Workforce in the United States: Data, Trends, and Implications</td>
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<td>236-000-09-28-L01-P</td>
<td>The Future of Endocrinology</td>
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<td>236-000-09-29-L01-P</td>
<td>Pharmacotherapy</td>
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<tr>
<td>236-000-09-30-L04-P</td>
<td>You Gotta’ Know How To Hold ‘em: Retention Strategies</td>
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<tr>
<td>236-000-09-31-L01-P</td>
<td>The Relationship Between Opiates and Infectious Diseases</td>
<td>1</td>
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<tr>
<td>236-000-09-32-L04-P</td>
<td>Strength in Numbers: An International Comparison of Trials</td>
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<td>236-000-09-33-L01-P</td>
<td>Shake, Rattle, and Roll- Drug Withdrawal In The ICU</td>
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<tr>
<td>236-000-09-35-L04-P</td>
<td>Anesthesia: Year In Review</td>
<td>1</td>
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<tr>
<td>236-000-09-36-L01-P</td>
<td>Glycemic Control: Goldilocks &amp; The Three Bears</td>
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<td>236-000-09-37-L04-P</td>
<td>Update In Organ Donation</td>
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<td>236-000-09-39-L01-P</td>
<td>Are Your Everyday Drugs Killing Patients?</td>
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<tr>
<td>236-000-09-40-L04-P</td>
<td>Plenary-Haldane, Hot Dogs and Halitosis, the Emerging Biology of the Nitrite Anion in Physiology and Therapeutics</td>
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<tr>
<td>236-000-09-41-L01-P</td>
<td>The Cutting Edge of Sepsis Therapy</td>
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<td>236-000-09-42-L04-P</td>
<td>Ethical Controversies</td>
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<td>236-000-09-43-L04-P</td>
<td>The Evolving Management of Intra-abdominal Hypertension</td>
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<td>236-000-09-44-L01-P</td>
<td>Acute Coronary Syndromes</td>
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<td>236-000-09-45-L04-P</td>
<td>Global Intensive Care: How Do We Compare?</td>
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<tr>
<td>236-000-09-46-L01-P</td>
<td>Diagnosing and Managing Patients With Renal Failure</td>
<td>1</td>
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</tbody>
</table>

continued on page 32
### Policy on Appropriate Use of Commercial Support

The Society of Critical Care Medicine (SCCM) fully supports and adopts the ACCME Standards for Commercial Support of Continuing Medical Education, Accreditation Council for Pharmacy Education’s Criteria for Quality Involved with the Administration of a Provider’s Continuing Education Program and the standards set by the American Nurses Credentialing Center (ANCC) as its basis for relating to commercial support companies with regard to continuing education.

The Society implements these standards and has integrated additional policies that continue to maintain the highest integrity in providing quality continuing education programs. The SCCM’s comprehensive policies provide the foundation for the administration, content, and quality of all educational activities, which include: activity goals and objectives development, promotional material, text content, faculty approval and guidance, activity evaluation, and issuance of certificates.

A commercial interest is an entity producing, marketing, reselling or distributing health care goods or services consumed by or used on patients. Support or collaboration that is given by non-profit organizations is considered a joint-sponsor (see joint sponsorship policy).

1. All continuing education (CME/CE) activities sponsored by SCCM shall provide for an in-depth presentation that is independent, balanced, objective, and scientifically rigorous.
2. The Society is solely responsible for the quality, content and utilization of instructional materials or post-activity documents that are prepared with the support of outside organizations.
3. CME/CE activities sponsored by the SCCM must use an SCCM-approved Letter of Agreement for all continuing education activities. The program development department must be directly involved in the program development process between SCCM and the commercial support company.

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<table>
<thead>
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<th>ACPE number</th>
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<th>Contact hours</th>
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<tr>
<td>236-000-09-47-L04-P</td>
<td>How Do I Live?—Beyond The ICU</td>
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<td>236-000-09-48-L01-P</td>
<td>Cardiovascular Sepsis Management</td>
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<tr>
<td>236-000-09-49-L04-P</td>
<td>Pharmacy: Year In Review</td>
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<td>236-000-09-50-L01-P</td>
<td>Monotherapy Vs Combination Antimicrobial Therapy of Sepsis</td>
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<td>236-000-09-51-L04-P</td>
<td>Teaching Modalities For Critical Care</td>
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<td>236-000-09-52-L04-P</td>
<td>Fixing My Achy Breaky Heart</td>
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<tr>
<td>236-000-09-53-L01-P</td>
<td>Controversies In Brain Injury</td>
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<td>236-000-09-54-L01-P</td>
<td>Hot Molecules In Sepsis</td>
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<td>236-000-09-55-L04-P</td>
<td>Joint Session - SCCM-ESICM</td>
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<td>The Terminator: Avoiding Medication Errors In The ICU</td>
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<td>Don’t It Make My Brown Eyes Blue: Moral Distress in the ICU Provider</td>
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<td>Advances In Clinical Monitoring</td>
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<td>236-000-09-59-L04-P</td>
<td>Plenary-Critical Care: a Milepost on the Journey to True Healthcare Reform</td>
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<td>236-000-09-60-L01-P</td>
<td>How Do You Mend A Broken Heart? Update In Heart Failure</td>
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<td>236-000-09-61-L04-P</td>
<td>Working 9 To 5 - Who Will Replace and Take Care of Us?</td>
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<td>236-000-09-62-L04-P</td>
<td>Targeting Best Practices In The ICU</td>
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<td>236-000-09-63-L01-P</td>
<td>International Sepsis Foundation</td>
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<td>236-000-09-64-L01-P</td>
<td>Update In Spinal Cord Injury</td>
<td>2</td>
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<tr>
<td>236-000-09-65-L04-P</td>
<td>Getting More Bang For The Buck: Optimizing Use of Antimicrobials</td>
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<td>236-000-09-66-L04-P</td>
<td>Pediatric Septic Shock: Soup To Nuts</td>
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<tr>
<td>236-000-09-101-L01-P</td>
<td>Delirium Management: Evidence for Change and Future Directions</td>
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<td>236-000-09-100-L01-P</td>
<td>Updates on Therapeutic Options for DVT and PE Prevention and Management in the ICU</td>
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<td>236-999-09-102-L01-P</td>
<td>Hyponatremia: an Update for Critical Care Management</td>
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<tr>
<td>236-999-09-103-L01-P</td>
<td>Managing the Crisis: Hypertension in Acute and Neurocritical Care Patients</td>
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<td>236-000-09-105-L01-P</td>
<td>Initiating Safe Practices: Enteral and Parenteral Nutrition</td>
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<tr>
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<td>Preventing and Managing HAI’s in the Age of Transparency and Accountability</td>
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</table>

4. Acknowledgment will be made of any outside organization (commercial/or-profit) providing financial support for any educational activity.

5. The Society makes all decisions regarding the disposition and disbursement of the commercial support funds and in-kind support received for CME/CE activities. All commercial support associated with CME/CE activity must be given with the full knowledge and approval of SCCM. No additional funds or in-kind support will be provided to the planning committee members, faculty, or authors beyond those defined in the budget.*

6. The Society will not accept advice or services concerning faculty, authors, or participants or other education matters, including activity content and format, from a commercial interest as conditions of contributing funds or services.

7. The Letter of Agreement shall define the terms, purposes, and conditions of the grant and shall be signed by the commercial interest, SCCM, and any other provider or educational partner involved in the planning and implementation of the CME/CE activity. The originating source of the funds shall be considered the commercial interest for purposes of signing the agreement and acknowledgment. All parties to the Commercial Support Letter of Agreement must agree to comply with SCCM’s policies.

8. All educational grant amounts will be based on an itemized and estimated budget prepared in advance and shared with the commercial supporter and the total dollar amount will be reflected in the Letter of Agreement. All commercial support expenditures must be documented and, upon request, provided to the commercial supporter.

* If it is anticipated that total expenses will be exceeded, SCCM will send a budget addendum and request for additional funds to the commercial supporter. Any additional funds will be documented in an addendum to the Letter of Agreement.
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No disclosures
Pg. 46, 65

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Owner of Percussionaire - Device Company
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No disclosures
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No disclosures
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No disclosures
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Pg. 47, 69

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Pg. 14, 33, 57, 74

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Pg. 45

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FUNDAMENTAL DISASTER MANAGEMENT

Moderator: James A. Geiling
Room: Cheekwood A/B/C

LEARNING OBJECTIVES
- Recognize the core disaster incident management structure and functions and describe how the critical care response is coordinated and interfaces with incident management
- List the types of events that are most likely to require a critical care response and describe the anticipated critical care needs of the affected people
- Describe the guiding principles for triage and allocation of scarce critical care resources during an emergency
- List the major emergency changes during a mass-casualty event that may optimize augmentation of critical care capacity
- Demonstrate ability to operate alternative positive pressure ventilation equipment, such as the portable mechanical ventilators maintained by the U.S. Centers for Disease Control and Prevention’s Strategic National Stockpile
- Recognize the emergency situations that require use of personal protective equipment and environmental controls while caring for critically ill victims

8:00 A.M. - 8:20 A.M.
Welcome and Management Overview of Fundamental Disaster Management
James A. Geiling

8:20 A.M. - 8:50 A.M.
ICU Microcosm Within Disaster Medical Response
Alex H. Gifford

8:50 A.M. - 9:20 A.M.
Augmenting Critical Care Capacity During a Disaster
Lewis Rubinson

9:20 A.M. - 9:50 A.M.
Mass-Casualty Burn Care and Critical Care Management of Conventional Explosions
David Bracco

9:50 A.M. - 10:05 A.M.

Break

10:05 A.M. - 10:35 A.M.
Critical Care Response to Natural Disasters and Mass Casualty Crush Syndrome
Randy S. Wax

10:35 A.M. - 11:20 A.M.
Critical Care During Epidemics
John H. Beigel

11:20 A.M. - 11:45 A.M.

Critical Care Management of Chemical Exposures
James A. Geiling

11:45 A.M. - 12:30 P.M.
Lunch

Room: Governor’s Ballroom

12:30 P.M. - 12:55 P.M.
Critical Care Management of Radiological Exposures
Dennis E. Amundson

12:55 P.M. - 1:25 P.M.

Special Populations: Caring for Critically Ill Children and Adults During Disasters
Dana A. Briner, Suzanne M. Burns

1:25 P.M. - 1:55 P.M.

Sustained Mechanical Ventilation Outside of Traditional ICUs
Elizabeth Lee Daugherty

1:55 P.M. - 2:25 P.M.
Disaster Triage and Allocation of Scarce Critical Care Resources
Dana A. Briner

2:25 P.M. - 3:00 P.M.

Workshops
- Personal Protective Equipment and Procedures
- Alternative Positive Pressure Ventilation Equipment

3:00 P.M. - 3:30 P.M.

Post-Test and Course Evaluation

86TH CRITICAL CARE CONGRESS PROGRAM
**NEW COURSE**

**PEDIATRIC FUNDAMENTAL CRITICAL CARE SUPPORT - DAY 1**  
(see page 45 for Day 2)

Moderator: Rodrigo Mejia  
Room: Hermitage C/D

**LEARNING OBJECTIVES**
- Prioritize assessment needs for the critically ill or injured infant and child
- Select appropriate diagnostic tests
- Identify and respond to significant changes in the unstable pediatric patient
- Recognize and initiate management of acute, life-threatening conditions
- Determine the need for expert consultation and/or patient transfer and prepare the practitioner for the optimal transfer

8:00 A.M. - 8:15 A.M.  
Welcome and Pediatric Fundamental Critical Care Support Review  
Rodrigo Mejia

8:15 A.M. - 9:00 A.M.  
Diagnosis and Management of Respiratory Failure  
Gregory Botz

9:00 A.M. - 11:30 A.M.  
Skill Stations  
- Airway Evaluation and Management  
- Ventilation I

11:30 A.M. - 12:15 P.M.  
Cardiovascular Evaluation and Management of Shock  
Mohan Mysore  
12:15 P.M. - 1:15 P.M.  
Lunch/Instructor Curriculum  
Rodrigo Mejia  
Room: Governor’s Ballroom  
1:15 P.M. - 2:00 P.M.

2:00 P.M. - 2:30 P.M.  
Fluid and Electrolytes  
Mohan Mysore

2:30 P.M. - 2:45 P.M.  
Diagnosis and Management of Acute Infections  
Rodrigo Mejia

Break  
2:45 P.M. - 3:45 P.M.

3:45 P.M. - 4:30 P.M.  
Skill Station  
- Cardiovascular Evaluation and Shock

4:30 P.M. - 5:00 P.M.  
Neurologic Emergencies  
Edward Conway Jr.

Review

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**ADULT CRITICAL CARE REFRESHER COURSE - DAY 1**  
(see page 46 for Day 2)

Moderator: Christina G. Rehm  
Room: Tennessee Ballroom A/B

**LEARNING OBJECTIVES**
- Review up-to-date, widely accepted concepts in the management of critical illness
- Discuss the core concepts and management of the critically ill patient

8:00 A.M. - 8:45 A.M.  
Brain Injury in the ICU: Monitoring and Treatment  
Abraham Joseph Layon

8:45 A.M. - 9:30 A.M.  
Delirium in the ICU  
Timothy D. Girard

9:30 A.M. - 10:15 A.M.  
Quality Control and Performance Improvement in the ICU  
Antoinette Spevitz

10:15 A.M. - 10:30 A.M.  
Break

10:30 A.M. - 11:15 A.M.  
The Bundle Concept: How Multiprofessional Collaboration Makes a Difference  
Ruth M. Kleinpell

11:15 A.M. - 12:00 P.M.  
Abdominal Ultrasound in the ICU  
Christian H. Butcher

12:00 P.M. - 1:00 P.M.  
Lunch  
Room: Governor’s Ballroom

1:00 P.M. - 1:45 P.M.  
The Role of ICU Bedside Cardiac Ultrasound  
Achikam Oren-Grinberg

1:45 P.M. - 2:30 P.M.  
Stents, EP Devices, and Prosthetic Heart Valves: Innocent Bystanders?  
Ian C. Gilchrist

2:30 P.M. - 3:15 P.M.  
“Never” Events  
Christina G. Rehm

3:15 P.M. - 3:30 P.M.  
Break

3:30 P.M. - 4:15 P.M.  
Integration of Acute Myocardial Infarction Care and Hypothermia in Out-of-Hospital Arrest Survivors  
Ian C. Gilchrist

4:15 P.M. - 5:00 P.M.  
The New CHEST Guidelines for Antithrombotic and Thrombolytic Therapy  
Thomas DeLoughery
SCHEDULE OF EVENTS

8:00 A.M. - 5:00 P.M.

**PRE-Congress Educational Session** $  
**CURRENT CONCEPTS IN PEDIATRIC CRITICAL CARE - DAY 1**  
(see page 47 for Day 2)  
Moderators: W. Bradley Pass, Mark E. Rowin  
Room: Tennessee Ballroom D/E

**LEARNING OBJECTIVES**
- Assess the evolution of disease processes and develop an effective goal-directed approach to critical care management
- Discuss clinical areas of controversy through an evidence-based decision making process
- Review the applicability and pitfalls of various goal-directed therapies to improve the outcomes in critically ill children

8:00 A.M. - 8:45 A.M.
**Critical Care Resources during a Pandemic**  
W. Bradley Pass
8:45 A.M. - 9:30 A.M.
**Respiratory Therapeutic Options: Surfactant and Nitric Oxide**  
Ann Marie LeVine
9:30 A.M. - 10:15 A.M.
**The Use of Outcome Measures in the Pediatric ICU**  
Mona L. McPherson
10:15 A.M. - 10:30 A.M.
**Break**

10:30 A.M. - 11:15 A.M.
**Oxidative Injury in Critical Illness**  
Derek S. Wheeler
11:15 A.M. - 12:00 P.M.
**Cellular Apoptosis**  
Robert S.B. Clark
12:00 P.M. - 1:00 P.M.
**Lunch**  
Room: Governor’s Ballroom
1:00 P.M. - 1:45 P.M.
**Medical Malpractice**  
Robyn S. Shapiro
1:45 P.M. - 2:30 P.M.
**Continuous Renal Replacement Therapy**  
John J. Bisstler
3:15 P.M. - 3:30 P.M.
**Diabetic Ketoacidosis**  
James Paul Marcin
3:30 P.M. - 4:15 P.M.
**Break**
4:15 P.M. - 5:00 P.M.
**Methicillin-Resistant Staphylococcus aureus and Patterns of Antibiotic Resistance Encountered in the ICU**  
Mark E. Rowin
SATURDAY, JANUARY 31

7:45 A.M. - 5:30 P.M.

★ NEW COURSE ★

PEDiatric Fundamental CRITICAL CARE SUPPORT - DAY 2

(see page 43 for Day 1)

Moderator: Rodrigo Mejia
Room: Hermitage C/D

LEARNING OBJECTIVES

- Prioritize assessment needs for the critically ill or injured infant and child
- Select appropriate diagnostic tests
- Identify and respond to significant changes in the unstable pediatric patient
- Recognize and initiate management of acute, life-threatening conditions
- Determine the need for expert consultation and/or patient transfer and prepare the practitioner for the optimal transfer

7:45 A.M. - 8:00 A.M.
Recap and Summary from Day 1
Rodrigo Mejia
8:00 A.M. - 8:30 A.M.
Management of Trauma in Children
Rodrigo Mejia
8:30 A.M. - 9:30 A.M.
Skill Station
Post-Initial Resuscitation Management of Accidental and Non-
accidental Trauma and Poisoning
9:30 A.M. - 10:15 A.M.
Transport of the Critically Ill Child
Maureen Madden
10:15 A.M. - 10:30 A.M.
Break
10:30 A.M. - 11:45 A.M.
Skill Stations
- Transport of the Critically Ill Child
- Ventilation II
11:45 A.M. - 12:30 P.M.
Lunch
Room: Governor’s Ballroom
12:30 P.M. - 1:45 P.M.
Skill Stations
- Transport of the Critically Ill Child
- Ventilation II
1:45 P.M. - 2:15 P.M.
Sedation, Analgesia and Pharmacological Management
Michelle Papo
2:15 P.M. - 2:30 P.M.
Break

2:30 P.M. - 3:00 P.M.
Postoperative Care
Karl Serrao
3:00 P.M. - 4:15 P.M.
Skill Station
Invasive Device Evaluation and Potential Complications
4:15 P.M. - 4:30 P.M.
Review
Rodrigo Mejia
4:30 P.M. - 5:30 P.M.
Post-Test and Evaluation

8:00 A.M. - 12:00 P.M.

★ POSTGRADUATE REVIEW COURSE ★

ANSWERS TO DIFFICULT PHARMACOTHERAPEUTIC QUESTIONS

Moderators: Sandra L. Kane-Gill, Tudy Hodgman
Room: Lincoln C/D/E

LEARNING OBJECTIVES

- Interpret data for the support of dexmedetomidine and propofol use in special populations
- Compare advantages of beta-agonists and stimulants used during ventilation and weaning
- Recommend adjunctive therapies for the support of patients after cardiopulmonary arrest, operative procedures or neurologic injuries
- Assess dosing and administration methods for medications used for ventilator-associated pneumonia and venous thromboembolism

8:00 A.M. - 8:30 A.M.
Is One Sedative Appropriate for Every Cowboy?
Mitchell S. Buckley
8:30 A.M. - 9:00 A.M.
Cleaning the Air: A Way to Ventilator Freedom
Tudy Hodgman
9:00 A.M. - 9:30 A.M.
Round Up the Options for Care of Acutely Ill Cardiac Patients
Sara D. Brouse
9:30 A.M. - 10:00 A.M.
A Little Less Talk and A Lot More Action in Fewer Adverse Drug Reactions
Sandra L. Kane-Gill
10:00 A.M. - 10:15 A.M.
Break
10:15 A.M. - 10:50 A.M.
Who Has Seen Elvis and the Management of Other Neurologic Injuries
Tudy Hodgman
10:50 A.M. - 11:25 A.M.
Spend a Grand Ole Time with the Treatment Options for Ventilator-Associated Pneumonia
Ishaq Lat
11:25 A.M. - 12:00 P.M.
How to Dose Moonshine and Low Molecular Weight Heparin in Critically Ill Patients
Kendra Muldrew-Jones
SCHEDULE OF EVENTS

$ = Additional charge to attend

8:00 A.M. - 5:00 P.M.

PRE-CONGRESS EDUCATIONAL SESSION $ADULT CRITICAL CARE REFRESHER COURSE - DAY 2
(see page 43 for Day 1)
Moderator: Christina G. Rehm
Room: Tennessee Ballroom A/B

LEARNING OBJECTIVES
- Review up-to-date, widely accepted concepts in the management of critical illness
- Discuss the core concepts and management of the critically ill patient

8:00 A.M. - 8:45 A.M.
Noncardiac Indications for Therapeutic Hypothermia
Joseph Varon

8:45 A.M. - 9:30 A.M.
Optimizing Antimicrobial Therapy in Sepsis and Septic Shock
Anand Kumar

9:30 A.M. - 10:15 A.M.
Glycemic Control
Douglas B. Cousin

10:15 A.M. - 10:30 A.M.
Break

10:30 A.M. - 11:15 A.M.
Nutrition as Treatment Modality in the ICU
Robert G. Martinellie

11:15 A.M. - 12:00 P.M.
Education and Behavior Change in the ICU: How to Achieve Reliability of Care
Julian F. Bion

12:00 P.M. - 1:00 P.M.
Lunch
Room: Governor’s Ballroom

1:00 P.M. - 1:45 P.M.
Returning Veterans from the Battlefield: What the Intensivist Should Know
J. Christopher Farmer

1:45 P.M. - 2:30 P.M.
Indications for Renal Replacement Strategies
Kevin W. Hatton

2:30 P.M. - 3:15 P.M.
Diagnosis and Management of Heart Failure in the Noncardiac Critically Ill
Andrew Rhodes

3:15 P.M. - 3:30 P.M.
Break

3:30 P.M. - 4:15 P.M.
Reversal of Neuromuscular Blocking Agents
Eugene Y. Cheng

4:15 P.M. - 5:00 P.M.
End-of-Life Care
Nicholas Ward

8:00 A.M. - 5:00 P.M.

POSTGRADUATE REVIEW COURSE $BEDSIDE PROCEDURES
Moderators: Heidi L. Frankel, Florian Falter
Room: Tennessee Ballroom C

LEARNING OBJECTIVES
- Explain the indications/contraindications for the performance of several bedside ICU procedures
- Demonstrate how to code and generate bills for common ICU bedside procedures
- Explain basic ultrasound physics and principles used to provide image guidance for chest tube and central line insertion

8:00 A.M. - 8:45 A.M.
Principles of Percutaneous Tracheostomy
Bennett P. Deboisblanc

8:45 A.M. - 9:30 A.M.
Basic Ultrasound Physics and Instrumentation
Alexander B. Levittov

9:30 A.M. - 10:15 A.M.
Ultrasound Imaging of the Thorax and Vessels
Amy Sisley

10:15 A.M. - 10:30 A.M.
Break

10:30 A.M. - 11:15 A.M.
Handheld Sonographic Assessment of Cardiac Function
Florian Falter

11:15 A.M. - 11:35 A.M.
Principles of Percutaneous Gastrostomy
Babak Sarani

11:35 A.M. - 12:00 P.M.
Billing and Coding of Bedside Procedures
Marc J. Shapiro

12:00 P.M. - 1:00 P.M.
Lunch
Room: Governor’s Ballroom

1:00 P.M. - 1:45 P.M.
A - Percutaneous Dilatational Tracheostomy
Bennett P. Deboisblanc

B - Percutaneous Endoscopic Gastrostomy
Babak Sarani

1:45 P.M. - 2:30 P.M.
A - Handheld Sonographic Assessment of Cardiac Function
Florian Falter

B - Handheld Sonographic Assessment of Cardiac Function
Yanick Beaulieu

2:30 P.M. - 3:15 P.M.
A - Ultrasound-Guided Central Line Insertion
Alexander B. Levittov

B - Ultrasound-Guided Central Line Insertion
Eugene Y. Cheng

3:15 P.M. - 3:30 P.M.
Break

3:30 P.M. - 4:15 P.M.
A - Ultrasound-Guided Thoracentesis
Amy Sisley

B - Insertion of Drainage Catheters
Mark D. Cipolle

4:15 P.M. - 5:00 P.M.
Post-Test
8:00 A.M. - 5:00 P.M.

PRE-Congress Educational Session $ Current Concepts in Pediatric Critical Care - Day 2

(see page 44 for Day 1)
Moderators: W. Bradley Poss, Mark E. Rowin
Room: Tennessee Ballroom D/E

LEARNING OBJECTIVES
• Assess the evolution of disease processes and develop an effective goal-directed approach to critical care management
• Discuss clinical areas of controversy through an evidence-based decision-making process
• Review the applicability and pitfalls of various goal-directed therapies to improve the outcomes of critically ill children

8:00 A.M. - 8:45 A.M.
Donation after Cardiac Death
Amit Vohra

8:45 A.M. - 9:30 A.M.
Patient Safety
Gitte Y. Larsen

9:30 A.M. - 10:15 A.M.
Electronic Identification and Prevention of Errors in Pediatric Critical Care
David Stockwell

10:15 A.M. - 10:30 A.M.
Break

10:30 A.M. - 11:15 A.M.
The Genomics of Sepsis
Hector R. Wong

11:15 A.M. - 12:00 P.M.
Hemostatic Resuscitation
Philip C. Spinella

12:00 P.M. - 1:00 P.M.
Lunch
Room: Governor’s Ballroom
1:00 P.M. - 1:45 P.M.
Humanitarian Assistance
Dana A. Branner

1:45 P.M. - 2:30 P.M.
Pediatric Critical Care in Iraq
Philip C. Spinella

2:30 P.M. - 3:15 P.M.
Medical Simulation in the Pediatric ICU
Kathleen Ventre

3:15 P.M. - 3:30 P.M.
Break

3:30 P.M. - 4:15 P.M.
How to Start a Successful Career
Mary Michele Mariscalco

4:15 P.M. - 5:00 P.M.
The Future of Pediatric Critical Care
Donald D. Vernon

8:00 A.M. - 5:00 P.M.

Postgraduate Review Course $ Mechanical Ventilation Modes: How and When
Moderator: Robert M. Kacmarek
Room: Washington B

LEARNING OBJECTIVES
• Review the indications, contraindications, benefits and concerns associated with the various modes of ventilatory support
• Describe pressure and volume ventilation based on the equation of motion

8:00 A.M. - 8:10 A.M.
Introduction
Robert M. Kacmarek
8:10 A.M. - 8:40 A.M.
Pressure Versus Volume Ventilation and the Equation of Motion
Dean R. Hess
8:40 A.M. - 8:50 A.M.
Questions and Answers
8:50 A.M. - 9:20 A.M.
Pressure Regulated Volume Control, Volume Support and Related Modes
Neil R. MacIntyre
9:20 A.M. - 9:30 A.M.
Questions and Answers
9:30 A.M. - 10:00 A.M.
Closed-Loop Ventilation: Adaptive Support Ventilation and Smart Care
Richard D. Branson
10:00 A.M. - 10:15 A.M.
Questions and Answers
10:15 A.M. - 10:30 A.M.
Break
10:30 A.M. - 11:00 A.M.
Proportional Assist Ventilation and Neurally Adjusted Ventilatory Assist
Robert M. Kacmarek
11:00 A.M. - 11:30 A.M.
Airway Pressure Release Ventilation and Bi-Level Ventilation
John J. Marini
11:30 A.M. - 12:00 P.M.
High-Frequency Ventilation
Michael A. Gentile
12:00 P.M. - 1:00 P.M.
Lunch
Room: Governor’s Ballroom
1:00 P.M. - 1:30 P.M.
Questions and Answers
1:45 P.M. - 4:30 P.M.
Workshops
• Noninvasive Ventilation
• High Frequency Ventilation
• Patient-Ventilator Synchrony
• Monitoring of Lung Mechanics
4:30 P.M. - 5:00 P.M.
Questions and Answers
SCHEDULE OF EVENTS

8:00 A.M. - 5:30 P.M.

» PRE-Congress Educational Session $  
FUNDAMENTAL CRITICAL CARE SUPPORT INSTRUCTOR COURSE
Moderator: Marie R. Baldisseri  
Room: Cheekwood A/B/C

LEARNING OBJECTIVES
• Review the basic principles of select critical care topics
• Discuss teaching techniques for lectures and interactive small group sessions
• Outline policies and procedures for sponsoring a Fundamental Critical Care Support course

Welcome and Fundamental Critical Care Support Overview  
Marie R. Baldisseri  
8:15 A.M. - 8:45 A.M.

Diagnosis and Management of Acute Respiratory Failure  
Muhammad Jaffar  
8:45 A.M. - 9:15 A.M.

Monitoring Blood Flow, Oxygenation and Acid-Base Status  
Mary J. Reed  
9:15 A.M. - 9:45 A.M.

Diagnosis and Management of Shock  
Michael J. Sterling  
9:45 A.M. - 10:15 A.M.

Mechanical Ventilation I  
Edgar Jimenez  
10:15 A.M. - 10:30 A.M.

Break  
10:30 A.M. - 11:00 A.M.

Mechanical Ventilation II  
Edgar Jimenez  
11:00 A.M. - 11:30 A.M.

Neurologic Support  
Marie R. Baldisseri  
11:30 A.M. - 12:00 P.M.

Acute Coronary Syndromes  
John Allan Barwise  
12:00 P.M. - 12:30 P.M.

Basic Trauma and Burn Support  
David J. Dries  
12:30 P.M. - 1:30 P.M.

Lunch  
Room: Governor’s Ballroom  
1:30 P.M. - 2:00 P.M.

Instructor Agendas and Curriculum  
Janice L. Zimmerman  
2:00 P.M. - 4:30 P.M.

Skill Stations
• Noninvasive Positive Pressure Ventilation
• Mechanical Ventilation A
• Mechanical Ventilation B
• Trauma/ Burns
• Airway Skills and Vascular Access
4:30 P.M. - 5:30 P.M.

Review and Post-Test  
Marie R. Baldisseri

8:00 A.M. - 5:30 P.M.

» Postgraduate Review Course $  
NEUROCITICAL CARE
Moderator: To Be Announced  
Room: Magnolia Ballroom

LEARNING OBJECTIVES
• Review the utility and limitations of diagnostic studies and monitoring modalities
• Review special aspects of managing neurological catastrophes
• Detect and manage neurological complications of systemic critical illness and systemic complications of neurological critical illness

Neuroemergencies: From the Emergency Department to the ICU  
Owen B. Samuels  
8:45 A.M. - 9:30 A.M.

Neurological Complications of Formerly Non-Neurological Critical Illness  
Christine A. Wijman  
9:30 A.M. - 10:15 A.M.

Extracranial Complications of Intracranial Disease  
Jose Javier Provencio  
10:15 A.M. - 10:30 A.M.

Break  
10:30 A.M. - 11:15 A.M.

Guidelines for the Management of Severe Traumatic Brain Injury: Evidence-Based or Consensus-Based?  
To Be Announced  
11:15 A.M. - 12:00 P.M.

Neurological Complications of Organ Transplantation in the ICU: Pre and Post  
Adrian A. Jarquin-Valdivia  
12:00 P.M. - 1:00 P.M.

Lunch  
Room: Governor’s Ballroom  
1:00 P.M. - 1:45 P.M.

Neuromuscular Disease and Liberation From Mechanical Ventilation  
Edward M. Manno  
1:45 P.M. - 2:30 P.M.

Status Epilepticus Treatment: Monitoring Versus Dogma  
Paul M. Vespa  
2:30 P.M. - 3:00 P.M.

Chemoprophylaxis and Treatment of Cerebral Vasospasm: Proven and Potential Agents  
Denise Rhoney  
3:00 P.M. - 3:15 P.M.

Break  
3:15 P.M. - 4:00 P.M.

Acute Ischemic Stroke: After the Emergency Department  
Daryl R. Gress  
4:00 P.M. - 4:45 P.M.

Intracerebral Hemorrhage  
Michel Torbey  
4:45 P.M. - 5:30 P.M.

Lost in Translation: Basic Nursing Care - A Manual for Physicians  
Jody Wellwood
1:00 P.M. - 5:00 P.M.

POSTGRADUATE REVIEW COURSE $ CODING AND BILLING
Moderator: George A. Sample
Room: Lincoln C/D/E

LEARNING OBJECTIVES
- Identify the most common errors when submitting claims for critical care services
- Evaluate the various aspects of effective revenue cycle processes within the current regulatory system
- Describe effective coding practices

1:00 P.M. - 1:45 P.M.
Critical Care: Conquering the Conundrums
George A. Sample

1:45 P.M. - 2:30 P.M.
Operating Rooms and ICUs: Procedures and Modifiers
Marc J. Shapiro

2:30 P.M. - 3:15 P.M.
Medicare Updates
Richard W. Whitten

3:15 P.M. - 3:30 P.M.
Break

3:30 P.M. - 4:15 P.M.
What We Have Learned from Audits: Case Examples
Todd Dorman

4:15 P.M. - 5:00 P.M.
Challenges for Providers
George E. Karras Jr.

SUNDAY, FEBRUARY 1

7:00 A.M. - 8:30 A.M.

SPONSORED SYMPOSIUM
HYPONATREMIA: AN UPDATE FOR CRITICAL CARE MANAGEMENT
Moderator: Ivor S. Douglas
Room: Lincoln C/D/E

Sponsored by an educational grant from Astellas, Inc.

LEARNING OBJECTIVES
- Review the risk factors for hyponatremia and impact of hyponatremia in hospitalized patients with other co-morbid conditions
- Review the pathophysiology for the development of hyponatremia in ICU and Neuro ICU patients
- Explain the role of arginine vasopressin receptor antagonists in the management of hyponatremia
- Discuss when to initiate treatment and how to determine rate of sodium depletion

7:00 A.M. - 7:25 A.M.
Hyponatremia in the Critically Ill Patient: Clinical Settings and Pathophysiology
Ivor S. Douglas

7:25 A.M. - 7:45 A.M.
Blocking Vasopressin: Evolving Strategies for Hyponatremia Management in the ICU
Stephan A. Mayer

8:05 A.M. - 8:20 A.M.
Hyponatremia in the NICU: Special Considerations
Michael N. Diringer

8:20 A.M. - 8:30 A.M.
Case Study: Changing Paradigms: Hyponatremia Management in the ICU
Faculty Panel

Questions and Answers
Faculty Panel
SCHEDULE OF EVENTS

7:00 A.M. - 8:30 A.M.

SPONSORED SYMPOSIUM
INITIATING SAFE PRACTICES: CAN PARENTERAL NUTRITION BE USED SAFELY TO PREVENT CALORIC DEBT AND IMPROVE OUTCOMES?

Moderator: Jane Gervasio
Room: Tennessee Ballroom D/E

Supported by an educational grant from Baxter Healthcare Corporation

LEARNING OBJECTIVES:
- Assess the benefits of pre-mix TPN solutions in the ICU
- Discuss the risks of caloric deficit in ICU patients and the benefits from supplemental parenteral nutrition
- Discuss results of 2008 international nutrition survey with a focus on success or failure in nutrition delivery

7:00 A.M. - 7:30 A.M.
Standardized TPN in the ICU: Safe or Sorry
Jane Gervasio
7:30 A.M. - 8:00 A.M.
Calorie Deficit and Outcome in the ICU: Can We Narrow the Gap?
Paul Wischmeyer
8:00 A.M. - 8:30 A.M.
2008 Nutrition Survey Results: Are We Still Failing to Deliver what Patients Need?
Daren K. Heyland

7:00 A.M. - 8:30 A.M.

SPONSORED SYMPOSIUM
PREVENTING AND MANAGING HAIs IN THE AGE OF TRANSPARENCY AND ACCOUNTABILITY

Moderator: Donald E. Craven
Room: Washington B

Supported by an educational grant from Ortho-McNeil®, Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc.

LEARNING OBJECTIVES:
- Describe infection control tactics designed to prevent the occurrence of HAIs
- Evaluate antimicrobial use strategies that maximize the probability of appropriate treatment for patients with HAIs
- Explain the role of each member of the critical care team in managing and preventing HAIs

7:00 A.M. - 7:20 A.M.
Preventing HAIs: A Critical Care Team Approach to Infection Control
Lena M. Napoliello
7:25 A.M. - 7:45 A.M.
Managing HAIs: A Critical Care Team Approach to Optimal Antimicrobial Use
Richard H. Drew
7:50 A.M. - 8:20 A.M.
Recognizing the Importance of Appropriate Antimicrobial Selection
Donald E. Craven
8:20 A.M. - 8:30 A.M.
Question & Answer
SCHEDULE OF EVENTS

$ = Additional charge to attend

7:00 A.M. - 8:30 A.M.  
**SPONSORED SYMPOSIUM**  
**MANAGING THE CRISIS: HYPERTENSION IN ACUTE AND NEUROCRITICAL CARE PATIENTS**  
Moderator: Joseph Varon  
Room: Hermitage C/D

**Supported by an educational grant from The Medicines Company**

**LEARNING OBJECTIVES**
- Identify approaches for controlling acute severe hypertension in the acute care patient
- Discuss approaches unique to the neurocritical care patient for achieving blood pressure control
- Evaluate new and current therapeutic agents and considerations for managing acute hypertension
- Discuss emerging data that indicate the importance of acute BP control in the ICU

7:00 A.M. - 7:30 A.M.  
Achieving Blood Pressure Control in the Acute Care Patient  
Joseph Varon

7:30 A.M. - 8:00 A.M.  
Blood Pressure Control in the Neurocritical Care Patient  
Cherylee W. Chang

8:00 A.M. - 8:30 A.M.  
Taking Ownership of Hypertensive Disease in the Hospital  
Andrew F. Shorr

7:00 A.M. - 8:30 A.M.  
**SPONSORED SYMPOSIUM**  
**DELIRIUM MANAGEMENT: EVIDENCE FOR CHANGE AND FUTURE DIRECTIONS**  
Moderator: E. Wesley Ely  
Room: Tennessee Ballroom C

**Supported by an educational grant from Hospira**

**LEARNING OBJECTIVES**
- Evaluate the implications of developing delirium in the ICU
- Assess the risk factors and prevention techniques for various ICU patient populations
- Describe the new pharmacological options for management of delirium in the ICU

7:00 A.M. - 7:30 A.M.  
Identification of Delirium in the ICU: Practical Points and Lessons Learned  
E. Wesley Ely

7:30 A.M. - 8:00 A.M.  
Protocols for Prevention and Management of Delirium in Different Patient and ICU Types  
Gregory Margolin

8:00 A.M. - 8:30 A.M.  
Alpha-2 Agonists Versus GABA Agonists: Should We Change Standard Practice?  
Richard R. Riker

7:00 A.M. - 8:30 A.M.  
**SPONSORED SYMPOSIUM**  
**UPDATE ON THERAPEUTIC OPTIONS FOR DEEP VEIN THROMBOSIS AND PULMONARY EMBOLISM PREVENTION IN THE ICU**  
Moderator: Jack Ansell  
Room: Tennessee Ballroom A/B

**Supported by an educational grant from Sanofi-Aventis**

**LEARNING OBJECTIVES**
- Identify the clinical problems presented by thromboembolic disease in the ICU
- Assess the therapeutic options for deep vein thrombosis and pulmonary embolism in the ICU with emphasis on the newer agents
- Evaluate the controversial areas of management

7:00 A.M. - 7:30 A.M.  
Thromboembolic Disease in the Critically Ill: What Is the Risk?  
Deborah J. Cook

7:30 A.M. - 8:00 A.M.  
Controversies: What Is the Role of Thrombolytic Therapy and Inferior Vena Cava Filter?  
Kenneth E. Wood

8:00 A.M. - 8:30 A.M.  
New Agents for Anticoagulation  
Jack Ansell

8:30 A.M. - 10:00 A.M.  
**PRE-SHOW MUSIC: FANFARE FOR THE VOLUNTEER**

Violinist/composer/fiddler Mark O’Connor is widely recognized as one of the most gifted contemporary composers in America. A product of America’s rich aural folk tradition, he absorbed knowledge and influence from a multitude of musical styles and genres. Now, at age 41, he has melded and shaped these influences into a new American classical music. Hailed as a phenomenon whose technique and instrumental mastery transcend musical styles, he is co-composer of the hit album Appalachia Waltz and composer of this original composition, Fanfare for the Volunteer.
SCHEDULE OF EVENTS
$ = Additional charge to attend

PRESIDENTIAL ADDRESS
Room: Presidential Ballroom
Mitchell M. Levy, MD, FCCM
Professor of Medicine, Director Medical ICU
Brown University School of Medicine
Rhode Island Hospital
Providence, Rhode Island, USA

OPENING REMARKS FROM THE CONGRESS CO-CHAIRS
Room: Presidential Ballroom

9:25 A.M. - 10:00 A.M.

PLENARY SESSION
HYPOXIA: MT. EVEREST OF THE ICU
Room: Presidential Ballroom

LEARNING OBJECTIVES
- Discuss the body’s remarkable adjustments in oxygen delivery in the face of severe hypoxia
- Identify the limitations of adjustment and the clinical syndromes triggered by subacute hypoxia
- Compare the similarities and differences of high altitude exposure and other forms of hypoxemia

Peter Hackett, MD
Director
Trauma and Emergency Services, Telluride Medical Center
Institute for Altitude Medicine
Telluride, Colorado, USA
Clinical Director
Altitude Research Center, University of Colorado
Denver, Colorado, USA

10:00 A.M. - 10:15 A.M.
BREAK
Room: Ryman Exhibit Hall C

10:15 A.M. - 11:15 A.M.

DON’T BLOW YOUR TOP: BLOOD PRESSURE CONTROL IN THE ICU
Moderator: Elizabeth A. Farrington
Room: Tennessee Ballroom D/E

LEARNING OBJECTIVES
- Review high blood pressure management principles pertaining to critically ill patients
- Discuss unique considerations of blood pressure management in cardiac and neurosurgical ICU patients
- Evaluate preferred management strategies for perioperative blood pressure control

10:15 A.M. - 10:35 A.M.
I’m Up and I Can’t Get Down: Acute Blood Pressure Control in the ICU Patient
Jacquelyn Marie LeBlanc

10:35 A.M. - 10:55 A.M.
Acute Blood Pressure Control in the Cardiac ICU Patient
Jeremy D. Flynn
10:55 A.M. - 11:15 A.M.
Acute Blood Pressure Control in the Neurosurgical ICU Patient
Marc LaPointe

10:15 A.M. - 11:15 A.M.

STRESS ULCER PROPHYLAXIS: TO PROTECT OR NOT TO PROTECT?
Moderator: Jill A. Reuck
Room: Washington B

LEARNING OBJECTIVES
- Evaluate the need and effectiveness of prophylaxis in the ICU
- Discuss the complications associated with stress ulcer prophylaxis

10:15 A.M. - 10:35 A.M.
Pro: Every ICU Patient Needs Prophylaxis
Robert MacLaren
10:35 A.M. - 10:55 A.M.
Con: Some ICU Patients Don’t Need Prophylaxis
Deborah J. Cook
10:55 A.M. - 11:15 A.M.
Long Term or Not?
Jill A. Reuck

10:15 A.M. - 12:15 P.M.
REDUCING MORTALITY IN SEPSIS: THE SURVIVING SEPSIS CAMPAIGN
Moderator: Mitchell M. Levy
Room: Presidential Ballroom

LEARNING OBJECTIVES
- Review the recent revisions to the American College of Critical Care Medicine’s sepsis guidelines
- Discuss the methodology utilized for the Surviving Sepsis Campaign
- Present the final results of phase III of the Surviving Sepsis Campaign

10:15 A.M. - 10:35 A.M.
The Surviving Sepsis Campaign: A Global Initiative for Knowledge Transfer
Graham Ramsay
10:40 A.M. - 11:00 A.M.
The Surviving Sepsis Campaign Guidelines: The Revision
R. Phillip Dellinger
11:05 A.M. - 11:25 A.M.
Bundle Technology and Knowledge Transfer
Sean R. Townsend
11:30 A.M. - 11:50 A.M.
The Surviving Sepsis Campaign International Networks
Antonio Artigas
11:55 A.M. - 12:15 P.M.
Surviving Sepsis Campaign Phase III: Overall Results
Mitchell M. Levy
**SCHEDULE OF EVENTS**

$ = Additional charge to attend

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**10:15 A.M. - 12:15 P.M.**

**PEDIATRIC INTERACTIVE CASES**  
**Moderators:** Bruce M. Greenwald, James D. Fortenberry  
**Room:** Hermitage C/D

**LEARNING OBJECTIVES**
- Assess the diagnostic principles and treatment options for the child with acute hepatic failure
- Review the epidemiology and pathophysiology of stroke in pediatric patients
- Explore controversies surrounding the management of stroke in children

10:15 A.M. – 11:15 A.M.  
**An 11-Year-Old Girl Presents with Anorexia, Fatigue, Sleepiness and Scleral Icterus**  
Ann E. Thompson

11:15 A.M. – 12:15 P.M.  
**A 1-Year-Old Child Has a Left Hemiparesis: Now What?**  
Warren D. Lo

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**10:15 A.M. - 12:15 P.M.**

**HYPOTHERMIA IN TRAUMA**  
**Moderator:** Samuel A. Tisherman  
**Room:** Lincoln C/D/E

**LEARNING OBJECTIVES**
- Explain the controversies of applying intentional hypothermia in trauma patients
- Discuss outcomes in trauma patients with acquired hypothermia
- Discuss the application of mild hypothermia in hemorrhage, brain injured and spinal cord injured patients

10:15 A.M. – 10:35 A.M.  
**Mild Hypothermia in Polytrauma Is Bad**  
Larry M. Gentiliello

10:40 A.M. – 11:00 A.M.  
**Update on Devices Used for Hypothermia**  
To Be Announced

11:05 A.M. – 11:25 A.M.  
**Nursing Considerations in Managing the Hypothermic Patient**  
Doug Houghton

11:30 A.M. – 11:50 A.M.  
**Hypothermia for Traumatic Brain Injury**  
Guy L. Clifton

11:55 A.M. – 12:15 P.M.  
**Hypothermia for Spinal Cord Injury**  
W. Dalton Dietrich

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**10:15 A.M. - 12:15 P.M.**

**CAN YOU STOP BLEEDING PLEASE? I NEED TO DO A PROCEDURE!**

**Moderator:** Mark D. Cipolle  
**Room:** Cheekwood A/B/C

**LEARNING OBJECTIVES**
- Evaluate the mechanisms by which blood clotting occurs  
- Consider the risks and benefits of enhancing clot formation using pharmaceutical agents  
- Discuss the need to correct minimally elevated international normalized ratio prior to invasive surgical procedures

**10:15 A.M. - 10:35 A.M.**

**How the Blood Clots**  
**Howard L. Corwin**

**10:40 A.M. - 11:00 A.M.**

**What Are the Risks and Benefits of Manipulating the Coagulation Process with Pharmaceutical Agents?**  
**Scott M. Ahbrand**

**11:05 A.M. - 11:25 A.M.**

**Does Minimally Elevated International Normalized Ratio Need to Be Corrected for Invasive Surgical Procedures?**  
**Mark D. Cipolle**

**11:30 A.M. - 11:50 A.M.**

**When Is It Safe to Perform Regional Anesthesia for a Patient With a Bleeding Disorder?**  
**Avery Tung**

**11:55 A.M. - 12:15 P.M.**

**The Use of Prothrombin Complex Concentrates in Correcting Coagulopathy**  
**Gerard J. Fulda**

**11:15 A.M. - 12:15 P.M.**

**PHARMACY FONDUE: DRUG INTERACTIONS IN THE ICU**

**Moderator:** Brian L. Erstad  
**Room:** Tennessee Ballroom D/E

**LEARNING OBJECTIVES**
- Evaluate important drug-drug interactions and ways to avoid or ameliorate them in the critically ill patient  
- Discuss important drug-nutrient interactions as well as strategies for prevention and treatment  
- Critique important reported drug-laboratory interactions and formulate pathways to best utilize this information

**11:15 A.M. - 11:35 A.M.**

**Drug-Drug Interactions**  
**John Papadopoulos**

**11:35 A.M. - 11:55 A.M.**

**Drug-Nutrient Interactions**  
**Yvonne C. Huckleberry**

**11:55 A.M. - 12:15 P.M.**

**Drug-Laboratory Interactions**  
**Curtis E. Haas**

**11:15 A.M. - 12:15 P.M.**

**LIFESAVING LIPIDS: THERAPY YOUR PATIENT CAN'T LIVE WITHOUT**

**Moderator:** Renee D. Stapleton  
**Room:** Washington B

**LEARNING OBJECTIVES**
- Discuss the changing role of lipids in the ICU  
- Compare the benefits between lipids  
- Identify the differences in practice between the United States and Europe

**11:15 A.M. - 11:35 A.M.**

**Enteral Lipids Save Lives**  
**Renee D. Stapleton**

**11:35 A.M. - 11:55 A.M.**

**Intravenous Lipids Save Lives**  
**Mark Puder**

**11:55 A.M. - 12:15 P.M.**

**What We Don't Have May Kill Us: Lipids in Europe**  
**Konstantin Mayer**

**12:20 P.M. - 1:20 P.M.**

**POSTER MODERATED DISCUSSIONS AND VIEWING**

**Room:** Ryman Exhibit Hall C/Poster Hall

- Administration - Posters 100-114  
- Cardiology - Posters 115-122  
- Hematology - Posters 123-126  
- Cell Biology - Posters 127-132  
- GI/Nutrition - Posters 133-134  
- Immunology - Posters 135-142  
- Neurology - Posters 143-148  
- Pulmonary - Posters 149-160  
- Renal - Posters 161-163  
- Sepsis - Posters 164-188  
- Infection - Posters 189-192  
- Burns/Trauma (Therapeutics: Pharmacologic/Procedural) - Posters 193-225  
- Cardiovascular – Diagnostics - Posters 226-228  
- Cardiovascular – Monitoring - Posters 229-250  
- Cardiovascular – Therapeutics - Posters 251-260  
- Endocrine - Posters 261-283  
- Education - Posters 284-303
1:30 P.M. - 2:15 P.M.

PLENARY SESSION
AKE GRENVICK HONORARY LECTURE
TEACHING MEDICINE IS AN ART, VALUING IT IS CRITICAL
Room: Presidential Ballroom

LEARNING OBJECTIVES
- List the six Accreditation Council for Graduate Medical Education (ACGME) General Competencies that are outlined in the Outcome Project
- Describe innovative educational modalities that effectively teach the six ACGME competencies
- List evaluation tools that measure the learners performance of the competencies
- List possible ways to recognize and reward teaching excellence

Paul L. Rogers, MD
Professor of Critical Care Medicine
University of Pittsburgh Medical Center
Pittsburgh, Pennsylvania, USA

2:15 P.M. - 3:00 P.M.

BREAK
Room: Ryman Exhibit Hall C

2:20 P.M. - 3:00 P.M.

SCCM BUSINESS MEETING
Room: Tennessee Ballroom A/B

3:00 P.M. - 5:00 P.M.

ORAL ABSTRACT SESSIONS
These sessions are based on the top 10% scoring abstracts and highlight top research in a variety of categories. Each abstract will be presented for approximately 15 minutes and will be moderated to facilitate discussions.

The number listed below corresponds with the abstract’s listing in the December Critical Care Medicine abstract supplement.

LEARNING OBJECTIVES
- Identify initiatives, projects, policies, and research relevant to measuring and improving the quality of care and outcomes in the critical care setting
- Discuss current clinical research data with principal investigators.
- Examine the top 10% evidence-based research findings for practice applications

ORAL ABSTRACT SESSION: BASIC SCIENCE-SEPSIS
Moderators: Judith Hellman and Jeanine Weiner-Kronish
Room: Washington B
1. Hemoadsorption Improves Long-term Survival After Sepsis in the Rat
2. Impact of Transcription Factor Decay to Ap-1 on the Lung Apoptosis of Septic Mice
3. PPAR Gamma Activity is Increased in Children With Sepsis
5. Preventing Apoptosis in Septic Mice with Cancer Unexpectedly Increases Mortality
6. Sepsis Induces Leukocyte Adhesion and Hepatic Inflammation: A Role for Activated Protein C
7. Enterocyte-specific Overexpression of Epidermal Growth Factor Preserves Intestinal Barrier Function in Sepsis
8. Enhanced Heat Shock Protein 72 Attenuated Lung Injury and Improved Survival by Suppression of High Mobility Group Box Protein-1 Expression during Sepsis

ORAL ABSTRACT SESSION: BASIC SCIENCE
Moderators: Hector Wong and Craig Coopersmith
Room: Cheekwood A/B/C
9. Novel IFNα-Induced Interaction Between TLR2 and TRIF Signaling
11. MKP-2 Regulates MKP-1 and Mediates the Switch From Pro- to Anti-Inflammatory Cytokine Production in Sepsis
12. Hypothesis A Novel Inhibitor of Lung Inflammation in Hemorrhagic Shock
13. Epigallocatechin-3-gallate (EGCG) improves Cell Viability Following Hyperoxia Exposure in Cultured Respiratory Epithelial Cells
14. Influenza Augments Responses to LPS Via IFN-_/...
15. The Effect of Hypoxia on Apoptotic Activity in Different Regions of Newborn Piglet Brain
16. Astrocyte Response to Intrauterine Inflammation

ORAL ABSTRACT SESSION: CARDIOLOGY/CPR
Moderators: Andrew Rosenberg and Andrew Patterson
Room: Hermitage C/D
17. Cause for a Pause during CPR...It Matters!
18. Polynitroxylated Pegylated Hemoglobin for the Acute Limited Fluid Resuscitation of Hemorrhagic Shock After Traumatic Brain Injury in Mice
19. Feasibility of Hemodynamic Assessment of CPR Quality during In-hospital Adolescent Arrest
20. Noninvasive Continuous Positive Airway Pressure And High Dose Intravenous Nitroglycerin In Hypertensive Pulmonary Edema: Which One Has An Outcome Impact?
21. Intrathoracic Pressure Regulation Augments Cardiac Index in Porcine Peritonitis
22. The Hemodynamic Benefits and Work of Breathing with the Impedance Threshold Device during Pediatric Hemorrhagic Shock
23. Wavelet Transform Of Ventricular Fibrillation Waveform in Adult Patients with Out-of-Hospital Sudden Cardiac Arrest
24. Comparison of Compression and Release Phase Forces in Pediatric Human and CPR Manikin Thoraces
25. Arginine Vasopressin (AVP) in Children Following Cardiopulmonary Bypass (CPB)

ORAL ABSTRACT SESSION: EPIDEMIOLOGY
Moderators: Eric Milbrandt and Ruth Kleinpell
Room: Tennessee A/B
26. Increased Prevalence of a Deletion Polymorphism in Glutamate Cysteine Ligase in Patients with Aneurysmal Subarachnoid Hemorrhage
27. Demonstrating Time-Dependent Drift in a Validated Risk Adjustment Tool
28. The Impact of Medicare’s Hospital Acquired Conditions Rule on ICU Payments
29. Fluid Management in Acute Lung Injury Secondary to Septic Shock – The Importance of Optimizing the Ebb and Flow Phases
30. Sustaining the Success of Quality Improvement Initiatives: Evaluating a Post-Operative Cardiac Surgery Handoff Process
31. Metabolic Hydrogen Concentration (Delta H) as a Predictor Of Outcome in Trauma
32. Evaluating and Improving Patient Area Environmental Hygiene in 21 Intensive Care Units
33. Adipokines as Predictors of Severity of Illness in Children with Sepsis
SCHEDULE OF EVENTS

$ = Additional charge to attend

**ORAL ABSTRACT SESSION: NEUROLOGY**
Moderators: J. Javier Provencio and Paul Vespa
Room: Tennessee D/E
34. Neuroglobin Genetic Polymorphisms and Their Relationship to Functional Outcome Following Traumatic Brain Injury
35. Preservation of Cognition During ICU Sedation - The Johns Hopkins Acute Neurological ICU Sedation Trial (ANIST)
36. Cerebrospinal Fluid 20-HETE is Associated with Poor Neuropsychological Outcomes After Aneurysmal Subarachnoid Hemorrhage
37. Relationship Between Left Ventricular Wall Motion Abnormalities and Markers of Neurocardiac Injury in Patients with Aneurysmal Subarachnoid Hemorrhage
38. NO Pathway Biomarkers of CV after SAH
39. Effect of Shivering on Cerebral Oxygenation in Patients with Severe Brain Injury Treated with Induced Normothermia
40. Effects on Brain Edema of Crystalloid and Colloid Resuscitation Following Brain Trauma and Hemorrhage in the Rat
41. Genotype-Phenotype Relationships of PARP-1 Polymorphisms After Traumatic Brain Injury
42. Brain Temperature (BT) Effects on Brain Oxygenation (PbO2) in Children After Traumatic Brain Injury (TBI) are not Clinically Significant

**ORAL ABSTRACT SESSION: POTPOURRI**
Moderators: Timothy Buchman and Nick Ward
Room: Lincoln C/D/E
43. Hypothermia Improves Ventricular Myocytes Contractility
44. Genetic Variation May Predispose Patients to Ventilator-Associated Pneumonia: A Study of 32 Polymorphisms and 11 Pathways in 1095 Trauma Admissions
45. Effects of a Structured Informed Consent Meeting on Family Satisfaction in a Surgical ICU
46. Prevalence and Mortality Associated with Cytomegalovirus Infection in Non-Immunocompromised ICU Patients
47. Preserved Cerebral Microcirculation in Cardiogenic Shock
48. The Potential Impact of a Donation After Cardiac Death (DCD) Policy in Cardiac versus Non-Cardiac Patients in a Pediatric Intensive Care Unit
49. Warm Fresh Whole Blood is Independently Associated With Improved Survival for Patients with Combat-related Trauma
50. Ventilator-Associated Pneumonia Following Injury: Predisposition to Recurrence in 728 Trauma Patients

**ORAL ABSTRACT SESSION: SEPSIS**
Moderators: Phillip Dellinger and Tudy Hodgman
Room: Presidential Ballroom
51. High Dose Statins are Associated with a Reduced All Cause Mortality in Patients Hospitalized with Sepsis & Severe Sepsis
52. Risk of Emerging Resistance Associated with Prolonged Use of Antibiotic Coated Catheters: A Seven Year Experience and >0.5 Million Catheter Days
53. Innate Immune Function and Nosocomial Sepsis After Pediatric Critical Injury
54. Novel Antiseptic Urinary Catheters for the Prevention of Urinary Tract Infection (UTI) in the Catheterized Rabbit Model
55. Femoral Central Venous Catheters Are Not Associated With Higher Rates of Infections in the Pediatric Intensive Care Population
56. Treatment Effects of Thrombomodulin Alfa in Patients With DIC Associated With Infection
57. Capillary Refill Time (CRT) > 2 Seconds is Associated with Central Venous Saturations < 70%
58. Thiamine Levels in Critically Ill Patients with Sepsis

**ORAL ABSTRACT SESSION: THERAPEUTICS**
Moderators: Brian Erstad and Florian Falter
Room: Tennessee C
59. The Cost Effectiveness of Dexmedetomidine vs Midazolam in Adult ICU Patients with Prolonged Mechanical Ventilation: An Economic Model
60. Off-Label Drug Use in the PICU: A Continuing Conundrum
61. Red Blood Cell Transfusion Increases Cerebral Oxygen Delivery after Subarachnoid Hemorrhage
62. Efficacy and Safety of Quetiapine for Delirium in ICU Patients: A Randomized, Double-Blind, Placebo-Controlled Study
63. Sedation Associated Delirium in Critically Ill/Surgical ICU Patients (Sad-ICU): Multicenter Randomized Controlled Trial Comparing Dexmedetomidine vs. Midazolam
64. Treatment With P-Hydroxyphenylpyruvate Without Resuscitation Extends Survival in a Rat Profound Hemorrhagic Shock Model
65. A Multi-Center, Randomized, Double-Blind, Placebo-Controlled Trial of the Efficacy and Safety of Intravenous Ibufrofen in Febrile Adults
66. Does Level of Sedation Confound Assessment of ICU Delirium with the CAMICU?
MONDAY, FEBRUARY 2

8:30 A.M. - 9:15 A.M.

PLENARY SESSION
WILLIAM C. SHOEMAKER HONORARY LECTURE
THE FUTURE OF THE NURSING WORKFORCE IN THE UNITED STATES: DATA, TRENDS AND IMPLICATIONS
Room: Presidential Ballroom

LEARNING OBJECTIVES
- Discuss the changes in the nursing workforce demographics and the implications for the future
- Identify how nurses, physicians, and hospitals executives perceive the impact of the nursing shortage on quality of care, including areas where these perceptions are aligned and diverge
- Discuss how the clinical and economic interests of physicians are tied to the well-being of the nursing workforce and strategies to mitigate the development of future RN shortages

Peter Buerhaus, RN, PhD
Professor of Nursing
Director, Center for Medicine and Public Health
Vanderbilt University

9:15 A.M. - 10:00 A.M.

BREAK
Room: Ryman Exhibit Hall C

10:00 A.M. - 11:00 A.M.

LATE-BREAKER
Moderator: Jean-Louis Vincent
Room: Tennessee Ballroom A/B

LEARNING OBJECTIVES
- Discuss the results from the Surviving Sepsis Campaign
- Discuss the results of the ABC trial on patient outcomes
- Discuss the results from the SEDCOM Trial

10:00 A.M. - 10:20 A.M.

Results of Surviving Sepsis Campaign
Mitchell M. Levy
10:20 A.M. - 10:40 A.M.

ABC Trial Long-Term Outcomes
E. Wesley Ely
10:40 A.M. - 11:00 A.M.

SEDCOM Trial
Richard R. Riker

SCHEDULE OF EVENTS
$ = Additional charge to attend

10:00 A.M. - 11:00 A.M.

HAIL CESAR! THOUGHTS ONE YEAR LATER
Moderator: Robert M. Kacmarek
Room: Tennessee Ballroom C

LEARNING OBJECTIVES
- Debate the evidence supporting the use of extracorporeal membrane oxygenation (ECMO) in adult acute respiratory distress syndrome (ARDS)
- Discuss the use of high-frequency oscillation as opposed to ECMO in the management of ARDS
- Discuss emerging extracorporeal gas exchange techniques

10:00 A.M. - 10:15 A.M.

Pro: ECMO Should Be the Gold Standard Rescue Therapy for ARDS
Giles Peek
10:15 A.M. - 10:40 A.M.

Con: There Is No Role for ECMO in Adult ARDS
Taylor Thompson
10:40 A.M. - 11:00 A.M.

Emerging Extracorporeal Techniques
Robert M. Kacmarek

10:00 A.M. - 12:00 P.M.

EVERY BREATH I TAKE: AIRWAY CONTROVERSY
Moderator: Brian R. Jacobs
Room: Washington B

LEARNING OBJECTIVES
- Assess the indications for using cuffed versus non-cuffed tubes in pediatric patients
- Review state-of-the-art management of tracheal stenosis in children
- Discuss indications for and management of tracheostomy in children

10:00 A.M. - 10:20 A.M.

Cuffed Tubes Are Essential in Ventilating Children
Vinay M. Nadkarni
10:25 A.M. - 10:45 A.M.

Cuffed Tubes Are Bad: Stop the Slaughter!
Richard J. Brilli
10:50 A.M. - 11:10 A.M.

Steroids Should Always Be Used Before Extubating the Difficult Airway Patient
James D. Fortenberry
11:15 A.M. - 11:35 A.M.

Steroids Should Not Always Be Used Before Extubating the Difficult Airway Patient
Louis Brusco Jr.
11:40 A.M. - 12:00 P.M.

Questions and Answers
SCHEDULE OF EVENTS

$ = Additional charge to attend

10:00 A.M. - 12:00 P.M.

**CHANGING SEDATION AND DELIRIUM MANAGEMENT: EVIDENCE AND IMPLICATIONS FOR LONG-TERM OUTCOMES**

Moderator: Timothy D. Girard
Room: Presidential Ballroom

**LEARNING OBJECTIVES**
- Review the results of recent trials in sedation and delirium management
- Discuss the practical implications of these trials for patient care
- Assess future directions to improve outcomes
10:00 A.M. - 10:20 A.M.

Timothy D. Girard
10:25 A.M. - 10:45 A.M.

European Perspective on Monitoring and Management
Peter E. Sronk
10:50 A.M. - 11:10 A.M.

New Uses for Old Drugs and Old Uses for New Drugs: Antipsychotics, Ketamine and Remifentanil
Yoanna Skrobik
11:15 A.M. - 11:35 A.M.

What Should the ICU Team Know About the Long-Term Outcomes of Brain Dysfunction in ICU Survivors?
Ramona O. Hopkins
11:40 A.M. - 12:00 P.M.

Question and Answer

10:00 A.M. - 12:00 P.M.

**JOIN AACN/ACCP/ATS/SCCM SESSION**

**TRANSLATING SCIENCE INTO PATIENT CARE: PROMISES AND PITFALLS**

Moderator: Philip S. Barrie
Room: Cheekwood A/B/C

**LEARNING OBJECTIVES**
- Identify the right questions to ensure the right answers in improving patient care
- Integrate research into the ICU and identify when to use that new knowledge in clinical practice
- Identify and adopt new science into critical care practice
10:00 A.M. - 10:20 A.M.

The ICU as a Research Environment
Philip S. Barrie (SCCM)
10:25 A.M. - 10:45 A.M.

Asking the “Right” Questions, Getting the “Right” Answers
Jo Rae Wright (ATS)
10:50 A.M. - 11:10 A.M.

Deciding When (or Whether) to Integrate New Knowledge into Clinical Practice
James A.L. Mathers Jr. (ACCP)
11:15 A.M. - 11:35 A.M.

Effecting Change, and Making it Part of the ICU Culture
Caryl Goodyear-Bruch (AACN)
11:40 A.M. - 12:00 P.M.

Questions and Answers

10:00 A.M. - 12:00 P.M.

**APPLICATION OF CRITICAL CARE ADVANCES: FROM TRAUMA TO BURN PATIENTS**

Moderator: Lena M. Napolitano
Room: Hermitage C/D

**LEARNING OBJECTIVES**
- Examine glucose control in trauma and burn patients
- Identify how sepsis bundles should be applied to post-trauma patients
- Assess the obstacles of providing adequate nutrition in trauma and burn patients
- Illustrate how to manage central lines in patients with large surface area burns
10:00 A.M. - 10:20 A.M.

Glucose Control in the Burn Patient
David N. Herndon
10:25 A.M. - 10:45 A.M.

Glucose Control in the Trauma Patient
Jason L. Sperry
10:50 A.M. - 11:10 A.M.

The Sepsis Bundle in Trauma Patients
Orlando C. Kirton
11:15 A.M. - 11:35 A.M.

The Gut is Not Yet Working: Am I Bad If I Use Total Parenteral Nutrition?
Paul Wischmeyer
11:40 A.M. - 12:00 P.M.

Central Line Care in Burn Patients: Do the Rules Apply?
Steven E. Wolf

10:00 A.M. - 12:00 P.M.

**AROUND THE WORLD IN TWO HOURS: CASE STUDY**

Moderator: Gail Cresci
Room: Lincoln C/D/E

**LEARNING OBJECTIVES**
- Compare international differences in critical care nutrition practices with experts from around the globe
- Compare differences in successful implementations of nutrition practices
- Discuss challenges individuals have overcome in changing practice with regard to nutrition, glucose and metabolic management
10:00 A.M. - 12:00 P.M.

Panel Discussion
Mette M. Berger, Beth Taylor, Daren K. Heyland, Andrew R. Davies, Robert G. Martindale
10:00 A.M. - 12:00 P.M.

ALWAYS ON MY MIND: BRAIN BLEEDS
Moderator: Jose Javier Provencio
Room: Tennessee Ballroom D/E

LEARNING OBJECTIVES
- Examine the clinical practice guidelines for brain hemorrhage
- Review the principles of brain hemorrhage in critical care
- Evaluate the newest medical and surgical treatments for brain hemorrhage

Blood Pressure Control for Brain Hemorrhage: What Do the Guidelines Mean?
Carmelo Graffagnino
10:00 A.M. - 10:15 A.M.

How Best to Reverse Anticoagulation in a Patient with Brain Hemorrhage
Dennis Parker Jr.
10:25 A.M. - 10:45 A.M.

Latest Medical Treatments for Vasospasm After Subarachnoid Hemorrhage
Jose Javier Provencio
11:15 A.M. - 11:35 A.M.

Novel Surgical Treatment Strategies in Brain Hemorrhage
Edward M. Manno
11:40 A.M. - 12:00 P.M.

Controlling Agitation in Brain Hemorrhage
Christian E. Hall

11:00 A.M. - 12:00 P.M.

PRE-HOSPITAL RESUSCITATION: WHAT’S NEW A DECADE AFTER MATTOX’S SCOOP AND RUN?
Moderator: Philip S. Barie
Room: Tennessee Ballroom C

LEARNING OBJECTIVES
- Discuss the recent history of pre-hospital resuscitation research
- Discuss how hemoglobin-based oxygen carriers potentially may be used in hemorrhagic resuscitation
- Discuss the use of hypertonic saline in resuscitation for hemorrhage

Blood and Blood Product Resuscitation
John B. Holcomb
11:00 A.M. - 11:20 A.M.

Hypertonic Resuscitation
Eileen M. Bulger
11:40 A.M. - 12:00 P.M.

Nothing Is New
Kenneth Mattix

11:00 A.M. - 12:00 P.M.

BIOMARKERS AT THE BEDSIDE
Moderator: Mervyn Singer
Room: Tennessee Ballroom A/B

LEARNING OBJECTIVES
- Review studies of biomarkers in sepsis with regard to its diagnosis and prognosis
- Review data on potential use of pharmacogenomics in predicting susceptibility and prognosis and in determining treatment options in sepsis

Monitoring the Microcirculation
Ryon M. Bateman
11:20 A.M. - 11:40 A.M.

Diagnostic Inflammatory Markers at the Bedside: Has the Time Come?
Konrad Reinhardt
11:40 A.M. - 12:00 P.M.

Biomarkers You’ve Never Thought Of
Mervyn Singer
**SCHEDULE OF EVENTS**

$ = Additional charge to attend

**11:00 A.M. - 12:00 P.M.**

**ACUTE RESPIRATORY DISTRESS SYNDROME: FIGMENT OF THE IMAGINATION?**
- Moderator: Andrew L. Rosenberg
- Room: Lincoln C

**LEARNING OBJECTIVES**
- Discuss fluid therapy management in acute respiratory distress syndrome (ARDS)
- Identify the role of fluids and transfusions in ARDS

11:00 A.M. - 11:20 A.M.

**ARDS Is Really Just Fluid Overload**
Greg S. Martin

11:20 A.M. - 11:40 A.M.

**ARDS Is Really Just Heart Failure in Disguise**
Andrew L. Rosenberg
11:40 A.M. - 12:00 P.M.

**ARDS Is Really Just Ventilator-Induced Injury**
Taylor Thompson

**12:00 P.M. - 1:30 P.M.**

**FELLOWSHIP DIRECTORS’ LUNCHEON**

**SURVIVING THE ACCREDITATION PROCESS**
- Moderator: Samuel A. Flisheran
- Room: Magnolia Ballroom

**LEARNING OBJECTIVES**
- Compare differences in the accreditation process among medical specialties
- Discuss preparation strategies for challenges during a site inspection
- Describe the goals of the Accreditation Council for Graduate Medical Education’s Outcome Project

12:30 P.M. - 12:50 P.M.

**Different Medical Specialties, Different Expectations and Different Forms**
Priyush Mathur

12:50 P.M. - 1:10 P.M.

**Expect the Unexpected During the Site Visit**
Lewis J. Kaplan
1:10 P.M. - 1:30 P.M.

**Competencies and Outcomes: What’s Happening?**
Douglas B. Coursin

**12:00 P.M. - 1:00 P.M.**

**POSTER MODERATED DISCUSSIONS AND VIEWING**
- Room: Ryman Exhibit Hall C/Poster Hall

- Epidemiology/Outcomes (Predictors, Quality of Life, Safety) – Posters 304-416
- Ethics and End of Life – Posters 417-428
- GI/Nutrition – Posters 429-441
- Hematology – Posters 442-449
- Immunology – Posters 450-451
- Infection – Posters 452-478
- Neurology-Diagnostics – Posters 479-491
- Neurology-Monitoring – Posters 492-502
- Neurology-Therapeutics – Posters 503-517

**1:30 P.M. - 2:15 P.M.**

**PLENARY SESSION**
**MAX H. WEIL HONORARY LECTURE**
**DOING WHAT IS RIGHT: THE ETHICS OF REFORMING OUR BROKEN HEALTH CARE SYSTEM**
- Room: Presidential Ballroom

**LEARNING OBJECTIVES**
- Discuss the problems with the current American health care system
- Assess the components of the various health care reform proposals
- Evaluate the various health care reform proposals and their political feasibility

**2:15 P.M. - 3:00 P.M.**

**BREAK**
- Room: Ryman Exhibit Hall C

**3:00 P.M. - 4:00 P.M.**

**THE FUTURE OF ENDOCRINOLOGY**
- Moderator: Paul E. Marik
- Room: Presidential Ballroom

**LEARNING OBJECTIVES**
- Discuss the preferred diagnostic testing for suspected endocrinologic emergencies
- Assess complications by stress-induced alterations in diagnostic tests
- Discuss common therapies utilized for endocrine emergencies

3:00 P.M. - 3:20 P.M.

**Stress Hyperglycemia: To Treat or Not to Treat?**
Paul Marik
3:20 P.M. - 3:40 P.M.

**Steroids: Should I Stay or Should I Go?**
Charles L. Sprung
3:40 P.M. - 4:00 P.M.

**That Damn Sodium!**
To Be Announced

**3:00 P.M. - 4:00 P.M.**

**A.S. LAERDAL MEMORIAL AWARD LECTURE**
- Moderator: Ake N. Gernick
- Room: Cheekwood A/B/C

**LEARNING OBJECTIVES**
- Describe the last 70 years of resuscitation history
- Discuss the change in trauma resuscitation that has occurred over the last 3 years
- Describe the changes in trauma resuscitation that may occur over the next 10 years

3:00 P.M. - 4:00 P.M.

**The Changing Face of Trauma Resuscitation**
John B. Holcomb
SCHEDULE OF EVENTS

$ = Additional charge to attend

3:00 P.M. - 4:00 P.M.

YOU GOTTA KNOW HOW TO HOLD ‘EM: RETENTION STRATEGIES
Moderator: Peter Buerhaus
Room: Lincoln C/D/E

LEARNING OBJECTIVES
• Identify issues surrounding the nursing shortage
• Review orientation programs for nurses into the ICU
• Identify strategies which promote retention in the ICU
3:00 P.M. - 3:20 P.M.

Brief Overview of the Nursing Shortage
Peter Buerhaus
3:20 P.M. - 3:40 P.M.

New Graduates in the ICU: Benefit or Burden?
Sandra M. Swoboda
3:40 P.M. - 4:00 P.M.

Outcome-Proven Retention Strategies
Connie Jastremski

3:00 P.M. - 4:00 P.M.

THE RELATIONSHIP BETWEEN OPIATES AND INFECTIOUS DISEASES
Moderator: Jeanine P. Wiener-Kronish
Room: Magnolia Ballroom

LEARNING OBJECTIVES
• Discuss the immune modulating effects of opiates
• Review the specific effects of opiates on the virulence of viral and bacterial pathogens
• Describe possible therapeutic implications of opiate use
3:00 P.M. - 3:20 P.M.

The Relationship between Opiates and Pseudomonas aeruginosa Pathogenesis
Jeanine P. Wiener-Kronish
3:20 P.M. - 3:40 P.M.

Immune Effects of Opiates
Ana M. Crawford
3:40 P.M. - 4:00 P.M.

3:00 P.M. - 4:00 P.M.

NATIONAL CRITICAL CARE TRIALS GROUPS: LESSONS LEARNED
Moderator: Paul Wischmeyer
Room: Tennessee Ballroom A/B

LEARNING OBJECTIVES
• Discuss the strengths and challenges of existing international critical care trials groups
• Discuss the role and structure of the newly formed U.S. Critical Care Trials Group
• Discuss how trials groups might collaborate in the future to perform multi-national trials
3:00 P.M. - 3:20 P.M.

Canadian Critical Care Trials Group
Deborah J. Cook
3:20 P.M. - 3:40 P.M.

ANZICS Clinical Trials Group
Andrew R. Davies
3:45 P.M. - 4:00 P.M.

U.S. Critical Care Trials Groups
J. Perren Cobb

3:00 P.M. - 4:00 P.M.

SHAKE, RATTLE, AND ROLL: DRUG WITHDRAWAL IN THE ICU
Moderator: John W. Devlin
Room: Tennessee Ballroom D/E

LEARNING OBJECTIVES
• Identify potential strategies for reducing the risks associated with sedation/analgesia withdrawal in the ICU
• Assess concerns related to the withdrawal of cardiovascular medications in the ICU
• Recommend preferred management strategies for patients undergoing alcohol withdrawal in the ICU
3:00 P.M. - 3:20 P.M.

Sedation/Analgesia Withdrawal
Gail Gesin
3:20 P.M. - 3:40 P.M.

Cardiovascular Drug Withdrawal
Brian J. Barnes
3:45 P.M. - 4:00 P.M.

Alcohol Withdrawal
Amy L. Dzierba
SCHEDULE OF EVENTS

$ = Additional charge to attend

3:00 P.M. - 4:00 P.M.

FIXING MY ACHY BREAKY HEART
Moderator: Florian Falter
Room: Washington B
LEARNING OBJECTIVES
- Provide updates in cardiac surgery
- Discuss advances in cardiac surgery techniques
- Review strategies for promoting best patient outcomes in cardiac surgery
3:00 P.M. - 3:20 P.M.
Perioperative Optimization for Major Vascular Surgery
Bernhard J. Riedel
3:20 P.M. - 3:40 P.M.
Surgical Treatment Options for Heart Failure
Florian Falter
3:40 P.M. - 4:00 P.M.
Blood Conservation in Cardiac Surgery
William C. Croteau

3:00 P.M. - 5:00 P.M.

PHARMACONUTRITION
Moderator: Daren K. Heyland
Room: Hermitage C/D
LEARNING OBJECTIVES
- Discuss the impact of pharmaconutrition on patient outcomes
- Recognize the benefits of arginine
- Discuss the role of glutamine in the ICU
- Compare and contrast the administration of trace elements
- Identify outcome measures that are sensitive to zinc levels
3:00 P.M. - 3:20 P.M.
Nutrition Therapy: A New Paradigm
Daren K. Heyland
3:25 P.M. - 3:45 P.M.
Arginine: A Lifesaver Revisited
Lindsay Weitzei
3:50 P.M. - 4:10 P.M.
Trace Elements in the ICU: Alone or in Combination?
Melte M. Berger
4:15 P.M. - 4:35 P.M.
Is Glutamine Ready for Prime Time?
Richard D. Griffiths
4:40 P.M. - 5:00 P.M.
Zinc: Lifesaver Worldwide?
Natalie Z. Cevjanovich

4:15 P.M. - 5:15 P.M.

GLYCEMIC CONTROL: GOLDILOCKS AND THE THREE BEARS
Moderator: Judith Jacobi
Room: Presidential Ballroom
Sponsored by and educational grant from Hospira
LEARNING OBJECTIVES
- Discuss the risks and benefits of tight glycemic control
- Assess the future of glycemic control
4:15 P.M. - 4:35 P.M.
Too Loose
James S. Krislney
4:35 P.M. - 4:55 P.M.
Too Tight
Jean Charles Preiser
4:55 P.M. - 5:15 P.M.
What is Just Right?
Atul Malhotra

4:15 P.M. - 5:15 P.M.

UPDATE IN ORGAN DONATION
Moderator: Sandralee A. Blosser
Room: Cheekwood A/B/C
LEARNING OBJECTIVES
- Discuss updates in the organ donation process
- Identify best practices for cardiac and pulmonary donor management
- Review current guidelines for neurologic death in children
4:15 P.M. - 4:35 P.M.
Donation in 2009
Timothy L. Pruett
4:35 P.M. - 4:55 P.M.
Donation After Cardiac Death
Sandralee A. Blosser
4:55 P.M. - 5:15 P.M.
Pediatric Concerns
Thomas A. Nakagawa

4:15 P.M. - 5:15 P.M.

NURSING: YEAR IN REVIEW
Moderator: Claire E. Shaler
Room: Lincoln C/D/E
LEARNING OBJECTIVES
- Review the year’s critical care studies relevant to nursing
- Evaluate the literature using an evidence-based approach
- Utilize information gained from this session to guide clinical nursing practice
4:15 P.M. - 5:15 P.M.
Literature Review
Kathryn E. Roberts, Karen K. Giuliano, Christine Kruskamp

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4:15 P.M. - 5:15 P.M.

NEW UPDATES IN RENAL REPLACEMENT THERAPY
Moderator: John A. Kellum
Room: Magnolia Ballroom

LEARNING OBJECTIVES
• Compare the results of recently completed randomized controlled trials pertaining to renal replacement therapy
• Explain the pros and cons of continuous renal replacement therapy versus intermittent hemodialysis

The U.S. Veterans Affairs/National Institutes of Health Trial
Paul M. Palevsky
4:35 P.M. - 4:55 P.M.

Theoretical and Practical Implications of the ATN Trial
Claudio Ronco
4:55 P.M. - 5:15 P.M.

The TRIGGERS Program
Michael D. Howell

4:15 P.M. - 5:15 P.M.

YOU PICKED A FINE TIME TO LEAVE ME: KISSING THE VENTILATOR GOOD-BYE
Moderator: Neil R. MacIntyre
Room: Tennessee Ballroom A/B

LEARNING OBJECTIVES
• Review current trends in the art versus the science of liberation from mechanical ventilation
• Discuss clinical practice issues related to optimizing weaning from mechanical ventilation

4:15 P.M. - 4:35 P.M.

Weaning Parameters: Training or Testing?
Neil R. MacIntyre
4:35 P.M. - 4:55 P.M.

Walking the Intubated Patient: Is It Worth the Risk?
William B. Owens
4:55 P.M. - 5:15 P.M.

Weaning and Mobility Protocols: Do They Really Work?
Peter E. Morris

4:15 P.M. - 5:15 P.M.

ARE YOUR EVERYDAY DRUGS KILLING PATIENTS?
Moderator: Steven E. Pass
Room: Tennessee Ballroom D/E

LEARNING OBJECTIVES
• Discuss endocrine-associated adverse drug effects of medications
• Explain how the risks of medication-related adverse effects may outweigh the benefits

Propofol: Devil in a Bottle
Paul Wischmeyer
4:35 P.M. - 4:55 P.M.

Etomidate
Gilles L. Fraser
4:55 P.M. - 5:15 P.M.

Amiodarone
Steven E. Pass

4:15 P.M. - 5:15 P.M.

ANESTHESIA: YEAR IN REVIEW
Moderator: Stephen O. Heard
Room: Washington B

LEARNING OBJECTIVES
• Review the year’s critical care studies relevant to anesthesia
• Evaluate the literature using an evidence-based approach
• Utilize information gained from this session to guide practice

4:15 P.M. - 5:15 P.M.

Literature Review
Stephen D. Surgenor, Gregory E. Kerr

TUESDAY, FEBRUARY 3

8:30 A.M. - 9:15 A.M.

PLENARY SESSION
HALDANE, HOT DOGS AND HALITOSIS: THE EMERGING BIOLOGY OF THE NITRITE ANION IN PHYSIOLOGY AND THERAPEUTICS
Room: Presidential Ballroom

Mark Gladwin, MD
Division Chief
Pulmonary, Allergy and Critical Care Medicine
Department Director
Hemostasis and Vascular Biology Research Institute
University of Pittsburgh
Pittsburgh, Pennsylvania, USA
**SCHEDULE OF EVENTS**

$ = Additional charge to attend

**9:15 A.M. - 10:00 A.M.**

**BREAK**
Room: Ryman Exhibit Hall C

**10:00 A.M. - 11:00 A.M.**

**THE EVOLVING MANAGEMENT OF INTRA-ABDOMINAL HYPERTENSION AND ABDOMINAL COMPARTMENT SYNDROME**
Moderator: Michael L. Cheatham
Room: Lincoln C/D/E

**LEARNING OBJECTIVES**
- Review the incidence and impact of intra-abdominal hypertension (IAH) and abdominal compartment syndrome (ACS)
- Discuss the current management of IAH and ACS in medical, surgical, and pediatric patients
- Present an evidence-based approach to improving survival in the critically ill

10:00 A.M. - 10:20 A.M.
*Is IAH/ACS Really a Problem?*
Michael L. Cheatham
10:20 A.M. - 10:40 A.M.
*The Surgical Management of IAH/ACS*
Rao R. Ivatury
10:40 A.M. - 11:00 A.M.
*The Medical Management of IAH/ACS*
Jan J. DeWaele

**10:00 A.M. - 11:00 A.M.**

**DIAGNOSING AND MANAGING PATIENTS WITH RENAL FAILURE**
Moderator: Andrew D. Shaw
Room: Tennessee Ballroom D/E

**LEARNING OBJECTIVES**
- Discuss the strengths and limitations of using RIFLE criteria for classifying acute kidney injury
- Discuss methodologies for analyzing acid-base disturbances in the ICU
- Discuss the timing of dialysis initiation depending on the type of dialysis under consideration

10:00 A.M. - 10:20 A.M.
*RIFLE Criteria: Usefulness in the ICU?*
Lakhmir Mink Chawla
10:20 A.M. - 10:40 A.M.
*Acid/Base Balance: Is SID Vicious?*
John A. Kellum
10:40 A.M. - 11:00 A.M.

**10:00 A.M. - 11:00 A.M.**

**HOW DO I LIVE? BEYOND THE ICU**
Moderator: Craig Weinert
Room: Washington B

**LEARNING OBJECTIVES**
- Evaluate why post-critical illness quality of life is frequently less than optimal
- Describe the neuromuscular, neurocognitive and emotional sequelae of critical illness
- Explore potential interventions to improve post-critical illness

10:00 A.M. - 10:20 A.M.
*I’ve Fallen and I Can’t Get Up: Neuromuscular Complications of Critical Illness*
Richard D. Griffiths
10:20 A.M. - 10:40 A.M.
*Don’t Worry, Be Happy! Depression and Anxiety in ICU Survivors*
Craig Weinert

**10:00 A.M. - 12:00 P.M.**

**THE CUTTING EDGE OF SEPSIS THERAPY**
Moderator: Jean-Louis Vincent
Room: Presidential Ballroom

**LEARNING OBJECTIVES**
- Assess the future of clinical trials in sepsis
- Review current clinical practices for sepsis management

10:00 A.M. - 10:20 A.M.
*Future of Clinical Trials in Sepsis*
Derek C. Angus
10:20 A.M. - 10:40 A.M.
*Intersection of Coagulation and Inflammation*
Edward Abraham
11:15 A.M. - 1:35 A.M.
*Fluid Management in Sepsis*
Jean-Louis Vincent
11:40 A.M. - 12:00 P.M.
*First Do No Harm: The Iatrogenic Contribution to Multiple Organ Failure*
Mervyn Singer
11:00 A.M. - 12:00 P.M.

**CONTROVERSIES IN PEDIATRIC MECHANICAL VENTILATION**
Moderator: Bruce M. Greenwald
Room: Hermitage C

**LEARNING OBJECTIVES**
- Assess the role of noninvasive ventilation in respiratory failure in children
- Review therapeutic options in the management of acute hypoxic respiratory failure in children

10:00 A.M. - 10:20 A.M.

Noninvasive Ventilation for Acute Hypoxic Respiratory Failure
Donna Hamel
10:25 A.M. - 10:45 A.M.

Acute Hypoxic Respiratory Failure: Does the Mode Matter?
Bradley P. Fuhrman
10:50 A.M. - 11:10 A.M.

Ventilator Weaning Protocols: Do They Help?
Ira M. Cheifetz
11:15 A.M. - 11:35 A.M.

The Patient Must Be “Perfect” to Extubate!
Shekhar T. Venkataraman
11:40 A.M. - 12:00 P.M.

Questions and Answers

10:00 A.M. - 12:00 P.M.

**ETHICAL CONTROVERSIES**
Moderator: J. Randall Curtis
Room: Cheekwood A/B/C

**LEARNING OBJECTIVES**
- Review common ethical controversies encountered in the ICU
- Discuss common approaches to ethical dilemmas

10:00 A.M. - 10:15 A.M.

Who Can Best Direct End-of-Life Care in the ICU: Intensivists or Palliative Care Specialists?
J. Randall Curtis
10:25 A.M. - 10:45 A.M.

Should a “Do Not Resuscitate” Patient Ever Be Admitted to the ICU?
Robert D. Truog
10:50 A.M. - 11:10 A.M.

Should All “Do Not Resuscitate/Do Not Intubate” Patients Have an Ethics/Palliative Care Consult?
Cynda H. Rushton
11:15 A.M. - 11:35 A.M.

Autonomy Versus Parentalism in End-of-Life Decision Making
Joel E. Frader
11:40 A.M. - 12:00 P.M.

Is Not Offering Therapies the Same as Withdrawal of Support?
Mitchell M. Levy

10:00 A.M. - 12:00 P.M.

**ACUTE CORONARY SYNDROMES**
Moderator: Steven M. Hollenberg
Room: Tennessee Ballroom A/B

**LEARNING OBJECTIVES**
- Review the latest pharmacologic advances for the management of myocardial ischemia and infarction
- Compare the three approaches to coronary artery revascularization
- Describe emerging and innovative therapies for the treatment of acute coronary syndrome

10:00 A.M. - 10:20 A.M.

Acute Coronary Syndrome: Pharmacologic Therapy and Outcomes
Jeff Kuvic
10:25 A.M. - 10:45 A.M.

Revascularization for Acute Coronary Syndrome: What’s the Best Strategy?
Steven M. Hollenberg
10:50 A.M. - 11:10 A.M.

Experimental and Innovative Therapies for Acute Coronary Syndrome
David V. Daniels
11:15 A.M. - 11:35 A.M.

Preventing and Treating Postoperative Myocardial Infarction
Michael H. Wall
11:40 A.M. - 12:00 P.M.

Questions and Answers

10:00 A.M. - 12:00 P.M.

**ON THE ROAD AGAIN...ICU CARE WORLDWIDE**
Moderator: Julian F. Bion
Room: Tennessee Ballroom C

**LEARNING OBJECTIVES**
- Examine the global differences in intensive care delivery systems
- Describe the methodological challenges of international comparisons
- Identify the importance of international critical care research in the future

10:00 A.M. - 10:20 A.M.

Comparing Apples and Oranges: Intensive Care Across Countries
Charles L. Sprung
10:25 A.M. - 10:45 A.M.

Impact of the Fundamental Critical Care Support Program
Marie R. Baldisseri
10:50 A.M. - 11:10 A.M.

Comparing the Economics of Intensive Care
Eric Milbrandt
11:15 A.M. - 11:35 A.M.

Travel With the Society of Critical Care Medicine: Russia and Beyond
Janice L. Zimmerman
11:40 A.M. - 12:00 P.M.

Future Global Research: Genetic Studies
Derek C. Angus
SCHEDULE OF EVENTS

$ = Additional charge to attend

11:00 A.M. - 12:00 P.M.

**MONITORING NURSE-SENSITIVE OUTCOME INDICATORS**

Moderator: Lauren R. Sorce
Room: Tennessee Ballroom D/E

**LEARNING OBJECTIVES**
- Review the impact of nurse-sensitive outcomes
- Discuss specific nurse-sensitive outcomes in the adult and pediatric ICU
- Discuss advance practice nurse-specific outcomes

**Monitoring Nurse-Sensitive Outcomes in the Adult ICU**
Michael Ackerman
11:20 A.M. - 11:40 A.M.

**Monitoring Nurse-Sensitive Outcome Indicators in the Pediatric ICU**
Maureen A. Madden
11:40 A.M. - 12:00 P.M.

**Monitoring Outcomes of Advance Practice Nurses**
Ruth M. Kleinpell

11:00 A.M. - 12:00 P.M.

**MASSIVE HEMORRHAGE DURING CHILDBIRTH: THE ICU AFTERMATH**

Moderator: Michael F. O’Connor
Room: Washington B

**LEARNING OBJECTIVES**
- Discuss the most common reasons that parturients experience massive hemorrhage during childbirth
- Examine the etiologies and treatment options for post-resuscitation pulmonary dysfunction
- Describe the pathophysiology of and therapies for disseminated intravascular coagulation

**The Top Five Reasons Parturients Experience Massive Hemorrhage**
Michael F. O’Connor
11:20 A.M. - 11:40 A.M.

**Pulmonary Dysfunction in the Aftermath of Massive Resuscitation During Childbirth**
Allen F. Namath
11:40 A.M. - 12:00 P.M.

**Disseminated Intravascular Coagulation After Cesarean Section Delivery: What Are the Best Therapeutic Options?**
Richard M. Pino

12:00 P.M. - 1:00 P.M.

**POSTER MODERATED DISCUSSIONS AND VIEWING**
Room: Ryman Exhibit Hall C/Poster Hall

- Pulmonary — Diagnostics - Posters 518-528
- Pulmonary — Mechanical Ventilation - Posters 529-550
- Pulmonary — Therapeutics - Posters 551-564
- CPR/Resuscitation - Posters 565-599
- Renal - Posters 600-614
- Sepsis — Antimicrobials - Posters 615-618
- Sepsis — Cardiovascular - Posters 619-623
- Sepsis — Diagnostics - Posters 624-635
- Sepsis — Endocrine - Posters 636-637
- Sepsis — Guidelines and Bundles - Posters 638-647
- Sepsis — Nosocomial - Posters 648-654
- Sepsis — Therapeutics - Posters 655-665
- Patient and Family Support - Posters 666-673
- Therapeutics — Drugs and Pharmacokinetics - Posters 674-688
- Therapeutics — Other - Posters 689-695
- Therapeutics — Sedation - Posters 696-712
- Case Report - Posters 713-766 (No moderated discussions)

1:00 P.M. - 1:30 P.M.

**ABSTRACT-BASED AWARDS CEREMONY**
Poster Hall
Room: Ryman Exhibit Hall C/Poster Hall

1:30 P.M. - 2:15 P.M.

**PLENARY SESSION**

**OUT OF AFRICA: CRITICAL CARE WHEN RESOURCES ARE SCARCE**

Room: Presidential Ballroom

**LEARNING OBJECTIVE**
- Compare the international financial and staff challenges in the ICU

**L. Rudo Mathivha, MD**
Adjunct Professor
Chris Hani Baragwanath Hospital
The University of the Witwatersrand
Johannesburg, South Africa

2:15 P.M. - 3:00 P.M.

**BREAK**
Room: Ryman Exhibit Hall C
3:00 P.M. - 4:00 P.M.

CARDIOVASCULAR SEPSIS MANAGEMENT
Moderator: James A. Russell  
Room: Presidential Ballroom

**LEARNING OBJECTIVE**
- Review clinical studies and practices related to resuscitation goals in sepsis in the topics of cardiac dysfunction, vascular tone and fluid resuscitation

3:00 P.M. - 3:20 P.M.
My Pressor Is Better Than Your Pressor  
James A. Russell  
3:20 P.M. - 3:40 P.M.
Treating Myocardial Dysfunction in Sepsis  
Michael R. Pinsky  
3:40 P.M. - 4:00 P.M.
Fluid Management in Sepsis  
Greg S. Martin

3:00 P.M. - 4:00 P.M.

PHARMACY: YEAR IN REVIEW
Moderator: John Papadopoulos  
Room: Cheekwood A/B/C

**LEARNING OBJECTIVES**
- Outline important studies in the area of neurology  
- Update new trends in treatment of infectious disease  
- List new approaches to pharmacy interventions in the emergency department

3:00 P.M. - 3:20 P.M.
Neurology  
Dennis Parker Jr.  
3:20 P.M. - 3:40 P.M.
Infectious Disease  
Charles Andrew DeRyke  
3:40 P.M. - 4:00 P.M.
Emergency Medicine  
Asad Patanwala

3:00 P.M. - 4:00 P.M.

HOT OFF THE PRESS: LATEST FINDINGS IN PEDIATRIC ICU NURSING PRACTICE
Moderator: Maureen A. Madden  
Room: Hermitage C/D

**LEARNING OBJECTIVES**
- Identify the latest research in pediatric critical care nursing  
- Discuss evidence-based medicine impacting pediatric ICU practice  
- Review strategies to implement change into practice

3:00 P.M. - 3:20 P.M.
Strategies to Reduce Errors in the Pediatric ICU  
Mary Jo C. Grant  
3:20 P.M. - 3:40 P.M.
Obesity in the Pediatric ICU: The BIG Deal  
Andrea M. Kline  
3:40 P.M. - 4:00 P.M.
Deep Vein Thrombosis Prophylaxis: What Should We Be Doing?  
Tara Trimarchi

3:00 P.M. - 4:00 P.M.

MONOTHERAPY VERSUS COMBINATION ANTIMICROBIAL THERAPY OF SEPSIS AND SEPTIC SHOCK: A PRO/CON DEBATE
Moderator: Craig M. Coopersmith  
Room: Lincoln C/D/E

**LEARNING OBJECTIVE**
- Examine the evidence supporting the use of combination antimicrobial therapy in critical illness

3:00 P.M. - 3:30 P.M.
Con: Modern Monotherapy Suffices  
Dennis G. Maki  
3:30 P.M. - 4:00 P.M.
Pro: Combination Therapy Yields Improved Outcomes  
Anand Kumar
SCHEDULE OF EVENTS

$ = Additional charge to attend

3:00 P.M. - 4:00 P.M.

TEACHING MODALITIES FOR CRITICAL CARE
Moderator: Samuel A. Tisherman
Room: Tennessee Ballroom A/B

LEARNING OBJECTIVES
• Discuss the use of novel teaching strategies
• Identify innovative teaching modalities for critical care education

Medical Simulation
Thomas C. Mort
3:20 P.M. - 3:40 P.M.

Challenges of Teaching at the Bedside
Samuel A. Tisherman
3:40 P.M. - 4:00 P.M.

Web-Based Education in the ICU
Tom S. Ahrens

3:00 P.M. - 4:00 P.M.

A LEGEND IN MECHANICAL VENTILATION
Moderator: Paul Wischmeyer
Room: Tennessee Ballroom C

LEARNING OBJECTIVES
• Examine the ideas and processes that led to the invention of the ventilator
• Identify how mechanical ventilation has improved patient care and outcomes

Ventilators: From WWI Aviators to Modern Day Miracles
Forrest Bird

DR. BIRD IS THE INVENTOR OF THE FIRST RELIABLE, LOW-COST, MASS-PRODUCED MEDICAL RESPIRATOR.

3:00 P.M. - 4:00 P.M.

INTERNAL MEDICINE: YEAR IN REVIEW
Moderator: John M. Oropello
Room: Washington B

LEARNING OBJECTIVES
• Review internal medicine-based research most relevant to the practice of critical care published with the last year
• Evaluate the literature and avoid the hype

Literature Review
John M. Oropello, Stephen M. Pastores, Anthony R. Manasia

3:00 P.M. - 4:00 P.M.

SURGERY: YEAR IN REVIEW
Moderator: Heidi L. Frankel
Room: Tennessee Ballroom D/E

LEARNING OBJECTIVES
• Review the year’s critical care studies relevant to surgery
• Apply information gained from this session to guide practice
• Evaluate the literature using an evidence-based approach

General Surgery Patients
Douglas F. Naylor Jr.
3:30 P.M. - 4:00 P.M.

Trauma and Burn
Gerard J. Fulda

4:15 P.M. - 5:15 P.M.

CONTROVERSIES IN BRAIN INJURY
Moderator: Kees H. Polderman
Room: Presidential Ballroom

LEARNING OBJECTIVES
• Review current guidelines in traumatic brain injury
• Discuss optimal uses of controversial treatments
• Examine optimal treatment protocols

Temperature Control Versus Induced Hypothermia for Neurologic Injury
Kees H. Polderman
4:35 P.M. - 4:55 P.M.

Critical Care for Ischemic Stroke: What to Do After Tissue Plasminogen Activator Fails
Daryl R. Gress
4:55 P.M. - 5:15 P.M.

What Is the Role of Decompressive Surgery and Hemicraniectomy in Traumatic Brain Injury?
TBD

4:15 P.M. - 5:15 P.M.

JOINT ESICM/SCCM SESSION

ABDOMINAL CATASTROPHE
Moderators: Philip S. Barie, Rui Moreno
Room: Cheekwood A/B/C

LEARNING OBJECTIVES
• Discuss diagnosis and management strategies for identified traumas
• Describe the newest antimicrobials that can be effective for multiple-drug resistant organisms
• Discuss abdominal trauma complications

Differential Diagnosis and Initial Management Strategies
Philip S. Barie
4:35 P.M. - 4:55 P.M.

Peritonitis in an Era of Increasing Antimicrobial Resistance
Claude Martin
4:55 P.M. - 5:15 P.M.

Compartment Syndrome and the Open Abdomen: How and When to Close
Pamela A. Lipsett
4:15 P.M. - 5:15 P.M.

HOT MOLECULES IN SEPSIS
Moderator: Craig M. Coopersmith
Room: Hermitage C/D

LEARNING OBJECTIVES
- Evaluate important biological systems that affect multiple processes in sepsis
- Discuss potential therapeutic uses for unique proteins and molecules

Epidermal Growth Factor in Sepsis: Finally a Molecule to Protect the Injured Gut?
Craig M. Coopersmith
4:35 P.M. - 4:55 P.M.

Hsp70 as a Modulator of the Innate Immune System
Hector R. Wong
4:55 P.M. - 5:15 P.M.

Carbon Monoxide as a Therapeutic Agent
Augustine M.K. Choi

4:15 P.M. - 5:15 P.M.

THE TERMINATOR: AVOIDING MEDICATION ERRORS IN THE ICU
Moderator: Sandra L. Kane-Gill
Room: Lincoln C/D/E

LEARNING OBJECTIVES
- Appraise standards set forth by national organizations that have implications for pharmacy practice in the ICU
- Describe a general approach for developing an ICU surveillance system
- Evaluate strategies for limiting adverse events associated with high-risk medications

4:15 P.M. - 4:35 P.M.

High Risk Medications in the ICU
Brian L. Erstad
4:35 P.M. - 4:55 P.M.

Developing an ICU Surveillance System
Sandra L. Kane-Gill
4:55 P.M. - 5:15 P.M.

Patient Safety Standards
Curtis E. Haas

4:15 P.M. - 5:15 P.M.

DON’T IT MAKE MY BROWN EYES BLUE: MORAL DISTRESS IN THE ICU PROVIDER
Moderator: Maureen A. Madden
Room: Tennessee Ballroom A/B

LEARNING OBJECTIVES
- Discuss issues associated with moral distress in ICU workers
- Examine post-traumatic stress disorder in ICU workers
- Review techniques to support ICU staff

Is Moral Distress in ICU Workers Real?
Lauren R. Sorce
4:35 P.M. - 4:55 P.M.

Post-Traumatic Stress Disorder in ICU Workers
Meredith L. Mealer
4:55 P.M. - 5:15 P.M.

Measures to Reduce Distress in ICU Workers
Maureen A. Madden

4:15 P.M. - 5:15 P.M.

THE MODES OF MECHANICAL VENTILATION
Moderator: Richard D. Branson
Room: Tennessee Ballroom C

LEARNING OBJECTIVES
- Discuss the application of the classic basic modes of ventilation
- Discuss the operation and application of advance pressure control modes (APCM), pressure-regulated volume control (PRVC), proportional assist ventilation (PAV) and neurally adjusted ventilatory assist (NAVA)

Modes 101: Tried and True Classic Modes
Richard D. Branson
4:35 P.M. - 4:55 P.M.

Modes 102: APRV, PRVC and Adaptive Support Ventilation
Robert M. Kacmarek
4:55 P.M. - 5:15 P.M.

Modes 103: PAV and NAVA
John J. Marini

38th CRITICAL CARE CONGRESS PROGRAM | SOCIETY OF CRITICAL CARE MEDICINE - 69
SCHEDULE OF EVENTS
$ = Additional charge to attend

4:15 P.M. - 5:15 P.M.

ADVANCES IN CLINICAL MONITORING
Moderator: Michael R. Pinsky
Room: Tennessee Ballroom D/E

LEARNING OBJECTIVE
• Review state of the art for commonly used physiologic monitors
4:15 P.M. - 4:35 P.M.
Can We See the Brain?
Thomas P. Bleck
4:35 P.M. - 4:55 P.M.
Glucose Measurement
Steven E. Wolf
4:55 P.M. - 5:15 P.M.

Functional Hemodynamic Monitoring: What Does It Really Mean?
Michael R. Pinsky

4:15 P.M. - 5:15 P.M.

PEDIATRICS: YEAR IN REVIEW
Moderator: Vicki L. Montgomery
Room: Washington B

LEARNING OBJECTIVES
• Review the year’s pediatric critical care studies in the areas of basic science, administration and education
• Evaluate literature using an evidence-based medicine approach
4:15 P.M. - 5:15 P.M.

Literature Review
David M. Habib, Jana A. Stockwell

5:30 P.M. - 6:30 P.M.

AMERICAN COLLEGE OF CRITICAL CARE MEDICINE TOWN HALL
PERSONALIZED MEDICINE: EMERGING TECHNOLOGIES AND BIOETHICAL ISSUES
Moderator: William A. Brock, MD, FCCM
Room: Tennessee Ballroom C

LEARNING OBJECTIVES
• Discuss future of genome knowledge and technological advances and their potential impact on critical care
• Describe the ethical issues of personalized medicine and its relevance to critical care
• Assess possible implications of personalized medicine within critical care medicine
5:30 P.M. - 5:55 P.M.
Emerging Technology and Life Science Over the Next 10 Years
Patrice M. Milos
5:55 P.M. - 6:20 P.M.
Bioethical Issues Resulting from These New Technologies
Alexander A. Kon
6:20 P.M. - 6:30 P.M.

Questions and Answers

6:30 P.M. - 7:00 P.M.

ACCM BUSINESS MEETING
Room: Tennessee Ballroom C
WEDNESDAY, FEBRUARY 4

8:30 A.M. - 9:15 A.M.
PLenary Session
PETER SAFAR HONORARY LECTURE
CRITICAL CARE: A MILEPOST ON THE JOURNEY TO TRUE HEALTHCARE REFORM
Room: Presidential Ballroom
Peter Holbrook, MD, FCCM
Chief Medical Officer
Children’s National Medical Center
Washington, DC, USA

9:15 A.M. - 9:30 A.M.
Break
Room: Outside Presidential Ballroom

9:30 A.M. - 10:30 A.M.
Working Nine to Five: Who Will Replace and Take Care of Us?
Moderator: Derek C. Angus
Room: Checkwood A/B/C
Learning Objectives
• Summarize critical care manpower projections
• Discuss alternatives for meeting critical care staffing needs
• Compare the strategies used to educate two generations of intensivists
9:30 A.M. - 9:50 A.M.
The Impending Critical Care Manpower Crisis
Derek C. Angus
9:50 A.M. - 10:10 A.M.
Staffing Options
Jeffrey S. Vender
10:10 A.M. - 10:30 A.M.
Solving the Manpower Crisis: You Must Look From the Perspective of the Next Generation of Intensivists
Nicholas Watson

9:30 A.M. - 10:30 A.M.
Cardiac Surgery Potpourri
Moderator: David L. Wessel
Room: Hermitage C/D
Learning Objectives
• Discuss the pre- and postoperative single-ventricle physiology and treatment
• Determine the implications of cardiac bypass on inflammation
• State neuro-developmental outcomes in children following congenital heart surgery
9:30 A.M. - 9:50 A.M.
Dealing With the Single Ventricle Preoperative and Postoperative
Neil W. Kopy
9:50 A.M. - 10:10 A.M.
Inflammation and Cardiac Bypass: What We Know and What We Can Do?
Paul A. Checchia
10:10 A.M. - 10:30 A.M.
Neuro-Developmental Outcomes Following Congenital Heart Surgery
Mark Wainwright

9:30 A.M. - 11:30 A.M.
How Do You Mend a Broken Heart? Update in Heart Failure
Moderator: Andrew Rhodes
Room: Presidential Ballroom
Learning Objectives
• Assess recent advances in the management of heart failure
• Discuss the devices being used to improve cardiac function in heart failure patients
• Evaluate the merits of current strategies for the treatment of pulmonary hypertension
• Describe the etiologies and treatment options for heart failure
9:30 A.M. - 9:50 A.M.
Medical Management of Heart Failure
Andrew Rhodes
9:55 A.M. - 10:15 A.M.
Devices for the Treatment of Heart Failure
Joseph C. Cleveland
10:20 A.M. - 10:40 A.M.
Management of Pulmonary Hypertension: What Are the Latest Evidence-Based Strategies?
Ronald G. Pearl
10:45 A.M. - 11:05 A.M.
Diagnosis and Management of Right-Heart Failure
Jeff Kusinitz
11:10 A.M. - 11:30 A.M.
An Update on the Management of Left-Heart Failure
Andrew J. Patterson
9:30 A.M. - 11:30 A.M.

TARGETING BEST PRACTICES IN THE ICU
Moderator: E. Daleen Aragon-Penoyer
Room: Lincoln C/D/E

LEARNING OBJECTIVES
• Discuss how nurses can target best practices
• Review practical strategies to improve best practices

What Is the Evidence for Oral Care in Ventilator-Associated Pneumonia?
Kathleen M. Vollman
9:55 A.M. - 10:15 A.M.

Targeting Infection Control Practices
E. Daleen Aragon-Penoyer
10:20 A.M. - 10:40 A.M.

Who Should Be Sedating ICU Patients Outside the ICU?
Lauren R. Sorce
10:45 A.M. - 11:05 A.M.

Surfactant in Pediatrics: Is There Anything New?
Andrea M. Kline
11:10 A.M. - 11:30 A.M.

How to Maximize the Advance Practice Nurse
Jane Guttendorf

9:30 A.M. - 11:30 A.M.

INTERNATIONAL SEPSIS FORUM
Moderator: Konrad Reinhart
Room: Tennessee Ballroom A/B

LEARNING OBJECTIVES
• Examine the host response to both infectious and non-infectious injuries
• Compare various fluid resuscitation options and outcomes
• Discuss the ethical issues involved in sepsis research

Sepsis: What Does Infection Have to Do with It? Everything
Steven M. Opal
9:50 A.M. - 10:10 A.M.

What Does Infection Have to Do with It? Nothing
John C. Marshall
10:10 A.M. - 10:30 A.M.

The Controversy that Won’t Die: Crystalloids
Konrad Reinhart
10:30 A.M. - 10:50 A.M.

The Controversy that Won’t Die: Colloids
Jean-Louis Vincent
10:50 A.M. - 11:10 A.M.

The Ethics of Sepsis Research: Ethical
Gordon R. Bernard
11:10 A.M. - 11:30 A.M.

The Ethics of Sepsis Research: Not So Fast
Charles L. Sprung

9:30 A.M. - 11:30 A.M.

ULTRASOUND IN THE ICU
Moderator: Alexander B. Levitov
Room: Tennessee Ballroom C

LEARNING OBJECTIVES
• Discuss the utility of ultrasound-guided intervention in specific procedures
• List the standard views best suited to each diagnosis and the limitations of each view

9:30 A.M. - 9:50 A.M.

Ultrasound-Guided Central Line Insertion
Alexander B. Levitov
9:55 A.M. - 10:15 A.M.

Abdominal Ultrasound
Heidi L. Frankel
10:20 A.M. - 10:40 A.M.

Thoracic Ultrasound
Paul E. Marik
10:45 A.M. - 11:05 A.M.

Focused Cardiac Ultrasound
Yanick Beaulieu
11:10 A.M. - 11:30 A.M.

Questions and Answers

9:30 A.M. - 11:30 A.M.

UPDATE IN SPINAL CORD INJURY
Moderator: To Be Announced
Room: Tennessee Ballroom D/E

LEARNING OBJECTIVES
• Review the utility and limitations of current care for spinal cord injury
• Review special aspects of cord management
• Detect and manage secondary complications from spinal cord injury

9:30 A.M. - 9:50 A.M.

Available Guidelines: Evidence Versus Consensus
J. Claude Hemphill III
9:55 A.M. - 10:15 A.M.

Stabilization: External Versus Internal and When
Shelby D. Timmons
10:20 A.M. - 10:40 A.M.

Hypothermia: Rationale, Background and Clinical Results to Date
W. Dalton Dietrich
10:45 A.M. - 11:05 A.M.

What Have We Decided About High-Dose Steroids?
To Be Announced
11:10 A.M. - 11:30 A.M.

Stem Cells and the Possible Future
Michael P. Steinmetz
9:30 A.M. - 11:30 A.M.

GETTING MORE BANG FOR THE BUCK: OPTIMIZING ANTIMICROBIALS FOR LIFE-THREATENING INFECTIONS
Moderator: Tudy Hodgman
Room: Washington B

LEARNING OBJECTIVES
- Describe theoretical antimicrobial dosing considerations related to the efficacy of antimicrobial therapy
- Illustrate the importance of rapid initiation of antimicrobial therapy as a determinant of outcomes in sepsis and septic shock

9:30 A.M. - 9:50 A.M.
Put Away the Antibiotics: This Patient Has Pancreatitis
Pamela A. Lipsitt
9:55 A.M. - 10:15 A.M.

Extended and Continuous Infusion of Beta-Lactams
David Nicolau
10:20 A.M. - 10:40 A.M.

More Effective Use for Fluoroquinolones and Aminoglycosides
Peter K. Linden
10:45 A.M. - 11:05 A.M.

Speed Is Life: Rapid Initiation of Antimicrobial Therapy Improves Outcomes in Septic Shock
Anand Kumar
11:10 A.M. - 11:30 A.M.

Effective Source Control for Augmentation of Antimicrobial Efficacy
Lena M. Napolitano
11:35 A.M. - 11:55 A.M.

10:30 A.M. - 11:30 A.M.

RECOMBINANT FACTOR VII THERAPY IN ACUTE HEMORRHAGE
Moderator: Steven J. Lisco
Room: Cheekwood A/B/C

LEARNING OBJECTIVES
- Discuss situations when administration of recombinant activated factor VII has been shown to be efficacious
- Assess situations when it might be unethical to administer recombinant activated factor VII
- Examine the associated costs with treatment

10:30 A.M. - 10:50 A.M.
Recombinant Activated Factor VII: Is It Efficacious?
Thomas M. Scalea
10:55 A.M. - 11:30 A.M.

Recombinant Activated Factor VII: When Is It Unethical to Administer It?
Carlos Brun
11:10 A.M. - 11:30 A.M.

Recombinant Activated Factor VII: Is It Cost Effective?
Steven J. Lisco

10:30 A.M. - 11:30 A.M.

PEDiatric SEPTIC SHOCK: SOUP TO NUTS
Moderator: Raj Aneja
Room: Hermitage C/D

LEARNING OBJECTIVES
- Explain the molecular biology of sepsis relevant to the practicing intensivist
- Review mechanisms of action and use of vasoactive medications
- Review state-of-the-art therapies for pediatric septic shock
- Identify the use of steroids in septic shock after the results of the CORTICUS Trial

10:30 A.M. - 10:50 A.M.
Molecular Pathobiology: The 30,000 Foot View
Hector R. Wong
10:55 A.M. - 11:10 A.M.

Vasoactive Agents: State of the Art
Arno L. Zaritsky
11:10 A.M. - 11:30 A.M.

Newer Therapies: Wacky or Brilliant?
Joseph A. Carcillo
The Society of Critical Care Medicine’s Award & Grant Program was established in 1983 to promote excellence in critical care teaching and research for the improved care of the critically ill and injured. This year, more than $85,000 will be awarded to critical care and healthcare professionals who have demonstrated dedication and innovation in the field of critical care.

All awards will be presented in conjunction with the Society of Critical Care Medicine’s 38th Annual Critical Care Congress. The 2009 non-abstract based awards will be presented during the American College of Critical Care Medicine (ACCM) Convocation/SCCM Awards Presentation on Monday, February 2, 2009, at 6:00 p.m. in Tennessee Ballroom C of the Gaylord Opryland Resort and Convention Center, Nashville, Tennessee, USA. The abstract-based awards will be presented on Tuesday, February 3, 2009, from 1:00 – 1:30 p.m. in the Poster Hall.

Award and grant recipients receive financial rewards, prestige and recognition within the field of critical care. Congratulations to the award and grant recipients!

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**ASMUND S. LAERDAL MEMORIAL LECTURE AWARD**
Sponsor: The Laerdal Foundation for Acute Medicine

*John B. Holcomb, MD*

**AMERICAN COLLEGE OF CRITICAL CARE MEDICINE DISTINGUISHED INVESTIGATOR AWARD**
Sponsor: American College of Critical Care Medicine

*Derek C. Angus, MD, MPH, FCCM*

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Sponsor: Society of Critical Care Medicine

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*Charles G. Durbin Jr., MD, FCCM*
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*Sophia Socariss, MD, FCCM*

**DR. JOSEPH AND RAE BROWN AWARD**
Sponsor: The Pennsylvania Chapter of SCCM

*Pablo Rodriguez-Ortiz, MD, FCCM*

**FAMILY-CENTERED CARE AWARD**
Sponsor: Society of Critical Care Medicine

*University of California San Francisco Medical Center Adult Intensive Care Unit San Francisco, California, USA*

**HONORABLE MENTION**
*Kaiser Sunnyside Medical Center Intensive Care Unit Clackamas, Oregon, USA*

**GREENVIK FAMILY AWARD FOR ETHICS**
Sponsor: Grenvik Family Memorial Fund

*Michael A. Rie, MD*

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PUBLISHED GUIDELINES

Recommendations for the Diagnosis and Management of Corticosteroid Insufficiency in Critically Ill Adult Patients: consensus statements from an international task force by the American College of Critical Care Medicine

Chair: Paul E. Marik, MBBC, FCCM

Task Force Members: Stephen M. Pastores, MD, FCCM; Djjilai Annane, MD, G Umberto Meduri, MD; Charles L. Sprung, MD, FCCM; Wiebke Arlt, MD; Didier Keh, MD; Josef Briegel, MD; Albertus Beisuhzen, MD; Joanna Dimopoulou, MD; Stylianos Tsagarakis, MD, PhD; Mervyn Singer, MD; George P. Chrousos, MD; Gary Zaloga, MD, FCCM; Faran Bokhari, MD; Michael Vogeser, MD

Guidelines for Evaluation of New Fever in Critically Ill Adult Patients: 2008 update from the American College of Critical Care Medicine and the Infectious Diseases Society of America

Chair: Naomi P. O’Grady, MD

Task Force Members: Philip S. Barrie, MD, MBA, FCCM; John G. Bartlett, MD; Thomas Bleck, MD, FCCM; Karen Carroll, RN, Andre C. Kali, MD; Peter Linden, MD; Dennis G. Maki, MD; David Nierman, MD, FCCM; William Pasculle, MD; Henry Masur, MD, FCCM

Recommendations for End-of-Life Care in the Intensive Care Unit: A consensus statement by the American College of Critical Care Medicine

Co-chairs: Robert D. Truog, MD, FCCM and David C. Kaufman, MD, FCCM

Task Force Members: Margaret L. Campbell, PhD, RN; J. Randall Curtis, MD, MPH; Curtis E. Haas, PharmD; John M. Luce, MD; Gordon D. Rubenfeld, MD, MSc, Cynda Hylton Rushton, PhD, RN

GRANT RECIPIENTS

SCCM VISION GRANT

Sponsor: Society of Critical Care Medicine
Scott D. Halpern, MD, PhD
Effects of ICU Census on Rationing and Patient Survival

NORMA J. SHOEMAKER GRANT FOR CRITICAL CARE NURSING RESEARCH

Sponsor: Kimberly Clark Health Care
Mary E. Lough, RN, PhD, CCRN, CNRN
Epigenetic Contributions to Delirium in Mechanically Ventilated Patients

ABSTRACT BASED AWARDS

YOUNG INVESTIGATOR AWARD

Sponsor: Society of Critical Care Medicine
Pei-Ying Chuang, CCRN, PhD

#34 Neuroglobin Genetic Polymorphisms and Their Relationship to Functional Outcome Following Traumatic Brain Injury

IN-TRAINING AWARD

Sponsor: Society of Critical Care Medicine
Erika Stalsets, MD

#9 Novel IFNa-Induced Interaction Between TLR2 and TRIF Signaling

ANNUAL SCIENTIFIC AWARDS

Sponsor: Society of Critical Care Medicine

#1 Hemadsorption Improves Long-term Survival After Sepsis in the Rat

#26 Increased Prevalence of a Deletion Polymorphism in Glutamate Cysteine Ligase in Patients with Aneurysmal Subarachnoid Hemorrhage

#28 The Impact of Medicare’s Hospital Acquired Conditions Rule on ICU Payments

#35 Preservation of Cognition During ICU Sedation - The Johns Hopkins Acute Neurological ICU Sedation Trial (ANIST)

#36 Cerebrospinal Fluid 20-HETE is Associated with Poor Neuropsychological Outcomes After Aneurysmal Subarachnoid Hemorrhage

#37 Relationship Between Left Ventricular Wall Motion Abnormalities and Markers of Neurocardiac Injury in Patients with Aneurysmal Subarachnoid Hemorrhage

#43 Hypothermia Improves Ventricular Myocytes Contractility

#44 Genetic Variation May Predispose Patients to Ventilator Associated Pneumonia: A Study of 32 Polymorphisms and 11 Pathways in 1095 Trauma Admissions

Continued on page 76
SCCM HONORS THE 2009 ABSTRACT-BASED AWARDS

ABSTRACT BASED AWARDS CONT’D

#51 High Dose Statins are Associated with a Reduced All Cause Mortality in Patients Hospitalized with Sepsis & Severe Sepsis

#638 Improving Outcomes in Severe Sepsis and Septic Shock: Results of a Prospective Multicenter Collaborative

SPECIALTY AWARDS
Sponsor: Society of Critical Care Medicine
ADMINISTRATION:
#100 Financial Impact of Critical Care Pharmacists’ Interventions at a Tertiary Pediatric Hospital

BURNS/TRAUMA:
#49 Warm Fresh Whole Blood is Independently Associated with Improved Survival for Patients with Combat-related Trauma

CARDIOVASCULAR:
#20 Non Invasive Continuous Positive Airway Pressure and High Dose Intravenous Nitroglycerin in Hypertensive Pulmonary Edema; Which one has an Outcome Impact?

CELL BIOLOGY:
#127 Age-dependent Phosphorylation Modification of PPARy in Hemorrhage-Induced Lung Injury

CPR:
#17 Cause for a Pause During CPR...It matters!

EDUCATION:
#284 Simulation Curriculum Improves Surgical Interns’ Performance of Emergency Procedures

ENDOCRINE:
#261 Converting Cardiac Surgery Patients to Subcutaneous Insulin Glargine Following Continuous Insulin Infusion: Percentage-Based Versus Weight-Based Dosing

EPIDEMIOLOGY:
#27 Demonstrating Time-Dependent Drift in a Validated Risk Adjustment Tool

ETHICS:
#48 The Potential Impact of a Donation After Cardiac Death (DCD) Policy in Cardiac Versus Non-Cardiac Patients in a Pediatric Intensive Care Unit

GI/NUTRITION:
#10 Heat Shock Factor-1 Is Modified by Glutamine Mediated O-Linked-Glycosylation

HEMATOLOGY:
#442 Use of the 4T Score to Evaluate the Presence of Heparin Induced Thrombocytopenia in the Critically Ill

IMMUNOLOGY:
#11 MKP-2 Regulates MKP-1 and Mediates the Switch from Pro- to Anti-Inflammatory Cytokine Production in Sepsis

INFECTION:
#46 Prevalence and Mortality Associated with Cytomegalovirus Infection in Non-Immunocompromised ICU Patients

NEUROLOGY:
#38 NO Pathway Biomarkers of CV after SAH

PULMONARY:
#13 Epigallocatechin-3-gallate (EGCG) Improves Cell Viability Following Hypoxia Exposure in Cultured Respiratory Epithelial Cells

RENAI:
#600 Renal Saturations (rSO2) Predict Renal Function in Acute Pediatric Septic Disease

SEPSIS:
#52 Risk of Emerging Resistance Associated with Prolonged Use of Antibiotic Coated Catheters: A Seven Year Experience and >0.5 Million Catheter Days

THERAPEUTICS:
#59 The Cost Effectiveness of Dexmedetomidine vs Midazolam in Adult ICU Patients with Prolonged Mechanical Ventilation: An Economic Model

NURSING MEMBER SCHOLARSHIP AWARDS
Sponsor: Society of Critical Care Medicine Nursing Section
VICKI SNAVELY, RN
#306 Safely Reducing Potentially Inappropriate ICU Admissions to Improve Thru-put and Bed Utilization
LYNN J. HYDO, RN, CCRN, MBA
#322 Elimination of Gender Bias in the Outcomes of Critically Ill Surgical Patients

RESEARCH CITATION FINALISTS
#115 Regional Apoptosis Activity in Newborn Piglet Brain After CPB with DHCA is Lower with pH-stat vs. Alpha-stat
#123 MicroRNA Profiles from Platelets and Platelet-derived Micromics
#133 L-Threonine Induces Cytoplastic Heat Shock Protein 25 and Increases Intestinal Cell Survival Following Injury
#135 Extracellular HSPT2 - induced Phagocytosis is NF-,B- Mediated and Involves TLR 2.
#136 Extracellular Hsp72 induces cross-tolerance to TLR-2 ligands
#143 Treatment of ischemic brain injury with anti-CD18 results in a pro-inflammatory transcriptional program which suppresses apoptosis.
#144 Activated Microglia Influence the Neuroinflammatory Response in a Neonatal Rabbit Model of Cerebral Palsy
#164 Activated Protein C Restores Hepatic Heterogeneity of Perfusion and Attenuates Plasma Proinflammatory Cytokines after Sepsis
#165 Role of Neutrophil Collagenase (MMP-8) in Murine Model of Sepsis
#226 Troponin, Beta Blockers and Mortality Among MICU Patients
#229 A Comparison of Pulse Pressure Variation and Blood Volume Measurement
#262 Mid Infrared Spectroscopy (MIS) is Highly Accurate in Measuring Glucose in ICU Patients
#263 Prevalence and Significance of Lactic Acidosis in Diabetic Ketoacidosis
#305 Incidence of Deep Venous Thrombosis (DVT) in the Critically Ill: Are We Underestimating Upper Extremity (UE) DVT?
#306 Safely Reducing Potentially Inappropriate ICU Admissions to Improve Thru-put and Bed Utilization
#307 Durability of the Intensivists Physician Staffing (IPS) Standard in the SICU
#308 Pediatric severe sepsis in the US: 1995 vs. 2005
#309 Delirium is a Strong Predictor of Sepsis in Post Coronary Artery Bypass Grafting Patients
#310 Circulating Endothelial Progenitor Cells are Inversely Associated With Respiratory Organ Dysfunction in Sepsis
#311 Is a Negative FAST Exam in a Hemodynamically Stable Patient With Suspected Blunt Abdominal Trauma Enough to Exclude Significant Intra-Abdominal Injury?
#417 Outcomes of Extremely Ill ICU Patients: Who Survives?
#452 Risk Factors Associated with Breakthrough Candidemia in Patients Receiving Prophylactic / Empiric Antifungal Therapy
#492 Single Channel Quantitative EEG-Based Automated Seizure Detection in Generalized Seizure Patients using Forehead Electrodes
#503 Predictors of Recurrent Angiographic and Symptomatic Vasospasm after Angioplasty or Intra-Arterial Chemical Vasodilatation in Subarachnoid Hemorrhage
#551 Helium/Oxygen-Powered Nebulized Albuterol in Children with Status Asthmaticus: A Randomized, Placebo-Controlled Trial
#565 A Prospective Randomized Crossover Trial of Pediatric Simulation... Don't Just Talk About It, Just Do It!
#566 Survival analysis after Cardiopulmonary Resuscitation in Rats with Myocardial Infarction Treated with Mesenchymal Stem Cells
#615 Monotherapy or Combination Therapy? Targeting Gram-Negative Bacteria in Patients With Sepsis
#674 Increased Mortality with Benzodiazepines Compared to Propofol in the Sedation of Ventilated ICU Patients
#675 Does Body Weight Impact the Efficacy of Vasopressin Therapy in the Management of Septic Shock?
# BUSINESS MEETINGS

(All meetings take place at the Gaylord Opryland Resort and Convention Center unless otherwise noted)

<table>
<thead>
<tr>
<th>MEETING</th>
<th>TIME</th>
<th>ASSIGNED ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THURSDAY, JANUARY 29, 2009</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Committee</td>
<td>1:00pm - 5:00pm</td>
<td>Washington A</td>
</tr>
<tr>
<td><strong>FRIDAY, JANUARY 30, 2009</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Council</td>
<td>7:30am - 5:00pm</td>
<td>Magnolia Ballroom (Meeting) &amp; Magnolia Boardroom B (Lunch)</td>
</tr>
<tr>
<td><strong>SATURDAY, JANUARY 31, 2009</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Strategic Planning Committee Meeting</td>
<td>7:00am - 12:00pm</td>
<td>Belmont A</td>
</tr>
<tr>
<td>Nursing Section Advisory Council Meeting</td>
<td>7:00am - 8:00am</td>
<td>Washington A</td>
</tr>
<tr>
<td>Anesthesiology Section Advisory Board Committee Meeting</td>
<td>8:00am - 9:00am</td>
<td>Magnolia Ballroom B</td>
</tr>
<tr>
<td>Pediatrics Section Executive Committee Meeting</td>
<td>8:30am - 10:30am</td>
<td>Magnolia Boardroom A</td>
</tr>
<tr>
<td>ICU Design Award Committee</td>
<td>9:00am - 11:00am</td>
<td>Governor’s Chamber E</td>
</tr>
<tr>
<td>Congress Program Committee</td>
<td>11:00am - 2:00pm</td>
<td>Governor’s Chamber A - D</td>
</tr>
<tr>
<td>Partnership for Excellence in Critical Care</td>
<td>11:00am - 5:00pm</td>
<td>Belle Meade C</td>
</tr>
<tr>
<td>Pediatrics Section Resident Education Committee Meeting</td>
<td>11:00am - 12:00pm</td>
<td>Presidential Chamber B</td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Advisory Board Committee Meeting</td>
<td>1:30pm - 3:00pm</td>
<td>Presidential Boardroom A</td>
</tr>
<tr>
<td>Strategic Planning Committee</td>
<td>2:00pm - 4:00pm</td>
<td>Delta Island E</td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Pre-Congress Symposium on Becoming a More Effective Educator: Tools for the Critical Care Practitioner</td>
<td>3:00pm - 5:00pm</td>
<td>Governor’s Chamber E</td>
</tr>
<tr>
<td><strong>SUNDAY, FEBRUARY 1, 2009</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesiology Section Business Meeting</td>
<td>7:00am - 8:00am</td>
<td>Magnolia Boardroom B</td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Communications Committee Meeting</td>
<td>7:00am - 8:00am</td>
<td>Washington A</td>
</tr>
<tr>
<td>Guidelines Management Committee</td>
<td>7:00am - 8:30am</td>
<td>Governor’s Chamber D</td>
</tr>
<tr>
<td>AAP Section on Critical Care Executive Committee Meeting</td>
<td>8:00am - 5:00pm</td>
<td>Belmont C</td>
</tr>
<tr>
<td>Nursing Section Membership Subcommittee Meeting</td>
<td>8:00am - 9:00am</td>
<td>Magnolia Boardroom A</td>
</tr>
<tr>
<td>FDM Subcommittee</td>
<td>9:30am - 11:00am</td>
<td>Belmont A</td>
</tr>
<tr>
<td>Emergency Medicine Section Business Meeting</td>
<td>10:00am - 11:30am</td>
<td>Magnolia Boardroom B</td>
</tr>
<tr>
<td>Guidelines for Sedation and Pharmacologic Support of Critically Ill Children</td>
<td>10:00am - 12:00pm</td>
<td>Governor’s Chamber D</td>
</tr>
<tr>
<td>Guidelines for Ultrasound in Critical Care</td>
<td>10:00am - 12:00pm</td>
<td>Governor’s Chamber E</td>
</tr>
<tr>
<td>Nursing Section Education Subcommittee Meeting</td>
<td>10:00am - 11:00am</td>
<td>Cheekwood D</td>
</tr>
<tr>
<td>Pediatrics Section Billing and Coding Committee Meeting</td>
<td>10:00am - 11:00am</td>
<td>Magnolia Boardroom A</td>
</tr>
<tr>
<td>MCCRC Committee</td>
<td>10:30am - 12:30am</td>
<td>Presidential Boardroom A</td>
</tr>
<tr>
<td>Pay for Performance Committee Meeting</td>
<td>10:30am - 11:30am</td>
<td>Hermitage E</td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Business Meeting</td>
<td>11:00am - 12:30pm</td>
<td>Hermitage A &amp; B</td>
</tr>
<tr>
<td>Norma J. Shoemaker Research Grant Committee</td>
<td>11:00am - 12:00pm</td>
<td>Washington A</td>
</tr>
<tr>
<td>Pediatrics Section Fellowship Director’s Committee Meeting</td>
<td>11:00am - 1:00pm</td>
<td>Cheekwood G &amp; H</td>
</tr>
<tr>
<td>Undergraduate Education Committee Meeting</td>
<td>11:00am - 12:00pm</td>
<td>Belmont B</td>
</tr>
</tbody>
</table>
## BUSINESS MEETINGS

### Guidelines for Glycemic Control
- **Meeting Time:** 12:00pm - 2:00pm
- **Location:** Governor’s Chamber E

### Guidelines for the Recognition, Prevention and Treatment of Pain, Agitation and Delirium in Adult ICU Patients
- **Meeting Time:** 12:00pm - 2:00pm
- **Location:** Governor’s Chamber D

### Industry and Technology Section Business Meeting
- **Meeting Time:** 12:00pm - 1:00pm
- **Location:** Cheekwood F

### Osteopathic Medicine Section Business Meeting
- **Meeting Time:** 12:30pm - 1:30pm
- **Location:** Cheekwood E

### Research Committee
- **Meeting Time:** 1:00pm - 3:00pm
- **Location:** Presidential Boardroom A

### SCCM Business Meeting
- **Meeting Time:** 2:20pm - 3:00pm
- **Location:** Tennessee Ballroom A & B

### Guidelines for Models of Critical Care Delivery
- **Meeting Time:** 3:00pm - 5:00pm
- **Location:** Governor’s Chamber D

### Post-Congress Program Committee
- **Meeting Time:** 3:00pm - 4:00pm
- **Location:** Presidential Boardroom A

### ICC/C/ILG Committee Meeting
- **Meeting Time:** 3:15pm - 4:30pm
- **Location:** Governor’s Chamber E

### Clinical Pharmacy and Pharmacology Section Program Committee Meeting
- **Meeting Time:** 3:30pm - 5:00pm
- **Location:** Washington A

### Pediatrics Section Task Force on Recruiting Meeting
- **Meeting Time:** 3:30pm - 4:30pm
- **Location:** Presidential Chamber B

### Physician Assistants Section Business Meeting
- **Meeting Time:** 3:30pm - 4:30pm
- **Location:** Presidential Chamber A

### Baylor College of Medicine Alumni Reception
- **Meeting Time:** 5:30pm - 6:30pm
- **Location:** Governor’s Chamber C

### NIH Critical Care Alumni Reception
- **Meeting Time:** 6:00pm - 8:00pm
- **Location:** Governor’s Chamber A

### UPMC Department of Critical Care Medicine Dinner
- **Meeting Time:** 6:00pm - 8:00pm
- **Location:** Belle Meade A & B

### The Ohio State University Medical Center
- **Meeting Time:** 6:30pm - 9:30pm
- **Location:** Cheekwood G & H

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### MONDAY, FEBRUARY 2, 2009

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Start Time - End Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCM &amp; PCCM Combined Editorial Board Meeting</td>
<td>7:00am - 8:30am</td>
<td>Presidential Chamber B</td>
</tr>
<tr>
<td>General Guidelines Committee</td>
<td>7:00am - 8:30am</td>
<td>Governor’s Chamber D</td>
</tr>
<tr>
<td>Postgraduate and Fellowship Committee Meeting</td>
<td>8:00am - 9:00am</td>
<td>Delta Island F</td>
</tr>
<tr>
<td>Billing and Coding Oversight Committee Meeting</td>
<td>9:00am - 10:00am</td>
<td>Presidential Boardroom A</td>
</tr>
<tr>
<td>FCCS Program Committee</td>
<td>9:00am - 11:00am</td>
<td>Governor’s Chamber A &amp; B</td>
</tr>
<tr>
<td>Graduate and Resident Education Committee (RICU)</td>
<td>9:00am - 11:00am</td>
<td>Belmont A</td>
</tr>
<tr>
<td>Section Chairs Meeting</td>
<td>9:15am - 10:00am</td>
<td>Magnolia Boardroom B</td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Education Committee Meeting</td>
<td>10:00am - 11:30am</td>
<td>Cheekwood F</td>
</tr>
<tr>
<td>Guidelines for Medication Use Safety</td>
<td>10:00am - 12:00pm</td>
<td>Governor’s Chamber E</td>
</tr>
<tr>
<td>Guidelines for Neurological Death in Children</td>
<td>10:00am - 12:00pm</td>
<td>Governor’s Chamber D</td>
</tr>
<tr>
<td>MCCAP Committee</td>
<td>10:00am - 12:00pm</td>
<td>Presidential Boardroom A</td>
</tr>
<tr>
<td>Nursing Section Research Subcommittee Meeting</td>
<td>10:00am - 11:00am</td>
<td>Governor’s Chamber C</td>
</tr>
<tr>
<td>Pediatrics Section Advanced Practice Nursing Committee Meeting</td>
<td>10:00am - 11:30am</td>
<td>Presidential Chamber B</td>
</tr>
<tr>
<td>Ultrasound Committee</td>
<td>10:00am - 11:00am</td>
<td>Magnolia Boardroom B</td>
</tr>
<tr>
<td>Uniformed Services Section Business Meeting</td>
<td>10:00am - 11:00am</td>
<td>Presidential Chamber A</td>
</tr>
<tr>
<td>Advocacy Committee Meeting</td>
<td>10:30am - 12:30pm</td>
<td>Cheekwood G &amp; H</td>
</tr>
<tr>
<td>Practice Committee (Groeger Survey)</td>
<td>11:00am - 12:00pm</td>
<td>Presidential Chamber B</td>
</tr>
<tr>
<td>Internal Medicine Section Business Meeting</td>
<td>11:30am - 1:00pm</td>
<td></td>
</tr>
<tr>
<td>Nursing Section Advanced Nursing Practice Committee and Professional Development Meeting</td>
<td>11:30am - 12:30pm</td>
<td>Belmont A</td>
</tr>
<tr>
<td>Pediatrics Section Palliative Care Committee Meeting</td>
<td>11:30am - 12:30pm</td>
<td>Magnolia Boardroom A</td>
</tr>
<tr>
<td>Respiratory Care Section Business Meeting</td>
<td>11:30am - 12:30pm</td>
<td>Governor’s Chamber C</td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Research Committee Meeting</td>
<td>12:00pm - 1:30pm</td>
<td>Governor’s Chamber A &amp; B</td>
</tr>
<tr>
<td>Clinical Practice Guideline on Management of the Critically Ill Organ Donor</td>
<td>12:00pm - 2:00pm</td>
<td>Governor’s Chamber B</td>
</tr>
<tr>
<td>Fellowship Directors’ Luncheon</td>
<td>12:00pm - 1:30pm</td>
<td>Magnolia Ballroom</td>
</tr>
<tr>
<td>Guidelines for GI Prophylaxis</td>
<td>12:00pm - 2:00pm</td>
<td>Governor’s Chamber D</td>
</tr>
</tbody>
</table>
North Central Chapter  
Past Presidents’ Luncheon  
12:00pm - 1:30pm  
12:00pm - 1:30pm  
PFCCS Program Committee  
12:00pm - 2:00pm  
12:00pm - 2:00pm  
Surgery Section Subcommittee Meeting  
Ethics  
12:00pm - 2:00pm  
12:30pm - 2:00pm  
Pediatrics Section Patient Safety and Quality Committee Meeting  
12:30pm - 1:30pm  
Education and Training Steering Committee  
1:00pm - 2:00pm  
Nominating Committee  
1:30pm - 2:00pm  
General Guidelines Committee  
2:00pm - 3:00pm  
Patient and Family Support Committee  
2:00pm - 4:00pm  
Clinical Pharmacy and Pharmacology Section Membership Committee Meeting  
2:30pm - 4:00pm  
Pediatrics Section Business Meeting  
2:30pm - 4:00pm  
Guidelines for Admission and Discharge for the Pediatric ICU  
3:00pm - 5:00pm  
Guidelines for ICU Admission, Discharge, and Triage  
3:00pm - 5:00pm  
Joint SCCM/AACN/ACCP/ATS Business Meeting  
3:00pm - 4:00pm  
World Federation Editorial Board Meeting  
4:30pm - 7:00pm  
ACCM Robing Room  
5:00pm - 9:00pm  
US Critical Illness and Injury Trials Group  
5:00pm - 7:00pm  
ACCM Convocation  
6:00pm - 7:30pm  
Clinical Pharmacy and Pharmacology Section: New Members and First Congress Attendee Orientation  
8:30pm - 9:00pm  
Clinical Pharmacy and Pharmacology Section Member Reception  
9:00pm - 11:00pm

<table>
<thead>
<tr>
<th>TUESDAY, FEBRUARY 3, 2009</th>
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<tbody>
<tr>
<td>Board of Regents</td>
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<tr>
<td>Nursing Section Business Meeting/Expert Nurse Panel and Member Breakfast Reception</td>
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<tr>
<td>Surgery Section Business Meeting</td>
</tr>
<tr>
<td>Membership Committee Meeting</td>
</tr>
<tr>
<td>Chapter and Affiliate Committee</td>
</tr>
<tr>
<td>Neuroscience Section Business Meeting</td>
</tr>
<tr>
<td>SCCM/ESICM Business Meeting</td>
</tr>
<tr>
<td>ACCM Fellowship Services Committee</td>
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<tr>
<td>ACCM Nominating Committee</td>
</tr>
<tr>
<td>Current Concepts Committee</td>
</tr>
<tr>
<td>Finance Committee Meeting</td>
</tr>
<tr>
<td>ACCM Credentials Committee</td>
</tr>
<tr>
<td>ACCM Distinguished Investigator Committee</td>
</tr>
<tr>
<td>ACCM Town Hall</td>
</tr>
<tr>
<td>ACCM Business Meeting</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>WEDNESDAY, FEBRUARY 4, 2009</th>
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<tbody>
<tr>
<td>Council</td>
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</tbody>
</table>
## EXHIBIT HALL INFORMATION AND EVENTS

**Exhibitor-Sponsored Product Theater Workshops (Booth 1067)**

Attend these interactive workshops to learn about the latest technology in critical care.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Session Title</th>
<th>Presenter</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUNDAY, FEBRUARY 1</strong></td>
<td>10:00AM – 11:00AM</td>
<td>Resuscitation Guidelines for Patients Undergoing Fluid Resuscitation Must Include Intra-Abdominal Pressure Measurements and Therapeutic Interventions to Optimize Patient Outcomes</td>
<td>Tim Wolfe, MD</td>
<td>Intra-abdominal hypertension (IAH) is present in over 50% of ICU patients undergoing fluid resuscitation. Its presence exerts profound impact on cardiopulmonary function and organ perfusion, hindering early hemodynamic optimization. Data presented here suggest that intra-abdominal pressure measurement and minimally invasive interventions to reduce IAH should be included in resuscitation guidelines.</td>
</tr>
<tr>
<td><strong>SUNDAY, FEBRUARY 1</strong></td>
<td>2:00PM – 3:00PM</td>
<td>What if Nutrition Were Therapy? Reducing Risk and Improving Outcomes in Your Critically Ill Patients</td>
<td>Robert Martindale, MD, PhD</td>
<td>What if you could further reduce infection, antibiotic use, and surgical complications? What if nutrition could make an impact (on outcomes)? Learn about nutrition as primary therapy for critically ill patients. Leading experts in critical care will discuss the evidence and use of IMPACT(R) enteral formula. Impact Outcomes. Impact Lives.</td>
</tr>
<tr>
<td><strong>MONDAY, FEBRUARY 2</strong></td>
<td>10:00AM – 11:00AM</td>
<td>Efficacy of PICCs in Critical Care Patients</td>
<td>Greg Schears, MD</td>
<td>Central venous access is critical for the proper monitoring and treatment of most intensive care patients. Central lines are associated with a significant number of complications. PICCs have been used outside of the ICU and provide a reduced rate of catheter-associated bloodstream infection compared to conventional CVCs. New configurations are now available. The intensivist has more options to optimize patient care and reduce risks. Recent data on central line complications and advantages of using PICCs in the ICU will be reviewed.</td>
</tr>
<tr>
<td><strong>MONDAY, FEBRUARY 2</strong></td>
<td>2:00PM – 3:00PM</td>
<td>Born Ready to Mobilize: We Don’t Want Your Patients in Our Bed. We Want to Help You Get Them Out</td>
<td>Chris Winkelman, RN, PhD</td>
<td>This session will examine the mechanisms of achieving upright mobility for critically-ill patients. All physicians want their patients “out of bed to chair,” but what is the compliance rate to this order? Explore the benefits of the TotalCare(R) bed to help caregivers comply with out of bed orders and begin the upright mobility process. Early, Everybody, Easier. Experience the difference for yourself.</td>
</tr>
<tr>
<td><strong>TUESDAY, FEBRUARY 3</strong></td>
<td>9:00AM – 10:00AM</td>
<td>Introducing the Mallinckrodt® Sealguard Evac® Endotracheal Tube</td>
<td>Covidien</td>
<td>Please join Covidien for a presentation and demonstration on the newest advances in endotracheal tube technology from Mallinckrodt®.</td>
</tr>
</tbody>
</table>

### EXHIBIT HALL HOURS

The Exhibit Hall at the Gaylord Opryland Resort and Convention Center is open during the following hours:

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Sunday, February 1</td>
<td>9:00am – 3:00pm</td>
</tr>
<tr>
<td>Monday, February 2</td>
<td>9:00am – 3:00pm</td>
</tr>
<tr>
<td>Tuesday, February 3</td>
<td></td>
</tr>
</tbody>
</table>

### Future Congresses (944)

Stop by to learn the exciting locales to host the 2010, 2011 and 2012 Congresses. Mark your calendars and start planning for these premier critical care events.

### Internet Pavilion (867)

Catch up on work or keep in touch while you’re at Congress by checking your email on site at the SCCM Internet Pavilion. Use a provided PC or bring your laptop to connect to one of the many high-speed laptop station ports. Wireless Internet access also will be available. These services are free of charge.

### Refreshment Breaks

Complimentary refreshments will be available during morning and afternoon breaks in the Exhibit Hall on Sunday, February 1, Monday, February 2, and Tuesday, February 3. These breaks offer an excellent opportunity to visit with exhibitors while enjoying breakfast and refreshments.
<table>
<thead>
<tr>
<th>Company</th>
<th>Booth #</th>
<th>Address</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABBOTT NUTRITION</td>
<td>#743</td>
<td>625 Cleveland Avenue, Columbus, OH 43215</td>
<td>Abbott Nutrition provides innovative and superior nutrition that advances the quality of life for people of all ages. Oxepa® is therapeutic nutrition for modulating inflammation in Sepsis, ARDS and ALL. Clinical trials demonstrate more ventilator-free days, more ICU-free days, reduced new organ failures and lower mortality rates. Please visit our booth for copies of these published studies.</td>
</tr>
<tr>
<td>ABBOTT POINT OF CARE</td>
<td>#751</td>
<td>104 Windsor Center Drive, East Windsor, NJ 08520</td>
<td>Abbott Point of Care develops, manufactures, and markets critical medical diagnostic and data management products for rapid blood analysis. Abbott Point of Care is a division of Abbott, a global, broad-based healthcare company devoted to the discovery, development, manufacture, and marketing of pharmaceuticals and medical products, including nutritional, devices, and diagnostics.</td>
</tr>
<tr>
<td>ADVANDX, INC.</td>
<td>#823</td>
<td>10A Roessler Road, Woburn, MA 01801</td>
<td>AdvanDx is the world’s leading provider of fast, accurate and easy-to-use in vitro molecular diagnostic products that advance the prevention, diagnosis and treatment of infectious pathogens. AdvanDx’s products and services enable dramatic improvements in patient care and outcomes while reducing hospital costs.</td>
</tr>
<tr>
<td>AIR NATIONAL GUARD</td>
<td>#438</td>
<td>1411 Jefferson Davis Highway, Arlington, VA 22202</td>
<td>The Air National Guard’s primary mission is Homeland Defense for each state. We also have a Federal mission in support of real world contingencies abroad. The Air Guard Health Professions Recruiting program specializes in the recruitment of Health Professionals and enlightening them about benefits and jobs within the Air National Guard.</td>
</tr>
<tr>
<td>ALSIUS CORPORATION</td>
<td>#423</td>
<td>15770 Laguna Canyon Road, Suite 150, Irvine, CA 92618</td>
<td>ALSIUS is the worldwide leader in providing catheter-based intravascular patient temperature management for critically ill patients. The ALSIUS system and catheters deliver precise core patient cooling or warming therapy in an easy-to-use and cost-effective system to achieve and maintain desired patient temperature.</td>
</tr>
<tr>
<td>AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES</td>
<td>#220</td>
<td>101 Columbia, Aliso Viejo, CA 92656</td>
<td>The American Association of Critical-Care Nurses represents the interests of more than 500,000 acute and critical care nurses working toward a healthcare system driven by the needs of patients and families where nurses make their optimal contribution. AACN membership includes the benefits of award-winning journals, educational programs, products and services. Please visit the AACN booth.</td>
</tr>
<tr>
<td>AMERICAN COLLEGE OF CHEST PHYSICIANS</td>
<td>#228</td>
<td>3300 Dundee Road, Northbrook, IL 60062</td>
<td>The American College of Chest Physicians is the leading resource for the improvement in cardiopulmonary health and critical care worldwide. Our mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication.</td>
</tr>
<tr>
<td>AMERICAN HEART ASSOCIATION</td>
<td>#226</td>
<td>7272 Greenville Ave, Dallas, TX 75231</td>
<td>The American Heart Association is a national, not-for-profit organization committed to reducing death and disability from cardiovascular and respiratory emergencies in our communities. We continue to improve the quality of healthcare through research, training, and education. Go to our web site at americanheart.org/cpr to find out more.</td>
</tr>
<tr>
<td>ANESTHESIOLOGY NEWS</td>
<td>#339</td>
<td>545 West 45th Street, 8th Floor, New York, NY 10036</td>
<td>Anesthesiology News, the best-read publication in anesthesiology (PERQ/HCI Media Chek® and FOCUS™), offers extensive coverage of more than one dozen major clinical meetings. Provides articles on the latest scientific research along with in-depth clinical reviews, practice management articles and CME activities. Mailed monthly to all 42,795 U.S. anesthesiologists and anesthesiology residents (PGY -4).</td>
</tr>
<tr>
<td>ASPECT MEDICAL SYSTEM</td>
<td>#755</td>
<td>1 Upland Road, Norwood, MA 02062</td>
<td>Aspect Medical Systems, Inc. manufactures and markets patient monitoring technology that directly measures the effects of anesthetics and sedatives on the brain. By using Aspect’s BIS® technology, clinicians are able to optimize administration of anesthetics and sedatives and improve the cost effectiveness, quality and safety of patient care.</td>
</tr>
<tr>
<td>ASTELLAS PHARMA US, INC.</td>
<td>#917</td>
<td>3 Parkway N, Deerfield, IL 60015</td>
<td>Astellas Pharma US, Inc., a subsidiary of Tokyo-based Astellas Pharma, Inc., is a research-based pharmaceutical company dedicated to improving the health of people around the world through innovative pharmaceutical products. Astellas ranks among the top 20 pharmaceutical companies in the world. For more information on Astellas, please go to <a href="http://www.astellas.com/us">www.astellas.com/us</a>.</td>
</tr>
<tr>
<td>BANNER HEALTH</td>
<td>#229</td>
<td>3141 N. 3rd Avenue, Phoenix, AZ 85013</td>
<td>BANNER HEALTH</td>
</tr>
</tbody>
</table>
EXHIBITOR LISTING

BARD ACCESS SYSTEMS
BOOTH # 904
605 N 5600 W
Salt Lake City, UT 84116
United States
Phone: +1 801 595-0700 Fax: +1 801 595-4975
Web site: www.bardaccess.com

BARD Access Systems invites you to visit our booth to learn about the exciting new PowerPICC SOLO*, the world’s first proximally valved, heparin-free, power injectable, triple lumen PICC. The PowerPICC SOLO* can also be used for CVP monitoring. We will also have the Site-Rite* Ultrasound System, Sherlock* Tip Location System.

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BOOTH # 811
8195 Industrial Boulevard
Covington, GA 30014
United States
Phone: +1 800 526-4455
Web site: www.bardmedical.com

Agento* I.C. silver-coated endotracheal tube [ETT] is a scientifically proven VAP preventative device for patients at risk of intubation for 24 hours or longer that minimizes user dependence. In a multicenter clinical trial including 2003 patients in 54 sites, Agento* I.C. reduced microbiologically confirmed VAP by 36% overall and by 48% for patients intubated within the first 10 days.

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BOOTH # 343
25212 West State Road
Route 120
Round Lake, IL 60073
Phone: +1 800-4-BAXTER
www.baxter.com

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BOOTH # 328
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United States
Web site: www.baxter.com

Baxter Healthcare is a leading provider of dialysis products for home, in-center, and critical care settings. Learn how the innovative and easy-to-use Aquarius System benefits you and your CRRT patients and interact with our newly released, customer-focused AdvanCCE nurse education program offering foundational education, refresher training and just-in-time support tools.

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100 Rodolphe Street
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United States
Phone: +1 919 620-2000 Fax: +1 908 968-9494
Web site: www.biomerieux-usa.com

BioMerieux is a world leader for in vitro diagnostic solutions (instruments, reagents, software) which determine the source of disease and contamination to improve patient health and ensure consumer safety. Our award-winning diagnostic solutions identify infectious diseases and provide high medical value results for cardiovascular emergencies, early indication of sepsis and guide patient therapy management.

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MSB #350
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United States
Phone: +1 269 226-5065 Fax: +1 269 226-5966
Web site: www.borgess.com

Borgess Medical Center is a 424-bed teaching hospital and Level I Trauma Center providing nationally recognized cardiac and neuro care with advanced capabilities in multiple specialties. Located in Kalamazoo, Michigan, USA, Borgess offers a complete continuum of services to 11 million people living in 11 counties in southwest and south central Michigan.

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127 Lubrano Drive
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Annapolis, MD 21401
United States
Phone: +1 410 897-9960 Fax: +1 410 897-1936
Web site: www.brahms-usa.com

BRAHMS is focused on innovative biomarkers that have the potential to improve the quality and the effectiveness of modern diagnostics. Brahms USA develops Procalotonin, an FDA cleared biochemical test for the diagnosis of severe bacterial infections.

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Web site: www.viasyshealthcare.com

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Web site: www.cardiotoric.net

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Phone: +1 314 772-4610 Fax: +1 314 772-4613
Web site: www.caretechlabs.com

CARE-TECH® is a specialty manufacturer of infection prevention technology including Techni-Care® antiseptic, Clinical Care® dermal wound cleanser and Barri-Care® antimicrobial ointment. Stop by for samples or to discuss your current patient needs in wound care or topical infection concerns.
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Web site: www.czsmedical.com

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Web site: www.clinicomp.com

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United States
Web site: www.conmed.com

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Web site: www.cookmedical.com

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United States
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Web site: www.covidien.com

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United States
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Web site: www.cubist.com

Cubist Pharmaceuticals, Inc. is a biopharmaceutical company focused on acute care anti-infective pharmaceutical products. Cubist developed and markets IV antibiotic CUBICIN® (daptomycin for injection). The Cubist pipeline includes pre-clinical programs that address unmet medical needs in Gram-positive and Gram-negative infections and CDAD. More at www.cubist.com.

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United States
Phone: +1 615 255-0068
Web site: www.cumberlandpharma.com

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7 Cross Street
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Plainville, MA 02762
United States
Phone: +1 800 343-3980 Fax: +1 508 695-6581
Web site: www.dalemmed.com

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United States
Phone: +1 212 330-8500 Fax: +1 212 244-0806
Web site: www.daxor.com

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United States
Phone: +1 800 437-2437 Fax: +1 215 723-5935
Website: www.draeger.com

Dräger introduces the Carina® sub-acute ventilator. This new, compact ventilator provides invasive and non-invasive care for adult and pediatric patients. Ideally suited for emergency rooms, recovery rooms, or sub-acute facilities, the Carina offers the flexibility and performance to address ventilation challenges. With battery back-up and the ability to utilize either high or low oxygen pressure sources, it supports operational versatility during transport or other adverse conditions.

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Three Ravinia Drive
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United States
Phone: +1 772 942-6923
Website: www.eclipsys.com

Sunrise Critical Care™ is an information technology solution from Eclipsys that delivers end-to-end workflow automation for critical care. It connects nurses, physicians and respiratory therapists with templates, device connectivity, assists in the planning and delivery of care that helps organizations achieve better outcomes in critical care.

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BOOTH # 634
One Edwards Way
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United States
Phone: +1 949 250-2500 Fax: +1 949 250-2208
Website: www.Edwards.com/CriticalCare

Edwards Lifesciences offers hemodynamic management solutions including the FloTrac sensor (CO, SVV/SV) and Vigileo monitor, the PreSep and PediaSat sometry catheters, the Swan-Ganz PAC, TruWave DPT and VAMP® system. Since the introduction of the Swan-Ganz catheter in 1973, Edwards has partnered with clinicians to develop solutions that help advance patient care. Visit us in booth #634 to learn more.

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Phone: +43(0) 2252 890152
Website: www.emcools.com

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Website: www.escalonmed.com/eva/

Escalon Vascular Access provides ultrasound guided devices for all your needs in Assisted Vascular Access. VasculView™ is our Visual Ultrasound line. PD Access™ is our Ultrasound Guided Needle Assemblies line. Both of these Assisted Vascular Access devices offer state of the art technology, ease of use, and superior imaging/vessel detection.

EUROPEAN SOCIETY OF INTENSIVE CARE MEDICINE (ESICM)
Booth #955 (SCCM Central)
40 Avenue Joseph Wybran
Brussels, B-1070
Belgium
Phone: +32 2 559-0350 Fax: +32 2 527-0062
Website: www.esicm.org

The European Society of Intensive Care Medicine (ESICM) aims at fostering intensive care medicine in Europe and worldwide. With almost 4,000 members, the Annual Congress and other conferences are organized in Europe, some in conjunction with SCCM and other international societies. Research, education and various projects are being developed.

GAMBRO
BOOTH # 434
14143 Denver West Parkway
Lakewood, CO 80401
United States
Phone: +1 800 525-2623 Fax: +1 303 231-4032
Website: www.gambro.com

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BOOTH # 321
PO Box 7550
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Website: www.gehealthcare.com

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GLOBAL CARE QUEST
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Suite 430
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United States
Phone: +1 949 330-6041

Global Care Quest is the developer of the Integrated Clinical Information System (ICIS) that performs real-time integration and delivery of digital medical records, charting, bedside monitoring data, and laboratory results to physicians and medical teams via stationary, wireless PCs, and handheld devices. ICIS increases clinician effectiveness and patient safety.
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St. Pete Beach, FL 33706
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Uniondale, NY 11553
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Phone: +1 516 393-0970 Fax: +1 516 393-0969
Website: www.imacormonitoring.com
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cardiac size and function in the ICU for up to 72
hours. The ClariTEE probe allows intensive care
clinicians to easily assess and manage cardiac
preload, intravascular volume status and left
ventricular systolic function over time.
EXHIBITOR LISTING

IMDSOFT
BOOTH # 527
300 First Avenue
Needham, MA 02494
United States
Phone: +1 781 449-5567 Fax: +1 781 449-1702
Web site: www.imd-soft.com

IMDSOFT is a leading provider of clinical information systems dedicated to automating critical care and perioperative environments. The MetaVision suite is a fully-integrated, customizable solution for data collection and presentation, order management, clinical analysis, and decision support across the critical care and perioperative continuum.

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The IMPACT Marketing Group is a full service marketing research firm specializing in health-care research. Our tradeshows activities include survey research, in person interviews and focus group discussions, on medical practice issues to aid pharmaceutical and diagnostic product development efforts.

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Bethel Park, PA 15102
United States
Phone: +1 412 854-1133 Fax: +1 412 854-5668
Web site: www.iimedia.com

Instrumentation Industries, Inc. is an industry leader in the development, manufacturing and sales of specialty medical components used in a variety of health care settings. We provide practical solutions for healthcare professionals in critical care, anesthesia, respiratory care, and emergency medicine.

INTEGRA®
BOOTH # 930
311 Enterprise Drive
Plainsboro, NJ 08536
United States
Phone: +1 800 997-4868 Fax: +1 609 275-5363
Web site: www.integra-ls.com

Integra® sells the Camino®, Licor® and Ventrix® lines of intracranial pressure monitoring systems. Also, Integra® sells Integra Hydrocephalus Management products, the DuraGen® Dural Graft Matrix, the NeuraGen® Nerve Guide, the Selector® and Cusa Excel® Ultrasonic Aspirator, Mayfield® Surgical Devices, Integra Systems CSF Drainage and Cranial Access and Ruggles® instruments for neurosurgery.

INTERNATIONAL BIOMEDICAL, LTD.
BOOTH # 838
8508 Cross Park Drive
Austin, TX 78754
United States
Phone: +1 512 873-0033 Fax: +1 512 873-9090
Web site: www.it-bio.com

AIRBORNE LIFE SUPPORT SYSTEMS: customized modular infant and pediatric transport systems that are complete with patient monitoring and ventilation for in-house, ambulance and aircraft transports. VIA MEDICAL: automated, closed-loop systems for real-time blood gas and chemistry analysis at patient bed-side, Which attach to standard UAC to eliminate blood loss.

INTOUCH HEALTH
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90 Castilian Drive
Suite 200
Santa Barbara, CA 93117
United States
Phone: +1 805 562-8686 Fax: +1 805 562-8663
Web site: www.intouchhealth.com

InTouch Health’s Remote Presence Robotic System enables physicians to more easily and frequently consult and round on hospital-based patients, thereby improving hospital through-put, physician efficiency and quality of care. With RP-7®, the Remote Presence Robot, physicians are available on demand across multiple areas of high acuity (ICU, ER, patient wards).

INTERNATIONAL SYMPOSIUM ON INTENSIVE CARE AND EMERGENCY MEDICINE (ISICEM)
BOOTH # 232
Hospital Erasmé
Route de Lennik 808
Brussels B1070
Belgium
Phone: +32 2555 4757 Fax: +32 2555 45 55
Web site: www.intensive.org

The objective of this four-day symposium is to review concepts and technology and present recent advances in the management of critically ill patients. The symposium includes formal presentations as well as practical discussions such as tutorials, round tables, pro-con debates, meet the experts, etc. Original scientific posters will also be presented. The meeting is open to all physicians, nurses and other allied health professionals interested in intensive care and emergency medicine.

KCI
BOOTH # 711
8023 Vantage Drive
San Antonio, TX 78230
United States
Phone: +1 888 275-4524 Fax: +1 210 255-6319
Web site: www.kci.com

KCI offers over 40 healing systems and therapy options that provide risk and disease management solutions for wound, pulmonary, bariatric, vascular, and diabetic patients. Our commitment to improving patient outcomes remains paramount. KCI can effectively meet patient needs with the broadest, most economically-proven product line in the industry.

KIMBERLY-CLARK CORPORATION
BOOTH # 448
1400 Holcomb Bridge Road
Roswell, GA 30076
United States
Phone: +1 770 587-8308 Fax: +1 920 225-4531
Web site: www.kclhealthcare.com

At Kimberly-Clark, we are committed to designing clinical solutions to help prevent, diagnose and manage Ventilator-Associated Pneumonia(VAP) with products and services including: oral care systems, closed suction systems catheters, endotracheal tubes, VAP diagnostic catheters, along with best practices and clinical education. With Kimberly-Clark you’ll always have one less worry.

LIDCO LTD
BOOTH # 551
Unit M, South Cambridge Business Park
Babraham Road
Sawston, Cambridge, CB22 3JH
United Kingdom
Phone: +44 1223 830666 Fax: +44 1223 837241
Web site: www.lidco.com

LIDCO develops medical devices primarily for Critical Care and Anesthesia patients. The LIDCO® System provides a safe and accurate indicator dilution method of measuring cardiac output. This, combined with the LIDCO® plus monitor, provides beat to beat CO, DO2, SVR, MAP, PFP and SVV. The company also offers the LIDCOrapid® Hemodynamic Monitor, which is designed to facilitate fast and effective fluid management.

MAQUET, INC.
BOOTH # 830
1140 Route 22 East
Suite 202
Bridgewater, NJ 08807
United States
Phone: 888-Maquet3 Fax: +1 908 947-2301
Web site: www.maquetusa.com

MAQUET is the global market leader in the field of ventilation with SERVO®-i the number one ventilation brand. The unmatched flexibility of the SERVO®-i can be customized to each individual ICU’s needs, making it a perfect choice for use on all patient types in the NICU, PICU and adult ICU.
MASIMO
BOOTH # 700
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Irvine, CA 92618
United States
Phone: +1 949 297-7000 Fax: +1 949 297-7001
Web site: www.masimo.com

Masimo is the inventor of motion and low perfusion tolerant pulse oximetry. Over 100 independent studies demonstrate the superior performance of Masimo SET™ pulse oximetry technology. Masimo Rainbow SET noninvasively and continuously measures total hemoglobin and oxygen content, oxygen saturation, and methemoglobin, in addition to oxygen saturation and pulse rate.

MD SCIENTIFIC, LLC
(NOW PART OF HOSPIRA, INC.)
BOOTH # 750
2815 Coliseum Centre Drive
Suite 250
Charlotte, NC 28277
United States
Phone: +1 704 335-1300 Fax: +1 704 335-1309
Web site: www.hospira.com/Products/ glycemiccontrol.aspx

In 2008, Hospira acquired the EndoTool® Glucose Management System business from MD Scientific, LLC. EndoTool® is a highly-specialized software system that calculates the dose of IV insulin needed to quickly control blood glucose levels in critical care settings. This proprietary, easy to use, FDA-cleared software actively monitors and adapts to individual patient responses to IV insulin—even those with fluctuating insulin requirements.

MEDICAL DECISIONS NETWORK
BOOTH # 862
2000 Holiday Drive
Charlottesville, VA 22901
United States
Phone: +1 434 971-7953 Fax: +1 434 951-0226
Web site: www.mdnoutcomes.net

MDN Total Solutions approach to glucose control includes: GlucoStabilizer™, FDA cleared software that improves glucose control by automating the calculation and the appropriate insulin dosage for intravenous infusions. GlucoTracker™ Actionable healthcare information service, specific to glucose, enables clinicians and administrators to measure, report and improve critical care outcomes.

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Norcross, GA 30092
United States
Phone: +1 800 780-3500 Fax: +1 678 248-6721
Web site: www.mdainc.com

Medical Doctors Associates is the quality leader in healthcare staffing. MDA is the only multi-specialty locum tenens organization that offers Occurrence Form Insurance to doctors who contract with us. MDA pays competitive fees every two weeks and now offers direct deposit. MDA is 100% employee-owned. Your satisfaction is our future.

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Web site: www.meditrace.com

The ArcTrac® XLT system is a complete home monitoring and management system that provides effective, reliable and flexible continuous monitoring of heart rate, blood pressure, oxygen saturation and CO2 for heart failure patients.

MERCER & CO., INC.
BOOTH # 923
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North Wales, PA 19454
United States
Phone: +1 267 305-5000 Fax: +1 267-1266
Web site: www.merck.com

We invite you to visit our exhibit featuring CANDIDA® (Caspofungin Acetate) and PRIMAVID® (Imipenem-Cilastatin Sodium). Inquiries about our professional, institutional, and educational services are welcomed.

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PO Box 83
Wallingford, PA 19086
United States
Phone: +1 215 498-2111 Fax: +1 201 661-2882
Web site: www.microvisionmedical.com

The MicroScan provides real-time imaging and analysis of the microcirculation using a new technology SideStream Dark Field (SDF) that provides unprecedented image quality for use in a broad range of clinical scenarios. When attached to a laptop computer, the analysis software provides the basic parameters such as functional capillary density.

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United States
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The National Library of Medicine (http://www.nlm.nih.gov) is the world’s largest biomedical library and creator of MEDLINE™. NLM provides free worldwide access to PubMed® and MedlinePlus® as well as other resources via the Internet for health information professionals, healthcare clinicians, researchers, and consumers.

NESTLE HEALTHCARE NUTRITION
BOOTH # 829
10801 Red Circle Drive
Minnetonka, MN 55343
United States
Phone: +1 952 848-6000
Web site: www.nestlenutrition/us.com

Nestlé Healthcare Nutrition is dedicated to science-based nutrition products, services and education. A division of the world’s largest food company, Nestlé Healthcare Nutrition blends its knowledge of nutrition and science to meet the needs of acute and chronically ill patients with trusted brands like PEPTAMEN®, CRUCIAL®, and IMPACT®.

NEUROLOGICA CORPORATION
BOOTH # 647
14 Electronics Avenue
Danvers, MA 01923
United States
Phone: +1 978 560-8520 Fax: +1 978 560-0602
Web site: www.neurologica.com

NeuroLogica Corp. develops, manufactures and markets innovative medical imaging equipment for healthcare facilities and private practices worldwide. Combining portability with state of the art image detail, the CereTom® portable CT scanner delivers effective, reliable and flexible CT imaging at the ED, OR, ICU, NICU or any location where a scan is required. Corporate information, clinical images, customer stories, etc. can be found on Neurologica’s website at www.neurologica.com.
Nova StatStrip® glucose test strips feature new Multi-Well™ technology that eliminates interferences from hematocrit, maltose, oxygen, acetaminophen, ascorbic acid, and uric acid to meet the challenges of tight glycemic control. Stat Profile® Critical Care Xpress analyzers measure up to 20 tests from two drops of whole blood in less than two minutes.

OBS Medical delivers life-saving insight through innovative solutions for safer hospitals and safer patients. An early warning system predicting patient deterioration, Visensia® fuses vital signs into a numerical index. This Visensia® index alerts caregivers of impending crises via Visensia® Vital Alert®, enabling significant improvement in outcomes and hospital resource utilization.

The function of the Ocean State Clinical Coordinating Center is to facilitate testing of new interventions and diagnostics, develop high-quality protocols for Phase II and Phase III clinical trials, generate consistent interpretation of enrollment criteria, and assure the accurate execution of clinical protocols.

The white coat is the physician’s most important furnishing. We make the finest white coats available. We are not re-sellers of the mass-produced coats sold in uniform stores. We make our own coats domestically and we only sell direct to the profession. We also offer the SCCM logo on our coats and scrubs.

**NEW PRODUCT**

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Web site: www.optiscancorp.com

OptiScan’s novel continuous glucose monitoring system provides automated, frequent and highly-accurate glucose measurements to be used in a broad range of ICU patient populations. The system is designed to simplify protocol implementation and help realize the full healthcare quality and economic benefits available through tight glycemic control.

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Phone: +1 908 218-6000

Web site: www.ortho-mcneil.com

Ortho-McNeil®, Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc., is committed to providing innovative, high-quality, prescription medicines and resources in the areas of bacterial infection and cardiovascular disease for healthcare providers and their patients in hospitals and other care facilities. For more information, visit www.ortho-mcneil.com.

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**BOOTH # 230**

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United States

Phone: +1 202 424-8200

Fax: +1 202 416-1250

Web site: www.pva.org

An organization dedicated to serving its members – veterans with spinal cord injury or dysfunction (MS, ALS). PVA addresses all aspects of their lives and produces educational publications for consumers and professionals on healthcare, education, research, advocacy, and sports for all Americans with a spinal cord dysfunction.

**PASSY-MUIR INC.**

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United States

Phone: +1 949 833-8255

Fax: +1 949 833-8299

Web site: www.passy-muir.com

Passy-Muir Tracheostomy & Ventilator Swallowing and Speaking Valves are the only closed position “no leak” swallowing/communication valves. The only speaking valves that are interchangeable for use on/off the ventilator and that research validates improve swallowing, reduce aspiration, facilitate secretion management, and reduce weaning & decannulation time. Free online CEU courses and educational materials.

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Web site: www.percussionaire.net

Therapeutic Lung Recruitment™ exclusively from Percussionaire®. High Frequency Percussive Ventilation (HPV) including the VDR® 4 intensive care ventilator for managing the most challenging patients (especially burn and trauma) and the related IPV® devices. Also the Bronchotron® high frequency transport device and the Oscillatron Servo™ which allows HFOV to be added to an existing ventilator.

**PERCUSSIONAIRE CORP.**

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Fax: +1 208 263-0577

Web site: www.percussionaire.net

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**BOOTH # 500**

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Andover, MA 01810

United States

Phone: +1 978 659-2578

Fax: +1 978 689-9862

Web site: www.philips.com/healthcare

Philips is one of the world’s leading healthcare technology companies. We are committed to understanding the technological and human needs of patients and caregivers and to delivering solutions that enable more confident diagnoses, more efficient delivery of care, and more positive user experiences. People focused. Healthcare simplified. www.philips.com/healthcare.

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United States

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Fax: +1 412 318-0860
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BOOTH # 626
2245 Gateway Drive
Suite 110
Irving, TX 75063
United States
Phone: +1 214 446-8500 Fax: +1 214 446-6702
Web site: www.pulsion.com

PULSION, the world’s #1 in less invasive hemodynamic monitoring PiCCO2. Get the complete picture: precise, calibrated beat-to-beat cardiac output; volumetric preload parameters instead of filling pressures; afterload, contractility, volume responsiveness; bedside pulmonary edema assessment. Additional information is available at www.PULSION.com.

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3909 Three Oaks Road
Cary, IL 60013
United States
Phone: +1 800 323-2220 Fax: +1 815 444-5705
Web site: www.sageproducts.com


SANOFI-AVENTIS
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55 Corporate Drive
Bridgewater, NJ 08807
United States
Phone: +1 908 981-5000
Web site: www.sanofi-aventis.com

Please visit the Sanofi-Aventis Booth, home of Lovenox® (enoxaparin sodium injection), the company’s low-molecular-weight heparin. The very latest information, including educational materials and other useful resources, will be available.

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Fenton, MO 63026
United States
Phone: +1 636 349-3377 Fax: +1 636 349-3318
Web site: www.bemes.com; www.sentec.ch

The Sentec Monitor provides ACCURATE, continuous, non-invasive real-time monitoring of patient Arterial CO2, Oxygen Saturation and Heart Rate utilizing the “V-Sign Sensor,” the world’s only DIGITAL Transcutaneous sensor. Through accurate real-time monitoring and patient trend memory, we can better assess patient ventilation and oxygenation in all patients, including Neonatal applications!

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Phone: +1 425 951-1200
Web site: www.sonosite.com

SonoSite is the innovator and world leader in hand-carried ultrasound. Custom designed for the Critical Care Clinician, SonoSite’s S-ICU and M-Turbo point-of-care ultrasound tools are easy to use, durable and reliable with strikingly clear image quality. SonoSite backs its systems and most transducers with a five-year warranty, an industry first.

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Visit the Springer booth and browse Springer’s Critical Care titles, including Intensive Care Medicine, the Official Journal of the European Society of Intensive Care Medicine and the European Society of Pediatric and Neonatal Intensive Care; and the best-selling title, Medical Emergency Teams: Implementation and Outcome Measurement, edited by DeVita et al.

STELLATE
BOOTH # 631
376 Victoria Avenue
Suite 200
Montreal, Quebec H3Z 1C3
Canada
Phone: +1 514 486-1306 Fax: +1 514 486-0694
Web site: www.stellate.com

Founded in 1986, Stellate is a leading global supplier of advanced solutions for EEG, Long Term & ICU Monitoring and Sleep Diagnostics, with installations at a wide range of institutions. Vita ICU, a neurological monitoring system specifically designed for the ICU, is the latest addition to the Stellate product range.
EXHIBITOR LISTING

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Phone: +1 919 433-4815 Fax: +1 919 433-4989
Web site: www.teleflexmedical.com

THE MEDICINES COMPANY
BOOTH # 300
8 Campus Drive
 Parsippany, NJ 07054
United States
Phone: +1 973 656-1666
Web site: www.Cleviprex.com;
www.themedicinescompany.com

The Medicines Company is focused on advancing the treatment of critical care patients through the delivery of innovative, cost-effective medicines to the worldwide hospital marketplace. The Company acquires, develops, and commercializes pharmaceutical products and creates value using its range of clinical and commercial skills to develop these products. Please visit our Cleviprex™ (cledipine butyrate) booth for clinical information.

TRANSonic SYSTEMS, INC.
BOOTH # 331
34 Dutch Mill Road
Ithaca, NY 14850
United States
Phone: +1 800 353-3569 Fax: +1 607 257-7256
Web site: www.transonic.com

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United States
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Web site: www.tshsc.com

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USCOM
BOOTH # 218
Suite 1, Level 7, 10 Loftus Street
Sydney, NSW 2000
Australia
Phone: +61 29 247-4144 Fax: +61 29 247 8157
Web site: www.uscom.com.au

USCOM uses Continuous Wave Doppler Ultrasound to accurately and non-invasively measure the flow of blood through the cardiac valves. Using patented algorithms, the device converts this flow information into reliable and reproducible data about 14 different parameters of cardiac function. USCOM includes automatic flow profile tracing for instantaneous, beat-to-beat monitoring of cardiac output.

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Phone: +1 800 331-2313
Web site: www.verathon.com

The GlideScope® Video Laryngoscope, from Verathon®, is designed for 1st Pass Success. GlideScope® offers a consistently clear view of the airway, enabling quick intubation. With its innovative design, GlideScope® is less traumatic for patients than traditional methods, and is easy to learn, use and teach.

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Suite 1900
Baltimore, MD 21202
United States
Phone: +1 410 843-4535 Fax: +1 410 276-1970
Web site: www.visicu.com

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United States
Phone: +1 800 782-7706 Fax: +1 626 855-4862
Web site: www.whitehallmfg.com
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Salt Lake City, UT 84107
United States
Phone: +1 801 281-3000 Fax: +1 801 281-0708
Web site: www.wolfetory.com

AbViser® AutoValve®, the market leader in Intra-Abdominal Pressure Monitoring enables intra-abdominal pressure (IAP) monitoring in just one step. Once patient setup and transducer zeroed, infuse saline and read the pressure on your monitor. This ease of obtaining IAP allows clinicians to monitor early and often, preventing the risk of ACS.

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United States
Phone: +1 615 376-9779 Fax: +1 615 371-1894
Web site: www.woolsthorpe.com

Woolsthorpe Technologies’ FloWave® monitor exploits signals from a single lead ECG and two pulse oximeters – one on a finger and one on an earlobe – to noninvasively and continuously determine cardiac output, cardiac index, stroke volume, oxygen saturation pulse rate and heart rate. FloWave® cardiac output – the next vital sign.

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United States
Web site: www.wyeth.com

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ZOLL MEDICAL CORPORATION
BOOTH # 848
269 Mill Road
Chelmsford, MA 01824
United States
Phone: +1 978 421-9655 Fax: +1 978 421-0025
Web site: www.zoll.com

ZOLL Medical Corporation designs, manufactures, markets, and sells noninvasive resuscitation devices and software solutions that help diagnose and treat victims of trauma and sudden cardiac arrest. ZOLL also offers CodeNet™, the first software that automates the collection and management of clinical and non-clinical data.
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Managing the Crisis: Hypertension in Acute and Neurocritical Care Patients

Sunday, February 1, 2009
Breakfast Symposium 7:00 AM - 8:30 AM
Gaylord Opryland Resort and Convention Center
Nashville, Tennessee

Program Faculty

Joseph Varon, MD, FACP, FCCP, FCCM
Clinical Professor of Medicine and Professor of Acute and Continuing Care
The University of Texas Health Science Center at Houston
Clinical Professor of Medicine
The University of Texas Medical Branch at Galveston
Professor of Medicine and Surgery
UDEM, UAT, UNE, UABC, UPAEP – México
Houston, Texas

Cherylee W. J. Chang, MD, FACP
Associate Clinical Professor of Medicine/Critical Care and Surgery
University of Hawai‘i at Manoa, John A. Burns School of Medicine
Medical Director
Neuroscience Institute/Neurocritical Care and Stroke Center
The Queen’s Medical Center
Honolulu, Hawaii

Andrew F. Shorr, MD, MPH, FCCP
Associate Professor of Medicine
Georgetown University
Associate Director
Pulmonary and Critical Care Medicine
Washington Hospital Center
Washington, DC

Supported by an educational grant from THE MEDICINES COMPANY®

Planned by the Society of Critical Care Medicine (SCCM) in collaboration with Rxperience.
Nature mimics to sustain life.
We’re doing the same for the kidney.

The bee orchid mimics a bee’s appearance to attract pollinating bees and advance the species. It’s an evolutionary pattern repeated throughout nature. And it’s a pattern reflected by the new and revolutionary Prismaflex® System – a fully integrated system that effectively mimics the native kidney.

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Like the bee orchid’s unique development, the Prismaflex System is the result of an evolutionary process—one that began in 1964 and that continues today with the goal of providing patients around the world with life-saving renal therapy.

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Generations of bee orchid evolution have led to the development of its bee-like shape and color, which attract pollinating bees to ensure survival of the bee orchid species.
Since its inception in 2005, the iCritical Care Podcasts have been recognized as one of the Society of Critical Care Medicine’s (SCCM) most popular resources. The Society will release its 100th iCritical Care Podcast during the 38th Critical Care Congress, setting a new standard of excellence as it looks forward to many more years of podcasting.

Many will remember that the Society was on the cutting edge of technology in 2005, emerging as the first major medical association to launch podcasts. SCCM member Richard Savel, MD, FCCM, was at the forefront of this effort; he championed the project within SCCM after realizing that he spent much of his subway commute listening to podcasts. He thought a podcast based on critical care material would serve as a great learning tool, and his labor of love quickly transformed into an important educational resource for thousands of critical care professionals. iCritical Care now features in-depth interviews with a variety of healthcare thought leaders, including authors from Critical Care Medicine and Critical Connections as well as prominent SCCM members. Margaret Parker, MD, FCCM, later joined the project as guest editor for pediatric podcasts, lending her expertise to conduct interviews with authors from Pediatric Critical Care Medicine and other pediatric critical care experts.

In 2007, the iCritical Care Podcasts received a Gold Circle Award honorable mention from the American Society of Association Executives. The 100th iCritical Care Podcast will continue in this tradition of excellence, featuring a special interview with Peter Pronovost, MD, FCCM. In this special interview, Dr. Pronovost discusses his efforts related to improving patient safety with important emphasis on the role of champions in implementing change. It is a fitting subject for this notable podcast – as it harnesses themes applicable to the foundations of iCritical Care, I AM SCCM, and the Critical Care Congress – that all critical care clinicians can play an important role in ensuring quality care regardless of their position within the multiprofessional team. The 100th podcast surely will inspire and motivate iCritical Care listeners.

NEW iCRITICAL CARE EPISODES ARE RELEASED TWICE A MONTH. VISIT WWW.SCCM.ORG/ICRITICALCARE FOR MORE INFORMATION ABOUT iCRITICAL CARE, INCLUDING DETAILS ABOUT THE EMAIL SUBSCRIPTION THAT WILL ALERT YOU EACH TIME A NEW PODCAST IS POSTED TO THE WEB SITE. THE SOCIETY LOOKS FORWARD TO THE NEXT 100 PODCASTS AND THANKS THE DEDICATED MEMBERS WHO HELP MAKE THIS QUALITY RESOURCE POSSIBLE.
Get Connected with iCritical Care

The latest in critical care delivered on demand.

The Society of Critical Care Medicine’s (SCCM) iCritical Care portal allows you to customize your requisite dose of critical care news and information.

**iCritical Care Podcasts**
Access in-depth interviews with critical care experts and journal authors through your iPod, portable music player, computer or mobile device.

**iCritical Care Vodcasts**
Watch SCCM videos on your computer, iPod or other video player devices.

**iCritical Care RSS Feeds**
Receive personalized SCCM news, events and updates to your computer or mobile device. In addition to the regular RSS subscription, you also may receive these updates by downloading SCCM’s Yahoo! Widget or the Google Toolbar.

Get connected today with free iCritical Care podcasts, vodcasts and RSS feeds. Visit www.sccm.org/icriticalcare for full instructions and subscription information, or contact SCCM Customer Service at +1 847 827-6888.
Join the Society of Critical Care Medicine (SCCM) in Miami, Florida, U.S.A.

... for the largest multiprofessional critical care event of the year. Be one of the more than 6,000 nurses, pharmacists, physicians, respiratory therapists, students, veterinarians, and other healthcare professionals from around the world to benefit from:

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- UP-TO-DATE, EVIDENCE-BASED DEVELOPMENTS IN CRITICAL CARE MEDICINE

Also plan to attend the Post-Congress event in Key West, Florida, USA, for more vital information to help you take your practice of critical care to the next level.

Registration for the 39th Critical Care Congress and the Post-Congress session will open in June 2009. Please watch www.sccm.org for further details.

Society of Critical Care Medicine
The Intensive Care Professionals

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www.sccm.org

Reserve these dates today:
January 9-13, 2010
39th Critical Care Congress
January 13-15, 2010
Post-Congress
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- Better for hospitals
- Best for patients

HOW DOES PARAGON WORK?

Paragon taps into the power of the Society's highly trained, eminently qualified multiprofessional members and partners these experts with Intensive Care Unit (ICU) teams in need of change.

WHY CONSIDER PARAGON?

Providing the Right Care, Right Now™ is the best way to improve staff satisfaction, enhance patient outcomes, and boost the financial performance of your hospital. Efficient and safe patient-centric care can be achieved by establishing standardized ICU practices delivered by integrated multiprofessional teams led by trained intensivists. These high performance teams work as a cohesive group, focused on clinical excellence as their primary objective.

Quality gaps are costly. There is no time like the present to integrate SCCM's “Learn It - Deliver It - Measure It - Improve It” model of quality improvement. Save resources, improve staff satisfaction, and enhance patient and family experiences at your hospital. The right choice, right now is PARAGON.

HOW CAN WE HELP YOU GET STARTED?

For more information or to meet the Paragon Coaches, please visit www.sccm.org or contact the Paragon Program Manager at +1 847-493-6403

IS THERE PROOF THAT PARAGON WORKS?

In the pilot phase, hospitals realized remarkable improvements demonstrated by the following before (2007) and after (2008) ICU Index bar chart:

* for more success stories, visit www.sccm.org and click on the PARAGON button.
OVERVIEW:
Recent international survey data has revealed consistent deficits in calorie and protein delivery to critically ill patients. Calorie deficit over time in the ICU has been consistently associated with mortality and other adverse outcomes. This session will address the ongoing evaluation of the failure of adequate calories delivered in the ICU patient. Specifically, it will discuss the potential for safer calorie delivery methods for PN using less error-prone delivery systems, address whether or not preventing caloric deficit with an EN/PN combination may have a role in future practice, and examine the results of the 2008 nutrition practice survey to see if our practice is evolving with regard to nutrition delivery. Other needs addressed by this session will include examining which patients may benefit from aggressive caloric debt prevention and how this might be studied and considered in practice.

LEARNING OBJECTIVES:
At the end of this session, participants should be able to:
- Assess the benefits of pre-mix TPN solutions in the ICU
- Discuss the risks of caloric deficit and the benefits from supplemental parenteral nutrition
- Discuss results of the 2008 international nutrition survey with a focus on our success or failure in nutrition delivery

TARGET AUDIENCE:
This continuing education offering is intended to meet the needs of all nurses, pharmacists, physicians, respiratory therapists, and other providers who care for critically ill and injured patients.

CONTINUING EDUCATION:
Physicians: Accreditation Statement: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). SCCM is accredited by ACCME to provide continuing medical education for physicians. Designation Statement: SCCM designates this educational activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should claim credit commensurate with the extent of their participation in the activity.

Nurses – This activity has been approved by the California Board of Registered Nursing (provider #8161) for 1.5 contact hours.

Pharmacists – SCCM is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmaceutical education. This activity will provide 1.5 continuing education hours (236-000-09-105-L01-P). Pharmacists must complete the online verification form and upon submitting, a statement of credit can be downloaded.

REGISTRATION:
Register before January 8, 2009 to reserve your seat at this informative symposium. Registration is available online at www.sccm.org and by telephone at +1 847 827-6888. Seating is limited and tickets will be issued on a first-come, first-served basis. Attendees must be registered for SCCM’s 38th Critical Care Congress to attend this complimentary sponsored symposium.

Breakfast will be served from 6:30 a.m. to 7:00 a.m.
Moderator: Jane Gervasio, PharmD

7:00 a.m. – 7:30 a.m.
Standardized TPN in the ICU: Safe or Sorry
Jane Gervasio, PharmD
Clarian Health at Methodist Hospital
Indianapolis, Indiana, USA

7:30 a.m. – 8:00 a.m.
Calorie Deficit and Outcome in the ICU: Can We Narrow the Gap?
Paul Wischmeyer, MD
University of Colorado Health Sciences Center
Aurora, Colorado, USA

8:00 a.m. – 8:30 a.m.
2008 Nutrition Survey Results: Are We Still Failing to Deliver What Our Patients Need?
Daren K. Heyland, MD
Kingston General Hospital
Kingston, Ontario, Canada
May is National Critical Care Awareness and Recognition Month

For more information about the Society of Critical Care Medicine visit www.sccm.org or call SCCM at +1 847 827-6869.

What is Critical Care?
Critical care services are provided to all critically ill and injured patients many of whom have sustained or are at risk of suffering failure of at least one organ system and require intensive care over a period of hours, days or weeks.

Take a moment to thank the Critical Care Team for their hard work and commitment in caring for you or your loved one in the ICU. The integrated team of dedicated experts consists of nurses, pharmacists, physicians, physician assistants, respiratory therapists, and all other professionals who focus on patient-centered care in the ICU.
22nd annual congress
European Society of Intensive Care Medicine
Vienna, Austria
11-14 October 2009

For physicians, nurses and other allied healthcare professionals

Abstract submission deadline
15 April 2009

For more information, contact
European Society of Intensive Care Medicine (ESICM)
Annual Congress secretariat Mrs Estelle Flament
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References
2. Goal range was set to 85–120 mg/dL. Hospira, Inc.
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- Fundamentals in Critical Care Ultrasound
- Rapid Response Training

Register today at www.sccm.org or by contacting SCCM Customer Service at +1 847-827-6888.
Updates on Therapeutic Options for DVT and PE Prevention and Management in the ICU

Sunday, February 1, 2009
7:00 a.m. – 8:30 a.m.

Breakfast will be served from 6:30 a.m. to 7:00 a.m.

Gaylord Opryland
Resort and Convention Center
Nashville, Tennessee, USA

Register early to secure your seat at this symposium breakfast to be held during the Society of Critical Care Medicine’s (SCCM) 38th Critical Care Congress.

Overview
Deep vein thrombosis (DVT) and pulmonary embolism (PE) occur frequently in critical care patients and can cause significant morbidity and mortality rates. Methods to prevent and manage these thromboembolic diseases remain in question and are key areas of focus in the critical care arena. New anticoagulation therapy alternatives to heparin continue to be developed and may represent additional tools for the prevention and treatment of these diseases. During this session, expert faculty will discuss therapy options, treatment strategies, and controversial areas of thromboembolic disease management to help you achieve the best possible outcomes for your critically ill and injured patients.

Target Audience
This continuing medical education offering is intended to meet the needs of all nurses, pharmacists, physicians, respiratory therapists, and other providers who care for critically ill and injured patients.

Learning Objectives
At the conclusion of this session, participants should be able to:

1. Identify the clinical problems presented by thromboembolic disease in the ICU
2. Assess the therapeutic options for DVT and PE in the ICU with emphasis on the newer agents
3. Evaluate the controversial areas of management

Agenda
Moderator
Jack Ansell, MD

7:00 a.m. – 7:30 a.m.
Thromboembolic Disease in the Critically Ill: What Is the Risk?
Deborah J. Cook, MD, FCCM
McMaster University
Hamilton, Ontario, Canada

7:30 a.m. – 8:00 a.m.
Controversies: What Is the Role of Thrombolytic Therapy and IVC Filter?
Kenneth E. Wood, DO, FCCM
University of Wisconsin Hospital and Clinics
Madison, Wisconsin, USA

8:00 a.m. – 8:30 a.m.
New Agents for Anticoagulation
Jack Ansell, MD
Lenox Hill Hospital
New York, New York, USA
Infectious diseases are the second leading cause of death worldwide. Many new and reemerging microbial threats, such as severe acute respiratory syndrome (SARS), avian influenza virus and West Nile fever, continue to challenge intensive care providers. Over the past decade, strains of common microbes have developed resistance to drugs that once were effective against them. Such antimicrobial-resistant microorganisms, which defy conventional therapies and pose a threat to public health, underscore the need for critical care professionals to equip themselves with the most effective infection control strategies available.

During the 8th Summer Conference in Intensive Care Medicine, expert faculty will lead compelling discussions on the following topics:

- Emerging trends in infectious disease epidemiology and management
- Clinical developments related to the early detection of infectious diseases
- Strategies for improving treatment of infectious diseases
- And more!

Save the date so you can ensure that all your critically ill and injured patients receive optimal care.

Watch www.sccm.org for further details.

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**PFCCS** is a new, two-day comprehensive program designed to prepare healthcare providers to manage unstable, critically ill or injured pediatric patients. If you are a healthcare professional who does not routinely care for pediatric patients, this course will be of benefit.

**FDM** is a one-day course which arms critical care professionals with the expertise to manage the ICU response to large-scale disasters. The FDM course is offered as an independent or an add-on module to the FCCS or PFCCS course.

These courses will provide participants with the ability to:
- Prioritize assessment needs for critically ill and injured patients
- Select appropriate diagnostic tests
- Identify and respond to significant changes in unstable patients
- Recognize and initiate management of acute life-threatening conditions
- Determine the need for expert consultation and/or patient transfer and prepare the practitioner for optimal patient transfer

Regardless of your hospital’s resources, challenges or size, the Society of Critical Care Medicine can create an affordable option to meet your healthcare provider’s needs. See inside for details.

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World Federation of Societies of Intensive and Critical Care Medicine

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