SOCIETY OF CRITICAL CARE MEDICINE’S 37TH CRITICAL CARE CONGRESS

ESCAPE TO PARADISE!

Official Program & Exhibition Guide

Hawaii Convention Center, Honolulu, Hawaii, USA • February 2-6, 2008
Using Biomarkers for Diagnosis and Risk Assessment in Sepsis

Monday, February 4, 2008 | 2:00 p.m. - 3:30 p.m.
Lunch will be served from 1:30 p.m. - 2:00 p.m.
Hawaii Convention Center | Honolulu, Hawaii, USA

Registration
Register through January 2, 2008 by visiting www.sccm.org or by calling SCCM Customer Service at +1 847 827-6888. After this date, registrations will be accepted on site only. Tickets are issued on a first-come, first-served basis; seating is limited. Attendees must be registered for SCCM’s 37th Critical Care Congress to attend this complimentary sponsored symposium.

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.

Learning Objectives
At the end of this session, participants should be able to:
1. Describe biomarkers currently available for diagnosis and risk assessment in sepsis
2. Identify the value of Procalcitonin in the diagnosis of sepsis as compared to other biomarkers
3. Discuss the use of biomarkers as a risk assessment tool for patients with severe sepsis and septic shock

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: The Society of Critical Care Medicine 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 – SCCM is approved by the California Board of Registered Nursing, Provider No. 8181, and the American Association of Critical-Care Nurses (#00013930) and approves this panel for 1.5 contact hours.

Pharmacists – The Society of Critical Care Medicine is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmaceutical education. This panel discussion will provide 1.5 continuing education hours (230-000-81-104-L01). Pharmacists will complete an online form to verify session attendance. Upon submitting the verification form to SCCM, a statement of credit will be mailed to each pharmacist.

For questions, please contact SCCM at congress@sccm.org or call +1 847 827-6869.
INDICATIONS AND USAGE: Ambisome is indicated for empirical therapy for presumed fungal infection in febrile, neutropenic patients; treatment of cryptococcal meningitis in HIV-infected patients; treatment of patients with Aspergillus spp. candidiasis and/or C. krusei infections refractory to amphotericin B deoxycholate, or in patients where renal impairment or unacceptable toxicity precludes the use of amphotericin B deoxycholate; treatment of other life-threatening immunocompromised infections, in particular visceral leishmaniasis treated with Ambisome, relapse rates were high following initial clearance of parasites.

CONTRAINdications: Ambisome is contraindicated in those patients who have demonstrated or have known hypersensitivity to amphotericin B deoxycholate or any other constituent of the product, in the opinion of the treating physician, the benefit of therapy outweighs the risk.

WARNINGS: Anaphylaxis has been reported with amphotericin B deoxycholate and other amphotericin B-containing drugs, including Ambisome. If a severe anaphylactic reaction occurs, the infusion should be immediately discontinued and the patient should not receive further infusions of Ambisome.

PRECAUTIONS: General — As with any amphotericin B-containing product the drug should be administered by medically trained personnel. During the initial dosing period, patients should be under close clinical observation, as Ambisome has been shown to be significantly less toxic than amphotericin B deoxycholate; however, adverse events may still occur.

Laboratory Tests — Patient management should include laboratory evaluation of renal, hepatic and hematopoietic function at intervals chosen to detect toxicity.

Drug Interactions — No formal clinical studies of drug interactions have been conducted with Ambisome. However, the following drugs are known to interact with amphotericin B and may interact with Ambisome: Antineoplastic agents: Concomitant use of antineoplastic agents may enhance the potential for renal toxicity, bronchospasm, and hypotension. Antineoplastic agents should be given concomitantly with caution. Corticosteroids and corticotropin (ACTH): Concomitant use of corticosteroids and ACTH may potentiate hypokalemia which could predispose the patient to cardiac dysfunction. When used concomitantly, serum electrolytes and cardiac function should be closely monitored. Digitals: Concomitant use may result in hypokalemia and may potentiate digitalis toxicity. When administered concomitantly, serum potassium levels should be closely monitored. Flucytosine: Concurrent use of flucytosine may increase the toxicity of flucytosine by possibly increasing its cellular uptake and/or impairing its renal excretion. Prepare flucytosine for infusion using only Sterile Water for Injection, USP, (sand with aseptic technique). Do not use saline or compatible diluents. The use of any solution other than those recommended, such as less than aseptic technique, the presence of pyrogenic substances, or the use of an extraneous vial, may cause precipitation. Acyclovir: Administration of these drugs concomitantly may result in a reduction in the serum level of acyclovir. Amphotericin B has been shown to inhibit the renal tubular secretion of acyclovir, potentially augmenting its toxicity. Intensive monitoring of renal function is recommended in patients requiring any combination of drugs. Amphotericin B isosorbide: Concomitant administration of isosorbide dinitrate and amphotericin B may result in additive hypotension. Leukocyte transfusions: Amphotericin B deoxycholate has been shown to impair the ability of leukocytes to control fungal infections and amphotericin B should not be coadministered with leukocyte transfusions. Other nephrotoxic agents: Concurrent use of other nephrotoxic medications may enhance the potential for drug-induced renal toxicity. Monitoring of renal function and serum electrolyte levels should be performed in patients receiving Amphotericin B deoxycholate concomitantly with other nephrotoxic agents. Concurrent use of amphotericin B deoxycholate and amphotericin B lipid complex has been shown to result in additive nephrotoxicity.

Toxicity and Discontinuation of Dosing In the study comparing Ambisome with amphotericin B, a significantly lower incidence of grade 3 or 4 toxicity was observed in the Ambisome group. In addition, nearly three times as many patients administered amphotericin B required a reduction in dose due to toxicity or discontinuation of drug due to an infusional related reaction compared with those administered Ambisome. In the study comparing Ambisome with amphotericin B lipid complex, a greater proportion of patients in the amphotericin B lipid complex group discontinued study drug due to an adverse event than in the Ambisome groups.

Less Common Adverse Events The following adverse events also have been reported in 2% to 10% of Ambisome-treated patients receiving chemotherapy or bone marrow transplantation, or had HIV disease in six comparative, clinical trials: Body as a Whole: Anemia, allergic reaction, cellulitis, cell-mediated immunomodulation reaction, face edema, graft versus host disease, malaise, nausea, pyrexia, rash, taste perversion, uncontrolled bleeding, urticaria. Cardiovascular System: arrhythmia, atrial fibrillation, bradycardia, cardiac arrest, cardiomyopathy, hemorrhagic, postural hypotension, valvular heart disease, vascular disorder, and vasodilatation (flushing). Digestive System: constipation, dry mouth/nose, dysphagia, dysphonia, eructation, fecal incontinence, flatulence, hemorrhoids, gynecomastia, hemorrhometria, hematometria, hepaticcellular damage, hepategaly, liver function test abnormal, jaundice, mucositis, renal disorder, stomatitis, ulcerative stomatitis, and veno-occlusive disease. Dermatological System: acne, urticaria, papular rash, pruritus, rash, sweating. General: headache, insomnia. Hematopoietic System: anemia, agranulocytosis, fever, myelosuppression. Respiratory System: bronchospasm, cough, dyspnea, rhinorrhea, sputum increased, tachypnea.


The incidence and occurrence of adverse events seen in other comparative trials of Amphotericin B deoxycholate and Amphotericin B lipid complex were comparable with the data presented in this label. The incidence and nature of adverse events generally were comparable between the Amphotericin B deoxycholate group and the Amphotericin B lipid complex group.

Amphotericin B is a registered trademark of Gilead Sciences, Inc.

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Revised: August 2007

Manufactured by:

GILEAD

San Dimas, CA 91773

AmBisome® is a trademark of Gilead Sciences, Inc.
Fierce on fungus. Kinder to kidneys.*

Come learn more about AmBisome at Astellas Booth #1231.

AmBisome is indicated for the following:

• Empirical therapy for presumed fungal infection in febrile neutropenic patients
• Treatment of Cryptococcal Meningitis in HIV-infected patients
• Treatment of Aspergillus species, Candida species and/or Cryptococcus species infections refractory to amphotericin B deoxycholate, or in patients where renal impairment or unacceptable toxicity precludes the use of amphotericin B deoxycholate
• Treatment of visceral leishmaniasis. In immunocompromised patients with visceral leishmaniasis treated with AmBisome, relapse rates were high following initial clearance of parasites

Important Safety Information

Dose-limiting renal toxicity may still be observed with AmBisome despite significantly less nephrotoxicity than other amphotericin B formulations.

There have been a few reports of flushing, back pain with or without chest tightness, and chest pain associated with AmBisome administration; on occasion this has been severe. Anaphylaxis has been reported with amphotericin B formulations including AmBisome.

Please see adjacent brief summary of full prescribing information.

*Demonstrated in clinical studies of AmBisome vs amphotericin B and amphotericin B lipid complex.1-3


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ALOHA FROM SCCM LEADERSHIP

Aloha! Welcome to the lovely islands of Hawaii for what promises to be the Society of Critical Care Medicine's (SCCM) most exciting Critical Care Congress yet. Immerse yourself into the relaxed, spiritually rejuvenating environment of Hawaii. It is our hope that you return home stress-free but invigorated and ready to put your newly gained knowledge into clinical practice. Following are some interesting tidbits about Hawaii to help you more fully appreciate and understand why the Society selected this exciting destination for its Congress.

Cultural Diversity

Hawaii is one of the most racially diverse places in the world; there is no majority so everyone is in a minority. Caucasians and Japanese make up the two largest ethnic groups in Hawaii, followed by Native Hawaiians, Filipinos, Chinese, Koreans, Southeast Asians, African Americans, Samoans, Tongans, and others.

Healthcare workers know from experience that when cultures come together, tensions and challenges can arise. During the early years, Hawaii saw problems related to cultural differences, negative views about interracial marriages, and language barriers. Over time, Hawaiians developed a strong sense of understanding and acceptance, forming a diverse, productive and prosperous state. This multicultural, multiprofessional, multilingual society closely mirrors the diverse environment of the intensive care unit. Since its inception, the Society has supported diversity, knowing long before the scientific evidence was available that multiprofessional diversity improves care delivery.

A Heritage of Healing

Hawaiians always have led healthy lifestyles that include a nutritious diet, physical fitness, and a fastidious attitude toward personal hygiene. Health was understood to be the result of pono, or right living.

However, as sailors, merchants, adventurers, planters, ranchers, and missionaries came to Hawaii from the West, they brought with them devastating epidemics that threatened the continued existence of the Hawaiian race. As a result, healthcare providers started arriving to help fight the influx of disease. In the late 1700s, Don Francisco de Paula y Marin was one of the first documented Western healthcare providers to come to Hawaii. Although there is no record that Marin received any formal medical training, he devoted most of his time to attending the sick in Hawaii. In 1842, Dr. James W. Smith, a New England physician missionary, came to the island of Kauai to help save locals from the epidemics brought by foreigners. For three decades, he was the island’s only Western-trained doctor. In 1859, The Queen's Hospital (now The Queen’s Medical Center) was founded by Queen Emma and King Kamehameha IV. The two personally campaigned door-to-door to gain the necessary funding. The medical center is now the largest private hospital in Hawaii and has become a major part of Hawaii’s cultural fabric.

Healthcare providers have long been attracted to the islands and served a vital function in improving the lives of the Hawaiian people. The healing history of Hawaii exemplifies how healthcare providers, then and now, work together to achieve a healthy, successful society.

Laboring with Love

Most of us spend more time working than playing or being with family. In The Pleasure Prescription, Paul Pearson, PhD, discusses how modern-day employees literally work themselves to death. Stress on the job continues to be a leading cause of illness and accounts for billions of lost dollars because of inefficiency, tardiness and absenteeism. Polynesians, however, view working as the sacred opportunity to express respect and to connect with community.

This year’s Congress program includes several learning opportunities focused on how to achieve a healthy work and life balance. We not only want to provide you with the latest knowledge in critical care, we want to rejuvenate your body and soul so that you return home with a new outlook on patient care and on life, in general. We know you became a critical care provider because it was your passion and you love your work, and we hope you return to that felicitous state during Congress. Is there any better place to do that than the islands of Hawaii?

On behalf of everyone at SCCM, we thank you for attending the 37th Critical Care Congress and for your dedication to critical care. Mahalo.

Recommended Readings:

For more information about the history of Hawaiian medicine, visit the Mamiya Medical Heritage Center at www.mhm.org/mmhc


Cook EE. 100 Years of Healing: The Legacy of a Kauai Missionary Doctor. Koloa, Kauai: Halewai Publishing; 2003
Get More:

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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 more than 13,000 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:
 Prefix [ ]
 First Name [ ]
 Middle Initial [ ]
 Last Name [ ]
 Degree/Credentials [ ]
 Position [ ]
 Institution [ ]
 Department [ ]
 Preferred Mailing Address [ ]
 Home [ ]
 Office [ ]
 City [ ]
 State/Province [ ]
 Zip/Postal Code [ ]
 Country [ ]
 Phone Number [ ]
 Home [ ]
 Office [ ]
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 Email [ ]
 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, 2007; Internal Medicine, 1998, etc.)

Profession:

Year Began Practicing: [ ]
Training Status: [ ]

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 $145 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, Resident, Student - Dues $90 U.S. - Available to individuals in specialty training programs or pursuing education in healthcare and related fields. Provides privileges of membership, except the right to make motions, vote, or hold office.

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

*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, and SC)
○ Michigan
○ New England (includes ME, VT, NH, MA, CT, and RI)
○ New Jersey
○ North Central (includes IA, MN, ND, SD, and WI)
○ Ohio
○ Oregon
○ Pennsylvania
○ Southeast (includes AL, AR, GA, KY, LA, MS, and TN)
○ Texas
○ Washington, DC

Payment Information:
Number of Dues
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) [ ]
Total Enclosed $ [ ] U.S.
Charge to: [ ] American Express [ ] Discover [ ] MasterCard [ ] Visa
Card Number [ ]
Exp. Date [ ]
Cardholder Name [ ]
Signature [ ] Date [ ]
MESSAGE FROM THE CO-CHAIRS

As the co-chairs of the Society of Critical Care Medicine’s Program Planning Committee, we are pleased you could join us at the 37th Critical Care Congress in Honolulu, Hawaii, USA. This special Congress combines a premiere educational experience with ample opportunities for relaxation and fun with colleagues, friends and family.

Congress is one of the largest gatherings of critical care practitioners in the world, and this year’s event promises to be a top-notch multiprofessional event set against the backdrop of a tropical paradise. Congress participants may complement their learning with plenty of leisure time as they indulge in the Hawaiian experience. The schedule and dress code have been modified, and many tours and special events are available. Participants also can extend their Congress stay by attending the post-conference in Kauai: Glycemic Control and Metabolic Dysregulation. This event will offer two morning educational sessions with afternoons free to explore the beautiful garden island of Kauai.

The Congress Program Planning Committee strived to ensure that this Congress exceeded already-high expectations; more than a year of careful planning and collaboration has resulted in a well-rounded program. This event has attracted members of the multiprofessional critical care community from every corner of the world, including members who practice in Europe and in the Pacific Rim, as well as our Hawaiian colleagues. Many are experiencing Congress for the first time, while others are making their yearly trek. The Society looks forward to hosting a diverse group that will go on to share new critical care knowledge with their respective intensive care units. As always, it is important to remember that this continuation of the learning cycle is the most important part of Congress. Ultimately your patients and their families are those who truly will benefit from your attendance.

We thank you for attending this premiere educational event in paradise.

(left to right)

Hiroyuki Hirasawa, MD
Professor and Chairman
Chiba University School of Medicine
Chiba, Japan

Louis Brusco Jr., MD, FCCM
Director, Critical Care Anesthesiology
St. Luke’s-Roosevelt Hospital Center
New York, New York, USA

Robert M. Kacmarek, RRT, PhD, FCCM
Director, Respiratory Care
Massachusetts General Hospital
Boston, Massachusetts, USA

Stephen A. Bernard, MD
Director of Critical Care
Knox Private Hospital
Wantirna, Victoria, Australia
Contribute to the advancement of critical care

Submit your original investigative research and case reports for presentation at SCCM’s 38th Critical Care Congress. Submit electronically beginning May 1, 2008 at www.sccm.org. If accepted, your work will be on display January 31 to February 4, 2009, and be published in Critical Care Medicine, the #1 critical care subspecialty journal. You also will benefit from:

- 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
- Complimentary registration to Congress: All presenting authors with SCCM member status as a non-full physician at time of abstract submission are eligible

Acceptable categories include Administration, Basic Science, Case Reports, Clinical Science, and Education.

VISIT WWW.SCCM.ORG FOR DETAILS ABOUT ABSTRACT GUIDELINES AND CATEGORIES
## Council Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Affiliation</th>
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<tbody>
<tr>
<td>Alice D. Ackerman, MD, FCCM</td>
<td>Chair and Chief Pediatric Officer, Carilion Clinic, Roanoke, Virginia, USA</td>
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<td>Ruggles Chairman of Neurology, Evanston Northwestern Healthcare Vice Chair for Academic Programs, Department of Neurology, Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA</td>
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<td>Associate Dean and Director of Continuing Medical Education, Vice Chair Critical Care, Professor, Departments of Anesthesiology/Critical Care Medicine, Medicine, Surgery, and Nursing, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA</td>
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<td>Pamela A. Lipsett, MD, FCCM</td>
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<tr>
<td>Steven J. Martin, PharmD, FCCM</td>
<td>Professor and Chair, University of Toledo College of Pharmacy, Toledo, Ohio, USA</td>
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<td>Barbara McLean, MN, CCRN, CRNP, FCCM</td>
<td>Nurse Intensivist, Atlanta Medical Center, Atlanta, Georgia, USA</td>
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</tr>
<tr>
<td>Carol Thompson, PhD, CCRN, FCCM</td>
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<td>Janice L. Zimmerman, MD, FCCM</td>
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## Executive Committee

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<tr>
<th>Name</th>
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<tr>
<td>Frederick P. Ognibene, MD, FCCM</td>
<td>President, Office of Clinical Research Training and Education, Director, Clinical Research Training Program for Medical Students, Attending, Critical Care Medicine Department, Clinical Center, National Institutes of Health, Bethesda, Maryland, USA</td>
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<tr>
<td>Philip S. Barie, MD, MBA, FCCM</td>
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<tr>
<td>Mitchell M. Levy, MD, FCCM</td>
<td>Secretary, Professor of Medicine, Brown University School of Medicine, Medical Director, Medical Intensive Care Unit, Rhode Island Hospital, Providence, Rhode Island, USA</td>
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<tr>
<td>Judith Jacobi, PharmD, FCCM</td>
<td>Treasurer, Critical Care Pharmacist, Department of Pharmacy, Methodist Hospital, Clarian Health Partners, Indianapolis, Indiana, USA</td>
</tr>
<tr>
<td>Charles G. Durbin Jr., MD, FCCM</td>
<td>Past President, Professor of Anesthesiology and Surgery, Medical Director Respiratory Care, Department of Anesthesiology, University of Virginia Health System, Charlottesville, Virginia, USA</td>
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## Ex-Officio Members

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<th>Name</th>
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<tr>
<td>Heatherlee Bailey, MD</td>
<td>Associate Program Director, Assistant Professor of Emergency Medicine, Director of Critical Care Education, Department of Emergency Medicine, Drexel University College of Medicine, Philadelphia, Pennsylvania, USA</td>
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<tr>
<td>Lena M. Napolitano, MD, FCCM</td>
<td>Professor of Surgery, Division Chief, Acute Care Surgery, Trauma, Burn, Critical Care, Emergency Surgery, Associate Chair of Surgery for Critical Care, Director, Surgical Critical Care, University of Michigan Health System, Ann Arbor, Michigan, USA</td>
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Clinical Management Strategies for Patients with DVT and PE

Overview
Deep venous thrombosis (DVT) and pulmonary embolism (PE) are leading causes of preventable in-hospital mortality. Trauma and critical care patients are at particular risk for developing these conditions. The exact incidence of DVT is unknown because the nonspecific nature of physical findings makes clinical assessments difficult and frequently unreliable. In addition, the approach to prophylaxis and treatment is evolving, making it imperative to receive ongoing education on the topic. During this session, expert faculty will provide new insights into screening and diagnostic methods as well as treatment and prophylaxis strategies to help you provide patients with the highest quality care.

Agenda

Moderator
Victor F. Tapson, MD
2:00 p.m. - 2:30 p.m.
Venous Thromboembolism in Trauma Patients – New Insights
Lena M. Napolitano, MD, FCCM
Professor of Surgery
Associate Chair for Critical Care Division Chief, Acute Care Surgery University of Michigan
Ann Arbor, Michigan, USA

2:30 p.m. - 3:00 p.m.
Clinical Assessment and Management of Pulmonary Embolism
Victor F. Tapson, MD
Professor of Medicine
Division of Pulmonary and Critical Care Medicine
Duke University Medical Center
Durham, North Carolina, USA

3:00 p.m. - 3:30 p.m.
Approach to Prophylaxis of Venous Thromboembolism in the Critically Ill
Deborah J. Cook, MD
Professor, Clinical Epidemiology and Biostatistics
McMaster University
Hamilton, Ontario, Canada

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.

Learning Objectives
At the conclusion of this session, participants should be able to:
- Assess current research findings and recommendations for venous thromboembolism
- Discuss assessment and clinical approaches to diagnosis and treatment of DVT
- Compare strategies for DVT prophylaxis in the ICU setting

Registration
Register through January 2, 2008 by visiting www.sccm.org or by calling SCCM Customer Service at +1 847 827-6888. After this date, registrations will be accepted on site only. Tickets are issued on a first-come, first-served basis; seating is limited. Attendees must be registered for SCCM’s 37th Critical Care Congress to attend this complimentary sponsored symposium.

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For questions, please contact SCCM at congress@sccm.org or call 1-847-827-6889.

Supported by an educational grant from
Sanoﬁ aventis
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.

**SCCM Annual Business Meeting**
**SATURDAY, FEBRUARY 2, 2008, 5:00 P.M. – 5:30 P.M.**
HILTON HAWAIIAN VILLAGE • HONOLULU ROOM

Please join the Society’s leadership at the SCCM Annual Business Meeting for a summary of the past year’s activities and the announcement of the Council election results.

**ACCM Business Meeting**
**SATURDAY, FEBRUARY 2, 2008, 5:30 P.M. – 6:00 P.M.**
HILTON HAWAIIAN VILLAGE • HONOLULU ROOM

The leadership of the American College of Critical Care Medicine will announce election results for the 2008-2009 Board of Regents and summarize the activities of the College over the past year. This is a great opportunity to meet with members of the Board of Regents and network with Fellows of the American College of Critical Care Medicine.

**ACCM Convocation and SCCM Awards Ceremony**
**SUNDAY, FEBRUARY 3, 2008, 6:00 P.M. – 8:00 P.M.**
ROYAL HAWAIIAN HOTEL, COCONUT GROVE

Members and guests are invited to attend the ACCM Convocation where 56 new Fellows of the American College of Critical Care Medicine will be inducted into the College. In addition, the 2008 award and grant recipients also will be honored during the SCCM Awards Ceremony. This year’s Convocation and Awards Ceremony promises to be filled with a Hawaiian flair. The ceremony will be held outside on the beautiful grounds of the Royal Hawaiian Hotel, and the air will be filled with the sound of a conch shell blower and a ukulele player. Come support your colleagues on this prestigious occasion.

Mitchell P. Fink, MD, FCCM, is the recipient of the 2008 ACCM Distinguished Investigator Award, the ACCM’s highest recognition given to an individual whose scientific and educational contributions to the art and science of critical care demonstrate career commitment and excellence. Dr. Fink’s address is entitled “A. Clinician. B. Scientist. C. Teacher. D. Administrator. E. None of the Above. F. All of the Above.”

**ACCM Fellowship Application**
To obtain an application for Fellowship in the American College of Critical Care Medicine, visit SCCM Central, booth #447, or contact Carol Prendergast at cprendergast@sccm.org. Apply for this prestigious fellowship by March 15, 2008.
An internationally renowned pioneer in critical care, Arthur E. Baue, MD, has earned the Society of Critical Care Medicine’s (SCCM) Lifetime Achievement Award for his groundbreaking scientific and clinical advances in critical care medicine.

“I am honored to be the recipient of this prestigious award,” said Dr. Baue. “I’ve been associated with many top-notch researchers and clinicians who have made contributions along with me. In many cases, I was the organizer, but my friends and colleagues did much of the hard work.”

The award will be presented during the American College of Critical Care Medicine Convocation/SCCM Awards Presentation at the 37th Critical Care Congress on Sunday, February 3, 2008, from 6:00 p.m. to 8:00 p.m.

A longtime SCCM member and frequent research presenter at SCCM’s annual Congress, Dr. Baue will present the keynote address, From SIRS to MODS to MOF: Where Will We Go From Here? during the 2008 Congress on Sunday, February 3, 2008, from 7:15 a.m. to 8:00 a.m.

Dr. Baue’s colleagues agree that he is gifted with an unusual ability to translate basic science findings to patient care. One of Dr. Baue’s interests was the exploration of low cellular energy following trauma. Dr. Baue’s 1971 paper on mitochondrial metabolism in hemorrhagic shock was considered revolutionary. His work examined methods of returning energy back to cells, including some of the first experimental work to use adenosine triphosphate (ATP) in patient treatments. “We found it was helpful, but there were other means to improve their energy metabolism that were simpler and more straightforward, such as saline,” explained Dr. Baue.

“In a 1975 issue of Archives of Surgery, Arthur was prescient when he wrote about patients with ‘multiple, progressive or sequential system failure,’ and the field of multiple-organ failure was born,” said Marc J. Shapiro, MD, FCCM, a professor of surgery and anesthesiology and chief of general surgery, trauma, critical care, and burns at the State University of New York-Stony Brook. “He has continued to write about multiple-organ failure and is one of the world’s leading authorities.”

“Even in retirement, he remains attuned to recent developments,” said SCCM president-elect Philip S. Barie, MD, MBA, FCCM, professor of surgery and public health at Weill Cornell Medical College. “I am always interested to learn what Art’s opinion is of the latest research in organ dysfunction related to shock following injury or sepsis.”

An author or co-author of more than 600 publications, Dr. Baue has written eight textbooks and edited Glenn’s Thoracic and Cardiovascular Surgery and Multiple Organ Failure: Patient Care and Prevention.

“We now have a much better understanding of a syndrome whose mortality has decreased from 90% to 33%, due much to the work of Arthur Baue,” said Dr. Shapiro, who has had the opportunity to work with Dr. Baue extensively not only on multiple-organ failure, but also on treatments such as magnesium chloride-ATP.

Dr. Baue was editor-in-chief of the American Medical Association’s Archives of Surgery for more than 10 years and has been on eight editorial boards. He has been vice-president of the American Association for the Surgery of Trauma, president and founding member of the International Shock Society, and president of the Shock Society. He has been on the executive committees of the Surgical Infection Society, Society of University Surgeons, Society of Vascular Surgery, Society of Clinical Surgery, and American Surgical Association, and is a founding member of the American Trauma Society.

Last year, Dr. Baue published Doctor, Can I Ask You a Question? The book addresses many of the questions he has been asked by friends, family and patients over the years.

Dr. Baue said he feels proud that one of his former surgical fellows, the organizer of a triennial international meeting in Munich, Germany, on shock, inflammation, sepsis, and tissue injury, named an award after him to recognize the best contribution by a young scientist.

Dr. Baue graduated from Harvard Medical School, followed by a residency and chief residency at Massachusetts General Hospital in Boston. When he arrived at Washington University in St. Louis as the Edison Professor of Surgery and chief of surgery at one of the affiliated hospitals, Dr. Baue began a historical and illustrious career examining the mechanisms of cellular dysfunction in shock. Later, Dr. Baue developed a productive and prolific laboratory that received multiple National Institutes of Health R-01 grants at Yale University, where he was chief of surgery and the Donald Guthrie Professor of Surgery.

In 1986, Dr. Baue was recruited by St. Louis University, where, in addition to being professor of surgery, he was vice president of the Health Sciences Center. He was responsible for the medical school, the university hospital, the school of nursing, the center for healthcare ethics, and a school for other health professions. Dr. Baue and his wife, Rosemary, who is a minister and whom he describes as being a major supporter and encourager of his career, have three children and live in Fishers Island, New York. Dr. Baue continues to write and serve as a visiting professor.
The Society of Critical Care Medicine (SCCM) provides valuable resources to all Congress attendees at its booth, SCCM Central. Visit 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. For your convenience a membership application is located on page 5. If you are already a member, find out how you can become more involved, take a moment to update your member contact information, or renew your membership dues on site.

Fundamental Critical Care Support (FCCS) and Fundamental Disaster Management (FDM)
Due to the increased demand for FCCS and FDM worldwide, there is a growing need for new course instructors and sponsors. The entire FCCS program has been updated, enhanced and expanded to reflect the latest skills and techniques needed to treat critically ill and injured patients in the absence of an intensivist. Visit SCCM Central to learn more about FCCS and FDM courses, locations, becoming an instructor, and course sponsorship and pricing.

American College of Critical Care Medicine (ACCM)
In 1988, SCCM established the American College of Critical Care Medicine (ACCM), the first honorary society for critical care practitioners. 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.

Critical Care Education and Research Foundation (CCERF)
The Society’s CCERF was founded in 1999 to promote the highest level of care for all hospitalized ICU patients. The Society is becoming increasingly important in advancing the critical care profession, serving its members and promoting patient safety. The CCERF helps sustain the Society by securing funding for critical care research and education, as well as providing valuable information through philanthropic contributions. Visit SCCM Central to make your donation today. Contributions are tax deductible.

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 their exposure within a targeted critical care audience. A designated computer for posting and searching open positions will be available during Exhibit Hall hours at SCCM Central. Job searching is free and there is a special rate for posting open positions online during Exhibit Hall hours. A bulletin board for posting open positions is available in SCCM Central as well, at no charge. Visit Career Central online at www.sccm.org to post open positions and search for jobs after Congress.

Prize Drawings
Listen to the Critical Care Podcasts in style by entering the drawing to win video iPods as well as the grand prize—an iPod with a Bose SoundDock. The prize drawings will be announced daily in the Exhibit Hall on Sunday, February 3, at 10:30 a.m., Monday, February 4, at 10:15 a.m. and Tuesday, February 5, at 10:15 a.m. You must enter the drawing to win! Deposit the entry ticket included in your meeting bag into the drawing drum located at SCCM Central. Winners must be in the Exhibit Hall at the time of the drawing.

Sections and Chapters
Join one of the 14 sections and 13 chapters of SCCM! Sections serve as a voice for members of 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 fill out an application form at SCCM Central.

European Society of Intensive Care Medicine (ESICM)
Stop by and visit with representatives from the European Society of Intensive Care Medicine. With 4,000 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 Society publications, educational materials and merchandise is available for purchase at the bookstore located in SCCM Central and in the auxiliary bookstore located in the Ala Halawai Concourse on the third floor of the Hawaii Convention Center. Congress participants will have the opportunity to purchase texts, self-assessment materials, 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.

- NEW! HAWAIIAN MERCHANDISE
Get in the aloha spirit with SCCM’s Hawaiian-themed merchandise—perfect for the casual dress code. Choose from shirts and hats in various styles and colors. Visit the SCCM Bookstore today. Limited quantities are available.

- NEW! FCCS FOURTH EDITION TEXT
SCCM’s top-selling publication, Fundamental Critical Care Support, (FCCS) has been enhanced and expanded. This text is the core reference and course guide to the world-renowned FCCS course and is the premier critical care curriculum for the non-intensivist provider. Highlights from the fourth edition textbook include expanded and revised chapters, new appendices, and a new user-friendly format. Visit the SCCM bookstore today to purchase your copy while quantities last.
Oahu is home to much of what Hawaii is famous for, including the capital city of Honolulu, world-renowned Waikiki Beach, historical Pearl Harbor, and the glistening waterscapes of the North Shore. Choose from a variety of tour opportunities that you can enjoy with family, friends or colleagues. For dates and ticket prices, please refer to the Guest/Tour Registration Form on page 16. For complete tour details, visit the SCCM Registration Desk located in the main lobby of the Hawaii Convention Center.

- **An Afternoon at the Polynesian Cultural Center**
  Watch natives from various Pacific cultures demonstrate the arts of dancing with fire, making jewelry and clothing from plants, and preserving history without a written language.

- **Atlantis Submarine Odyssey**
  Dive down to a man-made reef aboard an Atlantis Submarine where you’ll see a multitude of brightly colored tropical fish and other fascinating creatures.

- **Deluxe Arizona Memorial and Historical Honolulu Excursion**
  Visit Pearl Harbor and tour the National Memorial Cemetery of the Pacific, Iolani Palace, the King Kamehameha Statue, Chinatown, and the capital city of Hawaii.

- **Exclusive Whale Watching Aboard the Navatek I**
  Enjoy a two-and-a-half-hour cruise aboard the only vessel that can cruise past Diamond Head or other areas in search of humpback whales.

- **Paradise Cove Royal Ali’i Luau**
  Enjoy an island-style luau feast and entertainment by some of the most talented performers in Hawaii who will display the grace and grandeur of the songs and dances of Hawaii and Polynesia.

- **Polynesian Cultural Center Ambassador Luau**
  Experience the largest and most exciting evening show on the islands. Start with the extensive Ambassador Luau buffet. Then, marvel as more than 100 native performers, dressed in authentic attire, present the traditions and culture from six island nations just as their ancestors did.

- **Star of Honolulu Sunset Dinner Cruise**
  With panoramic sunset views as your backdrop, feast on a fabulous meal aboard the largest and most elegant dinner cruise ship in the islands.

- **Sunrise Diamond Head Crater Adventure Hike**
  Take in the incredible 360-degree panoramic views of Waikiki Beach, emerald green mountains and aquamarine waters of the Pacific Ocean after reaching the summit of the world-famous Diamond Head Crater.
37TH CRITICAL CARE CONGRESS: GUEST/TOUR REGISTRATION FORM
Hawaii Convention Center, Honolulu, Hawaii, USA • February 2-6, 2008

Please use this form to register guests for the 37th Critical Care Congress and/or to purchase tickets for Oahu tours.
Please type or print clearly. Please keep a copy of this form for your records.

REGISTRANT INFORMATION
Last Name (Surname) ______________________________ First ________________________ Middle Initial _______ Customer/Member # ____________
Address ___________________________________________________________________________________________________________________________
Organization ______________________________________________________________________________________________________________________
City ____________________________________________ 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.

$75 per guest over 18 $ ________

Last Name First M.I. Gender: □ Male □ Female □ over 18

Last Name First M.I. Gender: □ Male □ Female □ over 18

Last Name First M.I. Gender: □ Male □ Female □ over 18

Last Name First M.I. Gender: □ Male □ Female □ over 18

TOURS (Please indicate ticket quantity.)
Tour buses will depart from the Hilton, Sheraton, Royal Hawaiian, and the Hawaii Convention Center.

SATURDAY, FEBRUARY 2, 2008
☐ Sunrise Diamond Head Crater Adventure Hike 7:00 A.M. - 10:00 A.M. $43 per person (Tour 1) _____ $_________
☐ Deluxe Arizona Memorial and Historical Honolulu Excursion 7:00 A.M. - 12:00 P.M. $38 per person (Tour 2)  _____ $_________
☐ An Afternoon at the Polynesian Cultural Center 10:30 A.M. - 4:00 P.M. $112 per person (Tour 3)  _____ $_________

SUNDAY, FEBRUARY 3, 2008
☐ Exclusive Whale Watching Aboard the Navatek I 7:30 A.M. - 11:30 A.M. $74 per person (Tour 4)  _____ $_________
☐ Deluxe Arizona Memorial and Historical Honolulu Excursion 7:00 A.M. - 12:00 P.M. $38 per person (Tour 5)  _____ $_________
☐ Atlantis Submarine Odyssey 2:30 P.M. - 4:00 P.M. $99 per person (Tour 6)  _____ $_________
☐ Paradise Cove Royal Ali’i Luau 4:00 P.M. - 9:30 P.M. $113 per person (Tour 7)  _____ $_________

MONDAY, FEBRUARY 4, 2008
☐ Deluxe Arizona Memorial and Historical Honolulu Excursion 7:00 A.M. - 12:00 P.M. $38 per person (Tour 8)  _____ $_________
☐ Star of Honolulu Sunset Dinner Cruise 4:30 P.M. - 8:00 P.M. $98 per person (Tour 10)  _____ $_________

TUESDAY, FEBRUARY 5, 2008
☐ Deluxe Arizona Memorial and Historical Honolulu Excursion 7:00 A.M. - 12:00 P.M. $38 per person (Tour 11) _____ $_________
☐ Polynesian Cultural Center Ambassador Luau 10:30 A.M. - 10:00 P.M. $159 per person (Tour 13)  _____ $_________

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.) TOTAL DUE $ _____________
☐ Credit Card: □ American Express □ Discover □ MasterCard □ Visa
Card Number ___________________________ Expiration Date ___________________________
Cardholder Name ___________________________ Date ___________________________
☐ Check here or email registration@sccm.org if you have special needs related to a disability and an SCCM staff member will contact you to determine specific requirements.
The Society’s New State-of-the-Art Headquarters Promotes a Healthier Environment

Going green at the Society of Critical Care Medicine (SCCM) was spurred by the move to the new headquarters, located at 500 Midway Drive in Mount Prospect, Illinois, USA. This state-of-the-art facility permits SCCM staff to better serve our members in an environmentally friendly atmosphere that supports reduced paper and energy consumption. The Society implemented the following green initiatives to ensure the viability of a healthier planet:

- **Paper reduction:** Records previously kept in paper format were scanned electronically and added to SCCM’s new central database, Document Locator®. A number of efforts also were enacted to reduce the inflow of paper into SCCM headquarters.
- **Recycling:** All SCCM staff recycles copy paper, plastic, glass, aluminum, polystyrene thermal insulation, batteries, cell phones, personal digital assistants (PDAs), old computer equipment, and battery chargers.
- **Use of recycled materials:** SCCM’s copy paper is now 30% recycled, and the publications and marketing departments print materials on recycled or Forest Stewardship Council (FSC)-certified papers. Also, much of the new office furniture is designed to have minimal impact on the environment with fewer, lighter weight components than other furniture in its class.
- **Reusable dishes:** The Society no longer purchases disposable coffee cups, plates or utensils, and uses energy efficient dishwashers.
- **Energy efficiencies:** The heating and cooling systems are energy efficient and the lighting system is automated to minimize power consumption.

The Society’s goal is to implement green initiatives whenever possible, while making the experience positive for staff, meeting attendees, members, donors, and industry partners.

**It’s Easy to be Green at Congress!**

Let’s keep Hawaii beautiful. With these simple steps, you can help reduce the waste that is created during Congress:

- Recycle your plastic badge holders in the recycling bins marked badge holders, located throughout the Hawaii Convention Center.
- Donate gently used or unwanted participant bags to local charities as well as any exhibitor items that will not be shipped back to the main land. Donation boxes are located throughout the Hawaii Convention Center.
- Recycle paper, plastic and aluminum products in the receptacles located throughout the Hawaii Convention Center.
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. Speakers include:

**LIFETIME ACHIEVEMENT AWARD WINNER**

**Arthur E. Baue, MD**
Professor
Department of Surgery
St. Louis University School of Medicine
St. Louis, Missouri, USA

**Plenary: From SIRS to MODS to MOF in the ICU**
Sunday, February 3, 2008

**Makoto Suematsu, MD**
Professor
Department of Biochemistry and Integrative Medical Biology
Keio University School of Medicine
Tokyo, Japan

**Plenary: Biomedical Application of Metabolome Analysis: Grasping Energy Metabolism as a Whole**
Monday, February 4, 2008

**David J. Pierson, MD**
Professor
Pulmonary and Critical Care Medicine
Harborview Medical Center
University of Washington
Seattle, Washington, USA

**Plenary: The Cardiopulmonary Physiology of Dinosaurs**
Monday, February 4, 2008

**Jamie Cooper, MD**
Professor and Deputy Director, ICU
Monash University and Alfred Hospital
Head Intensive Care Research Associate Director
National Trauma Research Institute Chair
ANZICS-CTG Executive
Melbourne, Australia

**Plenary: Outcomes from Severe Traumatic Brain Injury Can Be Improved**
Tuesday, February 5, 2008

**Joseph F. Dasta, MSc, FCCM**
Professor
College of Pharmacy
The Ohio State University
Columbus, Ohio, USA

**Plenary: Drug Costs in the ICU: More Than Meets The Eye**
Tuesday, February 5, 2008

**Thomas P. Bleck, MD, FCCM**
Professor
Department of Neurology
Evanston Northwestern Healthcare
Evanston, Illinois, USA

**Plenary: Neurological Critical Care**
Wednesday, February 6, 2008

The Society’s 37th Critical Care Congress is an extraordinary event, offering numerous cutting-edge sessions, hands-on workshops, informative symposia, and exciting social engagements. Enrich your Congress experience further by taking part in these popular ticketed events and sessions. For more information, please visit the SCCM Registration Desk located in the main lobby of the Hawaii Convention Center.

Opening Reception

**SATURDAY, FEBRUARY 2, 2008 • COMPLIMENTARY TICKETED EVENT**

Don’t miss the Society’s 37th Critical Care Congress opening reception on Saturday, February 2, from 6:00 p.m. to 9:00 p.m. at Fort DeRussey Park. Network with your peers while enjoying tropical cuisine and live music at this exciting event. All Congress attendees and registered guests are invited to attend.

SCCM Annual Business Meeting

**SATURDAY, FEBRUARY 2, 2008 • COMPLIMENTARY EVENT**

Please join the Society’s leadership at the SCCM Annual Business Meeting for a summary of the past year’s activities as well as the announcement of the Council election results. The meeting is scheduled to be held in the Honolulu Room at the Hilton Hawaiian Village from 5:00 p.m. to 5:30 p.m.

Abstract Presentations and Poster Hall Events

**SUNDAY, FEBRUARY 3 THROUGH TUESDAY, FEBRUARY 5, 2008 • COMPLIMENTARY EVENTS**

**ORAL PRESENTATIONS:** Oral presentations are scheduled, unopposed, for two hours on Sunday, February 3, 2008. These presentations highlight the investigators of the top 80 abstracts submitted.

**POSTER DISCUSSIONS AND AWARDS PRESENTATION:** Interact and discuss original scientific research findings with abstract authors in the Poster Hall, which will be open Sunday, February 3, 2008, through Tuesday, February 5, 2008. Winners of SCCM’s abstract-based awards will be recognized during a ceremony in the Poster Hall on Tuesday, February 5, 2008, from 6:00 a.m. to 6:30 a.m.

**PROFESSOR WALK ROUNDS:** Select poster presentations will be assigned by topic to noted faculty and other experts who will facilitate the exchange of ideas and commentary between scientists and established clinicians. Presentations will be scheduled at unopposed times Sunday, February 3, 2008, through Tuesday, February 5, 2008. For complete details, please refer to the schedule of events, which begins on page 38.

Airway Management Workshop

**SUNDAY, FEBRUARY 3 OR MONDAY, FEBRUARY 4, 2008 • $60 FOR ALL PROFESSIONALS**

Review appropriate techniques and management of airway procedures in critical care during this interactive workshop. Three identical sessions of this workshop will be offered. Space is limited. Workshops will be held on Sunday, February 3, 2008, from 8:15 a.m. to 10:15 a.m. and from 10:45 a.m. to 12:45 p.m. and on Monday, February 4, 2008, from 6:30 a.m. to 8:30 a.m.

Sponsored Symposia

**SUNDAY, FEBRUARY 3 AND MONDAY, FEBRUARY 4, 2008 • COMPLIMENTARY TICKETED EVENTS**

Don’t miss one of the highest-rated educational programs at SCCM’s annual Congress! Learn about clinical breakthroughs and advances that lead to better patient care at sponsored symposia. These industry-sponsored sessions promote quality improvements in healthcare and provide a balanced view of available therapeutic options for intensive care units. For complete details, please refer to the schedule of events that begins on page 38.

Fellowship Directors’ Breakfast

**MONDAY, FEBRUARY 4, 2008 • $55 PER BREAKFAST TICKET**

Critical care fellowship program directors are invited to participate in the Fellowship Directors’ Breakfast in room 317 at the Hawaii Convention Center on Monday, February 4, 2008, from 5:30 a.m. to 6:30 a.m. Take advantage of this opportunity to discuss issues pertinent to critical care fellowship programs during this networking breakfast.
SCCM STAFF LISTING

Executive Administration

DAVID JULIAN MARTIN, CAE, Chief Executive Officer/Executive Vice President
DOROTHY SUWANSKI, Executive Assistant
ELLEN TURNERY, Human Resources Manager

Business Affairs

BRIAN SCHRAMM, CAE, Director of Business Affairs
JIM BROWN, Accounting Manager
ARIANA HOBBY, Customer Service Manager
SHERYL ROBINSON, Staff Accountant
TIFFANY JACKSON, Accounts Payable Clerk
VIRGINIA CALDERONE, Customer Service Representative
ANTONIO ORTIZ, Customer Service Representative
FRANK PETRITIS, Customer Service Representative
TYQUILA SIMS, Customer Service Representative
JOANN WILLIAMS, Customer Service Representative
MARIANNE OLSON, Receptionist

Information Technology

DAVID W. REID, Director of Information Technology

Marketing

THOMAS L. JOSEPH, MPS, CAE, Director of Marketing
KENNETH KLAIRICH, Hospital Relations Manager
AMANDA MANNINGA, Marketing Communications Manager
ROSSY HERNANDEZ, Hospital Relations Specialist
JULIE OSWALD, Marketing Communications Specialist
LILYA YAMPOLSKAYA, Marketing Communications Specialist
COLLEEN MCNAMARA, Industry Relations Coordinator

Meetings and Conventions

PAMELA S. DALLSTREAM, CMP, Director of Meetings and Conventions
TRUDI BARTAKOVICS, CMP, Meetings and Conventions Manager
TRACY MONDROWSKI, Meetings and Conventions Coordinator
JENNIFER RUNDELL, Meetings and 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 ALBERSON, Manager of Continuing Education
ADAIR ANDREWS, RN, MATD, Manager of Program Development
PATRICIA GLOVER, RN, BSN, MSN, Manager of Program Development
LORI HARMON, RRT, MBA, Paragon Critical Care Program Manager
GERVAISE NICKLAS, MS, RN, Manager of Program Development
TOYA SLEDD, MPH, MBA, Manager of Professional Affairs
MARTA BUCCA, Coordinator of Program Development and Professional Affairs
CRISTINA FETILA, Coordinator of Continuing Education
CHARLOTTE JAMES, Coordinator of Program Development and Professional Affairs
JO MARIE LISTINSKY, Coordinator of Program Development

Publications

LYNN RETFORD, Director of Publications
MARY ANN BRANAGAN, Periodical Publications Manager
KATIE BROBST, Managing Editor, Books
CHRISTINE MENTINK, Managing Editor, Books
MELISSA NIELSEN, Managing Editor, Member Communications
KIMBERLY HOPPE, Editorial Assistant, Books
MEGAN O’NEILL, Editorial Assistant, Journals

Technology Development

DIANE SCOTT, Director of Technology Development
LAURA LEWIS, Manager of Technology Development
JERRY BYRNES, Software Developer
JULIAN CORLACI, eDeveloper
MICHAEL HuERTA, Technology Support Specialist

WELCOME INTERNATIONAL DeLEGATES!
The Society of Critical Care Medicine is pleased to welcome our critical care partners from around the world. Delegates from more than 75 countries have joined SCCM in Honolulu to develop friendships, network with multiprofessional critical care colleagues and learn from a world-renowned faculty. The Society is grateful to those individuals who have traveled a great distance to be here at Congress.

International Pavilion (BOOTH #638)
The International Pavilion serves as a special gathering place for hundreds of Congress attendees from outside of the United States. Located in the Exhibit Hall at booth #638, attendees will have an opportunity to meet with colleagues here during Exhibit Hall hours.

LOOK FOR SCCM STAFF WEARING HAWAIIAN-THEMED RIGHT CARE, RIGHT NOW™ SCRUB TOPS IF YOU HAVE A QUESTION OR COMMENT. STAFF WILL BE AVAILABLE AT REGISTRATION, SCCM CENTRAL AND THROUGHOUT THE HAWAI Convention CENTER.
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 the Registration Desk in the main lobby of the Hawaii Convention Center.

Badges
Congress badges are required for admission 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 ticket. Lost badges may be replaced at the Registration Desk located in the main lobby of the Hawaii 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.

Breakfast and Refreshment Breaks
Complimentary breakfast and refreshments will be available during the morning breaks in the Exhibit Hall on Sunday, February 3, Monday, February 4, and Tuesday, February 5. These breaks offer an excellent opportunity to visit with the exhibitors while enjoying breakfast and refreshments.

Business Center
The Business Center is located on the third floor of the Hawaii Convention Center and offers photocopying and 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
Select Congress sessions will be professionally recorded on audio CDs and MP3s. The CD/MP3 sales desk is located in the Ala Halawai Concourse of the Hawaii Convention Center. CDs are recorded live during Congress and are available approximately two hours after the session has ended. CDs/MP3s are available for purchase as individual sessions, multiple sessions or as a complete Congress set. They may be purchased on site at the sales counter or after Congress by direct order through AVEN:
10532 Greenwood Avenue North
Seattle, Washington 98133 USA
Telephone: +1 800 810-1A0E or +1 206.440-7989
Facsimile: +1 206 440-7990 • www.AVEN.com

Emergency Procedures
In the event of an emergency, please follow the instructions given by the Hawaii Convention Center or locate an SCCM staff member at the Registration Desk in the main lobby, SCCM Central in the Exhibit Hall or the SCCM Convention Office in room 302.

Exhibit Hall Hours
The Exhibit Hall is open during the following hours:
- Sunday, February 3: 5:30 a.m. – 11:00 a.m.
- Monday, February 4: 5:30 a.m. – 11:00 a.m.
- Tuesday, February 5: 5:30 a.m. – 11:00 a.m.

First Aid Center
Emergency medical and nursing staff are available in the First Aid Center during all Congress activities at the Hawaii Convention Center. The First Aid Center is staffed with registered public health nurses to ensure the safety and well-being of all Congress participants. The First Aid Center is located on the third floor of the Hawaii Convention Center near room 318.

Hawaii Safety Tips
Be safe while enjoying your stay in Hawaii. Follow these simple safety tips:
- Never swim alone or beyond your ability. The waves/currents travel unimpeded over 2,400 miles and are much stronger than they look.
- To avoid neck injuries, don’t dive into water of unknown depth or into shallow breaking waves.
- Never turn your back to a wave. While you might be tempted to view the beautiful beach front while standing in the ocean, you could get overwhelmed by a Pacific Ocean wave.
- Obey safety signs posted at all beaches, such as “High Surf,” “Dangerous Shorebank” or “Jelly Fish Hazard.”
- If riding a two-wheel vehicle, wear a helmet since road conditions are variable.
- The state of Hawaii has one of the highest pedestrian fatality rates, so be sure to look both ways when crossing the street and obey all traffic signs.

Lost and Found
Lost and found is located in the Convention Office in room 302.

Message Board
A message board is located outside the Convention Office in room 302.

No-Smoking Policy
In accordance with the Hawaii Clean Air Act, the Hawaii Convention Center is a smoke-free environment. Smoking is permitted in designated areas only.

Registration
Registration is located in the main lobby of the Hawaii Convention Center and is open during the following hours:
- Thursday, January 31: 4:00 p.m. – 8:00 p.m.
- Friday, February 1: 5:00 a.m. – 1:30 p.m.
- Saturday, February 2: 5:00 a.m. – 1:30 p.m.
- Sunday, February 3: 5:00 a.m. – 4:00 p.m.
- Monday, February 4: 5:00 a.m. – 4:00 p.m.
- Tuesday, February 5: 5:00 a.m. – 2:00 p.m.
- Wednesday, February 6: 7:00 a.m. – 12:00 p.m.

If you are participating in the post-Congress event on the island of Kauai, you may pick up your registration materials at the SCCM Registration Desk. Visit the USA Hosts tour desk, located across from SCCM Registration, for information regarding Kauai travel and tours.
Restaurant Reservations
Concierge staff are available at the kiosk across from the Registration Desk in the main lobby of the Hawaii Convention Center to assist you with individual and group dining arrangements and recommendations.

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 because of limited seating capacity and the highly technical nature of Congress. 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.

Shuttle Service
Complimentary shuttle service will be provided in the morning and afternoon between the Hawaii Convention Center and all SCCM hotels, with the exception of the Ala Moana Hotel.

Society Offices/Exhibits
All locations are in the Hawaii Convention Center with the exception of Convocation and the ACCM and SCCM Business Meetings.

ACCM Business Meeting Honolulu Room, Hilton Hawaiian Village
Airway Workshop Room 323
Ancillary Bookstore 3rd floor, Ala Halawai Concourse
Business Center 3rd floor, Ala Halawai Concourse
CD/MP3 Sales Booth 3rd floor, Ala Halawai Concourse
Convention Office Room 302
Convocation Coconut Grove, Royal Hawaiian Hotel
First Aid Center 3rd floor near room 318
Poster Exhibits Exhibit Hall 3
Registration Main Lobby
SCCM Business Meeting Honolulu Room, Hilton Hawaiian Village
SCCM Central Exhibit Hall, Booth #447
Speaker Ready Room Room 304
Technical Exhibits Exhibit Hall 1 – 2
Wireless Internet Access 3rd floor, Ala Halawai Concourse

Speaker Ready Room
Prior to their session, faculty should submit their presentations in room 304, which will be open during the same hours as Registration.

Special Assistance
Wheelchairs are available for use within the Hawaii Convention Center at no charge. Wheelchairs may be picked up from the SCCM Convention Office located in room 302.

Suggestion Box
Suggestion boxes are available at the Registration Desk located in the main lobby of the Hawaii Convention Center and in the SCCM Convention Office in room 302. Please provide any comments, suggestions or other valuable feedback useful for evaluating the 37th Critical Care Congress. Suggestions may be signed or 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 on the 3rd floor, Ala Halawai Concourse.
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 parentheses is a letter A through E that corresponds to a specific SCCM Core Competency: A = Patient- and Family-Centered Care; B=Practice Applications; C=Communications; D=Multiprofessionalism; and E=Quality Improvement. Also listed is the page number on which the session can be located.

**ADMINISTRATION**

- Billing and Coding: Strategies and Controversies (B, E) PG. 60
- Clinical Guidelines and Protocols Are Good for Patients (A, B, C, D, E) PG. 66
- Defining and Managing Training for Competency (B, C, E) PG. 51
- Disaster Planning: Is Your ICU Prepared? (B, C, D, E) PG. 45
- Early ICU Mobility Therapy’s Role in Critical Care (A, B, C, D, E) PG. 58
- Informed Consent for Procedures in the ICU is Necessary (B, D) PG. 56
- Patient and Family Support Guidelines (A, B, C, D, E) PG. 52
- Pay for Performance: What You Need to Know (B) PG. 68
- Use of Simulators in ICU Training (B, E) PG. 68

**AIRWAY**

- Airway Management: New Developments and Controversies (B) PG. 67

**BASIC SCIENCE – NON-SEPSIS**

- Aging in Critical Illness: Old Becoming New (B) PG. 65
- Discovering More About Basic Science Brain Injury (B) PG. 60
- Gender and Critical Illness: Who is the Stronger Sex? (B) PG. 69
- Modeling Critical Illness: Replicating the Human Inflammatory Response in an Animal Model (B) PG. 53
- Multiple-Organ Failure: Are We Making Any Headway? (B) PG. 62
- Show Me the Money! Funding for Basic Critical Care Research (B) PG. 46

**CARDIOLOGY – CPR**

- Acute Heart Failure (B) PG. 69
- Atrial Fibrillation in the Critical Care Patient (B) PG. 50
- Cardiopulmonary Resuscitation (B, C, D, E) PG. 59
- Echocardiography in Intensive Care Medicine (B) PG. 42
- Hemodynamic Monitoring and Assessment of Tissue Perfusion (B) PG. 59
- Hypertensive Crises in Critical Care: Insights into Current Treatment Paradigms (B) PG. 58
- Management of Acute Pressure Syndromes in Critical Care: From Threat to Therapy (B) PG. 50
- Management of Patients with Acute Heart Failure (A, B, D) PG. 58

**END OF LIFE**

- State of the Science: End-of-Life Care in the ICU (A, B, C, D, E) PG. 54
- Worldwide Perspectives and Controversies on Death (A, B, C, D, E) PG. 56
ENDOCRINOLOGY - RENAL
► Acute Kidney Injury in Critical Illness (B) PG. 40
► An Update on Continuous Renal Replacement Therapy (B, D) PG. 65
► The Ever-Controversial Fluid Management Debate: Many Faces (B) PG. 65
► The Juice: Anabolic Strategies in the ICU (B) PG. 64
► Tight Glycemic Control (A, B, C, D, E) PG. 46

GI – NUTRITION
► More Gastrointestinal Controversies (B) PG. 45
► Nutrition in Special Populations (A, B, D, E) PG. 52
► Pharmaco-Nutrition (A, B) PG. 63
► Post-Pyloric Feeding Should Be the Standard in the ICU (B, E) PG. 46
► The Impact of Enteral Nutrition on Outcomes in Critical Care (B, E) PG. 49

HEMATOLOGY
► Clinical Management Strategies for Patients with Deep Vein Thrombosis and Pulmonary Embolism (A, B, D, E) PG. 50
► Controversies in Red Blood Cell Transfusion in the Critically Ill (B) PG. 45
► To Thin or Not to Thin? Treatment and Prevention of Thromboembolism (B) PG. 60

INFECTIONS DISEASES
► An Erupting Landscape: Nosocomial Pneumonia in the Age of Resistance (B, E) PG. 57
► Clostridium difficile 2008: New Focus on a Familiar Problem (B) PG. 57
► Community-Acquired and Healthcare-Associated MRSA: Implications for Critical Care (A, B, E) PG. 58
► Diagnosing Infection in the ICU (B) PG. 54
► Fighting the Never-Ending Battle Against Antimicrobial Resistance (A, B) PG. 50
► Infection Control in the ICU (B, D, E) PG. 56
► Update on Tropical Infectious Diseases (B) PG. 67

NEUROLOGY
► Advanced Neuromonitoring: Beyond Intracranial Pressure (B) PG. 55
► Neurocritical Care: It’s Not Only for Neurointensivists (A, B, D) PG. 42
► Neurotrauma (B) PG. 52
► Seizures in the ICU (B) PG. 56
► Spinal Cord Injury (B) PG. 62

NURSING
► Certification for Critical Care Practice (B, E) PG. 64
► Nursing Workforce Issues (B, E) PG. 62
► Utilizing Best Practices in the ICU (A, B, E) PG. 67

PEDIATRICS
► Best Practices for Eliminating Common Pediatric Infections (A, B, D, E) PG. 61
► Controversies in Post-Op Pediatric Heart Surgery and Heart Failure (B) PG. 55
► Interactive Cases in the Pediatric ICU (B) PG. 51
► Neurologic Monitoring in the Pediatric ICU (B) PG. 67
► Research Networks in Pediatric Critical Care (B) PG. 69
► Selected Controversies in Sepsis Therapy in the Pediatric ICU (B) PG. 44
► The State of Hypothermia Therapy in the Pediatric ICU (B) PG. 54

PHARMACOLOGY
► Bedside Pharmacotherapy (B, D) PG. 55
► New Horizons in the Use of Statins (B, D) PG. 54
► Pharmacology in Special ICU Populations (B, D) PG. 59
► Surfing the Hot Pharmacotherapy Issues of 2008 (B, D) PG. 41
► Tools and Technology to Individualize Pharmacotherapy (B, D, E) PG. 56

RESPIRATORY
► Acute Respiratory Distress Syndrome Update (B) PG. 60
► Application of Pulmonary Monitoring Technology (B) PG. 44
► Early Tracheostomy is Good: U.S. and International Perspectives (B, E) PG. 69
► Liberation from Mechanical Ventilation (B) PG. 52
► Lung Recruitment Maneuvers Should Be Routine in the Management of Acute Respiratory Distress Syndrome (B) PG. 66
► Mechanical Ventilation (B) PG. 40
► Mode a La Mode (B) PG. 51
► Ventilator-Associated Pneumonia (B) PG. 68

SEDATION – PAIN
► Controlling Pain in the ICU (A, B, D) PG. 66
► Delirium Management (A, B) PG. 63
► Practical Considerations in Sedation Management to Improve Outcomes (A, B, D) PG. 49

SEPSIS
► Genetics and Proteomics in Sepsis (B) PG. 61
► Goals and Markers of Resuscitation Effectiveness in Sepsis (B) PG. 45
► Inflammation, Anti-Inflammation and Apoptosis in Sepsis (B) PG. 59
► Metabolic and Endocrine Dysfunction in Sepsis (B) PG. 68
► Reducing Mortality in Sepsis (B, E) PG. 53
► Steroid Supplementation in Sepsis (B) PG. 62
► The Cutting Edge of Sepsis Therapies (B, E) PG. 55
► The Elephant in the ICU: MODS in the Patient with Severe Sepsis (B) PG. 49
► Using Biomarkers for Diagnosis and Risk Assessment in Sepsis (B) PG. 57

SURGERY
► Caring for the Critically Ill Bariatric Patient (A, B, D, E) PG. 64
► Geographic-Specific Injuries (A, B) PG. 54
► Special Considerations in the Geriatric, Surgical and Trauma Patient (A, B) PG. 63
Members of the critical care team can earn continuing education credit by attending sessions during the 37th Critical Care Congress.

Learning Objectives: At the conclusion of the 37th 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 or injured patient
- Review, in the context of the intensivist-led, multiprofessional team, new knowledge and strategies to optimize the care and outcomes of the critical care patient

Target Audience
This continuing education offering is intended to meet the needs of all those who care for critically ill and injured 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

Emergency Physicians
This program has been approved by the American College of Emergency Physicians for Category 1 credit for the maximum credits as listed below:

- Overall Congress (concurrent sessions) - 27.5 credits
- Adult Critical Care Refresher Course - 10 credits
- Current Concepts in Pediatric Critical Care Course - 10 credits
- Fundamental Disaster Management Course - 7.75 credits
- Fundamental Critical Care Support Instructor Course - 7.75 credits
- Postgraduate Review Courses - 5 credits

Nurses
This program has been approved by the California Board of Registered Nursing (provider #8181) and the American Association of Critical-Care Nurses (AACN) (approved provider #00013930) under established AACN guidelines, CERP Category A, for a maximum number of hours, as listed below:

- Overall Congress (concurrent sessions) - 27.5 contact hours
- Adult Critical Care Refresher Course - 10 contact hours
- Current Concepts in Pediatric Critical Care Course - 10 contact hours
- Fundamental Disaster Management Course - 7.75 contact hours
- Fundamental Critical Care Support Instructor Course - 7.75 contact hours
- Postgraduate Review Courses - 5 contact hours

Osteopaths
Complete the Osteopath category 1-B Form, which is available online, to apply for credit individually.

Physicians/Physician Assistants
SCCM 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.

- Overall Congress (concurrent sessions) - 27.5 credits
- Adult Critical Care Refresher Course - 10 credits
- Current Concepts in Pediatric Critical Care Course - 10 credits
- Fundamental Disaster Management Course - 7.75 credits
- Fundamental Critical Care Support Instructor Course - 7.75 credits
- Postgraduate Review Courses - 5 credits

Respiratory Therapists
This activity has been approved by the American Association for Respiratory Care for CRCE credit for the maximum amounts listed below:

- Overall Congress (concurrent sessions) - 27.5 credits
- Adult Critical Care Refresher Course - 10 credits
- Current Concepts in Pediatric Critical Care Course - 10 credits
- Fundamental Disaster Management Course - 7.75 credits
- Fundamental Critical Care Support Instructor Course - 7.75 credits
- Postgraduate Review Courses - 5 credits

OBTAINING CREDIT
To obtain your credit, please visit http://www.sccm.org/CE2008. Once completed, you will receive your certificate via email within 30 days. If you have questions, please email congress@sccm.org or call +1 847 827-6869.
### Pre-Congress Educational Sessions

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<td>236-000-08-02-L04-P</td>
<td>Current Concepts in Pediatric Critical Care</td>
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<td>236-000-08-07-L04-P</td>
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<td>236-000-08-05-L04-P</td>
<td>Acute Kidney Injury in Critical Illness</td>
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### Concurrent Sessions

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The Society of Critical Care Medicine (SCCM) fully supports and adopts the ACCME Standards for Commercial Support of Continuing Medical Education, the Accreditation Council for Pharmacy Education’s Criteria for Quality Involved with the Administration of a Provider’s Continuing Education Program and the American Association of Critical-Care Nurses’ Provider Guidelines 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 Society’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. It is SCCM’s intent that these policies be followed whenever educational activities are developed or delivered, whether or not official CME/CE credit is provided.

A commercial interest is when a financial or in-kind contribution is given to pay all or part of the costs of a continuing education activity. Support or collaboration that is given by non-profit organizations is considered a joint sponsorship (see joint sponsorship policy).

1. All continuing education (CME/CE) activities sponsored by SCCM shall provide 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 SCCM must use an SCCM-approved Letter of Agreement and request for additional funds to the commercial supporter. Any additional funds will be documented in an addendum to the Letter of Agreement. All commercial support associated with a 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.

4. Acknowledgment will be made of any outside organization (commercial/for-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 a 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, participants, or other education matters including activity content and format from a commercial interest for purposes of signing the agreement and acknowledgment. The originating source of the funds shall be considered the commercial or educational partner involved in the planning and implementation of the CME/CE activity. The commercial interest cannot make the acceptance of advice or services concerning faculty, authors, participants, or other education matters, including content, a condition of support.

7. The Letter of Agreement shall define the terms, purposes and conditions of the activity. The originating source of the funds shall be considered the commercial 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 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.

**SCCM 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, the Accreditation Council for Pharmacy Education’s Criteria for Quality Involved with the Administration of a Provider’s Continuing Education Program and the American Association of Critical-Care Nurses’ Provider Guidelines as its basis for relating to commercial support companies with regard to continuing education.

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If it is anticipated that 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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Abstract

Introduction

Methods

Results

Discussion

Conclusion

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pg. 41

Jerry J. Zimmerman, MD, PhD, FCCM*
Children’s Hospital Regional Medical Center
Seattle, Washington, USA
pgs. 39, 44
**SCHEDULE OF EVENTS / FRIDAY, FEBRUARY 1**

$ = Additional charge to attend  
T = Ticketed session  
H = Hopper Pass eligible

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**5:45 A.M. - 6:45 A.M.**

**CONTINENTAL BREAKFAST**
Outside rooms 310, 315, 320

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**6:30 A.M. – 12:00 P.M.**

**PRE-Congress educational session**

**Adult Critical Care Refresher Course - Day 1** (See page 39 for Day 2)
Room 310 • $ • T
Moderator: Christina G. Rehm

**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 or injured patient

6:30 A.M. – 7:00 A.M.

- The BUNDLE Concept: How to Implement Guidelines  
  R. Phillip Dellinger

7:00 A.M. – 7:30 A.M.

- Multidisciplinary and Multiprofessional Collaboration in the ICU  
  Ruth M. Kleinpell

7:30 A.M. – 8:00 A.M.

- Emerging Infections in the ICU  
  Henry Masur

8:00 A.M. – 8:30 A.M.

- Prevention and Management of Antibiotic Resistance in the ICU  
  Dennis G. Maki

8:30 A.M. – 9:00 A.M.

- The ICU Patient with a Brain Injury: The Cutting Edge of Monitoring and Treatment  
  William M. Coplin

9:00 A.M. – 9:30 A.M.

- Break

9:30 A.M. – 10:00 A.M.

- Bioterrorism and Chemical Injuries  
  Andrew J. Patterson

10:00 A.M. – 10:30 A.M.

- Acute Kidney Injury  
  John A. Kellum

10:30 A.M. – 11:00 A.M.

- Management of Pain and Sedation in the ICU  
  Thomas M. Fuhrman

11:00 A.M. – 11:30 A.M.

- Recommendations for Selecting ICU Patients for Noninvasive Ventilation  
  Nicholas S. Hill

11:30 A.M. – 12:00 P.M.

- The Case for Simulators in Critical Care Education  
  William F. Dunn

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**6:30 A.M. – 3:00 P.M.**

**Pre-Congress Educational Session**

**Fundamental Disaster Management**
Room 315 • $ • T
Moderator: Lewis Rubinson

**LEARNING OBJECTIVES**
- Recognize core disaster incident management structures and functions and describe how the critical care response is coordinated and interfaced with incident management
- List the types of events most likely to require a critical care response and describe the anticipated critical care needs of those affected
- Describe the guiding principles for triage and the 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
- Recognize the emergency situations that require personal protective equipment and/or environmental controls

6:30 A.M. – 6:50 A.M.

- Overview of Fundamental Disaster Management  
  Lewis Rubinson

6:50 A.M. – 7:20 A.M.

- ICU Microcosm Within Disaster Medical Response  
  James A. Geiling

7:20 A.M. – 7:50 A.M.

- Augmenting Critical Care Capacity During a Disaster  
  Daniel S. Talmor

7:50 A.M. – 8:20 A.M.

- Mass-Casualty Burn Care and Critical Care Management of Conventional Explosions  
  Lewis Rubinson

8:20 A.M. – 8:45 A.M.

- Critical Care Response to Natural Disasters and Mass-Casualty Crush Syndrome  
  Edgar Jimenez

8:45 A.M. – 9:05 A.M.

- Break

9:05 A.M. – 9:50 A.M.

- Critical Care During Epidemics  
  Elizabeth L. Daugherty

9:50 A.M. – 10:15 A.M.

- Critical Care Management of Chemical Exposures  
  James A. Geiling

10:15 A.M. – 10:40 A.M.

- Critical Care Management of Radiological Exposures  
  Randy S. Wax

10:40 A.M. – 11:00 A.M.

- Special Populations: Caring for Critically Ill Children and Chronically Ill People During Disasters  
  Suzanne M. Burns

11:00 A.M. – 11:30 A.M.

- Lunch

11:30 A.M. – 12:00 P.M.

- Sustained Mechanical Ventilation Outside Traditional ICUs  
  Brittany A. Martinelli

12:00 P.M. – 12:30 P.M.

- Disaster Triage and Allocation of Scarce Critical Care Resources  
  John Beigel
FRIDAY, FEBRUARY 1 / SCHEDULE OF EVENTS

12:30 P.M. – 2:30 P.M.
- Hands-On Training: Rooms 316A and 316B
  (Participants will rotate in groups)
2:30 P.M. – 3:00 P.M.
- Post-Test and Course Evaluation

6:30 A.M. – 12:00 P.M.
PRE-Congress Educational Session
Current Concepts in Pediatric Critical Care - Day 1
(See page 43 for Day 2)
Room 310 • $ • T • H
Moderator: Thomas P. Shanley

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 outcome of critically ill or injured children

6:30 A.M. – 7:00 A.M.
- A Conventional Approach to Sepsis Management
  Thomas P. Shanley
7:00 A.M. – 7:30 A.M.
- Plasmapheresis in Sepsis/Thrombocytopenia-Associated Multiple-Organ Failure
  James D. Fortenberry

SATURDAY, FEBRUARY 2 / SCHEDULE OF EVENTS

5:45 A.M. – 6:45 A.M.
Continental Breakfast
Ala Halawai Concourse

6:30 A.M. – 12:00 P.M.
PRE-Congress Educational Session
Adult Critical Care Refresher Course - Day 2
(See page 38 for Day 1)
Room 310 • $ • T • H
Moderator: Christina G. Rehm

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 or injured patient

6:30 A.M. – 7:00 A.M.
- Hemodynamic Monitoring: What is Available in 2008?
  Michael L. Cheatham
7:00 A.M. – 7:30 A.M.
- New Approaches to Fluid Resuscitation
  Bradley Phillips
7:30 A.M. – 8:00 A.M.
- Compartment Syndromes
  Bradley Phillips

8:00 A.M. – 8:30 A.M.
- Management of the Failing Ventricle
  Steven M. Hollenberg
8:30 A.M. – 9:00 A.M.
- Sepsis and Septic Shock: Recommendations for Management in 2008
  R. Phillip Dellinger
9:00 A.M. – 9:30 A.M.
- Break
9:30 A.M. – 10:00 A.M.
- The Best Ventilator Management in Acute Respiratory Failure
  Arthur S. Slutsky
10:00 A.M. – 10:30 A.M.
- Nutritional Support in the ICU of 2008
  Paul Wischmeyer
10:30 A.M. – 11:00 A.M.
- The Delirious ICU Patient
  Timothy D. Girard
11:00 A.M. – 11:30 A.M.
- Recognition and Management of Endocrine Problems in Acute Critical Illness
  Jean C. Preiser
11:30 A.M. – 12:00 P.M.
- Ventilator-Associated Pneumonia: Diagnosis, Management, Prevention
  Marin H. Kollef
### POSTGRADUATE REVIEW COURSE

**MECHANICAL VENTILATION**  
Room 311 • $ • T • H  
Moderator: Robert M. Kacmarek

**LEARNING OBJECTIVES**
- Describe the techniques, indications and complications of lung recruitment maneuvers
- Compare and contrast the techniques, benefits and drawbacks of closed-loop ventilation
- Describe the current methods of ventilator triggering and new advances

#### 6:30 A.M. – 12:00 P.M.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
</table>
| 6:30 A.M. – 7:00 A.M. | Assessment and Analysis of Waveforms During Mechanical Ventilation  
 Neil C. McIntyre |
| 7:00 A.M. – 7:30 A.M. | Ventilator Synchrony: How Do We Identify it and What Do We Do About It?  
 Masaji Nishimura |
| 7:30 A.M. – 8:00 A.M. | Intrinsic PEEP and the Management of Airway Obstruction: Chronic Obstructive Pulmonary Disease and Asthma  
 John J. Marini |
| 8:00 A.M. – 8:30 A.M. | What Have We Learned from the Randomized Controlled Trials on Lung Protection?  
 Robert M. Kacmarek |
| 8:30 A.M. – 9:00 A.M. | When Should We Use the Prone Position and How Does Proning Affect the Management of PEEP and FiO2?  
 John J. Marini |
| 9:00 A.M. – 9:30 A.M. | Break |
| 9:30 A.M. – 10:00 A.M. | Lung Recruitment and the Setting of PEEP  
 Robert M. Kacmarek |
| 10:00 A.M. – 10:30 A.M. | The Effect of Daily Interruption on Sedative Infusions and Sleep Status  
 Masaji Nishimura |
| 10:30 A.M. – 11:00 A.M. | New Modes of Ventilation: Where Do They Fit and When Do I Use Them?  
 Richard D. Branson |
| 11:00 A.M. – 11:30 A.M. | Case Study: Ventilator Management of Chronic Obstructive Pulmonary Disease  
 Neil C. McIntyre |
| 11:30 A.M. – 12:00 P.M. | Case Study: Ventilator Management of Acute Respiratory Distress Syndrome  
 Richard D. Branson |

### POSTGRADUATE REVIEW COURSE

**NEW**  
**ACUTE KIDNEY INJURY IN CRITICAL ILLNESS**  
Room 312 • $ • T • H  
Moderator: Andrew D. Shaw

**LEARNING OBJECTIVES**
- Discuss the pathophysiology, epidemiology and prevention of acute kidney injury
- Compare drug and non-drug therapies for acute kidney injury
- Review cardio-renal syndrome and acid-base management

#### 6:30 A.M. – 12:00 P.M.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
</table>
| 6:30 A.M. – 7:00 A.M. | What is Acute Kidney Injury?  
 John A. Kellum |
| 7:00 A.M. – 7:30 A.M. | Pathophysiology of Acute Kidney Injury  
 Paul M. Palevsky |
| 7:30 A.M. – 8:00 A.M. | Epidemiology of Acute Kidney Injury in the ICU  
 Patrick T. Murray |
| 8:00 A.M. – 8:30 A.M. | Prevention of Acute Kidney Injury  
 Andrew D. Shaw |
| 8:30 A.M. – 9:00 A.M. | Kidney Protective Ventilation: Interactions Between Lung and Kidney  
 Patrick T. Murray |
| 9:00 A.M. – 9:30 A.M. | Break |
| 9:30 A.M. – 10:00 A.M. | Indications, Timing and Dose of Renal Replacement Therapy  
 Paul M. Palevsky |
| 10:00 A.M. – 10:30 A.M. | Continuous Renal Replacement Therapy Versus Intermittent Hemodialysis  
 Claudio Ronco |
| 10:30 A.M. – 11:00 A.M. | Dehydration, Hypovolemia and Preload  
 John A. Kellum |
| 11:00 A.M. – 11:30 A.M. | Brain Natriuretic Peptide, Heart Failure and the Kidney  
 Andrew D. Shaw |
| 11:30 A.M. – 12:00 P.M. | Determinants of Plasma Acid-Base Balance  
 John A. Kellum |
SATURDAY, FEBRUARY 2 / SCHEDULE OF EVENTS
$ = Additional charge to attend  T = Ticketed session  H = Hopper Pass eligible

6:30 A.M. – 12:00 P.M.

POSTGRADUATE REVIEW COURSE
SURFING THE HOT PHARMACOTHERAPY ISSUES OF 2008
Room 314 • $ • T • H
Moderator: Debra J. Skaar

LEARNING OBJECTIVES
• Discuss the latest evidence-based management strategies for ventilator-associated pneumonia, delirium, seizures, and thrombotic disorders
• Report updates on the role of steroids post CORTICUS, insulin therapy and the Surviving Sepsis Campaign networks
• Discuss strategies for optimal nutritional support and the role of pharmaconutrients in the critically ill

6:30 A.M. – 7:00 A.M.
> What Are the Waves Washing Ashore in the Emergency Department?
Maria I. Rudis
7:00 A.M. – 7:30 A.M.
> Keeping the Brain Calm and Clear with Anti-Psychotics and Sedatives
Robert MacLaren
7:30 A.M. – 8:00 A.M.
> Emerging Infections: Is Ventilator-Associated Pneumonia Still the Volcano in the ICU?
Scott Micek
8:00 A.M. – 8:30 A.M.
> Are Steroids Dead in the Post CORTICUS? 
Henry J. Mann
8:30 A.M. – 9:00 A.M.
> The Shifting Sands of Tight Glucose Control 
Debra J. Skaar
9:00 A.M. – 9:30 A.M.
> Break
9:30 A.M. – 10:00 A.M.
> Hawaii Five-O! Arresting Seizure Emergencies
Gretchen M. Brophy
10:00 A.M. – 10:30 A.M.
> What's on the Menu at the ICU Luau? Nutrition in the ICU
Robert MacLaren
10:30 A.M. – 11:00 A.M.
> Controversies in Clotting and Coagulation: Pearls from the Sea
Maureen A. Smythe
11:00 A.M. – 11:30 A.M.
> Not All Islands Are the Same: Pharmacotherapy in Morbidly Obese Patients
Brian L. Erstad
11:30 A.M. – 12:00 P.M.
> Surviving the Shark Attack! News from the Surviving Sepsis Campaign Networks
Henry J. Mann

6:30 A.M. – 3:30 P.M.

PRE-CONGRESS EDUCATIONAL SESSION
★ NEW CONTENT ★
FUNDAMENTAL CRITICAL CARE SUPPORT INSTRUCTOR COURSE
Room 315 • $ • T
Moderator: Barbara McLean

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

6:30 A.M. – 6:45 A.M.
> Welcome/Course Overview
Barbara McLean
6:45 A.M. – 7:15 A.M.
> Acute Respiratory Failure 
R. Phillip Dellinger
7:15 A.M. – 7:45 A.M.
> Blood Flow and Oxygenation 
Eric A. Crawley
7:45 A.M. – 8:15 A.M.
> Differentials and Interventions of Shock States
Barbara McLean
8:15 A.M. – 8:45 A.M.
> Mechanical Ventilation I
Edgar Jimenez
8:45 A.M. – 9:00 A.M.
> Break
9:00 A.M. – 9:30 A.M.
> Mechanical Ventilation II
Edgar Jimenez
9:30 A.M. – 10:00 A.M.
> Neurological Support
Thomas P. Bleck
10:00 A.M. – 10:30 A.M.
> Acute Coronary Syndromes
Janice L. Zimmerman
10:30 A.M. – 11:00 A.M.
> Pediatric Versus Adult Considerations
Rodrigo Mejia
11:00 A.M. – 12:00 P.M.
> Lunch
12:00 P.M. – 12:30 P.M.
> FCCS and MET Training
Marie R. Baldissen
12:30 P.M. – 1:00 P.M.
> Instructor Agendas
Barbara McLean
1:00 P.M. – 2:30 P.M.
> Skill Stations
• Monitoring Blood Flow and Oxygenation: Room 316A
• Vascular Access: Room 316C
• Mechanical Ventilation I: Room 316B
• Mechanical Ventilation II: Room 316B
• Trauma: Room 315
2:30 P.M. – 3:30 P.M.
> Post-Test and Course Evaluation
Barbara McLean
6:30 A.M. – 12:00 P.M.
POSTGRADUATE REVIEW COURSE
NEUROCRITICAL CARE: IT’S NOT ONLY FOR NEUROINTENSIVISTS
Room 317 • $ • T • H
Moderator: William M. Coplin

LEARNING OBJECTIVES
• Compare specific physiological peculiarities of critically ill patients with nervous system disease
• Review special aspects of managing primary neurological catastrophes
• Identify neurological complications of systemic critical illness

6:30 A.M. – 7:00 A.M.
➤ The Brain Was Okay Until ... Cerebral Dysfunction in Non-Neurological Illness
Cherylee W. Chang
7:00 A.M. – 7:30 A.M.
➤ Extracranial Fallout from Acute Brain Injuries
Jose J. Provencio
7:30 A.M. – 8:00 A.M.
➤ Eclampsia and Its Relatives
Marie R. Baldisseri
8:00 A.M. – 8:30 A.M.
➤ What Do I Do with All These Numbers? Brain Oxygen, Blood Flow and Metabolic Monitoring
Paul M. Vespa
8:30 A.M. – 9:00 A.M.
➤ Neurotrauma Update
William M. Coplin
9:00 A.M. – 9:30 A.M.
➤ Break
9:30 A.M. – 10:00 A.M.
➤ Temperature Management and the Nervous System
Stephan A. Mayer
10:00 A.M. – 10:30 A.M.
➤ Ischemic Stroke: Medical and Surgical Management After the Emergency Department
Jeffrey I. Frank
10:30 A.M. – 11:00 A.M.
➤ Feed Me! Nutrition and the Neurologically Injured
Fernando D. Goldenberg
11:00 A.M. – 11:30 A.M.
➤ Demystifying Deep Vein Thrombosis Prophylaxis for Acute Brain and Spine Injury
Denise H. Rhoney
11:30 A.M. – 12:00 P.M.
➤ Critical Illness Myopathy and Neuropathy
Edward M. Manno

6:30 A.M. – 12:00 P.M.
POSTGRADUATE REVIEW COURSE
ECHOCARDIOGRAPHY IN INTENSIVE CARE MEDICINE
Room 318 • $ • T • H
Moderator: Daniel S. Talmor

LEARNING OBJECTIVES
• Review the monitoring and diagnostic capabilities of echocardiography
• Evaluate common echocardiographic case scenarios
• Discuss echocardiography training guidelines

6:30 A.M. – 7:00 A.M.
➤ The Comprehensive Trans-Esophageal Echo Exam
Daniel S. Talmor
7:00 A.M. – 7:30 A.M.
➤ Trans-Thoracic Imaging in the ICU
Yanick Beaulieu
7:30 A.M. – 8:00 A.M.
➤ Echocardiographic Evaluation of Unexplained Shock
Luca Neri
8:00 A.M. – 8:30 A.M.
➤ Evaluation of Left Ventricular Function and Volume
Feroze Mahmood
8:30 A.M. – 9:00 A.M.
➤ Hemodynamic Interrogation
Bijoy Khandheria
9:00 A.M. – 9:30 A.M.
➤ Break
9:30 A.M. – 10:00 A.M.
➤ Echocardiography in Septic Shock
Luca Neri
10:00 A.M. – 10:30 A.M.
➤ Echocardiographic Assessment of Acute Hypoxemia
Yanick Beaulieu
10:30 A.M. – 11:00 A.M.
➤ Pericardial Disease and Tamponade
Peter Panzica
11:00 A.M. – 11:30 A.M.
➤ Evaluation of Acute Valvular Dysfunction
Bijoy Khandheria
11:30 A.M. – 12:00 P.M.
➤ Interrogation of the Aorta: Trauma, Aneurysm, Dissection, and Debris
David T. Porembka
6:30 A.M. – 12:00 P.M.

PRE-CONGRESS EDUCATIONAL SESSION

CURRENT CONCEPTS IN PEDIATRIC CRITICAL CARE - DAY 2
(See page 39 for Day 1)

Room 320 • $ • T • H
Moderator: Thomas P. Shanley

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 outcomes

6:30 A.M. – 7:00 A.M.
- Bispectral Index Monitoring
  Thomas P. Shanley
7:00 A.M. – 7:30 A.M.
- Near-Infrared Spectroscopy
  Rainer G. Gedert
7:30 A.M. – 8:00 A.M.
- Bioimpedance to Measure Pulmonary Edema
  John H. Arnold
8:00 A.M. – 8:30 A.M.
- Monitoring and Managing Intra-Abdominal Hypertension
  Neil W. Kooy
8:30 A.M. – 9:00 A.M.
- Noninvasive Cardiac Output Determination
  Michael R. Pinsky
9:00 A.M. – 9:30 A.M.
- Break
9:30 A.M. – 10:00 A.M.
- Emerging Infections: Methicillin-Resistant Staphylococcus aureus
  Alan Tice
10:00 A.M. – 10:30 A.M.
- Emerging Infections: Pandemic Flu and Anti-Virals
  Henry Masur
10:30 A.M. – 11:00 A.M.
- Patient-Specific Immune Monitoring
  Mark W. Hall
11:00 A.M. – 11:30 A.M.
- Elucidating Genetic Predisposition in the Pediatric ICU
  Neal J. Thomas
11:30 A.M. – 12:00 P.M.
- Stem Cell Therapy to Cure Critical Illness?
  Daniel Meldrum

6:00 P.M. – 9:00 P.M.

BEACH RECEPTION

T • See page 18 for details
**5:45 A.M. - 6:45 A.M.**

**BREAKFAST**
Exhibit Hall

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**6:30 A.M. – 8:00 A.M.**

**OPENING REMARKS FROM THE CONGRESS CO-CHAIRS**

**Ballroom**

Stephen A. Bernard, MD
Director of Critical Care
Knox Private Hospital
Wantirna, Victoria, Australia

Louis Brusco Jr., MD, FCCM
Director, Critical Care Anesthesiology
St. Luke’s-Roosevelt Hospital Center
New York, New York, USA

Hiroyuki Hirasawa, MD
Professor and Chairman
Chiba University School of Medicine
Chiba, Japan

Robert M. Kacmarek, RRT, PhD, FCCM
Director, Respiratory Care
Massachusetts General Hospital
Boston, Massachusetts, USA

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**8:15 A.M. – 10:15 A.M.**

**SELECTED CONTROVERSIES IN SEPSIS THERAPY IN THE PEDIATRIC ICU**

**Room 310**

**Moderator: James D. Fortenberry**

**LEARNING OBJECTIVES**

- Evaluate the role of steroid use in pediatric sepsis
- Discuss the approach to tight glycemic control in critically ill children
- Describe the mechanisms and effects of tight glycemic control in children
- Describe the application of goal-directed therapy to pediatric septic shock
- Review current information on the use of vasopressin for blood pressure support in pediatric septic shock

**8:15 A.M. – 8:35 A.M.**

- Steroid Use: Does the CORTICUS Trial Impact Practice in the Pediatric ICU?
  - Jerry J. Zimmerman

**8:40 A.M. – 9:00 A.M.**

- Tight Glycemic Control: What Do We Do in Children?
  - Vinay M. Nadkarni

**9:05 A.M. – 9:25 A.M.**

- Biochemical Mechanisms and the Potential Benefits of Tight Glycemic Control in Pediatrics
  - Mark R. Rigby

**9:30 A.M. – 9:50 A.M.**

- Goal-Directed Therapy in Pediatric Sepsis
  - Joseph A. Carrillo

**9:55 A.M. – 10:15 A.M.**

- Vasopressin in Children with Sepsis
  - Elizabeth A. Farrington

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**8:15 A.M. – 10:15 A.M.**

**APPLICATION OF PULMONARY MONITORING TECHNOLOGY**

**Room 311**

**Moderator: Daniel S. Talmor**

**LEARNING OBJECTIVES**

- Discuss the role of monitoring devices in the management of mechanical ventilation
- Describe emerging technologies for monitoring mechanical ventilation

**8:15 A.M. – 8:35 A.M.**

- Capnography: Is it Helpful?
  - Tom S. Ahrens

**8:40 A.M. – 9:00 A.M.**

- Monitoring Pulmonary Mechanics: What’s in and What’s out
  - John J. Marini

**9:05 A.M. – 9:25 A.M.**

- Vibration Response Imaging
  - R. Phillip Dellinger

**9:30 A.M. – 9:50 A.M.**

- Electrical Impedance Tomography
  - Marcelo Amato

**9:55 A.M. – 10:15 A.M.**

- Esophageal Balloon Measurements to Direct Mechanical Ventilation
  - Daniel S. Talmor

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**PLENARY: FROM SIRS TO MODS TO MOF IN THE ICU**

**Ballroom**

**Lifetime Achievement Award Winner**

Arthur E. Baue, MD
Professor
Department of Surgery
St. Louis University School of Medicine
St. Louis, Missouri, USA

**LEARNING OBJECTIVES**

- Identify ICU tribulations for 2008
- Examine the importance of clinical observation today

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**SCHEDULE OF EVENTS / SUNDAY, FEBRUARY 3**

$ = Additional charge to attend  
T = Ticketed session  
H = Hopper Pass eligible
More Gastrointestinal Controversies

Room 312
Moderator: Robert G. Sawyer

LEARNING OBJECTIVES
• Discuss the evidence regarding the standard use of proton pump inhibitors
• Identify ICU patients who may or may not benefit from gut decontamination
• Define the characteristics of pre- and pro-biotics and determine their usefulness

8:15 A.M. – 8:35 A.M.
▶ Stress Ulcer Prophylaxis: Should Proton Pump Inhibitors Be Started on All Intubated Patients?
Lynda S. Welage

8:35 A.M. – 8:55 A.M.
▶ Pre-Biotics and Pro-Biotics: Is There a Place for Them in the ICU?
Lee E. Morrow

8:55 A.M. – 9:15 A.M.
▶ Gut Decontamination: Does it Help Keep the Infections at Bay?
Robert G. Sawyer

Late-Breaker

Room 313
Moderator: Heidi J. Dalton

LEARNING OBJECTIVES
• Discuss the final results from the CESAR trial
• Discuss the final results from the Precedex ICU Long Term Sedation Trial
• Discover the anticipated impact of the new National Institutes of Health (NIH) United States Critical Illness and Injury Trials Group (USCIITG)

8:15 A.M. – 8:45 A.M.
▶ The CESAR Trial: Conventional Ventilatory Support Versus Extracorporeal Membrane Oxygenation for Severe Adult Respiratory Failure
Giles Peek

8:50 A.M. – 9:20 A.M.
▶ The Precedex ICU Long Term Sedation Trial Results
Richard R. Riker

9:25 A.M. – 10:15 A.M.
▶ Funding Critical Care Research: The Expected Impact of the NIH USCIITG.
Penren Cobb

Disaster Planning: Is Your ICU Prepared?

Room 314
Moderator: Juliana Barr

LEARNING OBJECTIVES
• Summarize the local, national and worldwide impact of a widespread disaster on critical care resources
• Define the ethical issues related to allocating critical care resources during a disaster
• Select practical aspects of critical care planning strategies in preparation for a disaster

8:15 A.M. – 8:35 A.M.
▶ Worldwide Pandemics: The Scope of the Problem and Its Impact on Critical Care Resources
Dennis G. Maki

8:40 A.M. – 9:00 A.M.
▶ Ethical Issues Related to Triaging Limited Critical Care Resources
David C. Kaufman

8:15 A.M. – 10:15 A.M.

Controversies in Red Blood Cell Transfusion in the Critically Ill

Room 315
Moderator: Jeffery S. Vender

LEARNING OBJECTIVES
• Examine the risks associated with transfusions in the ICU
• Describe the importance of leukoreduction
• Describe the efficacy of red blood cell transfusion

8:20 A.M. – 8:45 A.M.
▶ Risky Business: Transfusions in the ICU
Jeffery S. Vender

8:50 A.M. – 9:15 A.M.
▶ Universal Leukoreduction: Is it Time?
Jean-Louis Vincent

9:20 A.M. – 9:45 A.M.
▶ Role of Transfusion for Early Resuscitation
Ronald G. Pearl

9:50 A.M. – 10:15 A.M.
▶ Does Red Blood Cell Transfusion Improve Oxygen Uptake?
Lena M. Napolitano

Goals and Markers of Resuscitation Effectiveness in Sepsis

Room 316
Moderator: Michael R. Pinsky

LEARNING OBJECTIVES
• Review clinical studies and practices related to resuscitation goals and markers in sepsis
• Discuss treatment approaches to cardiovascular failure in sepsis
• Compare vasoactive drugs in septic shock

8:15 A.M. – 8:35 A.M.
▶ Early Hemodynamic Optimization in Severe Sepsis and Septic Shock: What is the Evidence?
Emanuel P. Rivers

8:40 A.M. – 9:00 A.M.
▶ The Role of ECHO in Sepsis Management
David T. Porembka

9:05 A.M. – 9:25 A.M.
▶ Endpoints of Resuscitation
H. Bryant Nguyen

9:30 A.M. – 9:50 A.M.
▶ Treating Cardiovascular Failure in Sepsis
Michael R. Pinsky

9:55 A.M. – 10:15 A.M.
▶ Vasoactive Drugs in Septic Shock
Robert MacLaren
8:15 A.M. – 10:15 A.M.

**SHOW ME THE MONEY: FUNDING FOR BASIC CRITICAL CARE RESEARCH**

Room 320
Moderator: Frederick P. Ognibene

**LEARNING OBJECTIVES**
- Identify the challenges facing critical care researchers in obtaining funding from the National Institutes of Health (NIH) and other sources
- Discuss alternative mechanisms for funding critical care research beyond the NIH
- Indicate how young researchers can navigate funding decisions and options

8:15 A.M. – 8:35 A.M.
- Strategies for Successful Funding at the Beginning of Your Career
  Eric B. Milbrandt

8:40 A.M. – 9:00 A.M.
- Novel Funding Sources
  Geoffrey S.F. Ling

9:05 A.M. – 9:25 A.M.
- Funding at Mid-Career: Getting Past the NIH's K Awards
  Craig M. Coopersmith

9:30 A.M. – 9:50 A.M.
- Successful Research Without NIH Funding
  Emanuel P. Rivers

9:55 A.M. – 10:15 A.M.
- Industry Funding: How to Do it Right
  R. Phillip Dellinger

8:15 A.M. – 10:15 A.M.

**TIGHT GLYCEMIC CONTROL**

Ballroom
Moderator: Stanley A. Nasraway

**LEARNING OBJECTIVES**
- Define tight glycemic control and determine when it should be used
- Assess the obstacles that must be overcome to achieve tight glycemic control
- Discuss recent clinical practice guidelines for tight glycemic control from the American College of Critical Care Medicine (ACCM)

8:15 A.M. – 8:35 A.M.
- Tight Glycemic Control Still is Relevant
  James S. Krinsley

8:40 A.M. – 9:00 A.M.
- Tight Glycemic Control May Not Be Helpful
  Clifford S. Deutschman

9:05 A.M. – 9:25 A.M.
- The ACCM's Clinical Practice Guidelines for Tight Glycemic Control
  JudithJacobi

9:30 A.M. – 9:50 A.M.
- Hypoglycemia and Other Obstacles to Tight Glycemic Control
  Stanley A. Nasraway

9:55 A.M. – 10:15 A.M.
- How Should Blood Glucose Be Measured?
  TBD

9:15 A.M. – 10:15 A.M.

**PRO-CON DEBATE**

**POST-PYLORIC FEEDING SHOULD BE THE STANDARD IN THE ICU**

Room 312
Moderator: Beth Taylor

**LEARNING OBJECTIVE**
- Describe the advantages and disadvantages of post-pyloric feeding as the standard of care in the ICU

9:15 A.M. – 9:35 A.M.
- Pro
  Stephen McClave

9:35 A.M. – 9:55 A.M.
- Con
  John E. Mazuski

9:55 A.M. – 10:15 A.M.
- Questions and Answers

10:15 A.M. – 10:45 A.M.

**REFRESHMENT BREAK**

Exhibit Hall

10:45 A.M. – 12:45 P.M.

**AIRWAY MANAGEMENT WORKSHOP**

Room 323 • S • T
Moderator: Thomas C. Mort

**LEARNING OBJECTIVES**
- Review the problems surrounding airway management in the ICU
- Apply proper techniques for ventilation before securing an airway
- Apply the proper methods to secure a difficult airway
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

10:45 A.M. – 12:45 P.M.

> ORAL ABSTRACTS: BASIC SCIENCE
Room 320
Moderators: Rani Agrawal, Judith Hellman
1. Genetic Variation in Carabmyl Phosphate Synthetase I Influences Mortality from Traumatic Brain Injury Cell Biology Award Winner
2. Role of PPAR_ and MAPK in the Salutary Effects of 17β-Estradiol on Kupffer Cell Cytokine Production Following Trauma-Hemorrhage
3. Role of Pp2a and Ceramide in Regulating TNF-A Induced CXCL-8/ IL-8 Production in Respiratory Epithelium Immunology Award Winner
4. Synergistic Antiviral and Antibacterial Responses in Airway Epithelium
5. IL-10 Modulates Lung Chemokine and Cytokine Expression in Respiratory Synergial Virus Infection
6. Regulation of Inflammation by Mitogen Activated Protein Kinase Phosphatase MKP-1 in Gram-Negative Infection
7. Phagocytosis: A New Adrenergic Organ
8. The Duffy Antigen Modifies the Procoagulant Response in Human endotoxia

10:45 A.M. – 12:45 P.M.

> ORAL ABSTRACTS: BASIC SCIENCE/SEPSIS & CARDIO/SHOCK
Room 315
Moderators: Rui Moreno, TBD
9. Heat Shock-Mediated Regulation of IL-8
10. NF-KB Activation in Enterocytes Reduces Sepsis-Induced Gut Injury
11. Fractalkine Induces MFC-E8 and Anti-Inflammatory IL-10 in Sepsis
12. Gene Silencing of FADD with Small Interfering RNA Improves Septic Survival by Reduced Apoptosis in Main Organs
13. Inhibition of Neutrophils is Critical to the In Vivo Cardioprotection of Postconditioning
14. Focused Bedside Echocardiography in the Surgical ICU – Comparison of Three Methods to Estimate Cardiac Index Cardiovascular Award Winner
16. Efficacy and Safety of Dopamine Versus Norepinephrine in the Management of Septic Shock

10:45 A.M. – 12:45 P.M.

> ORAL ABSTRACTS: CPR
Room 310
Moderator: Andrew L. Rosenberg, Michael H. Wall
17. Normoxic Versus Hyperoxic Resuscitation in Pediatric Asphyxial Cardiac Arrest: Effects on Oxidative Stress In-Training Award Winner
18. Preload Responsiveness is Associated with Increased IL-6 and Lower Organ Yield from Cadaveric Donors CPR Award Winner
19. Defibrillation Effectiveness in In-Hospital Pediatric VF/VT
20. Predicting the Success of Defibrillation by Non-Linear Analysis of Ventricular Fibrillation Waveform in Patients with Out-of-Hospital Sudden Cardiac Arrest
21. Decaying Quality of Chest Compressions with Two Fingers Technique During Lone Rescuer Infant Manikin CPR

10:45 A.M. – 12:45 P.M.

> ORAL ABSTRACTS: EPIDEMIOLOGY/OUTCOMES
Ballroom
Moderators: Tom S. Ahrens, Michael Howell
22. Nitoxide-Based Resuscitation of Combined Traumatic Brain Injury and Hemorrhagic Shock: Effect on Acute Hemodynamics
23. Can Thoracic Impedance Obtained Via Defibrillator Electrode Pads Accurately Detect Rescue Breaths in Children?
24. CPR for Bradycardia/Poor Perfusion in Children: An Analysis of the National Registry of CPR

10:45 A.M. – 12:45 P.M.

> ORAL ABSTRACTS: EPIDEMIOLOGY/OUTCOMES; END OF LIFE; AND EDUCATION
Room 314
Moderators: Joe L. Hsu, William S. Miles
25. Copetin is a Marker of Shock and Predictor of Adverse Outcome in Critically Ill Patients
27. Validation of PIM, PRISM and PELOD for Children with Congenital Heart Disease in Pediatric Cardiac Care Unit
28. Cumulative Vasopressor Index (CVI) as an Assessment of Cardiovascular Organ Dysfunction and Indicator of Outcome in Patients with Septic Shock
29. Mortality and Prognostic Factors of Patients with Hematopoietic Stem Cell Transplants Admitted to the ICU
30. Impact of a Tele-ICU on Mortality, Complications and Length of Stay in Six ICUs
31. Length of Stay in the Emergency Department is Associated with Poor Outcomes in Stroke Patients Admitted to the Neuro ICU
32. Patient, Healthcare Professional and ICU Factors Associated with Physical Examination and Assessment Practices for Critically Ill Patients

10:45 A.M. – 12:45 P.M.

> ORAL ABSTRACTS: GI/RENAL; NEUROLOGY
Room 311
Moderators: Jose J. Provencio, Samuel A. Tisherman
41. The Effect of TPN with n-3 Polyunsaturated Fatty Acids-Enriched Lipids on Neutrophil Apoptosis During Systemic Inflammation
42. Differentiation of Cytoprotective Versus Anticoagulant Function with Variants of Activated Protein C in LPS-Induced Renal Microvascular Dysfunction Renal Award Winner
43. Effect of Intravenous Esomeprazole Versus Ranitidine on Gastric pH in Critically Ill Patients: A Prospective, Randomized, Double-Blind, Multicenter Study GI/Nutrition Award Winner
44. Admission IL-6 Levels Predicts the Severity of Acute Kidney Injury in Patients with Community-Acquired Pneumonia Young Investigator Award Winner
SCHEDULE OF EVENTS / SUNDAY, FEBRUARY 3

45. pH-Stat Brain Injury Protection Following Deep Hypothermic Circulatory Arrest (DHCA) on Low Flow Cardiopulmonary Bypass (LFCPB) is Flow Rate Dependent Neurology Award Winner
46. Admission Serum Glucose and Outcomes in Patients with Subarachnoid Hemorrhage
47. Specific CXC ELR Chemokines are Associated with Vasospasm in Aneurysmal Subarachnoid Hemorrhage
48. Impact of Tight Glycemic Control on Brain Glucose Metabolism After Severe Brain Injury: A Microdialysis Study

10:45 A.M. – 12:45 P.M.

ORAL ABSTRACTS: PEDIATRICS AND PULMONARY I
Room 312
Moderators: Bruce M. Greenwald, David M. Steinhorn
49. Influence of Genetic Variation in the Surfactant Protein B Gene on Severity of Community-Acquired Pneumonia in Children
50. Accuracy of the New Ultrasound Dilution (UD) Method to Measure Cardiac Output (CO) in Neonates and Pediatrics: Animal Validation
51. Successful Placement of Post-Pyloric Enteral Tubes Using Electromagnetic Guidance in Critically Ill Children
52. RIFLE Score for Acute Kidney Injury Predicts Length of Stay and Mortality in PICU Patients
53. Randomized Trial of Light Versus Deep Sedation on Mental Health Outcomes After Critical Illness
54. Influence of Cumulative Fluid Balance on Outcome in ARDS: A Retrospective Review of the ARDSnet ARMA Trials Cohort
55. Silymarin Decreases Sepsis-Induced Lung Injury in a Rat Model of Cecal Ligation and Puncture
56. Efficacy of Corticosteroids for Acute Respiratory Distress Syndrome: A Meta-Analysis Pulmonary Award Winner

10:45 A.M. – 12:45 P.M.

ORAL ABSTRACTS: PEDIATRICS AND PULMONARY II
Room 316
Moderators: Robert M. Kacmarek, Stephen M. Pastores
57. A 24-Hour Comparison of Total Liquid Ventilation and Conventional Gas Ventilation in a Model of Severe Acute Respiratory Distress Syndrome
58. Tumor Necrosis Factor-Beta Polymorphism is Associated with Predisposition to Severe Sepsis and Longer Mechanical Ventilation Sepsis Award Winner
59. Statin Use and Mortality in Sepsis Due to Pneumonia
60. Diastolic Hypotension is an Unrecognized Risk Factor for B-Agonist-Associated Myocardial Injury in Children with Asthma
61. Novel Oxygen-Bearing Nanoparticles Provide Dose-Dependent Oxygen Delivery
62. Antimicrobial Treatment for Ventilator-Associated Tracheobronchitis: A Randomized Controlled Multicenter Study
63. Baseline Results from Ventilator-Associated Pneumonia Outcomes Research (VAPOR)
64. Combined Effects of Sedation and Mechanical Ventilation Weaning Protocols on the Duration of Mechanical Ventilation

10:45 A.M. – 12:45 P.M.

ORAL ABSTRACTS: SURGERY AND THERAPEUTICS
Room 313
65. Intra-Abdominal Pressure Effects on Porcine Thoracic Compliance in Weightlessness: Implications for Laparoscopic Surgery in Space
66. Effect of Blood Products Transfused on Survival for Patients with Combat Related Traumatic Injuries Burns/Trauma Award Winner
67. Failure to Achieve Euglycemia Despite Aggressive Insulin Control Predicts Mortality in Critically Ill Trauma Patients
68. Serum S100B Correlates with Volume of Intracranial Lesions in Computed Tomography in Patients with Traumatic Brain Injury
69. Open-Label Study Results of Conivaptan in Patients with Severe Hyponatremia Endocrine Award Winner
70. Protein C and PAI-1 Genetic Markers of Mortality Reduction in Response to rhAPC in the VASST Study
71. Intravenous Patient Controlled Analgesia Safely and Effectively Treats Pain After Supratentorial Intracranial Surgery: A Prospective, Randomized Controlled Trial
72. Novel Nitroxide-Gramicidin Conjugates Target Mitochondrial ROS Production and Decrease Inflammation

12:45 P.M. – 1:45 P.M.

POSTER CATEGORY VIEWING

- Administration - Posters #100-#124 (Discussions #100-#117)
- Basic Science/Cardiovascular - Posters #125-#137 (Discussions #125-#133)
- Basic Science/Cell Biology - Posters #138-#149 (Discussions #138-#145)
- Basic Science/GI/Nutrition/Hepatic - Posters #150-#165 (Discussions #150-#159)
- Basic Science/Neurology - Posters #166-#174 (Discussions #166-#173)
- Basic Science/Pulmonary - Posters #175-#197 (Discussions #175-#189)
- Basic Science/Sepsis - Posters #198-#244 (Discussions #198-#234)
- Burns/Trauma - Posters #245-#270 (Discussions #245-#262)
- Cardiovascular-Posters #271-#343 (Discussions #271-#311)
- CPR/Resuscitation - Posters #344-#405 (Discussions #344-#385)
1:30 P.M. – 2:00 P.M.

SPONSORED SYMPOSIA LUNCHEON
Lunch is available for all registered symposia participants inside each room prior to the session.

2:00 P.M. – 3:30 P.M.

SPONSORED SYMPOSIUM
THE IMPACT OF ENTERAL NUTRITION ON OUTCOMES IN CRITICAL CARE
Room 311 • T
Supported by an educational grant from Ross Products, a division of Abbott Laboratories
Moderator: Paul Wischmeyer

LEARNING OBJECTIVES
• Discuss current guidelines for enteral feeding of critically ill patients
• Describe the role of specialized enteral feeding formulas in management of critically ill patients
• Identify the challenges and opportunities involved in nutritional research in the ICU
2:00 P.M. – 2:30 P.M.
  ➤ American College of Critical Care Medicine Enteral Feeding Guidelines
  Robert G. Martindale
2:30 P.M. – 3:00 P.M.
  ➤ The Role of Specialized Enteral Formulas in Surgery and Critical Care
  Juan B. Ochoa
3:00 P.M. – 3:30 P.M.
  ➤ Implementation of Clinical Research in Critical Care Nutrition
  Paul Wischmeyer

2:00 P.M. – 3:30 P.M.

SPONSORED SYMPOSIUM
THE ELEPHANT IN THE ICU: MODS IN THE PATIENT WITH SEVERE SEPSIS
Room 312 • T
Supported by an educational grant from Eli Lilly and Company
Moderator: Philip S. Barie

LEARNING OBJECTIVES
• Examine the pathophysiologic mechanisms involved in Multiple-Organ Dysfunction Syndrome (MODS)
• Detect the clinical impact of MODS in sepsis
• Discuss how the implementation of the sepsis guidelines may impact the prevention or outcome of MODS
2:00 P.M. – 2:30 P.M.
  ➤ The Pathophysiology of Severe Sepsis and Its Relationship to MODS
  Jean-Louis Vincent
2:30 P.M. – 3:00 P.M.
  ➤ MODS and Its Impact in Sepsis
  Philip S. Barie
3:00 P.M. – 3:30 P.M.
  ➤ Preventing or Reversing MODS: The Role of Guideline Implementation
  John C. Marshall

2:00 P.M. – 3:30 P.M.

SPONSORED SYMPOSIUM
PRACTICAL CONSIDERATIONS IN SEDATION MANAGEMENT TO IMPROVE OUTCOMES
Room 313 • T
Supported by an educational grant from Hospira
Moderator: David Glick

LEARNING OBJECTIVES
• Apply clinical criteria to sedation titration
• Evaluate the impact of sedation regimens on clinical outcomes
• Examine the benefits of using sedation regimens
2:00 P.M. – 2:30 P.M.
  ➤ Sedation Scales Compliance: Beyond the Ramsay Scale
  Pratik P. Pandharipande
2:30 P.M. – 3:00 P.M.
  ➤ Selection of Sedatives that Impact Outcomes
  David Glick
3:00 P.M. – 3:30 P.M.
  ➤ Benefits of Using Sedation Protocols
  Sergio D. Bergese
2:00 P.M. – 3:30 P.M.

SPONSORED SYMPOSIUM
FIGHTING THE NEVER-ENDING BATTLE AGAINST ANTIMICROBIAL RESISTANCE
Room 314 • T
Supported by an educational grant from Pfizer
Moderator: Pamela A. Lipsett

LEARNING OBJECTIVES
• Identify strategies for preventing the development of antimicrobial resistance
• Describe the newest antimicrobials that can be effective for multi-drug resistant organisms
• Recognize patients at risk for development of multi-drug resistant bacterial and fungal infections

2:00 P.M. – 2:30 P.M.
▶ Strategies to Prevent Antimicrobial Resistance
  Marin H. Kollef
2:30 P.M. – 3:00 P.M.
▶ Management of Multiple-Drug Resistant Bacterial Infections
  Steven J. Martin
3:00 P.M. – 3:30 P.M.
▶ Update on the Management of Invasive Fungal Infections
  Pamela A. Lipsett

2:00 P.M. – 3:30 P.M.

SPONSORED SYMPOSIUM
ATRIAL FIBRILLATION IN THE CRITICAL CARE PATIENT
Room 315 • T
Supported by an educational grant from Astellas Pharma
Moderator: Todd Dorman

LEARNING OBJECTIVES
• Describe the clinical setting for development of AF in the post-operative and ICU patient and how to manage clinical scenarios
• Discuss pharmacologic and non-pharmacologic approaches to cardioversion and how to apply them in clinical practice
• Review the use of current and emerging antiarrhythmics in patients with AF

2:00 P.M. – 2:30 P.M.
▶ Critical Care Controversies in the AF Patient: Practical Pearls of Management
  Todd Dorman
2:30 P.M. – 3:00 P.M.
▶ Antiarrhythmics in AF Cardioversion: Who, Which and for How Long?
  Steven A. Rothman
3:00 P.M. – 3:30 P.M.
▶ Electrical Approaches to Cardioversion and AF Management
  TBD

2:00 P.M. – 3:30 P.M.

SPONSORED SYMPOSIUM
CLINICAL MANAGEMENT STRATEGIES FOR PATIENTS WITH DVT AND PE
Room 316 • T
Supported by an educational grant from Sanofi-Aventis
Moderator: Victor F. Tapson

LEARNING OBJECTIVES
• Assess the current research findings and recommendations for venous thromboembolism (VTE)
• Discuss assessment and clinical approaches to diagnosis and treatment of deep-vein thrombosis (DVT) and pulmonary embolism (PE)
• Compare strategies for DVT prophylaxis in the ICU setting

2:00 P.M. – 2:30 P.M.
▶ VTE in Trauma Patients: New Insights
  Lena M. Napolitano
2:30 P.M. – 3:00 P.M.
▶ Clinical Assessment and Management of PE
  Victor F. Tapson
3:00 P.M. – 3:30 P.M.
▶ Approach to Prophylaxis of VTE in the ICU
  Deborah J. Cook

2:00 P.M. – 3:30 P.M.

SPONSORED SYMPOSIUM
MANAGEMENT OF ACUTE PRESSURE SYNDROMES IN CRITICAL CARE: FROM THREAT TO THERAPY
Room 320 • T
Supported by an educational grant from The Medicines Company
Moderator: Joseph Varon

LEARNING OBJECTIVES
• Illustrate the relationship between pressure control and improvement in clinical outcomes
• Outline current management strategies for patients with acute, severe hypertension
• List emerging developments in the area of acute, severe blood pressure elevation

2:00 P.M. – 2:30 P.M.
▶ Innovations in Acute Blood Pressure Management
  Joseph Varon
2:30 P.M. – 3:00 P.M.
▶ Optimizing Blood Pressure Management in the Cardiovascular Surgery and Perioperative Setting
  Solomon Aronson
3:00 P.M. – 3:30 P.M.
▶ Managing Acute Blood Pressure in the Setting of Neurological Injury
  Paul E. Marik
FELLOWSHIP DIRECTORS’ BREAKFAST
DEFINING AND MANAGING TRAINING FOR COMPETENCY
Room 317 • $• T
Moderator: Paul A. Checchia

LEARNING OBJECTIVES
• Compare the current state of U.S. and international competency training programs
• Discuss current challenges in training and defining competency across subspecialties

5:30 A.M. – 5:50 A.M.
Competency Training in Europe: CoBaTrICE
Timothy Buchanan

5:50 A.M. – 6:10 A.M.
Pediatric Cardiac Critical Care Competency
Harris P. Baden

6:10 A.M. – 6:30 A.M.
Acute Care Surgery Competency
Samuel A. Tisherman

5:45 A.M. – 6:45 A.M.
BREAKFAST - EXHIBIT HALL

INTERACTIVE Cases in the Pediatric ICU
Room 310
Moderators: Bruce M. Greenwald, James Fortenberry

LEARNING OBJECTIVES
• Discuss evaluation of the unstable infant following cardiac surgery
• Evaluate treatment options in the unstable cardiac surgery patient
• Discuss the pathophysiology of submersion injury
• Evaluate treatment options and discuss prognosis in near-drowning cases

6:30 A.M. – 7:30 A.M.
An Unstable Infant Following Cardiac Surgery
Heidi J. Dalton, Jeffrey R. Fineman, M. Michele Moss

7:30 A.M. – 8:30 A.M.
A Surfer with Complex Submersion Injury
Alan I. Fields, Brian R. Jacobs, Courtney L. Robertson

6:30 A.M. – 8:30 A.M.
MODE A LA MODE

MODE A LA MODE
Room 311
Moderator: Neil R. Macintyre

LEARNING OBJECTIVES
• Discuss current clinical practice for using multiple modes of mechanical ventilation
• Review current and emerging concepts in mechanical ventilation strategies

6:30 A.M. – 6:50 A.M.
Closed-Loop Ventilation
Robert M. Kacmarek

6:55 A.M. – 7:15 A.M.
Proportional Assist Ventilation: Advantages, Limitations and Implementation
Richard D. Branson

7:20 A.M. – 7:40 A.M.
NAVA: Neuromotor Adjusted Ventilatory Assist
Christer Sinderby

7:45 A.M. – 8:05 A.M.
Does the Mode Matter?
Neil R. Macintyre

8:10 A.M. – 8:30 A.M.
Questions and Answers

6:30 A.M. – 8:30 A.M.
JOINT SESSION: SCCM/AACN/ACCP/ATS
EDUCATION IN CRITICAL CARE: TECHNIQUES TO ENHANCE AND SHARE INFORMATION
Room 312
Moderator: Frederick P. Ognibene

LEARNING OBJECTIVES
• Explain simulation use in the learning process for critical care providers
• Describe the value of online, independent and bedside instruction in the lifelong learning process
• Identify approaches for developing competencies within the critical care field

6:30 A.M. – 6:50 A.M.
Simulation in Critical Care
Alvin Thomas Jr. (ACCP)

6:55 A.M. – 7:15 A.M.
Online, Independent Instruction
Dave Hanson (AACN)

7:20 A.M. – 7:40 A.M.
Bedside/Practical Instruction and Procedures
David Ingbar (ATS)

7:45 A.M. – 8:05 A.M.
Approaches to Maintenance of Competencies
Frederick P. Ognibene (SCCM)

8:10 A.M. – 8:30 A.M.
Questions and Answers
6:30 A.M. – 8:30 A.M.  
**LIBERATION FROM MECHANICAL VENTILATION**  
Room 313  
Moderator: David J. Pierson

**LEARNING OBJECTIVES**
- Review current trends in the art versus the science of liberating patients from mechanical ventilation  
- Discuss the effectiveness of traditional weaning parameters  
- Discuss clinical practice issues related to optimizing weaning from mechanical ventilation

6:30 A.M. – 6:50 A.M.
- Spontaneous Breathing Trials: An Evidence-Based Approach  
  TBD

6:55 A.M. – 7:15 A.M.
- Weaning Parameters: Are They Useful?  
  David J. Pierson

7:20 A.M. – 7:40 A.M.
- Tracheostomy: Is it Helpful for Liberation from Mechanical Ventilation?  
  Alexander O. Sy

7:45 A.M. – 8:05 A.M.
- Noninvasive Ventilation as an Aid to Weaning  
  Robert M. Kacmarek

8:10 A.M. – 8:30 A.M.
- Special Considerations: Chronic Obstructive Pulmonary Disease and Asthma  
  Jonathan E. Sevransky

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6:30 A.M. – 8:30 A.M.  
**NUTRITION IN SPECIAL POPULATIONS**  
Room 315  
Moderator: Stephen McClave

**LEARNING OBJECTIVES**
- Describe the nutritional approach to patients with necrotizing pancreatitis  
- Discuss the micro- and macronutrient requirements of the burn patient  
- Describe the macronutrient requirements and caloric goal for the morbidly obese patient  
- Identify the specific nutrient requirements and timing of nutrition support for the pediatric brain injured patient  
- Assess feeding options for the patient with the open abdomen

6:30 A.M. – 6:50 A.M.
- Feeding Patients with Pancreatitis: Small Bowel Versus Total Parenteral Nutrition  
  Stephen McClave

6:55 A.M. – 7:15 A.M.
- Nutritional Therapy of Burn Patients  
  Alan Shenkin

7:20 A.M. – 7:40 A.M.
- The Morbidly Obese Patient in the ICU: Is This the Time for a Weight-Loss Diet?  
  Roland N. Dickerson

7:45 A.M. – 8:05 A.M.
- Traumatic Brain Injury: How Does it Affect the Nutrition Prescription?  
  Grant Bochicchio

8:10 A.M. – 8:30 A.M.
- Feeding the Patient with an Open Abdomen  
  Michael L. Cheatham

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6:30 A.M. – 8:30 A.M.  
**NEUROTRAUMA**  
Room 316  
Moderator: Gretchen M. Brophy

**LEARNING OBJECTIVES**
- Identify monitoring techniques for the traumatic brain injury patient  
- Evaluate the cooling and osmotherapy options for treating traumatic brain injury  
- Describe the trauma systems and regionalization in developing countries

6:30 A.M. – 6:50 A.M.
- Monitoring the Neurotrauma Patient  
  John Myburgh

6:55 A.M. – 7:15 A.M.
- Therapeutic Controversies: Hypothermia  
  Stephan A. Mayer

7:20 A.M. – 7:40 A.M.
- Optimizing Osmotherapy  
  Claudia S. Robertson

7:45 A.M. – 8:05 A.M.
- Decompressive Craniectomy  
  Jamie Cooper

8:10 A.M. – 8:30 A.M.
- Trauma Systems and Regionalization Outside the United States  
  Peter Reilly
**MONDAY, FEBRUARY 4 / SCHEDULE OF EVENTS**

$ = Additional charge to attend  
T = Ticketed session  
H = Hopper Pass eligible

### 6:30 A.M. – 8:30 A.M.

**MODELING CRITICAL ILLNESS: REPLICATING HUMAN INFLAMMATORY RESPONSE IN AN ANIMAL MODEL**

Room 320  
Moderator: Daniel G. Remick

**LEARNING OBJECTIVES**
- Identify how to choose the ideal animal model for research goals
- Discuss advantages and disadvantages of different animal models in disease- and injury-specific settings
- Examine the potential relevance of individual animal models to human disease states

#### 6:30 A.M. – 6:50 A.M.

- Cecal Ligation and Puncture: Gold Standard or Inadequate Surrogate?  
  Daniel G. Remick

#### 6:55 A.M. – 7:15 A.M.

- Pseudomonas aeruginosa, Streptococcus pneumoniae and the Host Inflammatory Response  
  Craig M. Coopersmith

#### 7:20 A.M. – 7:40 A.M.

- Fungal Infection: The Overlooked Killer  
  Carol L. Wells

#### 7:45 A.M. – 8:05 A.M.

- Large Animal Models in an ICU Setting  
  Daniel L. Traber

#### 8:10 A.M. – 8:30 A.M.

- Neurologic Injury: Can it Be Modeled?  
  Patrick M. Kochanek

### 6:30 A.M. – 8:30 A.M.

**AIRWAY MANAGEMENT WORKSHOP**

Room 323 • $ • T  
Moderator: Thomas C. Mort

**LEARNING OBJECTIVES**
- Review the problems surrounding airway management in the ICU
- Apply proper techniques for ventilation before securing an airway
- Apply the proper methods to secure a difficult airway

#### 6:30 A.M. – 6:50 A.M.

- Cecal Ligation and Puncture: Gold Standard or Inadequate Surrogate?  
  Daniel G. Remick

#### 6:55 A.M. – 7:15 A.M.

- Pseudomonas aeruginosa, Streptococcus pneumoniae and the Host Inflammatory Response  
  Craig M. Coopersmith

### 8:45 A.M. – 9:30 A.M.

**PLENARY: BIOMEDICAL APPLICATION OF METABOLOME ANALYSIS: GRASPING ENERGY METABOLISM AS A WHOLE**

**Ballroom**

Makoto Suematsu, MD  
Professor  
Department of Biochemistry and Integrative Medical Biology  
Keio University School of Medicine  
Tokyo, Japan

**LEARNING OBJECTIVES**
- Define metabolomic systems biology and its possible application to medicine
- Discuss the application of metabolome analysis to life sciences

### 9:30 a.m. – 10:30 a.m.

**POSTER CATEGORY VIEWING**
- Drugs and Pharmacokinetics - Posters #406-#439 (Discussions #406-#432)
- Education - Posters #440-#477 (Discussions #440-#463)
- Endocrine - Posters #478-#519 (Discussions #478-#498)
- Epidemiology/Outcomes - Posters #520-#673 (Discussions #520-#616)
- Ethics and End Of Life - Posters #674-#695 (Discussions #674-#689)
- GI/Nutrition - Posters #696-#714 (Discussions #696-#706)
- Hematology - Posters #715-#736 (Discussions #715-#725)

### 9:15 a.m. - 10:45 a.m.

**REFRESHMENT BREAK**

Exhibit Hall
10:30 A.M. – 11:15 A.M.

PLENARY: THE CARDIOPULMONARY PHYSIOLOGY OF DINOSAURS

Ballroom

David J. Pierson, MD
Professor
Pulmonary and Critical Care Medicine
Harborview Medical Center
University of Washington
Seattle, Washington, USA

LEARNING OBJECTIVES
• Illustrate the systemic and pulmonary circulation challenges created by enormous physical size
• Compare the trade-off between dead space and airway resistance for animals with very long necks
• Identify the advantages of having an avian-type respiratory system for the largest dinosaurs

11:30 A.M. – 12:30 P.M.

THE STATE OF HYPOTHERMIA THERAPY IN THE PEDIATRIC ICU

Room 310
Moderator: Vinay M. Nadkarni

LEARNING OBJECTIVES
• Discuss the potential application of hypothermia following cardiac arrest in children
• Review current studies for using hypothermia in pediatric neurotrauma
• Describe bedside challenges of using hypothermia therapy in the pediatric ICU
11:30 A.M. – 11:50 A.M.

Hypothermia Post-Arrest: Does it Work in Kids?
Amo L. Zaritsky
11:50 A.M. – 12:10 P.M.

Hypothermia in Neurotrauma: Does it Work in Kids?
James S. Hutchison
12:10 P.M. – 12:30 P.M.

Practical Issues in Hypothermia Management
Mary Jo Grant

11:30 A.M. – 12:30 P.M.

STATE OF THE SCIENCE: END-OF-LIFE CARE IN THE ICU

Room 311
Moderator: Karin T. Kirchhoff

LEARNING OBJECTIVES
• Identify current barriers to optimal end-of-life care
• Discuss outcome measurement
• Assess interventions for reducing barriers to optimal end-of-life care
11:30 A.M. – 11:50 A.M.

Measuring Outcomes in End-of-Life Care: What Matters?
David M. Steinhorn
11:50 A.M. – 12:10 P.M.

Interventions for Improving End-of-Life Care
Karin T. Kirchhoff
12:10 P.M. – 12:30 P.M.

Current Barriers in the Delivery of Effective End-of-Life Care
J. Randall Curtis

11:30 A.M. – 12:30 P.M.

GEOGRAPHIC-SPECIFIC INJURIES

Room 312
Moderator: Michael Sugrue

LEARNING OBJECTIVES
• Discuss various unique aspects of injury unique to the Pacific Rim
• Discuss unique aspects of water-related injuries
• Identify the triage and transport challenges faced when treating injuries on an island
11:30 A.M. – 11:50 A.M.

Trauma Care and Injuries Unique to Australia
Michael Sugrue
11:50 A.M. – 12:10 P.M.

Care of Water-Related Injuries at a Hawaiian Trauma Center
Hao Chih Ho
12:10 P.M. – 12:30 P.M.

Triage and Transport in the Islands
Hao Chih Ho, MD

11:30 A.M. – 12:30 P.M.

DIAGNOSING INFECTION IN THE ICU

Room 313
Moderator: Allen F. Namath

LEARNING OBJECTIVES
• Discuss high-throughput diagnostic tools for viral infections in the ICU
• Discuss rapid and culture-independent diagnostics for common ICU infections
• Discuss the use of white blood cell gene expression as a monitor of infection in critically ill children and adults
11:30 A.M. – 11:50 A.M.

Nanoparticle Arrays for the Diagnosis of Infectious Disease Pathogens in the ICU
Allen F. Namath
11:50 A.M. – 12:10 P.M.

Pediatric Host Responses to Infection: Using Leukocyte Gene Expression
Thomas P. Shanley
12:10 P.M. – 12:30 P.M.

The Riboleukogram as a Monitor of Adult ICU Infections
J. Perren Cobb

11:30 A.M. – 12:30 P.M.

NEW HORIZONS IN THE USE OF STATINS

Room 314
Moderator: Kyle A. Weant

LEARNING OBJECTIVES
• Evaluate the off-label role of statins in acute illness
• Discuss the effect of statins on the inflammation response
• Identify situations when statins should be used acutely
11:30 A.M. – 11:50 A.M.

The Non-Lipopemic Effects of Statins
Kyle A. Weant
11:50 A.M. – 12:10 P.M.

Statins as Adjunct Therapy in Sepsis
Lance J. Oyen
12:10 P.M. – 12:30 P.M.

The Effect of Statins in Subarachnoid Hemorrhage
Denise H. Rhoney
MONDAY, FEBRUARY 4 / SCHEDULE OF EVENTS

$ = Additional charge to attend  T = Ticketed session  H = Hopper Pass eligible

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td></td>
<td><strong>LEARNING OBJECTIVES</strong></td>
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<tr>
<td></td>
<td>• Apply pharmacokinetic/dynamic data to specific patient problems</td>
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<td>• Identify appropriate endpoints in evaluating the use of individually</td>
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<td></td>
<td>designed regimens</td>
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<td></td>
<td>• Describe optimal drug therapy given patient-specific data</td>
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<td>11:30 A.M. – 11:50 A.M.</td>
<td><strong>Optimizing Pharmacotherapy in Cardiac Surgery</strong></td>
<td>315</td>
<td>Robert D. Warhurst</td>
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<tr>
<td>11:50 A.M. – 12:10 P.M.</td>
<td><strong>Hypertensive Emergencies</strong></td>
<td>315</td>
<td>Joseph F. Dasta</td>
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<tr>
<td>12:10 P.M. – 12:30 P.M.</td>
<td><strong>Application of Pharmacodynamics to Anti-Infective Medications</strong></td>
<td>315</td>
<td>Steven J. Martin</td>
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<td><strong>LEARNING OBJECTIVES</strong></td>
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<tr>
<td></td>
<td>• Describe how oximetry and microdialysis can be used to supplement</td>
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<td>clinical trial data in the neurotrauma patient</td>
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<td></td>
<td>• Explain how microdialysis and biomarker identification can improve</td>
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<td>understanding of traumatic brain injury</td>
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<td>• Recognize how advanced monitoring modalities can be useful in</td>
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<td>monitoring the neurocritical care patient</td>
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<td>11:30 A.M. – 11:50 A.M.</td>
<td><strong>Lessons Learned: Neuromonitoring Techniques for Clinical Trials</strong></td>
<td>316</td>
<td>Ross Bullock</td>
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<tr>
<td>11:50 A.M. – 12:10 P.M.</td>
<td><strong>Brain Injury Biomarkers</strong></td>
<td>316</td>
<td>Claudia S. Robertson</td>
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<td>12:10 P.M. – 12:30 P.M.</td>
<td><strong>Electroencephalogram, Bispectral Index and Multichannel</strong></td>
<td>316</td>
<td>Paul M. Vespa</td>
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<td><strong>LEARNING OBJECTIVES</strong></td>
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<td>• List when and why to use beta-blockers in septic shock</td>
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<td>• Discuss the use of statins in sepsis</td>
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<td>• Assess the role of hemofiltration in sepsis</td>
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<td>11:30 A.M. – 11:50 A.M.</td>
<td><strong>Beta-Blockers in Septic Shock</strong></td>
<td>Ballroom</td>
<td>Daniel Meldrum</td>
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<td>11:55 A.M. – 12:15 P.M.</td>
<td><strong>Anticoagulants in Sepsis</strong></td>
<td>Ballroom</td>
<td>Sara S. Cheng</td>
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<td>12:20 P.M. – 12:40 P.M.</td>
<td><strong>Hemodynamic Monitoring in Sepsis</strong></td>
<td>Ballroom</td>
<td>Jeffery S. Vender</td>
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<td>12:45 P.M. – 1:05 P.M.</td>
<td><strong>Hemofiltration in Sepsis</strong></td>
<td>Ballroom</td>
<td>Claudio Ronco</td>
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<td>1:10 P.M. – 1:30 P.M.</td>
<td><strong>An Evidence-Based Approach to Sepsis</strong></td>
<td>Ballroom</td>
<td>Jean-Louis Vincent</td>
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<td><strong>LEARNING OBJECTIVES</strong></td>
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<td></td>
<td>• Examine available mechanical support modalities for the failing</td>
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<td>circulation</td>
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<td>• Review nursing practices in the management of infants and children</td>
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<td>following cardiac surgery</td>
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<td>• Describe the pathophysiology and treatment of pulmonary hypertension</td>
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<td>12:35 P.M. – 12:55 P.M.</td>
<td><strong>Mechanical Support of the Failing or Failed Heart: Bridge to Transplant</strong></td>
<td>310</td>
<td>Brian Duncan</td>
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<td>12:55 P.M. – 1:15 P.M.</td>
<td><strong>Dedicated Nursing Staff for Post-Op Hearts: Does it Really Matter?</strong></td>
<td>310</td>
<td>Lisa Kohr</td>
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<tr>
<td>1:15 P.M. – 1:35 P.M.</td>
<td><strong>What’s New in the Management of Pulmonary Hypertension?</strong></td>
<td>310</td>
<td>Jeffrey R. Fineman</td>
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**YEAR IN REVIEW: ANESTHESIA**

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<td><strong>LEARNING OBJECTIVES</strong></td>
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<td></td>
<td>• Review the year’s critical care studies relevant to anesthesia</td>
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<td>• Evaluate the literature using an evidence-based approach</td>
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<td>• Utilize this information to guide practice</td>
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<td>11:30 A.M. – 12:30 P.M.</td>
<td><strong>Literature Review</strong></td>
<td>320</td>
<td>Daniel R. Brown, Avery Tung, Jens M. Walz</td>
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</tbody>
</table>
WORLDWIDE PERSPECTIVES AND CONTROVERSIES ON DEATH
Room 311
Moderator: J. Randall Curtis

LEARNING OBJECTIVES
• Review the evolution and history of brain death criteria
• Assess perspectives on death from Eastern and Western countries
• Discuss controversies surrounding donation of organs after cardiac death

12:35 P.M. – 12:55 P.M.
» Death in the United States
Leslie M. Whetstine
12:55 P.M. – 1:15 P.M.
» Death in Australia
William Silvester
1:15 P.M. – 1:35 P.M.
» Death in Japan
Hiroshi Nishida

YEAR IN REVIEW: NURSING
Room 312
Moderator: Sandra M. Swoboda

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

12:35 P.M. – 1:15 P.M.
» Adult Literature Review
Elizabeth Crago, Claire E. Shaler
1:15 P.M. – 1:35 P.M.
» Pediatric Literature Review
Mark D. Weber

INFECTION CONTROL IN THE ICU
Room 313
Moderator: Judith Hellman

LEARNING OBJECTIVES
• Discuss the role infection control plays in hindering the spread of multiple-drug resistant organisms
• Review the current guidelines for infection control
• Examine the data that support infection control measures in the ICU

12:35 P.M. – 12:55 P.M.
» Infection Control Measures: Impact on Rates of Hospital-Acquired Infections in the ICU
Taylor Thompson
12:55 P.M. – 1:15 P.M.
» What Are the New Centers for Disease Control Recommendations for Infection Control in the ICU?
Trish Perl
1:15 P.M. – 1:35 P.M.
» What is the Evidence for Implementing Infection Control Measures in the ICU?
Stanley A. Nasraway

PRO-CON DEBATE
INFORMED CONSENT FOR PROCEDURES IN THE ICU IS NECESSARY
Room 314
Moderator: Todd Dorman

LEARNING OBJECTIVES
• Evaluate the utility of informed consent in the ICU
• Identify the legal ramifications with informed consent

12:35 P.M. – 12:55 P.M.
» Informed Consent Should Be Obtained for All Procedures in the ICU
Jeff Kahn
12:55 P.M. – 1:15 P.M.
» Informed Consent is Implied When a Patient is Admitted to the ICU
Robert D. Truog
1:15 P.M. – 1:35 P.M.
» Questions and Answers

TOOLS AND TECHNOLOGY TO INDIVIDUALIZE PHARMACOTHERAPY
Room 315
Moderator: Tudy Hodgman

LEARNING OBJECTIVE
• Assess how technology can be utilized in challenging therapies

12:35 P.M. – 12:55 P.M.
» Scoring Systems to Optimize Sedation
John W. Devlin
12:55 P.M. – 1:15 P.M.
» New Tools and Algorithms for Intensive Insulin Therapy
Judith Jacobi
1:15 P.M. – 1:35 P.M.
» Smart Pumps to Individualize Therapy
Ian H. Black

SEIZURES IN THE ICU
Room 316
Moderator: Thomas P. Bleck

LEARNING OBJECTIVES
• Describe the best practices for acute treatment of seizures in the ICU patient
• Identify optimal diagnostic techniques and successful treatment strategies for refractory status epilepticus
• Recognize how gender can impact the risk of seizure

12:35 P.M. – 12:55 P.M.
» Acute Treatment: Where to Begin?
Thomas P. Bleck
12:55 P.M. – 1:15 P.M.
» Refractory Status Epilepticus: Time Does Matter
Cherylee W. Chang
1:15 P.M. – 1:35 P.M.
» Gender Differences in Seizure Disorders
Marie R. Baldisseri
MONDAY, FEBRUARY 4 / SCHEDULE OF EVENTS

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12:35 P.M. – 1:35 P.M.

YEAR IN REVIEW: SURGERY
Room 320  
Moderator: Michael E. Ivy

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

1:30 P.M. – 2:00 P.M.

SPONSORED SYMPOSIA LUNCHEON
Lunch is available for all registered symposia participants inside each room prior to the session.

2:00 P.M. – 3:30 P.M.

SPONSORED SYMPOSIUM
AN ERUPTING LANDSCAPE: NOSOCOMIAL PNEUMONIA IN THE AGE OF RESISTANCE
Room 310 • T  
Supported by an educational grant from Ortho McNeil Janssen
Moderator: Michael S. Niederman

LEARNING OBJECTIVES
• Discuss emerging epidemiological trends among nosocomial Gram-negative bacilli
• Determine the rationale of antimicrobial dosing strategies to optimize clinical outcomes and prevent resistance development
• Identify viable therapeutic options for these difficult-to-treat infections

2:00 P.M. – 3:00 P.M.

SPONSORED SYMPOSIUM
CLOSTRIDIUM DIFFICILE 2008: NEW FOCUS ON A FAMILIAR PROBLEM
Room 311 • T  
Supported by an educational grant from Hollister, Inc.
Moderator: Naomi P. O’Grady

LEARNING OBJECTIVES
• Describe the characteristics of the current epidemic strain of Clastidium difficile and the impact of this strain on hospital-acquired C. difficile-associated disease (CDAD) in the United States and internationally
• Describe treatment controversies for refractory and recurrent CDAD
• Describe infection control measures for CDAD in the hospital

2:00 P.M. – 3:00 P.M.

SPONSORED SYMPOSIUM
USING BIOMARKERS FOR DIAGNOSIS AND RISK ASSESSMENT IN SEPSIS
Room 312 • T  
Supported by an educational grant from BRAHMS Diagnostics, LLC
Moderator: Mitchell M. Levy

LEARNING OBJECTIVES
• Describe biomarkers available for diagnosis and risk assessment in sepsis
• Identify the value of procalcitonin in the diagnosis of sepsis compared to other biomarkers
• Discuss the use of biomarkers as a risk assessment tool for patients with severe sepsis and septic shock

2:00 P.M. – 3:00 P.M.

2:00 P.M. – 3:30 P.M.

SPONSORED SYMPOSIUM
USING BIOMARKERS FOR DIAGNOSIS AND RISK ASSESSMENT IN SEPSIS
Room 312 • T  
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2:00 P.M. – 3:00 P.M.

History of Biomarkers
Mitchell M. Levy

2:30 P.M. – 3:00 P.M.

Guiding Appropriate Antibiotic Use: The Role of Procalcitonin and Other Biomarkers
Eric H. Gluck

3:00 P.M. – 3:30 P.M.

Can Procalcitonin or Other Biomarkers Be Used to Assess Severity of Illness in Patients with Severe Sepsis and Septic Shock?
Tobias Welte

37th CRITICAL CARE CONGRESS PROGRAM | SOCIETY OF CRITICAL CARE MEDICINE - 57
### SCHEDULE OF EVENTS / MONDAY, FEBRUARY 4

$ = Additional charge to attend  
T = Ticketed session  
H = Hopper Pass eligible

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<tr>
<th>Time</th>
<th>SPONSORED SYMPOSIUM</th>
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<tr>
<td>2:00 P.M. – 3:30 P.M.</td>
<td>MANAGEMENT OF PATIENTS WITH ACUTE HEART FAILURE</td>
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|               | Supported by an educational grant from Otsuka America Pharmaceutical Development and Commercialization, Inc.  
|               | Moderator: W. Franklin Peacock IV |
|               | **LEARNING OBJECTIVES** |
|               | • Explain the pathophysiologic mechanisms leading to acute decompensated heart failure (HF) and how congestion contributes to worsening patient outcomes  
|               | • Evaluate risk assessment strategies and treatment paradigms for patients with acute HF who require acute hospital care  
|               | • Describe the clinical applications and limitations of available therapies for the acute care of patients with decompensated HF  
|               | • Assess new and emerging therapeutic options to restore fluid and electrolyte homeostasis in acute HF patients |
| 2:00 P.M. – 2:30 P.M. | Acute Heart Failure: Who, When and Why?  
|               | Gary S. Francis |
| 2:30 P.M. – 3:00 P.M. | Heart Failure in the Acute Hospital Setting  
|               | W. Franklin Peacock IV |
| 3:00 P.M. – 3:30 P.M. | Current and Emerging Tools to Manage Acute Heart Failure Patients  
|               | JoAnn Lindenfeld |

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<td>2:00 P.M. – 3:30 P.M.</td>
<td>COMMUNITY-ACQUIRED AND HEALTHCARE-ASSOCIATED MRSA: IMPLICATIONS FOR CRITICAL CARE</td>
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|               | Supported by an educational grant from Pfizer, Inc.  
|               | Moderator: Marin H. Kollef |
|               | **LEARNING OBJECTIVES** |
|               | • Review epidemiology and characteristics of community-acquired methicillin-resistant Staphylococcus aureus (CA-MRSA) and healthcare-associated methicillin-resistant Staphylococcus aureus (HA-MRSA), including virulence factors and antibiotic susceptibilities  
|               | • Implement effective strategies to prevent MRSA infections in the critical care setting  
|               | • Evaluate current guidelines and anti-MRSA agents for empiric and directed therapy |
| 2:00 P.M. – 2:30 P.M. | Epidemiology and Characteristics of CA-MRSA and HA-MRSA Infections in the ICU  
|               | Andrew F. Shorr |
| 2:30 P.M. – 3:00 P.M. | Prevention Strategies to Reduce the Rate of MRSA Infections in Critical Care  
|               | Lena M. Napolitano |
| 3:00 P.M. – 3:30 P.M. | Evidence-Based Management of MRSA Infections in the Critical Care Setting  
|               | Marin H. Kollef |

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<td>2:00 P.M. – 3:30 P.M.</td>
<td>EARLY ICU MOBILITY THERAPY’S ROLE IN THE CRITICALLY ILL</td>
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|               | Supported by an educational grant from Hill-Rom Co.  
|               | Moderator: Peter E. Morris |
|               | **LEARNING OBJECTIVES** |
|               | • Describe a multiprofessional approach to reduce administrative barriers between critically ill patients and physical therapists  
|               | • Identify how disease and technology barriers limit patient movement in the ICU  
|               | • Review the evidence for mobilization of patients and the current data regarding improved outcomes |
| 2:00 P.M. – 2:30 P.M. | Safety in Moving Our Critically Ill Patients  
|               | Ramona O. Hopkins |
| 2:30 P.M. – 3:00 P.M. | Inactivity and Inflammation  
|               | Chris Winkelman |
| 3:00 P.M. – 3:30 P.M. | Protociled Early Mobility for Acute Respiratory Failure Patients  
|               | Peter E. Morris |

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<td>2:00 P.M. – 3:30 P.M.</td>
<td>HYPERTENSIVE CRISIS IN CRITICAL CARE: INSIGHTS INTO CURRENT TREATMENT PARADIGMS</td>
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|               | Supported by an educational grant from PDL BioPharma  
|               | Moderator: William M. Coplin |
|               | **LEARNING OBJECTIVES** |
|               | • Assess clinical trial evidence supporting the role of intravenous anti-hypertensive agents in the contemporary management of hypertensive crisis  
|               | • Formulate strategies for the treatment of acute hypertension in subarachnoid, intracerebral and ischemic stroke, as recommended in current evidenced-based guidelines  
|               | • Review controversies related to perioperative blood pressure control in patients undergoing cardiac surgery  
|               | • Analyze case studies in hypertensive crisis management |
| 2:00 P.M. – 2:30 P.M. | Recognition and Diagnosis of Acute Hypertensive Emergencies in the ICU  
|               | William M. Coplin |
| 2:30 P.M. – 3:00 P.M. | Neurologic Emergencies and Case Study  
|               | Gene Y. Sung |
| 3:00 P.M. – 3:30 P.M. | Cardiovascular Emergencies and Case Study  
|               | John M. Luber |
TUESDAY, FEBRUARY 5 / SCHEDULE OF EVENTS

$ = Additional charge to attend  T = Ticketed session  H = Hopper Pass eligible

5:45 A.M. - 6:45 A.M.

BREAKFAST
Exhibit Hall

6:00 A.M. - 6:30 A.M.
POSTER AWARDS CEREMONY
Poster Hall

6:30 A.M. - 8:30 A.M.

CARDIOPIULMONARY RESUSCITATION
Room 311
Moderator: Andrea Gabrielli

LEARNING OBJECTIVES
• Assess the clinical relevance of animal models of cardiopulmonary resuscitation
• Discuss the pharmacology of cardiopulmonary resuscitation
• Evaluate the evidence on hypothermia and brain protection after cardiopulmonary arrest

6:30 A.M. - 7:00 A.M.
Pharmacology of Cardiopulmonary Resuscitation
William E. Dager
7:00 A.M. - 7:30 A.M.
Hyperventilation During Cardiopulmonary Resuscitation
Andrea Gabrielli
7:30 A.M. - 8:00 A.M.
Resuscitation During In-Hospital Cardiac Arrests: An Update
Andrew L. Rosenberg
8:00 A.M. - 8:30 A.M.
Hypothermia After Cardiopulmonary Arrest: What is the Evidence that it Protects the Brain?
Christine A. Wijman

6:30 A.M. - 8:30 A.M.

PHARMACOLOGY IN SPECIAL ICU POPULATIONS
Room 312
Moderator: Debra J. Skaar

LEARNING OBJECTIVES
• Apply pharmacokinetic information on drug dosing in morbidly obese and burn patients
• Explain rationales for dosing modifications in elderly and pregnant patients
• Explain how genetics and genomics should influence treatment approach

6:30 A.M. - 6:50 A.M.
Effects of Morbid Obesity on Dosing
Brian L. Ertstad
6:55 A.M. - 7:15 A.M.
Altered Pharmacokinetic in the Burn Patient
Michael J. Cawley

6:30 A.M. - 8:30 A.M.

HEMODYNAMIC MONITORING AND ASSESSMENT OF TISSUE PERFUSION
Room 313
Moderator: Jeffrey S. Vender

LEARNING OBJECTIVES
• Discuss the advantages of transthoracic echocardiography perioperatively and in the ICU
• Describe recent advances in hemodynamic monitoring
• Compare the options for metabolic assessment of tissue perfusion for vital organs

6:30 A.M. - 6:50 A.M.
Techniques and Monitors of Organ Perfusion
Jeffrey S. Vender
6:55 A.M. - 7:15 A.M.
Recent Advances in Hemodynamic Monitoring
Michael L. Cheatham
7:20 A.M. - 7:40 A.M.
Metabolic Markers of Adequate Tissue Perfusion
Scott M. Ahlbrand
7:45 A.M. - 8:05 A.M.
Echocardiography in the ICU
Jeff Kuvin
8:10 A.M. - 8:30 A.M.
Perioperative Transesophageal Echocardiography
Michael H. Wall

6:30 A.M. - 7:30 A.M.

INFLAMMATION, ANTI-INFLAMMATION AND APOPTOSIS IN SEPSIS
Room 314
Moderator: Clifford S. Deutschman

LEARNING OBJECTIVES
• Summarize apoptotic and anti-inflammatory pathways
• Determine the relationship between apoptosis and high mobility group box I (HMGB1) release

6:30 A.M. - 6:50 A.M.
Targeting Apoptotic and Anti-inflammatory Pathways
Clifford S. Deutschman
6:50 A.M. - 7:10 A.M.
The Relationship Between Apoptosis and HMGB1 Release
H. Yang
7:10 A.M. - 7:30 A.M.
Chemokines in Sepsis and Other Inflammatory Disorders
Daniel G. Remick
SCHEDULE OF EVENTS / TUESDAY, FEBRUARY 5

6:30 A.M. – 8:30 A.M.

TO THIN OR NOT TO THIN? THE TREATMENT AND PREVENTION OF THROMBOEMBOLISM
Room 315
Moderator: Jeffrey Barletta

LEARNING OBJECTIVES
• Identify strategies for initiating and monitoring heparin therapies
• Describe new anticoagulant therapies for venous thromboembolism in the ICU patient
• Discuss considerations for anticoagulation in special populations

6:30 A.M. – 6:50 A.M.
► Heparin Therapy: Fractionated Versus Unfractionated
Maureen A. Smyth
6:55 A.M. – 7:15 A.M.
► Use of Novel Anticoagulants in the ICU
Jeffrey Barletta
7:20 A.M. – 7:40 A.M.
► Use of Vena Cava Filters
Ronald F. Sing
7:45 A.M. – 8:05 A.M.
► Pharmacologic Prevention of Deep Venous Thrombosis
Mark D. Cipolle
8:10 A.M. – 8:30 A.M.
► Considerations for Anticoagulation in Special Populations
William E. Dager

6:30 A.M. – 8:30 A.M.

BILLING AND CODING: STRATEGIES AND CONTROVERSIES
Room 316
Moderator: Todd Dorman

LEARNING OBJECTIVES
• Discuss strategies for optimal ICU billing and coding
• Identify lessons learned from billing and coding situations in critical care
• Identify updates in critical care billing, coding and reimbursement

6:30 A.M. – 6:50 A.M.
► It’s All in the Note: How Writing Your Daily Notes Affects Your Billing
R. Lawrence Reed II
6:55 A.M. – 7:15 A.M.
► Integrating Documentation Audits as a Strategy for Optimal Coding and Billing in the ICU
Todd Dorman
7:20 A.M. – 7:40 A.M.
► What Happens When Medicare Goes Bad: Lessons from Rhode Island
Vera A. DePalo
7:45 A.M. – 8:05 A.M.
► Payment Policy and Updates in CPT/RUC
Richard W. Whittem
8:10 A.M. – 8:30 A.M.
► Controversies and Conflicts
George A. Sample

6:30 A.M. – 8:30 A.M.

DISCOVERING MORE ABOUT BASIC SCIENCE BRAIN INJURY
Room 320
Moderator: Courtney L. Robertson

LEARNING OBJECTIVES
• Discuss the state of basic science brain injury research
• Examine how new bench research in brain injury might improve diagnosis and treatment at the bedside

6:30 A.M. – 6:50 A.M.
► Biomarkers and Therapeutics for Cerebral Vascular Accident and Traumatic Brain Injury
Ronald L. Hayes
6:55 A.M. – 7:15 A.M.
► Oxidative Stress in Acute Brain Injury
Gary Fiskum
7:20 A.M. – 7:40 A.M.
► Neuroinflammation After Cerebral Vascular Accident
Jose J. Provencio
7:45 A.M. – 8:05 A.M.
► Cell Death Pathways in Acute Brain Injury
Robert S.B. Clark
8:10 A.M. – 8:30 A.M.
► Altered Cerebral Metabolism in the Injured Brain
Ross Bullock

6:30 A.M. – 8:30 A.M.

ACUTE RESPIRATORY DISTRESS SYNDROME UPDATE
Ballroom
Moderator: John H. Arnold

LEARNING OBJECTIVES
• Review current trends for the management of patients with acute respiratory distress syndrome
• Discuss strategies for optimizing mechanical ventilation in cases of acute respiratory distress syndrome

6:30 A.M. – 6:50 A.M.
► How Do I Set My PEEP?
Marcelo Amato
6:55 A.M. – 7:15 A.M.
► High-Frequency Oscillating Ventilation and Airway Pressure Release Ventilation: Fast Versus Slow
John H. Arnold
7:20 A.M. – 7:40 A.M.
► Prone Positioning: Physiology and Application
John I. Marini
7:45 A.M. – 8:05 A.M.
► Surfactant Use in Acute Respiratory Distress Syndrome
R. Duncan Hite
8:10 A.M. – 8:30 A.M.
► Therapy of Acute Respiratory Failure: The Future
Arthur S. Slutsky
7:30 A.M. – 8:30 A.M.

**BEST PRACTICES FOR ELIMINATING COMMON PEDIATRIC ICU INFECTIONS**

Room 310  
Moderator: Brian R. Jacobs

**LEARNING OBJECTIVES**
- List the factors associated with catheter-associated bloodstream infections and ventilator-associated pneumonia
- Describe the advantages of bundled care aimed at reducing these infections
- Compare the differences between catheter infections related to insertion practice and those associated with maintenance practice

7:30 A.M. – 7:50 A.M.

- **Catheter-Associated Bloodstream Infections**  
  Richard J. Brilli

7:50 A.M. – 8:30 A.M.

- **Eliminating Ventilator-Associated Pneumonia: What Works and What Doesn’t**  
  Mark K. Rowin

8:30 A.M. – 8:30 A.M.

- **Questions and Answers**

7:30 A.M. – 8:30 A.M.

**GENETICS AND PROTEOMICS IN SEPSIS**

Room 314  
Moderator: J. Perren Cobb

**LEARNING OBJECTIVES**
- Describe basic information about genomics and proteomics and their applicability to critical care
- Review studies in critically ill patients
- Review chemokines in sepsis and other inflammatory disorders

7:30 A.M. – 7:50 A.M.

- **Gene Polymorphisms in Sepsis**  
  James A. Russell

7:50 A.M. – 8:30 A.M.

- **Gene Expression and Proteomics**  
  J. Perren Cobb

8:30 A.M. – 8:30 A.M.

- **Technology for Gene Profiling**  
  Allen F. Namath

8:45 A.M. – 9:30 A.M.

**PLENARY: OUTCOMES FROM TRAUMATIC BRAIN INJURY CAN BE IMPROVED**

Ballroom

Jamie Cooper, MD  
Deputy Director, ICU  
Alfred Hospital  
Melbourne, Victoria, Australia

**LEARNING OBJECTIVES**
- Appraise the pressing need to improve outcomes in traumatic brain injury (TBI) patients
- Interpret recent large studies on the use of resuscitation fluids and neurosurgical decompression in TBI patients

9:30 A.M. – 10:30 A.M.

**POSTER CATEGORY VIEWING**

- Neurology - Posters #737-#792 (Discussions #737-#771)
- Pulmonary - Posters #793-#864 (Discussions #793-#839)
- Renal - Posters #865-#873 (Discussions #865-#873)
- Sedation - Posters #874-#890 (Discussions #874-#882)
- Sepsis/Infection - Posters #891-#1005 (Discussions #891-#951)
- Therapeutics - Posters #1006-#1019 (Discussions #1006-#1015)
- Case Reports - Posters #1020-#1041

9:30 A.M. - 10:30 A.M.

**REFRESHMENT BREAK**

Exhibit Hall

10:30 A.M. – 11:15 A.M.

**PLENARY: DRUG COSTS IN THE ICU: MORE THAN MEETS THE EYE**

Ballroom

Joseph F. Dasta, MSc, FCCM  
Professor  
College of Pharmacy  
The Ohio State University  
Columbus, Ohio, USA

**LEARNING OBJECTIVES**
- Examine factors that contribute to the total cost of drug therapy in the ICU
- Assess the cost-effectiveness of pharmacotherapy in the ICU
11:30 A.M. – 12:30 P.M.

A.S. LAERDAL MEMORIAL AWARD LECTURE
Room 312
Moderator: Ake N. Grenvik
Award Recipient: Vinay M. Nadkarni

11:30 A.M. – 12:30 P.M.

SPINAL CORD INJURY
Room 310
Moderator: Cherylee W. Chang

LEARNING OBJECTIVES
• Discuss the role of steroids in spinal cord injury
• Examine hypothermia as a management strategy for spinal cord injury
• Discuss the cardiopulmonary complications of spinal cord injury

11:30 A.M. – 11:50 A.M.
Steroids
William M. Coplin
11:50 A.M. – 12:10 P.M.
Hypothermia
Michael J. Souter
12:10 P.M. – 12:30 P.M.
Cardiopulmonary Issues
Kenneth P. Steinberg

11:30 A.M. – 12:30 P.M.

PRO-CON DEBATE
STERIOD SUPPLEMENTATION IN SEPSIS
Room 311
Moderator: Stephen M. Pastores

LEARNING OBJECTIVES
• Review the benefits of steroid supplementation
• Discuss the limitations and harmful effects of steroid use in sepsis
• Review the clinical practice guideline recommendations on corticosteroid insufficiency

11:30 A.M. – 11:50 A.M.
Pro: Steroids Should Be Given to All Patients with Septic Shock
Djillali Annane
11:50 A.M. – 12:10 P.M.
Con: Steroids Should Be Given to All Patients with Septic Shock
Charles L. Sprung
12:10 P.M. – 12:30 P.M.
Practice Guidelines for the Diagnosis and Management of Corticosteroid Insufficiency
Stephen M. Pastores

11:30 A.M. – 12:30 P.M.

MULTIPLE-ORGAN FAILURE: ARE WE MAKING ANY HEADWAY?
Room 313
Moderator: Mervyn Singer

LEARNING OBJECTIVES
• Examine the role of coagulation in preventing and treating organ failure
• Examine the role of apoptosis in organ failure
• Identify novel methods of perfusion monitoring in the recovery of failed organs

11:30 A.M. – 11:50 A.M.
Coagulation Status: Can We Change Outcome with it?
Joseph A. Carcillo
11:50 A.M. – 12:10 P.M.
The Role of Apoptosis
John C. Marshall
12:10 P.M. – 12:30 P.M.
How the Organs Recover
Mervyn Singer

11:30 A.M. – 12:30 P.M.

NURSING WORKFORCE ISSUES
Room 314
Moderator: Connie A. Jastremski

LEARNING OBJECTIVES
• Identify nursing workforce issues
• Review programs to improve retention and create a healthy workplace
• Identify barriers to retention

11:30 A.M. – 11:50 A.M.
Addressing Nursing Workforce Issues
Connie A. Jastremski
11:50 A.M. – 12:10 P.M.
Strategies for Promoting a Healthy Workplace
Mary Fran Tracy
12:10 P.M. – 12:30 P.M.
Recruitment of Overseas Nurses: How Will it Impact the Rest of the World?
Maureen A. Madden

11:30 A.M. – 12:30 P.M.

YEAR IN REVIEW: INTERNAL MEDICINE
Room 315
Moderator: Daniel L. Herr

LEARNING OBJECTIVES
• Review the year’s critical care studies relevant to intensivists trained in internal medicine
• Evaluate literature using an evidence-based medicine approach

11:30 A.M. – 12:30 P.M.
Literature Review
Daniel L. Herr, Nirav G. Shah, Sergio L. Zanotti-Cavazzoni
TUESDAY, FEBRUARY 5 / SCHEDULE OF EVENTS

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11:30 A.M. – 12:30 P.M.

PHARMACO-NUTRITION
Room 316
Moderator: Daren K. Heyland

LEARNING OBJECTIVES
• Describe the scientific evidence surrounding the use of selenium in sepsis
• Examine the potential benefits of designer parenteral lipids in the septic patient
• Describe the benefits of glutamine supplementation in the ICU

11:30 A.M. – 11:50 A.M.
- Selenium in Sepsis: A New Magic Bullet?
  Daren K. Heyland

11:50 A.M. – 12:10 P.M.
- Designer Intravenous Lipids: A Bright Future?
  Jan Wernerman

12:10 P.M. – 12:30 P.M.
- Glutamine: What’s New and What Does it Mean for the Patient?
  Paul Wischmeyer

11:30 A.M. – 12:30 P.M.

SPECIAL CONSIDERATIONS IN THE GERIATRIC, SURGICAL AND TRAUMA PATIENT
Room 320
Moderator: Heidi L. Frankel

LEARNING OBJECTIVES
• Discuss the unique aspects of caring for the injured geriatric patient
• Discuss the unique aspects of caring for the geriatric surgical patient
• Define what clearance for surgery really means in the geriatric patient

11:30 A.M. – 11:50 A.M.
- Trauma in the Elderly
  Heidi L. Frankel

11:50 A.M. – 12:10 P.M.
- Management Considerations of the Geriatric Trauma Patient
  Ram Nirula

12:10 P.M. – 12:30 P.M.
- Old Hearts, New Tricks: Cardiac Surgery in the Nonagenarian
  Joseph C. Cleveland

11:30 A.M. – 12:30 P.M.

DELIRIUM MANAGEMENT
Ballroom
Moderator: Timothy D. Girard

LEARNING OBJECTIVES
• Describe the evaluation and management of the patient with acute delirium
• Describe the evaluation and management of post-sedation delirium
• Describe how to assess delirium

11:30 A.M. – 11:50 A.M.
- Acute Delirium
  Timothy D. Girard

11:50 A.M. – 12:10 P.M.
- Post-Sedation Delirium
  Eric B. Milbrandt

12:10 P.M. – 12:30 P.M.
- Delirium Assessment: Ensuring Accuracy at the Bedside
  Brenda T. Pun

12:35 P.M. – 1:35 P.M.

YEAR IN REVIEW: PHARMACY
Room 310
Moderator: Steven E. Pass

LEARNING OBJECTIVES
• Review the results of randomized studies concerning corticosteroid use in the setting of septic shock and ARDS
• Discuss the data from studies addressing the safety and efficacy of erythropoietin in the ICU
• Review the results of studies optimizing patient outcomes in the ICU

12:35 P.M. – 12:55 P.M.
- Steroids in Sepsis and Acute Respiratory Distress Syndrome
  Zachariah Thomas

12:55 P.M. – 1:15 P.M.
- Use of Erythropoietin in the ICU
  Stacy A. Voils

1:15 P.M. – 1:35 P.M.
- Use of Hypertonic Saline
  Karen McAllen
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12:35 P.M. – 1:35 P.M.

THE JUICE: ANABOLIC STRATEGIES IN THE ICU
Room 311
Moderator: Paul Wischmeyer

LEARNING OBJECTIVES
• Critique the available data regarding the effects of anabolic steroids
• Evaluate the harmful effects of anabolic agents
• Discuss whether anabolic precursors are equivalent to the benefits of
directly infused anabolic agents
12:35 P.M. – 12:55 P.M.
► We Want to “Pump You Up”: Anabolic Steroids as an Integral Part of Recovery
Steven E. Wolf
12:55 P.M. – 1:15 P.M.
► Dangers of Anabolic Steroid Use in the ICU
TBD
1:15 P.M. – 1:35 P.M.
► Dietary Supplements: Taking a Page from Major League Baseball
Paul Wischmeyer

12:35 P.M. – 1:35 P.M.

JOINT SESSION: SCCM/ESICM
SPECIAL CONSIDERATIONS FOR THE IMMUNO-COMPROMISED PATIENT
Room 312
Moderators: Frederick P. Ognibene, Marco Ranieri

LEARNING OBJECTIVES
• Identify critical care management strategies for patients with HIV
• Discuss the serious complications that result from stem cell transplants
• Review acute respiratory failure in patients who have had solid organ transplants
12:35 P.M. – 12:55 P.M.
► Management of Patients with HIV
Henry Masur
12:55 P.M. – 1:15 P.M.
► Pulmonary Infections and Other Life-Threatening Complications of Hematopoietic Stem Cell Transplantation
Steve G. Peters
1:15 P.M. – 1:35 P.M.
► Acute Respiratory Failure in Patients Undergoing Solid Organ Transplantation
Marco Ranieri

12:35 P.M. – 1:35 P.M.

CARING FOR THE CRITICALLY ILL BARIATRIC PATIENT
Room 313
Moderator: Louis Brusco Jr.

LEARNING OBJECTIVES
• Identify the special physiologic management concerns of morbidly obese patients
• Discuss the factors that impact the interventions and outcomes
• Discuss surgical management issues
12:35 P.M. – 12:55 P.M.
► Epidemiology and Outcomes
Stanley A. Nasraway
12:55 P.M. – 1:15 P.M.
► The Pathophysiology of Morbid Obesity
Philip S. Barie
1:15 P.M. – 1:35 P.M.
► Pre-Op Evaluation and Intra-Operative Management
Louis Brusco Jr.

12:35 P.M. – 1:35 P.M.

CERTIFICATION FOR CRITICAL CARE PRACTICE
Room 314
Moderator: Ruth M. Kleinpell

LEARNING OBJECTIVES
• Debate the benefits and drawbacks to nursing certification
• Discuss international perspectives on nursing certification
12:35 P.M. – 12:55 P.M.
► Benefits of Nursing Certification
Tom S. Ahrens
12:55 P.M. – 1:15 P.M.
► Drawbacks to Requiring Nursing Certification
Kathleen M. Vollman
1:15 P.M. – 1:35 P.M.
► An International Perspective on Certification
Yuko Ikematsu
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#### 12:35 P.M. – 1:35 P.M.

**YEAR IN REVIEW: PEDIATRICS**  
Room 315  
Moderator: Edward E. Conway Jr.

**LEARNING OBJECTIVES**  
- Review the year’s pediatric critical care studies in basic science, administration and education  
- Evaluate literature using an evidence-based approach

**Review of the Literature**  
Katherine V. Biagas, Jeffrey P. Burns, Stephanie A. Storgion

#### 12:35 P.M. – 1:35 P.M.

**THE EVER-CONTROVERSIAL FLUID MANAGEMENT DEBATE: MANY FACES**  
Room 316  
Moderator: Lauralyn A. McIntyre

**LEARNING OBJECTIVES**  
- Illustrate the problems associated with various fluids used during resuscitation  
- Determine a better alternative to manage fluids  
- Examine the evidence regarding the ideal fluids and methodology

**Albumin Correlates with Doom**  
Greg S. Martin

**Hypertonic Saline**  
William M. Coplin

**Isotonic Crystalloids: LR and Normal Saline**  
Lauralyn A. McIntyre

#### 12:35 P.M. – 1:35 P.M.

**AGING IN CRITICAL ILLNESS: OLD BECOMING NEW**  
Room 320  
Moderator: Craig M. Coopersmith

**LEARNING OBJECTIVES**  
- Examine the role of aging in critical illness  
- Examine the role of aging on organ response to injury  
- Examine the role of aging on inflammatory response

**The Effect of Aging on the Pulmonary Inflammatory Response to LPS**  
Elizabeth Kovacs

**Aging and the Host Response to Sepsis**  
Craig M. Coopersmith

**Cytokine Induction and Mortality in Critical Illness**  
William C. Wilson

#### 12:35 P.M. – 1:35 P.M.

**AN UPDATE ON CONTINUOUS RENAL REPLACEMENT THERAPY**  
Ballroom  
Moderator: Hiroyuki Hirasawa

**LEARNING OBJECTIVES**  
- Discuss various renal replacement therapy strategies to address intravascular volume control  
- Assess which patients tend to benefit most from continuous renal replacement therapy  
- Examine the evidence on the strongest endpoints beyond mortality

**Continuous Renal Replacement Therapy: Why You Need it Available**  
Claudio Ronco

**Continuous Renal Replacement Therapy: Why it’s Not for Everyone**  
Patrick T. Murray

**Continuous Renal Replacement Therapy: Beyond Renal Replacement Therapy**  
Hiroyuki Hirasawa
### 8:00 A.M. – 8:45 A.M.

**PLENARY: LISTENING TO THE INJURED BRAIN**

**Ballroom**

Thomas P. Bleck, MD, FCCM  
Professor  
Department of Neurology  
Evanston Northwestern Healthcare  
Evanston, Illinois, USA

**LEARNING OBJECTIVES**
- Examine the uses and limits of currently available brain monitoring technologies  
- Review some of the new techniques under development to improve our abilities to monitor the injured brain

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

**REFRESHMENT BREAK**

**Outside Ballroom**

### 9:15 A.M. – 10:15 A.M.

**PRO-CON DEBATE**

**CLINICAL GUIDELINES AND PROTOCOLS ARE GOOD FOR PATIENTS**

**Room 311**  
**Moderator: E. Daleen Aragon**

**LEARNING OBJECTIVES**
- Discuss the use of clinical practice guidelines in critical care, including barriers to implementation  
- Identify limitations to using clinical practice guidelines  
- Summarize legal perspectives related to the use of clinical practice guidelines in critical care

9:15 A.M. – 9:45 A.M.  
**Pro**  
Sean Townsend

9:45 A.M. – 10:15 A.M.  
**Con**  
Charles Natanson

### 9:15 A.M. – 10:15 A.M.

**PRO-CON DEBATE**

**LUNG RECRUITMENT MANEUVERS SHOULD BE ROUTINE IN THE MANAGEMENT OF ACUTE RESPIRATORY DISTRESS SYNDROME**

**Room 313**  
**Moderator: Robert M. Kacmarek**

**LEARNING OBJECTIVES**
- Discuss the rationale for lung recruitment maneuvers with acute respiratory distress syndrome patients  
- Describe various methods for lung recruitment maneuvers

9:15 A.M. – 9:35 A.M.  
**Pro**  
Marcelo Amato

9:35 A.M. – 9:55 A.M.  
**Con**  
Arthur S. Slutsky

9:55 A.M. – 10:15 A.M.  
**Questions and Answers**
### 9:15 A.M. – 10:15 A.M.

#### UPDATE ON TROPICAL INFECTIOUS DISEASES

**Room 314**  
**Moderator: Niranjan Kissoon**

**LEARNING OBJECTIVES**  
- Describe recent advances in the treatment of tropical diseases  
- Discuss the scientific evidence related to the possibility of a global infectious disease pandemic in the near future  
- Identify the management of dengue shock syndrome  
- Review the presentation and treatment of severe malaria

- Tropical Diseases: New Promise for Their Control  
  Joe L. Hsu  
  9:35 A.M. – 9:55 A.M.

- Dengue Shock Syndrome  
  Niranjan Kissoon  
  9:55 A.M. – 10:15 A.M.

- Severe Malaria: What ICU Professionals Need to Know  
  Harman S. Paintal  
  9:15 A.M. – 10:15 A.M.

### 9:15 A.M. – 11:15 A.M.

#### UTILIZING BEST PRACTICES IN THE ICU

**Room 312**  
**Moderator: Lauren R. Sorce**

**LEARNING OBJECTIVES**  
- Discuss how nurses can target best practices in the ICU  
- Review practical strategies to improving best practices in the ICU

- Safety and Quality Issues in the ICU  
  Mary L. Sole  
  9:40 A.M. – 10:00 A.M.

- Assistive Devices in Transpyloric Feeding Tube Placement  
  Andrea M. Kline  
  10:05 A.M. – 10:25 A.M.

- Awake and Comfortable: Best Practices in ICU Sedation  
  Martha A.Q. Curley  
  10:30 A.M. – 10:50 A.M.

- Eye Care in the ICU: Adult and Pediatrics  
  Lauren R. Sorce  
  10:55 A.M. – 11:15 A.M.

- Nutritional Guidelines: Do They Really Improve Outcome?  
  Robert G. Martindale  
  9:15 A.M. – 11:15 A.M.

### 9:15 A.M. – 10:15 A.M.

#### NEUROLOGIC MONITORING IN THE PEDIATRIC ICU

**Room 315**  
**Moderator: Courtney L. Robertson**

**LEARNING OBJECTIVES**  
- Assess the strengths and weaknesses of cutting-edge modalities to monitor the brain in the ICU  
- Describe the current role of bedside electroencephalogram utilization in children  
- Describe potential future methods of bedside neurologic monitoring

- Brain Oxygen Monitoring: NIRS, Tissue PO2 and Jugular Venous O2  
  Rainer G. Gedekt  
  9:35 A.M. – 9:55 A.M.

- Electroencephalogram Monitoring: Integrated, Continuous and Others  
  Mark Wainwright  
  9:55 A.M. – 10:15 A.M.

- Physiologic Wave from Analysis and Dynamic Intracranial Pressure Modeling  
  Brahms Goldstein  
  9:15 A.M. – 10:15 A.M.

### 9:15 A.M. – 11:15 A.M.

#### AIRWAY MANAGEMENT: NEW DEVELOPMENTS AND CONTROVERSIES

**Room 316**  
**Moderator: Andrew D. Shaw**

**LEARNING OBJECTIVES**  
- Evaluate the value of a high-fidelity simulator in training for airway control competence  
- Compare the evidence available on percutaneous tracheostomy placement versus open technique  
- Debate the advantages and disadvantages of neuromuscular blockade

- Acquiring and Refreshing Airway Management Skills Using Task Trainers and High-Fidelity Simulation  
  Randy S. Wax  
  9:40 A.M. – 10:00 A.M.

- Percutaneous Tracheostomy Versus Standard Open Tracheostomy in the ICU  
  Mark D. Cipolle  
  10:05 A.M. – 10:25 A.M.

- The Use of the Supraglottic Airway in the ICU Setting  
  Thomas C. Mort  
  10:30 A.M. – 10:50 A.M.

### 9:15 A.M. – 10:50 A.M.

- Pro: Neuromuscular Blockade is Essential for Airway Intubation  
  Andrew D. Shaw  
  10:55 A.M. – 11:15 A.M.

- Con: Neuromuscular Blockade is Essential for Airway Intubation  
  William B. Owens  
  10:55 A.M. – 11:15 A.M.
**Schedule of Events / Wednesday, February 6**

$ = Additional charge to attend  
T = Ticketed session  
H = Hopper Pass eligible

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**9:15 A.M. – 10:15 A.M.**

**Use of Simulators in ICU Training**

*Room 320*  
*Moderator: William F. Dunn*

**Learning Objectives**
- Identify teaching modalities to enhance critical care education
- Examine the most current devices on the market
- Discuss how to implement simulation in medical education

9:15 A.M. – 9:35 A.M.
- How to Start a Simulator Program
  
  Hassan Khouli

9:35 A.M. – 9:55 A.M.
- The Latest in Simulators
  
  William F. Dunn

9:55 A.M. – 10:15 A.M.
- See One, Do One, Teach One...But Not On My Mother: The Case for Simulation in Today's ICU
  
  Randy S. Wax

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**10:20 A.M. – 11:20 A.M.**

**Metabolic and Endocrine Dysfunction in Sepsis**

*Room 310*  
*Moderator: James A. Russell*

**Learning Objectives**
- Assess basic issues and clinical relevance of metabolic dysfunction in sepsis
- Review potential therapies targeting metabolic processes

10:20 A.M. – 10:40 A.M.
- Mitochondrial Dysfunction in Sepsis
  
  Mervyn Singer

10:40 A.M. – 11:00 A.M.
- Targeting Therapies for Defeating Metabolic Dysfunction
  
  Richard J. Levy

11:00 A.M. – 11:20 A.M.
- Vasopressin in Sepsis: Therapy or Replacement?
  
  James A. Russell

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**9:15 A.M. – 11:15 A.M.**

**Ventilator-Associated Pneumonia**

*Ballroom*  
*Moderator: Marin H. Kollef*

**Learning Objectives**
- Describe current trends in the prevention, detection and treatment of ventilator-associated pneumonia
- Compare differences in the adult and pediatric population
- Evaluate continuous versus intermittent antibiotic treatment

9:15 A.M. – 9:35 A.M.
- Prevention
  
  Scott Micek

9:40 A.M. – 10:00 A.M.
- Mechanical Ventilation
  
  Neil R. MacIntyre

10:05 A.M. – 10:25 A.M.
- Diagnosis and Microbiology
  
  Marin H. Kollef

10:30 A.M. – 10:50 A.M.
- Ventilator-Associated Pneumonia: Is it Different in Children?
  
  Richard J. Brill

10:55 A.M. – 11:15 A.M.
- Treatment: Continuous Versus Intermittent Antibiotic Administration
  
  G. Christopher Wood

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**10:20 A.M. – 11:20 A.M.**

**Pay for Performance: What You Need to Know**

*Room 311*  
*Moderator: Andrew B. Egol*

**Learning Objectives**
- Define pay for performance and summarize the public process for adopting quality measures
- Assess adopted quality measures for relevance to their critical care practices
- Evaluate the clinical and economic impact of adopted measures on their facility and personal practice

10:20 A.M. – 10:40 A.M.
- Pay for Performance: What is it and How Does it Work?
  
  Daniel L. Herr

10:40 A.M. – 11:00 A.M.
- What Measures Affect Your Practice?
  
  Lisa L. Kirkland

11:00 A.M. – 11:20 A.M.
- How Will My Office or Hospital Participate?
  
  Andrew B. Egol
WEDNESDAY, FEBRUARY 6 / SCHEDULE OF EVENTS

$ = Additional charge to attend   T = Ticketed session   H = Hopper Pass eligible

10:20 A.M. – 11:20 A.M.

EARLY TRACHEOSTOMY IS GOOD: UNITED STATES AND INTERNATIONAL PERSPECTIVES
Room 313
Moderator: Stephen A. Bernard

LEARNING OBJECTIVES
• Discuss the indications of early tracheostomy in mechanically ventilated patients
• Compare United States and international practice variations for tracheostomy placement

10:20 A.M. – 10:40 A.M.
• The American Experience
  Tom S. Ahrens
10:40 A.M. – 11:00 A.M.
• The International Experience
  William Silvester
11:00 A.M. – 11:20 A.M.
• Questions and Answers

10:20 A.M. – 11:20 A.M.

ACUTE HEART FAILURE
Room 314
Moderator: Euan A. Ashley

LEARNING OBJECTIVES
• List the pro-inflammatory effects of cardiopulmonary bypass
• Discuss the arrhythmias that commonly affect heart failure patients
• Review the pharmacology of heart failure management

10:20 A.M. – 10:40 A.M.
• Arrhythmias in Heart Failure Patients
  Steven M. Hollenberg
10:40 A.M. – 11:00 A.M.
• Pharmacology of Heart Failure Management
  Euan A. Ashley
11:00 A.M. – 11:20 A.M.
• Laboratory and Clinical Detection of Decompensation
  David V. Daniels

10:20 A.M. – 11:20 A.M.

RESEARCH NETWORKS IN PEDIATRIC CRITICAL CARE
Room 315
Moderator: Jacques R. Lacroix

LEARNING OBJECTIVES
• Summarize the large clinical trial networks in pediatric critical care medicine
• Describe the research support structure for young investigators in pediatric critical care medicine

10:20 A.M. – 10:40 A.M.
• NICHD: National Collaborative Pediatric Critical Care Research Network
  J. Michael Dean
10:40 A.M. – 11:00 A.M.
• Pediatric Acute Lung Injury and Sepsis Investigators
  Jacques R. Lacroix
11:00 A.M. – 11:20 A.M.
• The Pediatric Critical Care Scientist Development Program
  J. Michael Dean

10:20 A.M. – 11:20 A.M.

GENDER AND CRITICAL ILLNESS: WHO IS THE STRONGER SEX?
Room 320
Moderator: Irshad H. Chaudry

LEARNING OBJECTIVES
• Examine differences in physiological response and outcome based on gender
• Examine specific benefits and risks individual gender and sex hormones confer on the critically ill patient
• Propose how gender may influence treatment of critical illness in the future

10:20 A.M. – 10:40 A.M.
• Trauma and Burn Patients
  Irshad H. Chaudry
10:40 A.M. – 11:00 A.M.
• Cardiac Arrest Patients
  Paul E. Pepe
11:00 A.M. – 11:20 A.M.
• Neuro Patients
  Robert S.B. Clark
The Society of Critical Care Medicine’s Awards and Grants Program was established in 1983 to promote excellence in critical care teaching and research for the improved care of the critically ill and injured. More than $80,000 will be awarded this year to critical care and healthcare professionals who have demonstrated dedication and innovation in the field of critical care.

The 2008 non-abstract based awards will be presented during the American College of Critical Care Medicine (ACCM) Convocation/SCCM Awards Ceremony on Sunday, February 3, 2008, at 6:00 p.m. at the Royal Hawaiian Hotel. The abstract-based awards will be presented on Tuesday, February 5, 2008, at 6:00 a.m. in the Poster Hall. All awards will be presented in conjunction with the Society of Critical Care Medicine’s 37th Critical Care Congress.

Award and grant recipients receive financial rewards, prestige and recognition within the field of critical care. Congratulations to the following award and grant winners!
The Congress Program Planning Committee has chosen the following 30 abstracts as Research Citation finalists. The finalists and their work are highlighted within the Poster Hall by a Research Citation finalist sign. Winners of the Research Citations will be announced at the abstract-based awards on Tuesday, February 5, 2008, from 6:00 a.m. to 6:30 a.m.

125 Improved Outcomes of CPR in Rats Model of Myocardial Infarction Treated with Bone Marrow Mesenchymal Stem Cells from Local Injection
Zhi Wan, MD, PhD

126 Mechanical Ventilation Enhances Macrophage Infiltration in Septic Rat Hearts
Martin Kneyber, MD

138 The Histone Deacetylase Inhibitor, Trichostatin A (TSA), Exhibits Anti-Inflammatory Properties via Induction of MKP-1 Mediated Suppression of Pro-Inflammatory Cytokines
Anna Maslach-Hubbard, MD

150 Tissue Specific siRNA Knock Down of O-GlcNAc Transferase (OGT) in the Gut Impairs Heat Shock Protein Expression
Kristen Singleton, MD

175 Mechanical Ventilation Alters Matrix Metalloproteinase Expression in Lung and Extrapulmonary Tissues
Christelle Douillet, MD, PhD, FCCM

245 Hydrocortisone for Adrenal Insufficiency Does Not Lead to Increased Insulin Requirements in Critically Injured Patients
Peter Pappas, MD

282 Effects of Pulmonary Artery Catheters on Platelet Aggregation
Masamitsu Sanui, MD

345 Characterization of Chest Depth in Children Using Chest Computerized Tomography
Matthew Braga, MD

346 Early Electrophysiologic Markers of Functional Outcome After Cardiac Arrest with Temperature Manipulation in Rats
Xiaofeng Jia, MD

347 The Effect of Hypothermia and Minocycline on Outcome After Prolonged Cardiac Arrest in Rats
Tomas Drabek, PhD

406 Comparative Reversal of AVo02 with Cysteine and Glutathione Versus Neostigmine and Atropine in Rhesus Monkeys
Peter Savard, MD

410 Mannequin Study of Tracheal Intubation with Airtraq and Airway Scope for Pre-Hospital Emergency Care Providers
Shinji Kusunoki, MD

441 A Randomized Trial of High-Fidelity Simulation in Pediatric Resuscitation Training
Aaron Donoghue, MD

442 Rapid Response Team Education
Nathan White, MD

443 The Use of a High-Fidelity Simulator to Improve Medical Student Performance of Critical Care Assessment During an Objective Structured Clinical Exam
Bridge Donell, MD

482 Increased Pulsatility of Thyroid Stimulating Hormone (TSH) Release is Associated with Immunodepression Acutely After Pediatric Cardiopulmonary Bypass (CPB)
David Marquardt, MD

483 Utility of Serum Free Cortisol (FC) Versus Total Cortisol (TC) Assessment in Critically Ill Children
Jerry Zimmerman, RN, MBA

520 QTc Interval is a Prognostic Predictor in the Patients with Aneurysmal Subarachnoid Hemorrhage
Taiga Ichinomiya, MD

521 Is Ventilator-Associated Pneumonia in Pediatric Trauma Patients a Real Concern?
Breena Taira, MD

522 A Model for Identifying Patients Who May Not Require ICU Admission
Andrew Kramer, MD

523 Does the RIFLE Classification Predict Mortality? A Systematic Review
Dinna Cruz, MD

524 Indirect Calorimetry in Ventilated Surgical ICU Patients: Necessary?
Jill Cherry-Bukowiec, PhD

696 Increased Pulsatility of Thyroid Stimulating Hormone (TSH) Release is Associated with Immunodepression Acutely After Pediatric Cardiopulmonary Bypass (CPB)
David Marquardt, MD

722 Utility of Serum Free Cortisol (FC) Versus Total Cortisol (TC) Assessment in Critically Ill Children
Jerry Zimmerman, RN, MBA

737 Endothelin-1 Tagging SNPs Are Associated with Cerebral Vasospasm and Long Term Outcomes
Matthew Gallek, RN, BSN

832 Comparison of Early Outcomes of Bedside Percutaneous Tracheostomy in Non-Obese, Obese, and Morbidly Obese Medical ICU Patients
Harakh Dedhia, MS

865 Acute Kidney Injury as Defined by the RIFLE Classification Has Prognostic Utility in Critically Ill Patients with Cancer
Amit Lahoti, MD, PhD

874 Cardiovascular and Pupil Reactivity During Noxious Procedures Were Attenuated by Opioids but Not Sedation Level
Denise Li, MD

908 Microparticles and Tissue Factor Are Elevated in Pediatric Sepsis-Induced Multiple-Organ Failure
Trung Nguyen, MD

909 The Serum Levels and Clinical Significance of Soluble Fas and Soluble Fas Ligand in Patients with Multiple-Organ Dysfunction Syndrome
Yue Fu, MD, MPH

946 TAK-242 Treatment for Severe Sepsis: A Randomized, Controlled Trial
G. Bernard, PhD

1006 Changes in Mechanical Ventilation Due to the Addition of Carbon Dioxide or Nitrogen to the Ventilator Circuit
Joseph Tobias, PhD
## COMMITTEE MEETINGS

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<th>ASSIGNED ROOM</th>
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### WEDNESDAY, JANUARY 30

- **SCCM Executive Committee**
  - 5:00 p.m. - 7:00 p.m.
  - Rainbow Suite 2, Hilton

### THURSDAY, JANUARY 31

- **SCCM Council**
  - 7:30 a.m. - 5:00 p.m.
  - Honolulu Room, Hilton

### FRIDAY, FEBRUARY 1

- **Finance & Investment Committee**
  - 1:30 p.m. - 2:30 p.m.
  - Iolani Suite 7, Hilton

### SATURDAY, FEBRUARY 2

- **ACCM Board of Regents**
  - 8:00 a.m. - 3:00 p.m.
  - 306B
- **Congress Program Planning Committee**
  - 11:00 a.m. - 2:00 p.m.
  - 325
- **SCCM Business Meeting**
  - 5:00 p.m. - 5:30 p.m.
  - Honolulu Room, Hilton
- **ACCM Business Meeting**
  - 5:30 p.m. - 6:00 p.m.
  - Honolulu Room, Hilton

### SUNDAY, FEBRUARY 3

- **Critical Care Education and Research Foundation (CCERF) Board**
  - 6:00 a.m. - 7:30 a.m.
  - 303A
- **ACCM Fellowship Services Committee**
  - 8:00 a.m. - 9:00 a.m.
  - 309
- **Task Force for Models of Critical Care Delivery Guidelines**
  - 8:00 a.m. - 10:00 a.m.
  - 324
- **Adult MCCRC**
  - 8:15 a.m. - 9:15 a.m.
  - 308
- **Pay for Performance Committee**
  - 8:30 a.m. - 10:00 a.m.
  - 309
- **Pediatric MCCRC**
  - 9:15 a.m. - 10:15 a.m.
  - 308
- **ACCM Nominating Committee**
  - 9:30 a.m. - 10:30 a.m.
  - 309
- **MCCKAP Committee**
  - 10:00 a.m. - 12:00 p.m.
  - 306A
- **Task Force for Clinical Guidelines for Pediatric and Neonatal Sedation and Analgesia in the ICU**
  - 10:00 a.m. - 12:00 p.m.
  - 324
- **Task Force for Guidelines for ICU Admission, Discharge and Triage**
  - 10:00 a.m. - 12:00 p.m.
  - 325A
- **New England Chapter**
  - 10:30 a.m. - 11:30 a.m.
  - 301A
- **ABIM/SEP Committee**
  - 10:45 a.m. - 11:45 a.m.
  - 301B
- **FCCS Future**
  - 10:45 a.m. - 12:45 p.m.
  - 325B
- **ACCM Outcomes and Investigations Committee**
  - 11:00 a.m. - 12:00 p.m.
  - 309
- **Research Committee**
  - 11:00 a.m. - 1:00 p.m.
  - 305
- **Strategic Planning Committee**
  - 11:30 a.m. - 1:00 p.m.
  - 306B
- **California Chapter**
  - 12:00 p.m. - 1:00 p.m.
  - 301A
- **Task Force for Clinical Practice Guidelines for Systematic Analgesia and Sedation for Patients in the ICU**
  - 12:00 p.m. - 2:00 p.m.
  - 324
- **Task Force for Guidelines for Pediatric ICU Admission, Discharge and Triage**
  - 12:00 p.m. - 2:00 p.m.
  - 325A
- **ACCM Credentials Committee**
  - 12:30 p.m. - 1:30 p.m.
  - 309
- **ICU Patient and Family Checklist Task Force**
  - 1:00 p.m. - 3:00 p.m.
  - 303B
- **International Consensus Conference Committee (ICCC/ICLG)**
  - 1:00 p.m. - 2:00 p.m.
  - 306A
- **FDM Subcommittee**
  - 1:30 p.m. - 3:30 p.m.
  - 309
- **Paragon Critical Care**
  - 1:30 p.m. - 3:30 p.m.
  - 306B
- **Billing and Coding Oversight Committee**
  - 2:00 p.m. - 3:00 p.m.
  - 301B
- **Carolina Virginia Chapter**
  - 2:30 p.m. - 3:30 p.m.
  - 301A
- **Undergraduate Education Committee**
  - 2:30 p.m. - 3:30 p.m.
  - 322
- **ACCM Robing Room**
  - 4:00 p.m. - 10:00 p.m.
  - Coconut Lounge, Royal Hawaiian
- **ACCM Convocation**
  - 6:00 p.m. - 8:00 p.m.
  - Coconut Grove, Royal Hawaiian
- **ACCM Fellows Reception**
  - 8:30 p.m. - 9:30 p.m.
  - Coconut Grove, Royal Hawaiian

### MONDAY, FEBRUARY 4

- **Fellowship Directors' Breakfast**
  - 5:30 a.m. - 6:30 a.m.
  - 317
- **Past Presidents’ Breakfast**
  - 5:30 a.m. - 6:30 a.m.
  - 306B
- **CCM/PCCM Combined Editorial Board**
  - 6:00 a.m. - 7:30 a.m.
  - 319B
- **Graduate and Resident Education Committee**
  - 6:00 a.m. - 8:00 a.m.
  - 324
- **Postgraduate and Fellowship Education Committee**
  - 6:30 a.m. - 7:30 a.m.
  - 301B
BUSINESS MEETINGS

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<tr>
<th>MEETING</th>
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<tr>
<td>NPCCP Work Group</td>
<td>7:00 a.m. – 8:30 a.m.</td>
<td>303A</td>
</tr>
<tr>
<td>Membership Committee</td>
<td>7:30 a.m. – 8:30 a.m.</td>
<td>308</td>
</tr>
<tr>
<td>Advocacy Committee</td>
<td>8:00 a.m. – 10:00 a.m.</td>
<td>322</td>
</tr>
<tr>
<td>Publications Advisory Group</td>
<td>8:00 a.m. – 10:00 a.m.</td>
<td>325A</td>
</tr>
<tr>
<td>2008 Nutrition Conference</td>
<td>9:00 a.m. – 10:00 a.m.</td>
<td>303A</td>
</tr>
<tr>
<td>North Central Chapter</td>
<td>9:00 a.m. – 10:00 a.m.</td>
<td>306A</td>
</tr>
<tr>
<td>Patient and Family Support Committee</td>
<td>9:00 a.m. – 11:00 a.m.</td>
<td>305</td>
</tr>
<tr>
<td>Disaster Planning and Response Task Force</td>
<td>9:30 a.m. – 10:30 a.m.</td>
<td>301A</td>
</tr>
<tr>
<td>Graduate and Resident AICU Breakout Education Committee</td>
<td>9:30 a.m. – 10:30 a.m.</td>
<td>307</td>
</tr>
<tr>
<td>SCCM/AACN/ACCP/ATS Joint Leadership</td>
<td>9:30 a.m. – 10:30 a.m.</td>
<td>306B</td>
</tr>
<tr>
<td>Task Force for GI Prophylaxis Guidelines</td>
<td>10:00 a.m. – 12:00 p.m.</td>
<td>322</td>
</tr>
<tr>
<td>Task Force for Glycemic Control</td>
<td>10:00 a.m. – 12:00 p.m.</td>
<td>325B</td>
</tr>
<tr>
<td>Drug Handbook</td>
<td>10:30 a.m. – 11:30 a.m.</td>
<td>325A</td>
</tr>
<tr>
<td>Mechanical Ventilation Planning Committee</td>
<td>11:00 a.m. – 12:00 p.m.</td>
<td>308</td>
</tr>
<tr>
<td>SCCM Nominating Committee</td>
<td>11:30 a.m. – 12:00 p.m.</td>
<td>306B</td>
</tr>
<tr>
<td>Task Force for Clinical Practice Guideline on Management of the Critically III Organ Donor</td>
<td>12:00 p.m. – 2:00 p.m.</td>
<td>325B</td>
</tr>
<tr>
<td>Chapter and Affiliate Executive Committee</td>
<td>12:30 p.m. – 1:30 p.m.</td>
<td>306B</td>
</tr>
<tr>
<td>FCCS Program Committee</td>
<td>12:30 p.m. – 2:30 p.m.</td>
<td>308</td>
</tr>
<tr>
<td>MOC Part IV</td>
<td>1:00 p.m. – 2:00 p.m.</td>
<td>324</td>
</tr>
<tr>
<td>Remote ICU Monitoring Committee</td>
<td>1:00 p.m. – 3:00 p.m.</td>
<td>306A</td>
</tr>
<tr>
<td>Chapter and Affiliate Committee</td>
<td>1:30 p.m. – 2:30 p.m.</td>
<td>306B</td>
</tr>
<tr>
<td>ICU Design Award Committee</td>
<td>2:00 p.m. – 3:15 p.m.</td>
<td>305</td>
</tr>
<tr>
<td>Norma J. Shoemaker Grant Committee</td>
<td>2:00 p.m. – 3:00 p.m.</td>
<td>303B</td>
</tr>
<tr>
<td>Performance Improvement Modules</td>
<td>2:00 p.m. – 3:00 p.m.</td>
<td>324</td>
</tr>
</tbody>
</table>

TUESDAY, FEBRUARY 5

| Critical Care Pharmacist Opinion Paper                                | 6:30 a.m. – 8:00 a.m.       | 305           |
| SCCM/ESICM Leadership                                                 | 7:00 a.m. – 9:00 a.m.       | 306B          |
| ACCM Ethics Committee                                                 | 7:30 a.m. – 9:00 a.m.       | 308           |
| ACCM Board of Regents                                                 | 8:00 a.m. – 12:00 p.m.      | 306A          |
| PFCCS Subcommittee                                                    | 8:00 a.m. – 10:00 a.m.      | 301B          |
| Physician Patient Ratio                                               | 9:00 a.m. – 10:00 a.m.      | 305           |
| Education and Training Steering Committee                            | 9:30 a.m. – 11:00 a.m.      | 308           |
| Compensation Survey Task Force                                       | 10:00 a.m. – 11:00 a.m.     | 303A          |
| Graduate and Resident PICU Breakout Education Committee               | 10:00 a.m. – 11:00 a.m.     | 303B          |

WEDNESDAY, FEBRUARY 6

| SCCM Council                                                          | 7:30 a.m. – 11:00 a.m.      | Honolulu Room, Hilton |

SECTION MEETINGS

<table>
<thead>
<tr>
<th>MEETING</th>
<th>TIME</th>
<th>ASSIGNED ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>SATURDAY, FEBRUARY 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Strategic Planning Committee</td>
<td>7:00 a.m. – 12:00 p.m.</td>
<td>324</td>
</tr>
<tr>
<td>Nursing Section Advisory Council</td>
<td>8:00 a.m. – 9:00 a.m.</td>
<td>306A</td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Pre-Congress Symposium</td>
<td>11:00 a.m. – 1:00 p.m.</td>
<td>319A</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>MEETING</th>
<th>TIME</th>
<th>ASSIGNED ROOM</th>
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</thead>
<tbody>
<tr>
<td>SUNDAY, FEBRUARY 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesiology Section Advisory Board</td>
<td>8:30 a.m. – 9:30 a.m.</td>
<td>305</td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Advisory Board Committee</td>
<td>8:30 a.m. – 10:00 a.m.</td>
<td>307</td>
</tr>
<tr>
<td>Internal Medicine Section Business Meeting</td>
<td>8:30 a.m. – 10:00 a.m.</td>
<td>319B</td>
</tr>
<tr>
<td>Neuroscience Section Business Meeting</td>
<td>8:30 a.m. – 9:30 a.m.</td>
<td>319A</td>
</tr>
<tr>
<td>Nursing Section Business Meeting/Expert Nurse Panel and Member Reception</td>
<td>8:30 a.m. – 11:00 a.m.</td>
<td>317</td>
</tr>
<tr>
<td>Pediatrics Section Billing and Coding Committee</td>
<td>8:30 a.m. – 10:00 a.m.</td>
<td>322</td>
</tr>
<tr>
<td>Pediatrics Section Resident Education Committee</td>
<td>8:30 a.m. – 10:00 a.m.</td>
<td>318</td>
</tr>
<tr>
<td>MEETING</td>
<td>TIME</td>
<td>ASSIGNED ROOM</td>
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<tr>
<td>Surgery Section Subcommittee</td>
<td>8:30 a.m. – 10:30 a.m.</td>
<td>301B</td>
</tr>
<tr>
<td>Anesthesiology Section Business Meeting</td>
<td>10:00 a.m. – 11:00 a.m.</td>
<td>319A</td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section: New Members and First Congress Attendees Orientation</td>
<td>10:30 a.m. – 11:00 a.m.</td>
<td>318</td>
</tr>
<tr>
<td>Pediatrics Section Fellowship Directors Committee</td>
<td>10:30 a.m. – 12:30 p.m.</td>
<td>319B</td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Member Reception</td>
<td>11:00 a.m. – 1:00 p.m.</td>
<td>Rear of Exhibit Hall</td>
</tr>
<tr>
<td>Respiratory Care Section Business Meeting</td>
<td>11:00 a.m. – 12:30 p.m.</td>
<td>303A</td>
</tr>
<tr>
<td>Nursing Section Membership Subcommittee</td>
<td>11:30 a.m. – 12:30 p.m.</td>
<td>303B</td>
</tr>
<tr>
<td>Uniformed Services Section Business Meeting</td>
<td>12:30 p.m. – 2:00 p.m.</td>
<td>301B</td>
</tr>
<tr>
<td>Nursing Section Education Subcommittee</td>
<td>1:00 p.m. – 2:00 p.m.</td>
<td>301A</td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Communications Committee</td>
<td>1:30 p.m. – 3:00 p.m.</td>
<td>303A</td>
</tr>
<tr>
<td>Emergency Medicine Section Business Meeting</td>
<td>2:00 p.m. – 3:30 p.m.</td>
<td>319B</td>
</tr>
<tr>
<td>Pediatrics Section Advanced Practice Nursing Committee</td>
<td>2:00 p.m. – 3:30 p.m.</td>
<td>319A</td>
</tr>
</tbody>
</table>

**MONDAY, FEBRUARY 4**

<table>
<thead>
<tr>
<th>MEETING</th>
<th>TIME</th>
<th>ASSIGNED ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Membership Committee</td>
<td>7:30 a.m. – 9:00 a.m.</td>
<td>325B</td>
</tr>
<tr>
<td>Nursing Section Research Subcommittee</td>
<td>7:30 a.m. – 8:30 a.m.</td>
<td>303B</td>
</tr>
<tr>
<td>Pediatrics Section Palliative Care Committee</td>
<td>7:30 a.m. – 8:30 a.m.</td>
<td>305</td>
</tr>
<tr>
<td>Pediatrics Section Patient Safety and Quality Committee</td>
<td>7:30 a.m. – 8:30 a.m.</td>
<td>307</td>
</tr>
<tr>
<td>Surgery Section Business Meeting</td>
<td>8:00 a.m. – 10:00 a.m.</td>
<td>319A</td>
</tr>
<tr>
<td>Pediatrics Section Business Meeting</td>
<td>8:30 a.m. – 10:00 a.m.</td>
<td>318</td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Program Committee</td>
<td>9:00 a.m. – 10:15 a.m.</td>
<td>303B</td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Education Committee</td>
<td>11:00 a.m. – 12:30 p.m.</td>
<td>301B</td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Research Committee</td>
<td>11:00 a.m. – 12:30 p.m.</td>
<td>306A</td>
</tr>
<tr>
<td>Physician Assistants Section Business Meeting</td>
<td>11:30 a.m. – 12:30 p.m.</td>
<td>301A</td>
</tr>
<tr>
<td>Clinical Pharmacy and Pharmacology Section Business Meeting</td>
<td>1:30 p.m. – 3:00 p.m.</td>
<td>318</td>
</tr>
<tr>
<td>Industry and Technology Section Business Meeting</td>
<td>2:00 p.m. – 3:00 p.m.</td>
<td>319A</td>
</tr>
<tr>
<td>Nursing Section Advanced Nursing Practice Committee and Professional Development</td>
<td>2:00 p.m. – 3:15 p.m.</td>
<td>303A</td>
</tr>
</tbody>
</table>

**TUESDAY, FEBRUARY 5**

<table>
<thead>
<tr>
<th>MEETING</th>
<th>TIME</th>
<th>ASSIGNED ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteopathic Medicine Section Business Meeting</td>
<td>8:00 a.m. – 9:00 a.m.</td>
<td>303A</td>
</tr>
<tr>
<td>Pediatrics Section Task Force on Recruiting</td>
<td>8:00 a.m. – 9:00 a.m.</td>
<td>301A</td>
</tr>
<tr>
<td>Section Chairs</td>
<td>9:30 a.m. – 10:30 a.m.</td>
<td>307</td>
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</tbody>
</table>

**ANCILLARY MEETINGS**

<table>
<thead>
<tr>
<th>MEETING</th>
<th>TIME</th>
<th>ASSIGNED ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Academy of Pediatrics</td>
<td>7:00 a.m. – 5:00 p.m.</td>
<td>Nautilus 1, Hilton</td>
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</tbody>
</table>

**SATURDAY, FEBRUARY 2**

<table>
<thead>
<tr>
<th>MEETING</th>
<th>TIME</th>
<th>ASSIGNED ROOM</th>
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<tbody>
<tr>
<td>American College of Chest Physicians</td>
<td>8:00 a.m. – 4:00 p.m.</td>
<td>Sea Pearl 4, Hilton</td>
</tr>
</tbody>
</table>

**SUNDAY, FEBRUARY 3**

<table>
<thead>
<tr>
<th>MEETING</th>
<th>TIME</th>
<th>ASSIGNED ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Children's Hospital</td>
<td>5:30 p.m. – 6:30 p.m.</td>
<td>Honolulu Suite 3, Hilton</td>
</tr>
<tr>
<td>National Institutes of Health</td>
<td>6:00 p.m. – 9:00 p.m.</td>
<td>Honolulu Suite 2, Hilton</td>
</tr>
<tr>
<td>The Ohio State University Medical Center</td>
<td>6:30 p.m. – 9:30 p.m.</td>
<td>Honolulu Suite 1, Hilton</td>
</tr>
<tr>
<td>University of Pittsburgh Medical Center</td>
<td>8:00 p.m. – 10:00 p.m.</td>
<td>Tapa Ballroom 1, Hilton</td>
</tr>
</tbody>
</table>

**MONDAY, FEBRUARY 4**

<table>
<thead>
<tr>
<th>MEETING</th>
<th>TIME</th>
<th>ASSIGNED ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pan-American and Iberic Federation Council</td>
<td>1:00 p.m. – 2:00 p.m.</td>
<td>308</td>
</tr>
</tbody>
</table>
**Exhibitor-Sponsored Product Theatre Workshops (Booth #147)**

Attend these interactive workshops to learn about the latest technology in critical care.

**SUNDAY, FEBRUARY 3**

**8:30 A.M. – 9:30 A.M.**

*Breakthrough System for Critical Care That Works Today*

*Sponsored by Global Care Quest, Inc.*

**Presenter:** Neil Martin, MD  
Chief, Neurosurgery  
UCLA Medical

Critical care data is difficult to retrieve and never timely enough. Dr. Neil Martin of UCLA will demonstrate how 1,500 UCLA doctors get a centralized, ‘in-your-face’ view of patient data (waveforms, PACS, video, and more.) They can organize the data according to the way they work and can access it locally or remotely via mobile devices.

**MONDAY, FEBRUARY 4**

**9:30 A.M. – 10:30 A.M.**

*Protocol Driven Intra-Abdominal Pressure Monitoring and Interventions Reduce Resource Utilization While Improving Patient Outcomes*

*Sponsored by Wolfe Tory Medical*

**Presenters:** Michael L. Cheatham, MD, FCCM; Edward J. Kimball, MD MSc

Intra-abdominal hypertension continues to be under recognized in U.S. hospitals. Improved outcomes at two leading U.S. hospitals using evidence-based management and protocol driven intra-abdominal pressure monitoring strategies will be discussed. Learn how two leading intensivists have managed their patients with these strategies to reduce mortality in their ICUs.

**TUESDAY, FEBRUARY 5**

**9:30 A.M. – 10:30 A.M.**

*Mechanism of Action Kinetic Therapy*

*Sponsored by KCI*

**Presenter:** Gary Nieman  
Assistant Professor, Dept. of Surgery  
Director, Cardiopulmonary and Critical Care Laboratory  
SUNY Upstate Medical University  
Syracuse, New York, USA

Renowned researcher will present new data on the mechanisms of action of Kinetic Therapy in a rat and porcine model of ALI/ARDS.

**Future Congresses (Booth #741)**

Stop by to learn the exciting locales to host the 2009, 2010 and 2011 Congresses. Mark your calendars and start planning for these premier critical care events.

**Internet Pavilion (Booth #346)**

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 breakfast and refreshments will be available during the morning breaks in the Exhibit Hall on Sunday, February 3, Monday, February 4, and Tuesday, February 5. These breaks offer an excellent opportunity to visit with the exhibitors while enjoying breakfast and refreshments.

**SCCM Giveaway (Booth #739)**

Check your meeting bag for a ticket that entitles you to a complimentary gift from SCCM. To receive your gift, bring your ticket to the SCCM giveaway booth #739.

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**Hours**

The Exhibit Hall at the Hawaii Convention Center is open during the following hours:

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday, February 3</td>
<td>5:30 am. – 11:00 a.m.</td>
</tr>
<tr>
<td>Monday, February 4</td>
<td>5:30 am. – 11:00 a.m.</td>
</tr>
<tr>
<td>Tuesday, February 5</td>
<td>5:30 am. – 11:00 a.m.</td>
</tr>
</tbody>
</table>

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Check your meeting bag for a ticket that entitles you to a complimentary gift from SCCM. To receive your gift, bring your ticket to the SCCM giveaway booth #739.
ABBOTT POINT OF CARE
Booth #527
104 Windsor Center Drive
East Windsor, NJ 08520
United States
Phone: +1 609 443-9300 Fax: +1 609 443-9310
Web site: www.abbottpointofcare.com

Abbott Point of Care develops, manufactures and markets the i-STAT® handheld analyzer, which can perform cardiac, coagulation, blood gas, electrolyte, and chemistry tests on a single instrument. By using separate pre-configured test cartridges, various panels can be run at the bedside yielding patient critical results in only minutes.

ADVANDX, INC.
Booth #831
10A Roessler Road
Woburn, MA 01801
United States
Phone: +1 781 376-0009 Fax: +1 781 376-0111
Web site: www.advandx.com

AdvanDx is a provider of in vitro diagnostic kits for the diagnosis of infectious diseases based on its proprietary PNA FISH™ technology. The PNA FISH™ product line is designed for rapid and accurate identification of micro-organisms in positive blood cultures.

AIR NATIONAL GUARD
Booth #1043
141 Jefferson Davis Highway, Suite 10500
Arlington, VA 22202
United States
Phone: +1 703 607-5927 Fax: +1 703 607-1072
Web site: www.goang.com

The Air National Guard has dual missions and responsibilities, both state and federal. The Health Professions Recruiting Program is a unique part of the recruiting arena that specializes in the recruitment of all Medical Corp assets and provides awareness to all health professionals about the Air National Guard and the benefits available for them.

ALSIOUS CORPORATION
Booth #1031
15770 Laguna Canyon Road, Suite 150
Irvine, CA 92618
United States
Phone: +1 887 225-7487
Web site: www.alsius.com

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.

AMERICAN ACADEMY OF PEDIATRICS
Booth #112
141 Northwest Point Boulevard
Elk Grove Village, IL 60007
United States
Phone: +1 847 434-7903 Fax: +1 847 434-8000
Web site: www.aap.org

New! The American Academy of Pediatrics (AAP) continues to provide superior education with the new pediatric critical care self-assessment program, PREP® ICU. Whether you’re preparing for recertification or staying current, this online education tool is indispensable. Stop by the AAP booth for special offers and test-drive the new PREP® ICU.

AMERICAN COLLEGE OF CHEST PHYSICIANS
Booth #120
3300 Dundee Road
Northbrook, IL 60062
United States
Phone: +1 847 498-1400
Web site: www.chest.org

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.

ANESTHESIOLOGY NEWS
Booth #733
545 W 45th Street, Floor 8
New York, NY 10036
United States
Phone: +1 212 957-5300 Fax: +1 212 957-7230
Web site: www.anesthesiologynews.com

Anesthesiology News, the best-read publication in anesthesiology (PERQ/HCI Media Chek® and FOCUS®), offers extensive coverage of more than 100 major clinical meetings as well as provides articles on the latest scientific research along with in-depth clinical reviews, practice management articles and CME activities. Anesthesiology News is mailed monthly to all 40,016 U.S. anesthesiologists and anesthesiology residents (PGY -4).

ARROW INTERNATIONAL, INC. (A DIVISION OF TELEFLEX MEDICAL)
Booth #625
2400 Bernville Road
Reading, PA 19605
United States
Phone: +1 610 233-3187 Fax: +1 610 478-3184
Web site: www.arrowintl.com

Arrow International, Inc. develops, manufactures and markets a broad range of clinically advanced, disposable catheters and related products for critical and cardiac care. The company’s products are used primarily by anesthesiologists, critical care specialists, surgeons, emergency medicine and trauma physicians, cardiologists, interventional radiologists, electrophysiologists, and other healthcare providers.

ASPECT MEDICAL SYSTEM
Booth #711
1 Upland Road
Norwood, MA 02062
United States
Web site: www.aspectms.com

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.

ASTELLAS PHARMA US, INC.
Booths #1119, #1131 and #1231
3 Parkway N
Deerfield, IL 60015
United States
Phone: +1 847 317-8800
Web site: www.astellas.com/us

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 www.astellas.com/us.

ASTRAZENECA
Booth #614
1800 Concord Pike
Wilmington, DE 19850
United States
Phone: +1 302 886-3000
Web site: www.astrazeneca-us.com

AstraZeneca produces a wide range of products that make significant contributions to treatment options and patient care. The company has one of the world’s leading portfolios to treat cancer and gastrointestinal disorders, in addition to the areas of pain management, cardiovascular disease, respiratory and central nervous system disorders. You are invited to visit our exhibit to speak with a representative about our products.

AUBURN UNIVERSITY’S PHYSICIANS EXECUTIVE MBA PROGRAM
Booth #724
415 W. Magnolia Avenue, Suite 503
Auburn University, AL 36849
United States
Phone: +1 334 444-0460 Fax: +1 334 444-2964
Web site: www.pembusiness.auburn.edu

Auburn’s AACSB accredited Physicians Executive MBA program is designed to provide physicians with the business and organizational tools to gain more control over their practices or to assume executive positions in healthcare or related industries. On-campus residencies, international study and innovative distance learning technologies create an intensive, but flexible learning environment.
**BANNER HEALTH**
**Booth #209**
P.O. Box 18
Phoenix, AZ 85001
United States
Phone: +1 602 640-3688 Fax: +1 302 640-3652

**BARD ACCESS SYSTEMS**
**Booth #1110**
605 NORTH 5600 WEST
Salt Lake City, UT 84116
United States
Phone: +1 801 595-4973 Fax: +1 801 595-4975
Website: www.bardaccess.com

Bard Access Systems invites you to come by our booth to see our full line of vascular access products: the triple lumen power PICC® Catheter, Power PICC® solo catheter, Site Bite® 6 ultrasound systems, family of feeding tubes, and Aspira® Chest Drainage Catheter.

**BAXTER HEALTHCARE - RENAL DIVISION**
**Booth #1237**
1620 Waukegan Road
Waukegan, IL 60085
United States
Website: www.baxter.com

Baxter Healthcare Corporation is a leading provider of dialysis products and services for home, in-center and critical care settings. Baxter supports a full product portfolio for critical care nephrology. For information on our CRRT product portfolio of hardware, sets, solutions, and filters, visit our booth or call +1 888 726-2543, option 2.

**BIOMERIEUX**
**Booth #301**
100 Rodolphe Street
Durham, NC 27712
United States
Phone: +1 919 682-2666 Fax: +1 800 968-9494
Website: www.biomerieux-usa.com

BioMérieux is a leading international in vitro diagnostics group that designs, develops and manufactures systems used in clinical and industry applications. BioMérieux focuses on the diagnosis of infectious diseases such as hepatitis, HIV, tuberculosis, and respiratory illnesses, and pathologies such as cardiovascular diseases and cancer, based on the analysis of biological samples.

**BORGESS HEALTH**
**Booth #221**
1921 Gull Road
Kalamazoo, MI 49048-1640
United States
Phone: +1 269 226-6783 Fax: +1 269 226-5966

Borgess Medical Center is a 424 bed teaching hospital and level 1 trauma center providing nationally recognized cardiac and neuro care with advanced capabilities in multiple specialties. Located in Kalamazoo, Michigan, Borgess offers a complete continuum of services to 1.1 million people living in 11 counties in Southwest and South Central Michigan.

**BRAHMS DIAGNOSTICS, LLC**
**Booth #931**
2568A Riva Road, Suite 207
Annapolis, MD 21401
United States
Phone: +1 410 897-9962
Website: 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 holds a worldwide patent on the new sepsis marker Procalcitonin. Since January 2005 Procalcitonin is certified by the U.S. Food and Drug Administration for clinical application in the USA.

**CALMOSEPTINE, INC.**
**Booth #727**
16602 Burke Lane
Huntington Beach, CA 92647
United States
Phone: +1 800 800-3405 Fax: +1 714 840-9810
Website: www.calmoseptineointment.com

Calmoseptine Ointment protects and helps heal skin irritations from moisture such as urinary and fecal incontinence. It also is effective for irritations from perspiration, wound drainage, fecal and vaginal fistulas, and feeding tube site leakage. Calmoseptine temporarily relieves discomfort and itching. Free samples at our booth.

**CARDINAL HEALTH-MEDSYSTEMS**
**Booth #720**
100 Chaddick Drive
Wheeling, IL 60090
United States
Phone: +1 847 403-3400 Fax: +1 847 541-9526
Website: www.viasyshealthcare.com

Stop by Booth #720 to see the CORTRAK Enteral Access System – a revolutionary approach to aid feeding tube placement. Also from Cardinal Health, the NAVIGATOR® BioNavigation® System, which assists in determining accurate PICC/CV catheter positioning for your vascular access needs. Safer, more accurate, less expensive and quicker placements with access products from Cardinal Health, formerly VIASYS MedSystems.

**CARDIOTRONIC, INC.**
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United States
Phone: +1 858 454-0600 Fax: +1 858 454-0640
Website: www.cardiotronic.net

AESCULON® Electrical Cardiometry™ monitors noninvasively Stroke Volume, Cardiac Output and other hemodynamic parameters to aid clinical assessment, diagnosis and therapy. Electrical Velocimetry™ is a new patented technology which measures the change of blood resistivity due to the alignment of red blood cells in the aorta upon pulsatile flow.

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Phone: +1 540 224-5189 Fax: +1 540 983-1169
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Phone: +1 816 201-1024
Website: www.cernersc.com

Cerner Critical Care is a family of solutions that offers critical care departments a comprehensive system of solutions, advanced technologies and outcomes management tools. Cerner provides care teams with nursing and physician documentation, integrated orders, virtual monitoring, APACHE® methodology, and supplemental decision-support tools.
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AQUACEL® Ag Dressing is an absorbent, antimicrobial barrier dressing that features all the benefits of AQUACEL® dressing plus ionic silver. Flexi-Seal® FMS is a temporary containment device indicated for the fecal management of patients with little or no bowel control and liquid or semi-liquid stool.

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Phone: +1 615 255-0068
Web site: www.cumberlandpharma.com
Cumberland Pharmaceuticals manufactures Acetadote® (acetylcysteine) Injection for Acetaminophen overdose. Acetadote, administered intravenously within 8 to 10 hours after ingestion of a potentially hepatotoxic quantity of Acetaminophen, is indicated to prevent or lessen hepatic injury. Acetadotes labeling now includes dosing for pediatric patients.

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Phone: +1 800 343-3980 Fax: +1 508 695-6581
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DIALYSIS SOLUTIONS, INC.
Booth #1338
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United States
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Web site: www.normocarb.com
Dialysis Solutions, Inc. manufactures and markets Normocarb. Normocarb was the first approved product for use as a hemofiltration solution in a CRRT circuit. Normocarb is a sterile, calcium free solution available in bicarbonate concentrations of 25 mmol/L and 35 mmol/L.

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Web site: www.cssmedical.com
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Web site: www.clinicomp.com
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United States
Phone: +1 315 624-3131 Fax: +1 315 732-7991
Web site: www.conmed.com
ConMed presents the ECOM endotracheal cardiac output monitor, providing continuous beat-to-beat monitoring of cardiac output, stroke volume and heart rate. ECOM is inserted using standard ET placement techniques. ConMed also presents the PRO2 Pulse Reflectance Oximetry System, the only oximetry system cleared for use on the patient’s back and forehead.

CRITICAL CARE INSTITUTE OF THE AMERICAN COLLEGE OF CHEST PHYSICIANS
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Northbrook, IL 60062
United States
Phone: +1 847 498-1400
Web site: www.chestnet.org
The ACCP-CCI, a center of excellence in critical care education, is a joint effort with its founding partner, the American Association of Critical-Care Nurses. The ACCP-CCI achieves its goal of promoting excellence in the care of the critically ill by offering innovative educational opportunities and resources.

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Phone: +1 919 716-1400 Fax: +1 919 716-1401
Web site: www.durhamc.com
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Phone: +1 203 661-1500 Fax: +1 203 661-1502
Web site: www.dynamicsmedical.com
Dynamics Medical Institute is a provider of innovative medical devices that improve patient care and outcomes. The company offers a wide range of products, including respiratory, diagnostic, and surgical devices, as well as patient monitoring systems and critical care management solutions.

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Booth #718
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Santa Monica, CA 90401
United States
Phone: +1 310 458-5000 Fax: +1 310 458-5001
Web site: www.echomedical.com
Echo Medical Systems is a leading provider of medical devices and supplies, including respiratory, diagnostic, parenteral, and procurement management services. The company offers a comprehensive range of products and services to meet the needs of healthcare providers and patients. Echo Medical Systems is committed to providing high-quality, cost-effective solutions to improve patient outcomes. The company is dedicated to supporting healthcare providers in delivering the best possible care to their patients.

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Phone: +1 612 338-4000 Fax: +1 612 338-4001
Web site: www.echelon.com
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United States
Phone: +1 212 817-8200 Fax: +1 212 817-8201
Web site: www.eibardel.com
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Web site: www.eloxinc.com
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Booth #447 (SCCM Central)
40 Avenue Joseph Wybran
Brussels, B-1070
Belgium
Phone: +32 2 559-0350 Fax: +32 2 527-0062
Web site: 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.

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The IMPACT Marketing Group is a full service marketing research firm specializing in healthcare research. Our tradeshow 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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The objective of this four-day symposium is to review concepts and technology as well as to present recent advances in the management of critically ill patients. The symposium includes formal presentations and practical discussions such as tutorials, round tables, pro-con debates, and meet the experts. Original scientific posters also will be presented. The meeting is open to all physicians, nurses and other healthcare professionals interested in intensive care and emergency medicine.

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OBS MEDICAL
Booth #607
11495 N. Pennsylvania Street
Suite 250
Carmel, IN 46032
United States
Phone: +1 317 581-9236 Fax: +1 317 581-8941
Web site: www.obsmedical.com

Is an early warning system that detects deterioration 6.3 hours before conventional protocols.* This is accomplished through proprietary fusion algorithms that combine vital signs into a single score that removes all subjectivity in the measurement of the pupillary light reflex. The flexibility of the system enables tracking of patient deterioration throughout the hospital in continuous or periodic monitoring environments. *UPMC clinical data on Visensia presented at 2007 MET conference (www.metconference.com).

OCEAN STATE CLINICAL COORDINATING CENTER
Booth #1132
593 Eddy Street POB Suite 330
Providence, RI 02903
United States
Phone: +1 401 444-1488 Fax: +1 401 444-1489
Web site: www.lifespan.org/rih/services/osccc

The function of the Ocean State Clinical Coordinating Center is to facilitate testing of new interventions and diagnostics, develop high quality protocols for the conduct of Phase II and Phase III clinical trials, generate consistent interpretation of enrollment criteria, and assure the accurate execution of clinical protocols.

MEDICAL DECISIONS NETWORK
Booth #631
2000 Holiday Drive
Charlottesville, VA 22901
United States
Phone: +1 434 971-7953 Fax: +1 434 951-2995
Web site: www.mdnoutcomes.net; www.icutracker.net

Medical Decisions Network (MDN) provides a total solution for tight glycemic control in hospitals, from insulin dosing to national benchmarking. Products include the MDN-CGS insulin Dosing Calculator; ICUTraker™ -- an outcomes reporting tool designed to optimize patient care in the ICU; and our National Benchmarking Initiative™ for Inpatient Blood Glucose.

MEDPage Today, LLC
Booth #516
150 Clove Road
Little Falls, NJ 07424-2138
United States
Phone: +1 973 890-0985 Fax: +1 973 890-1327

We invite you to visit our exhibit featuring CANCIDAS® ( Caspofungin Acetate), INVANZ® (Ertepapem Sodium) and PRIMAXIN® (Imipenem-Cilastatin Sodium). Inquiries about our professional, informational and educational services are welcomed.

MEDICAL DOCTOR ASSOCIATES
Booth #826
145 Technology Parkway
Norcross, GA 30092
United States
Phone: +1 800 780-3500 Fax: +1 770 246-0882

MED SCIENTIFIC, LLC
Booth #1218
2815 Coliseum Centre Drive Suite 250
Charlottesville, VA 22917
United States
Phone: +1 434 323-4080 Fax: +1 704 335-1309

The Endotool™ Glucose Management System is software that calculates the dose of IV insulin needed to quickly control blood glucose levels in a critical care setting. This proprietary, easy to use, FDA-cleared software actively models and adapts to individual patient responses to IV insulin. It improves care while reducing nursing workload.

MEDGRAPHICS
Booth #517
350 Oak Grove Parkway
Saint Paul, MN 55127
United States
Phone: +1 651 484-4874 Fax: +1 651 484-8941
Web site: www.medgraphics.com

The MedGraphics CCM Express and Ultima CCM are indirect calorimeters used to optimize nutrition support and provide Direct Fick cardiac output. The CCM Express bedside monitor offers gasless calibration in a compact and lightweight design. The Ultima CCM provides expanded capabilities and can be upgraded to include exercise assessments.

NESTLÉ HEALTHCARE NUTRITION
Booth #731
10801 Red Circle Drive
Minnetonka, MN 55343
United States
Phone: +1 952 848-6000
Web site: www.nestle-nutrition.com

Nestlé Nutrition is dedicated to clinical nutrition by developing science-based nutrition products, services and education. A division of the world’s largest food company, Nestlé Nutrition blends its knowledge of nutrition and science to meet your patients’ needs. With this expertise, Nestlé Nutrition provides trusted brands like PEPTAMEN® and IMPACT®.
OMEGA CRITICAL CARE LIMITED  ► NEW EXHIBITOR ▼
Booth #1025
2 Cairn Court, Neston West
East Kilbride
Lanarkshire, Scotland G74 4NB
United Kingdom
Phone: +44 1355-265733 Fax: +44 1355-239094
Web site: www.omegacriticalcare.com
truCCOMS®, a unique continuous monitoring system that provides real-time measurement of cardiac output – no averages, no delays or calibration required. truCCOMS® can detect changes in cardiac output on a beat-by-beat basis, allowing you to make informed clinical decisions based on events happening now. Omega Critical Care, delivering direct from the heart.

ORGANON USA, INC.
Booth #716
56 Livingston Avenue
Roseland, NJ 07068
United States
Phone: +1 973 325-4500 Fax: +1 800 509-3915
Organon USA, Inc. a renowned international ethical pharmaceutical company committed to pursuing innovations within Anesthesia, invites you to visit our booth to learn more about the latest clinical information for Zemuron® (rocuronium bromide), and Anzemet® (dolasetron mesylate) injection for the prevention and treatment of postoperative nausea and/or vomiting (PONV).

ORTHO-MCNEIL, INC.
Booth #1211
1000 Route 202
Raritan, NJ 08869
United States
Phone: +1 800 526-7736
Web site: www.orthomcneil.com
Ortho-McNeil, Inc. strives to provide innovative, high quality, safe, and effective treatments to healthcare professionals in primary care, hospitals and other care facilities.

OTSUKA AMERICA PHARMACEUTICAL, INC.  ► NEW EXHIBITOR ▼
Booth #515
2440 Research Boulevard
Rockville, MD 20850
United States
Phone: +1 301 990-0030 Fax: +1 301 212-8647
Web site: www.otsuka.com
Otsuka focuses on research, development and commercialization of innovative healthcare products that address unmet medical needs. Otsuka companies around the world are engaged in seeking solutions to cardiovascular diseases. Please visit our exhibit to learn more about Otsuka. Otsuka – people creating new products for better health worldwide.

PASSE-MUIR, INC.
Booth #1221
4521 Campus Drive
Irvine, CA 92660
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: the only closed position “no leak” swallowing/communication valves. The only speaking valves interchangeable for use on/off the ventilator and that research validates improves swallowing, reduces aspiration, facilitates secretion management, and reduces weaning and decannulation time. Free online CEU courses and educational materials.

PDL BIOPHARMA, INC.
Booth #907
2035 Lincoln Highway, Suite 2150
Edison, NJ 08817
United States
Phone: +1 732 650-1377 Fax: +1 732 650-1387
Web site: www.pdl.com
PDL BioPharma, Inc. is a biopharmaceutical company focused on discovering, developing and commercializing innovative therapies for severe or life-threatening illnesses, with a commercial focus on the acute care hospital setting. PDL’s research platform centers on the discovery and development of antibodies to treat cancer and autoimmune diseases.

PERCUSSIONAIRE CORP.  ► NEW EXHIBITOR ▼
Booth #1227
P.O. Box 817
Sandpoint, ID 83864
United States
Phone: +1 208 263-2549 Fax: +1 208 263-0577
Web site: www.percussionaire.com
Therapeutic Lung Recruitment (TLR®) – devices that provide TLR®, including the VDP-a4 for acute care patients (including severe burn, trauma and ARDS), IPV® for both inpatient and home use (Impulsator® for home). Also, the Bronchotron® for transport of patients requiring high frequency ventilation, covering all patient populations.

PFIZER, INC.
Booth #331
235 E. 42nd Street
New York, NY 10017
United States
Phone: +1 212 573-2323 Fax: +1 212 672-7996
Please visit the Pfizer Inc, U.S. Pharmaceuticals exhibit featuring: ERAKIS™ (anidulafungin) VFEND® (voriconazole) ZYVOX® (linezolid)

PHILIPS
Booth #925
3000 Minuteman Road
Andover, MA 01810
United States
Phone: +1 978 659-2578 Fax: +1 978 689-8295
Web site: www.medical.philips.com
As a leading supplier of medical equipment and related services, Philips Medical Systems offers a patient-first approach to technology that makes sense for today’s clinical care environments. With Philips solutions, sophisticated technology becomes less intrusive, more intuitive and enhances the healthcare experience for clinicians and patients. Visit booth #925. Or on the web, www.medical.philips.com.

PHYSICIAN TECHNOLOGIES
Booth #417
712 Harden Drive
Pittsburgh, PA 15229
United States
Phone: +1 412 318-0859 Fax: +1 412 318-0860
Physician Technologies is a leader in hospital-based physician services. We offer billing and collection, consulting, financial management, strategic planning, ICU proforma services, and physician recruitment. Physician Technologies’ capabilities include operations improvement, managed care contracting, compliance program development -- implementation and review, coding audits, training, physician billing services, and full service intensivist recruitment.

PICIS
Booth #420
100 Quannapowitt Parkway
Wakefield, MA 01880
United States
Phone: +1 781 557-3000 Fax: +1 781 557-3140
Web site: www.picis.com
CareSuite Critical Care Manager gives ICU clinicians point-of-care information they need to make better decisions. A comprehensive critical care system that records documentation and supports care management throughout the ICU process, Critical Care Manager helps improve record access and accuracy, increase time for direct patient care and cut costs.

PIKEVILLE MEDICAL CENTER  ► NEW EXHIBITOR ▼
Booth #210
911 Bypass Road
Pikeville, KY 41501
United States
Phone: +1 606 218-3501 Fax: +1 606 432-9479
Web site: www.pikewillhospital.org
Pikeville Medical Center, east Kentucky’s medical leader, is currently looking for critical care physicians to work in the hospital’s intensive care program. The hospital offers an outstanding benefit and salary package. Visit booth #210 to meet the President/CEO and staff for more information, or call +1 606 218-4915.
PULSION MEDICAL, INC.
Booth #630
197 Route 18 South
East Brunswick, NJ 08816
United States
Phone: +1732 514-6610 Fax: +1732 514-6614
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 on www.pulsion.com.

RESPIRONICS
Booth #806
1010 Murry Ridge Lane
Murrysville, PA 15668
United States
Phone: +1724 387-5200 Fax: +1724 387-5017
Web site: www.respironics.com

Respironics’ Critical Care offers a unique platform for managing respiratory patients in a variety of medical environments and gives healthcare providers a diverse and innovative portfolio of invasive and noninvasive ventilators, patient masks, accessories, and patient monitoring technologies to help treat, monitor and manage respiratory-impaired patients throughout their diseases.

ROCHE DIAGNOSTICS
Booth #701
9115 Hague Road
Indianapolis, IN 46256
United States
Phone: +1317 521-2000
Web site: www.poc.roche.com

Visit booth #701 to learn how the Roche Glycemic Advisor program can assist you in managing and tracking the impact of your glycemic control protocol. See how the ACCU-CHEK® Inform blood glucose system, RALSTGCM module and cobas b 221 blood gas analyzer can help you achieve better critical care outcomes.

ROSS PRODUCTS, DIVISION OF ABBOTT LABORATORIES
Booth #401
625 Cleveland Avenue
Columbus, OH 43215
United States
Phone: +1614 624-6404 Fax: +1614 624-0108
Web sites: www.ross.com; www.abbottnutrition.com

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.

SANOFI-AVENTIS
Booth #811
55 Corporate Drive
Bridgewater, NJ 08807
United States
Phone: +1908 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.

SAUNDERS/MOSBY/CHURCHILL - ELSEVIER
Booth #204
1674 Sagewood Way
San Marcos, CA 92078
United States
Phone: +1760 798-9305 Fax: +1760 798-9307

The world’s largest publisher of medical books and journals featuring the brand new 3rd edition of “Critical Care Medicine: Principles of Diagnosis and Management in the Adult” by Dr. Parrillo.

SENTEC, BY MASTER DISTRIBUTOR BEMES, INC.
Booth #615
800 Sun Park Drive
Fenton, MO 63026
United States
Phone: +1800 969-2363 Fax: +1636 349-3318
Web site: www.bemes.com

The Sentec Monitor provides Accurate, continuous, noninvasive 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 clinical settings.

SONOSITE
Booth #309
21919 30th Drive S.E.
Bothell, WA 98021
United States
Phone: +1425 951-1200 Fax: +1425 951-1201
Web site: www.sonosite.com

Ultrasound for immediate point-of-patient care. Sonosite® brings you the S-ICU™ and M-Turbo™ ultrasound tools. These devices move as quickly and efficiently as you, easily capturing impressively clear images. Zero in on your target in seconds using two controls and SonosADAPT™ Tissue Optimization. Educational resources available for new and advanced users.

SPARTANBURG REGIONAL
Booth #208
101E Wood Street
Spartanburg, SC 29303
United States
Phone: +1800 288-7762 Fax: +1864 560-7393
Web site: www.srh.com

Spartanburg Regional is an integrated health-care delivery system anchored by Spartanburg Regional Medical Center, a 588-bed teaching and research hospital. The system offers a range of specialized healthcare services that is unrivaled in its five-county service region, featuring world-class specialty centers making SRHS the region’s preferred provider of comprehensive healthcare services.

SPRINGER
Booth #200
333 Meadowland Parkway
New York, NY 10704
United States
Phone: +1213 348-4033

Visit booth #200 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. This journal ranks 3 out of 18 journals in the category “Critical Care Medicine.”

STELLATE
Booth #308
376 Victoria Avenue, Suite 200
Montreal, Quebec H3Z 1C3
Canada
Phone: +1514 486-1306 Fax: +1514 486-0694
Web site: www.stellate.com

Founded in 1986, Stellate is a leading global supplier of advanced solutions for EEG, Long-term and 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.

THE MEDICINES COMPANY
Booth #415
8 Campus Drive
 Parsippany, NJ 07054
United States
Phone: +1973 656-1616

The Medicines Company meets the demands of the world’s most advanced medical practitioners by developing pharmaceutical products that improve acute hospital care. The company acquires, develops and commercializes pharmaceutical products in the late stages of their development and creates value using its range of clinical and commercial skills to develop these products. The Medicines Company is currently developing products for acute hypertension and for acute coronary syndromes.
Transonic Systems, the Leader in flow-based hemodynamic measurement systems for physiological research, cardiovascular surgery and hemodialysis is introducing a new minimally invasive device for cardiac output measurement. Safe, fast and easy to use in newborn, pediatric and adult patients.

USCOM
Booth #521
Level 7, 10 Loftus Street
Sydney, NSW 2000
Australia
Phone: +61 2924-7414 Fax: +61 2924-78157
Web site: www.uscom.com.au
The USCOM uses Continuous Wave Doppler Ultrasound to accurately and noninvasively 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. The USCOM includes automatic flow profile tracing for instantaneous, beat-to-beat monitoring of cardiac output.

Verathon Medical
Booth #1320
20001 North Creek Parkway
Bothell, WA 98011
United States
Phone: +1 425 867-1348 Fax: +1 425 883-2896
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.

Versamed, Inc.
Booth #1223
2 Blue Hill Plaza
Pearl River, NY 10965
United States
Phone: +1 845 770-2840 Fax: +1 845 770-2850
Web site: www.versamed.com
The iVentor Ventilator is the most versatile ICU class ventilator on the market providing transportable ventilation via its two or four hour interval battery to pediatric and adult patients, both invasively and noninvasively. With the advanced features of the iVentor, your patients have never been in such capable hands. For more information, visit us at www.versamed.com.

Viasys Healthcare, Inc.
Booth #409
22745 Savi Ranch Parkway
Yorba Linda, CA 92887
United States
Phone: +1 714 283-2228 Fax: +1 714 283-8439
Web site: www.cardinal.com; www.viasyshealthcare.com
Viasys Healthcare, now an integral part of Cardinal Health, offers an extensive portfolio of products specializing in innovative solutions for invasive and noninvasive ventilation, pulmonary diagnostics, sleep therapy, oxygen therapy, and medication delivery. Cardinal Health Respiratory Care – dedicated to the profession, committed to advancing respiratory patient care.

VisiCure
Booth #919
217 E. Redwood Street, Suite 1900
Baltimore, MD 21202
United States
Phone: +1 410 276-1960 Fax: +1 410 279-1970
Web site: www.visicure.com
VisiCure pioneered the patented eICU® Program which is proven to improve clinical outcomes and standardize ICU care. The eICU Program supports physicians and nurses in delivering care through the use of technology to streamline communication; support early intervention and automation; and to improve efficiency resulting in saving more lives.

Whitehall Mfg. Co., a Division of Acorn Engineering Co.
Booth #620
15125 Proctor Avenue
City of Industry, CA 91744
United States
Phone: +1 800 782-7706 Fax: +1 626 855-4862
Web site: www.whitehallmfg.com
Manufacturers of specialized toilet/lavatory combination units for ICU/CCU, stainless steel surgical scrub sinks for OR, therapeutic whirlpools for rehab.

Wolfe Tory Medical
Booth #539
79 West 4500 South, Suite 18
Salt Lake City, UT 84107
United States
Phone: +1 801 281-3000 Fax: +1 801 281-0708
Web site: www.wolftory.com
AbVisser® 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.

Wyeth Pharmaceuticals
Booth #507
500 Arcola Road
Collegeville, PA 19426
United States
Phone: +1 848 865-3358 Fax: +1 848 865-4310
Web site: www.wyeth.com
Wyeth is one of the world’s largest research-driven pharmaceutical and healthcare products companies. It is a leader in the discovery, development, manufacturing, and marketing of pharmaceuticals, vaccines, biotechnology products, and non-prescription medicines that improve the quality of life for people worldwide. The company’s major divisions include Wyeth Pharmaceuticals, Wyeth Consumer Healthcare and Fort Dodge Animal Health.

Zoll Medical Corporation
Booth #441
269 Mill Road
Chelmsford, MA 01824
United States
Phone: +1 978 421-9665 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, including the Code-Ready™ R Series™ defibrillator and AutoPulse®. Zoll also designs and markets software that automates the collection and management of clinical and non-clinical data.
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<td>Edwards Lifesciences Booth #621</td>
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37th CRITICAL CARE CONGRESS PROGRAM | SOCIETY OF CRITICAL CARE MEDICINE - 89
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<td>International Biomedical, Ltd.</td>
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<td>Cerner Corporation</td>
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The Society of Critical Care Medicine wishes to thank the following companies for their generous support of the 37th Critical Care Congress and the Post-Congress Event: Glycemic Control and Metabolic Dysregulation in the Critically Ill and Injured.

### 37TH CRITICAL CARE CONGRESS

**ASTELLAS**
- Sponsored Symposium: Atrial Fibrillation in the Critical Care Patient

**BRAHMS DIAGNOSTIC**
- Sponsored Symposium: Using Biomarkers for Diagnosis and Risk Assessment in Sepsis

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- Monograph
- Sponsored Symposium: The Elephant in the ICU: MODS in the Patient with Severe Sepsis

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- Sponsored Symposium: *Clostridium difficile* 2008: New Focus on a Familiar Problem

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- Sponsored Symposium: Practical Considerations in Sedation Management that Can Improve Patient Outcomes

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- Norma J. Shoemaker Grant
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- Sponsored Symposium: An Erupting Landscape: Nosocomial Pneumonia in the Age of Resistance
- Webcast

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- SCCM Annual Scientific Awards
- Sponsored Symposium: Management of Patients with Acute Heart Failure
- Young Investigator Award

**PDL BIOPHARMA, INC.**
- ACCM Convocation and Awards Ceremony
- Congress Attendee Registration Gift
- Congress Opening Reception
- In-Training Award
- Internal Medicine Section Reception
- Norma J. Shoemaker Award for Critical Care Nursing Excellence
- Nursing Section Reception
- Pens
- Portfolio and Notepad
- Sponsored Symposium: Hypertensive Crises in Critical Care: Insights into Current Treatment Paradigms
- Webcast

**PFIZER INCORPORATED**
- Sponsored Symposium: Community-Acquired and Healthcare-Associated MRSA: Implications for Critical Care
- Sponsored Symposium: Fighting the Never-Ending Battle Against Antimicrobial Resistance

**ROSS PRODUCTS, A DIVISION OF ABBOTT LABORATORIES**
- Hotel Key Cards
- Shuttle Bus
- Sponsored Symposium: The Impact of Enteral Nutrition on Outcomes in Critical Care

**SANOFI-AVENTIS**
- Sponsored Symposium: Clinical Management Strategies for Patients with DVT and PE

**THE MEDICINES COMPANY**
- Bookstore and Door Drop Bags
- Clinical Pharmacy and Pharmacology Section Reception
- Fireworks Display
- Internet Pavilion
- Pocket Pal Program Guide
- Sponsored Symposium: Management of Acute Pressure Syndromes in Critical Care: From Threat to Therapy

**WOLFE TORY MEDICAL**
- Product Theater Workshop

### POST-CONGRESS EVENT

**EDWARDS LIFE SCIENCES**
- Gold Sponsorship

**MEDICAL DECISIONS NETWORK**
- Gold Sponsorship

**OPTISCAN BIOMEDICAL CORPORATION**
- Gold Sponsorship

**ROCHE DIAGNOSTICS CORPORATION**
- Post-Congress Event Sponsor
- CD-ROM
Practical Considerations in Sedation Management that Can Improve Patient Outcomes

Sunday, February 3, 2008 • 2:00 p.m. - 3:30 p.m.
Lunch will be served from 1:30 p.m. to 2:00 p.m.
Hawaii Convention Center • Honolulu, Hawaii, USA

OVERVIEW

Providing effective analgesia and adequate sedation is an important goal of intensive care medicine. Sedation management for mechanically ventilated intensive care patients is particularly challenging because these individuals often need sedation to tolerate ventilation. However, oversedation can lead to an increase in morbidity and mortality by delaying weaning and prolonging ventilation. Advances in sedation management are not applied consistently in practice, leading to inadequate or oversedation of mechanically ventilated patients, thus prolonging ventilator hours and increasing costs. Some studies suggest that adherence to a clear analgesia-based sedation protocol might be more important than the choice of medications. Throughout this session, expert faculty will present information that will help you implement evidence-based sedation management protocols to improve patient outcomes.

AGENDA

Moderator
David Glick, MD

2:00 p.m. - 2:30 p.m.
Sedation Scales Compliance: Beyond the Ramsay Scale
E. Wesley Ely, MD
Professor of Medicine
Health Services Research Center
Vanderbilt University Medical Center
Nashville, Tennessee, USA

2:30 p.m. - 3:00 p.m.
Selection of Sedatives that Impact Outcomes
David Glick, MD
Assistant Professor
Department of Anesthesiology and Critical Care
University of Chicago
Chicago, Illinois, USA

3:00 p.m. - 3:30 p.m.
Benefits of Using Sedation Protocols
Sergio D. Bergese, MD
Assistant Professor
Director of Neuroanesthesia
Department of Anesthesiology and Neurosurgery
The Ohio State University
Columbus, Ohio, USA

REGISTRATION

Register through January 2, 2008 by visiting www.sccm.org or by calling SCCM Customer Service at +1 847 827-6888. After this date, registrations will be accepted on site only. Tickets are issued on a first-come, first-served basis; seating is limited. Attendees must be registered for SCCM’s 37th Critical Care Congress to attend this complimentary sponsored symposium.

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.

LEARNING OBJECTIVES

At the conclusion of this session, participants should be able to:

1. Apply clinical criteria to sedation titration
2. Evaluate the impact of sedation regimens on clinical outcomes
3. Examine the benefits of using sedation regimens

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 (ACME). SCCM is accredited by ACME to provide continuing medical education for physicians. Designation Statement: The Society of Critical Care Medicine 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 – SCCM is approved by the California Board of Registered Nursing, Provider No. 8181, and the American Association of Critical-Care Nurses (AACN) for 1.5 contact hours.

Pharmacists – The Society of Critical Care Medicine is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. This panel discussion will provide 1.5 continuing education hours (236-000-08-101-L01). Pharmacists will complete an online form to verify session attendance. Upon submitting the verification form to SCCM, a statement of credit will be mailed to each pharmacists.

For questions, please contact SCCM at congress@sccm.org or call +1 847 827-6869.

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Get Your Studies in Check and Build a Solid Game Plan with SCCM

Study for your subspecialty exam with the critical care experts—The Society of Critical Care Medicine (SCCM). Receive the concise core knowledge needed to successfully optimize your critical care board review process.

To ensure you’re focusing on content that is relevant to your study needs, each comprehensive session is derived specifically from previous critical care subspecialty exams and presented by a distinguished team of multiprofessionals.

Adult and Pediatric Multiprofessional Critical Care Review Courses
August 5-9, 2008 | The Fairmont Hotel | Chicago, Illinois, USA
Pre-course: ABIM Critical Care Self-Evaluation Process (SEP) Module Review | August 3-4, 2008

Register today at www.sccm.org or contact SCCM Customer Service at +1 847 827-6888.
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.

Wear BLUE on Friday, May 16, 2008 to show your support of 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.
It's not just a pipe dream. Get everything you need all in one place at SCCM’s Critical Care Academy to be held August 3 to 9, 2008, in Chicago, Illinois, USA.

The complex intensive care unit (ICU) environment requires critical care professionals to stay up to date on numerous advancements. To keep you well informed, the Society of Critical Care Medicine (SCCM) developed the educational series Critical Care Academy, which features two new beneficial courses held prior to the Adult and Pediatric Multiprofessional Critical Care Review Courses (MCCRC).

Tap into knowledge and let your inspiration flow. Attend one of these new courses:

**Ultrasonography in Critical Care**
*August 3-4, 2008*
Receive valuable ultrasound training through captivating lectures and hands-on practice so you can improve care for your critically ill and injured patients.

**Nutrition in Critical Care**
*August 3-4, 2008*
Gain strategies for effectively administering nutrition therapy to the critically ill and injured through compelling examinations of current practices and guidelines.

SCCM’s Adult and Pediatric Multiprofessional Critical Care Review Courses (MCCRC) will take place August 5 to 9, 2008. Watch www.sccm.org for more information.

The Fairmont Hotel • Chicago, Illinois, USA
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Carilion Clinic is searching for Pulmonologists with combined fellowship training in Critical Care to join its 450+ physician multi-specialty group. Achieve professional goals in a suburban community practice setting at a partner hospital, or research and academics in a newly created Pulmonary Fellowship Program. Intensivist positions available at Carilion Roanoke Memorial Hospital, an 835-bed academic/tertiary center in Roanoke. The new medical school, in partnership with Carilion and Virginia Tech, is slated to open fall 2010.

Frequently noted in national best-place rankings, the region was recently recognized as one of the best places to live in the country. With a lively arts community and scenic points along the Blue Ridge Parkway, there is plenty to do inside as well as outside.

**For information on these opportunities, contact Carilion Clinic Professional Staffing at 1-800-856-5206.**

Visit Booth #205 to meet with Carilion Clinic representatives at Society of Critical Care Medicine’s 37th Critical Care Congress, Honolulu, Hawaii, Feb. 2 – 6, 2008.
The prevention of venous thromboembolism is one of the largest patient safety initiatives in the United States. A common and potentially lethal process in hospitalized and critically ill patients, venous thromboembolism is attributed to tens of thousands of deaths per year despite therapeutic efforts.

Join the initiative to prevent this often fatal condition in critically ill patients by increasing your knowledge base. Attend the Society of Critical Care Medicine’s (SCCM) latest event in the Clinical Focus series, Venous Thromboembolism, to be held September 4 to 5, 2008, in Boston, Massachusetts, USA.

During this conference, experts from multiple specialties will:
- present an overview of the physiology of venous thromboembolism
- define an evidence-based approach to prophylaxis
- examine evolving approaches to therapeutic modalities and complications

Register today...
Visit www.sccm.org or contact SCCM Customer Service at +1 847 827-6888.
The Elephant in the ICU:
Multiple Organ Dysfunction in the Patient With Severe Sepsis

Sunday, February 3, 2008

1:30 PM Lunch
2:00 PM - 3:30 PM Educational Activity

Hawaii Convention Center
Honolulu, Hawaii

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

Overview
Recognized experts in the field of critical care medicine and the pathophysiology, epidemiology, and therapy of organ dysfunction will facilitate this activity, which will focus on the recognition and treatment of severe sepsis. Presentations will address the pathophysiology of sepsis, the importance of organ dysfunction in defining outcomes in severe sepsis, and the treatment of the patient with severe sepsis, with an emphasis on reversal or prevention of MODS. The treatment discussion will incorporate clinical decision making for representative case scenarios utilizing an audience response system (ARS). Participants will also benefit from a question and answer session and pre-, post-, and follow-up surveys to gauge changes in knowledge and practice changes.

Learning Objectives
Upon completion of the activity, participants should be able to:
1. Examine the pathophysiological mechanisms involved in MODS.
2. Detect the clinical impact of MODS in sepsis.
3. Discuss how the implementation of the sepsis guideline may impact the prevention or outcome of MODS.

Accreditation Statement
Planned by the Society of Critical Care Medicine (SCCM) in collaboration with CME Enterprise. The Society of Critical Care Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation Statement
The Society of Critical Care Medicine 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
SCCM is approved by the California Board of Registered Nursing, Provider No. 8181 and the American Association of Critical-Care Nurses (#0001393D) and approves this panel for 1.5 contact hours.

Pharmacists
The Society of Critical Care Medicine is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. This Panel Discussion will provide 1.5 continuing education hours (236-000-08107-L01-P). A certificate will be provided to each pharmacist within 30 days of receipt of the on-site verification form.

Faculty Disclosure Statement
All faculty are required to disclose to the audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the educational activity. The faculty disclosure statements will be listed in the official Program and Exhibition Guide and at the beginning of each slide presentation.

Special Assistance
The SCCM and CME Enterprise fully comply with the legal requirements of the Americans With Disabilities Act and the rules and regulations thereof.

Supported by an educational grant from Eli Lilly and Company.

Agenda
1:30 PM
Lunch

2:00 PM
Welcome and Overview
Philip S. Barie, MD, MBA, FACS, FCCM
Activity Chairperson
Professor of Surgery, Professor of Public Health, Joan and Sanford I. Weill Medical College of Cornell University
Chief, Division of Critical Care and Trauma, New York-Presbyterian Hospital
New York Weill Cornell Campus
New York, New York

2:05 PM
The Pathophysiology of Severe Sepsis and Its Relationship to Multiple Organ Dysfunction Syndrome
Jean-Louis Vincent, MD, PhD
Professor of Intensive Care, University of Brussels
Head, Department of Intensive Care Erasme University Hospital Brussels, Belgium

2:30 PM
Multiple Organ Dysfunction Syndrome and Its Impact in Sepsis
Philip S. Barie, MD, MBA, FACS, FCCM
Activity Chairperson

2:50 PM
Preventing or Reversing MODS: The Role of Guideline Implementation
John C. Marshall, MD, FRCSC, FACS
Professor of Surgery, University of Toronto
Attending Surgeon and Intensivist, St. Michael's Hospital Toronto, Ontario, Canada

3:15 PM
Question and Answer Session

3:30 PM
Adjournment
Cardiovascular disease is a daunting health challenge – for both physicians and patients. Otsuka is hard at work investigating potential new treatments in cardiology. We’ve funded new research, supported new clinical trials, and pursued the development of new medications...an unfaltering commitment of energy and resources and a clear cause for hope.

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OTSUKA – PEOPLE CREATING NEW PRODUCTS FOR BETTER HEALTH WORLDWIDE
Fighting the Never-Ending Battle Against
ANTIMICROBIAL RESISTANCE

Sunday, February 3, 2008 || 2:00 p.m. - 3:30 p.m.
Lunch will be served from 1:30 p.m. to 2:00 p.m.
Hawaii Convention Center || Honolulu, Hawaii, USA

OVERVIEW
Antimicrobial resistance has become an important determinant of mortality in critically ill patients. As the antimicrobial armamentarium expands, organisms seem to have an incessant ability to develop resistance and to transform into new organisms. The emergence of diseases such as severe acute respiratory syndrome (SARS) and avian flu demonstrates this trend. Furthermore, multiple-drug resistant bacteria and fungi, as well as Gram-negative organisms, are becoming more common. Increasing efforts aimed at the prevention and management of antimicrobial resistance is crucial given the limited availability of new antimicrobial drug classes in the foreseeable future. During this session, expert faculty will identify strategies for preventing antimicrobial resistance and managing multiple-drug resistant bacterial and fungal infections in the critically ill.

REGISTRATION
Register through January 2, 2008 by visiting www.sccm.org or by calling SCCM Customer Service at +1 847 827-6888. After this date, registrations will be accepted on site only. Tickets are issued on a first-come, first-served basis; seating is limited. Attendees must be registered for SCCM’s 37th Critical Care Congress to attend this complimentary sponsored symposium.

LEARNING OBJECTIVES
At the conclusion of this session, participants should be able to:
1. Identify strategies for preventing the development of antimicrobial resistance, such as “crop rotation” and de-escalation therapy
2. Describe the newest antimicrobials that can be effective for multiple-drug resistant organisms
3. Recognize patients at risk for development of multiple-drug resistant bacterial and fungal infections

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 – SCCM is approved by the California Board of Registered Nursing, Provider No. 8181, and the American Association of Critical-Care Nurses (#0013830) and approves this activity 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 15 continuing education hours (236-000-08-108-L01-P). Pharmacists will complete an online form to verify session attendance. Upon submitting the verification form to SCCM, a statement of credit will be mailed to each pharmacist.

REGISTER THROUGH JANUARY 2, 2008 to attend this symposium luncheon held during the Society of Critical Care Medicine’s 37th Critical Care Congress.

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
Moderator Pamela A. Lipsett, MD, FCCM

2:00 p.m. - 2:30 p.m.
Strategies to Prevent Antimicrobial Resistance
Marin H. Kollef, MD
Professor of Medicine
Division of Pulmonary and Critical Care Medicine
Washington University School of Medicine
St. Louis, Missouri, USA

2:00 p.m. - 3:30 p.m.
Management of Multiple-Drug Resistant Bacterial Infections
Steven J. Martin, PharmD, FCCM
Assistant Professor of Anesthesiology
University of Toledo College of Pharmacy
Toledo, Ohio, USA

2:00 p.m. - 3:30 p.m.
Update on the Management of Invasive Fungal Infections
Pamela A. Lipsett, MD, FCCM
Professor of Surgery, ACCM and Nursing
Surgical Critical Care Fellowship Director
Johns Hopkins Medical Institutions
Baltimore, Maryland, USA
CONTINUE THE LEARNING MOMENTUM OF CONGRESS
BY ATTENDING SCCM’S POST-Congress EVENT
ON THE GARDEN ISLAND OF KAUAI. Register early; space is limited. See page 105 to register.

GLYCEMIC CONTROL AND METABOLIC DYSREGULATION IN THE CRITICALLY ILL AND INJURED
FEBRUARY 6 TO 8, 2008
ISLAND OF KAUAI

Conference Chair
Douglas B. Coursin, MD
Professor of Anesthesiology and Medicine
University of Wisconsin Hospitals and Clinics
Madison, Wisconsin, USA

The approach to glucose and metabolic control is at the forefront of intensive care unit (ICU) therapies due to an increased incidence of hypoglycemia in specific patient groups and the impact on outcome when euglycemia is applied universally. Numerous institutions and practitioners have successfully implemented glucose control and increasing data support recommendations on how to approach this for specific ICU patient populations. The benefits of modulating inflammation and metabolic dysfunction in the critically ill and injured are fueling ongoing investigations. Various experts advocate recognizing alterations in metabolism associated with acute and prolonged life-threatening illness.

During the Society of Critical Care Medicine’s two-day conference, Glycemic Control and Metabolic Dysregulation in the Critically Ill and Injured, a faculty of international experts will present several case studies that will address important topics such as pharmacologic and nutritional modulation of glucose regulation, metabolic responsiveness, and feeding regimens. Interactive point-counterpoint debates will address the risks and benefits associated with achieving the optimal level of glycemic control. To enhance the overall learning experience, audience participation will be strongly encouraged.

Supported by an educational grant from Roche Diagnostics

EVENT SCHEDULE
At the close of the annual Congress, registered participants will be transferred to Kauai’s beautiful Grand Hyatt Resort and Spa. A welcome reception and dinner will be held on Wednesday, February 6, 2008, from 5:30 p.m. to 7:00 p.m. Two morning educational sessions will be held on February 7 and 8, 2008. Explore the island and enjoy outdoor activities each afternoon as well as on Saturday, February 9, 2008, before returning home via Honolulu on Sunday, February 10, 2008. To register for the post-Congress event, see page 105 or visit the SCCM Registration Desk located in the main lobby of the Hawaii Convention Center. Please note: you do not need to be registered for Congress to attend this event.

TO BOOK TRAVEL, HOTEL AND TRANSPORTATION FOR THE POST-Congress EVENT, PLEASE VISIT THE USA HOSTS DESK, WHICH IS LOCATED NEAR SCCM REGISTRATION IN THE MAIN LOBBY OF THE HAWAII CONVENTION CENTER.

HOTEL ACCOMMODATIONS
Grand Hyatt Kauai Resort and Spa
1571 Poipu Road
Koloa, Hawaii, USA 96756
kauai.hyatt.com

RATES
$299 Single/Double – Mountain and Garden View
$340 Single/Double – Partial Ocean View
$365 Single/Double – Deluxe Ocean View
Rates do not include applicable fees or state and local taxes.

TRAVEL INFORMATION
The Society has arranged for discounted airfare packages for travel between Honolulu and Kauai. Rates are $266 per person.

AIRPORT TRANSFERS
Airport transfers are available between Lihue Airport and the Grand Hyatt Resort and Spa. Rates are $82 per person for a round-trip.

CAR RENTAL
A variety of rental cars is available on Kauai. Available car types include:

Compact: $41 per day
Intermediate: $44 per day
Full-Size: $48 per day
Luxury: $58 per day
ATV Intermediate: $58 per day
SUV-Full-Size: $58 per day
Mini-Van: $68 per day
Rates do not include applicable fees and taxes.

104 • SOCIETY OF CRITICAL CARE MEDICINE | 37th CRITICAL CARE CONGRESS PROGRAM
CanCellation/Refund PoliCy

Cancellations must be submitted in writing. All cancellations are subject to a $75 non-refundable processing fee and must be postmarked prior to January 2, 2008 to be eligible for a refund. Any cancellation postmarked after this date will NOT be refunded. Exchanges and substitutions are not allowed at any time. Dates for the 37th Critical Care Congress are subject to change and/or cancellation. In the event of a change/cancellation, only individual registration fees will be reimbursed. Please allow four weeks to process refunds.

POST-CONGRESS EVENT: CONFERENCE REGISTRATION FORM
Glycemic Control and Metabolic Dysregulation in the Critically Ill and Injured
Grand Hyatt Kauai, Koloa, Hawaii, USA • February 7-8, 2008

COMPLETE THIS FORM AND SUBMIT IT AT THE SCCM REGISTRATION DESK LOCATED IN THE MAIN LOBBY OF THE HAWAII CONVENTION CENTER.

Please use this form to register yourself and any guests for the post-Congress event. Please type or print clearly. Please keep a copy of this form for your records. To book travel and hotel accommodations for the post-Congress event, please visit the USA Hosts desk, which is located near SCCM Registration in the main lobby of the Hawaii Convention Center.

REGISTRANT INFORMATION

Last Name (Surname) ______________________________ First ______________________ Middle Initial _______ Customer/Member # ____________

Degrees/Credentials (ex.: ACNP, MD, PharmD, RN, RRT, etc.) ____________________________ Address __________________________________________________________________________

City ____________________________ State ____________ Zip/Postal Code____________________

Country ____________________________ ☐ Home ☐ Office Phone ________________

Fax* ______________________________ Email __________________________________________________________________

*By including your fax number above and signing here, you give consent to receive faxes sent by SCCM.

Signature __________________________ Date ____________

CONFERENCE REGISTRATION FEES

☐ SCCM Member $295
☐ Nonmember $370
☐ Spouse/Guest Registration: $50 per guest over 18 $______

Spouse/guest registration includes admission to the Opening Reception on Wednesday, February 6, 2008

Last Name (Surname) ______________________________ First ______________________ Middle Initial _______

Gender: ☐ Male ☐ Female ☐ over 18

Last Name (Surname) ______________________________ First ______________________ Middle Initial _______

Gender: ☐ Male ☐ Female ☐ over 18

Last Name (Surname) ______________________________ First ______________________ Middle Initial _______

Gender: ☐ Male ☐ Female ☐ over 18

Last Name (Surname) ______________________________ First ______________________ Middle Initial _______

Gender: ☐ Male ☐ Female ☐ over 18

Pre-registration will be accepted until January 2, 2008. Thereafter, registrations will be accepted on site only.

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

TOTAL DUE $_______________

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

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

Card Number __________________________ Expiration Date ______________________

Cardholder Name ____________________________________________________________

Cardholder Signature __________________________ Date ____________

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

CANCELLATION/REFUND POLICY Cancellations must be submitted in writing. All cancellations are subject to a $75 non-refundable processing fee and must be postmarked prior to January 2, 2008 to be eligible for a refund. Any cancellation postmarked after this date will NOT be refunded. Exchanges and substitutions are not allowed at any time. Dates for the 37th Critical Care Congress are subject to change and/or cancellation. In the event of a change/cancellation, only individual registration fees will be reimbursed. Please allow four weeks to process refunds.
Throughout 2008, the Society of Critical Care Medicine (SCCM) will be recognizing its members and their dedication to improving patient-centered care. I AM SCCM exemplifies this dedication so that others may become inspired. Visit www.iamsccm.org and tell us your story – you could win FREE tuition to the 38th Critical Care Congress in Nashville, Tennessee, USA. During this event, the culminated efforts of I AM SCCM will be showcased. Mark your calendar from January 31 to February 4, 2009, and get ready to be inspired!
Be a part of the next best thing to come out of Seattle

Attend SCCM’s new conference Mechanical Ventilation: Trends in Adult and Pediatric Practice

June 19-21, 2008 | Fairmont Olympic Hotel | Seattle, Washington, USA

Register today at www.sccm.org or contact SCCM Customer Service at +1 847 827-6888

1916 1971 1990s 2008

Boeing is founded; now the largest global aircraft manufacturer

Starbucks is founded; now the largest coffeehouse company in the world

Grunge music founded; the most popular form of rock music in the 90’s; still impacts rock music today

SCCM’s mechanical ventilation conference, providing the latest advancements in mechanical ventilation to help improve patient outcomes
Nellcor™ OxiMax™ pulse oximetry assures you of accurate, reliable performance even during low perfusion, patient motion and other forms of signal interference. Compatibility with the innovative line of OxiMax adhesive, reusable and specialty sensors further expands your options for monitoring from head to toe. You’ll find OxiMax technology in a variety of Nellcor pulse oximeters and in patient monitors from other manufacturers. With a proven record for performance and reliability, Nellcor remains the leading choice in pulse oximetry.
The Impact of Enteral Nutrition on Outcomes in Critical Care

Sunday, February 3, 2008 | 2:00 p.m. - 3:30 p.m.
Hawaii Convention Center | Honolulu, Hawaii, USA
Lunch will be served from 1:30 p.m. - 2:00 p.m.

Overview
Critically ill patients are at particularly high risk for developing malnutrition, which is associated with a poor clinical outcome. Nutritional support has become a routine part of the care provided to critically ill patients and is now widely accepted for the treatment and prevention of malnutrition and specific nutrient deficiencies. While it is clear that nutritional support is beneficial to patients, optimal timing and content remains controversial. During this session, expert faculty will examine current guidelines and formulas for administering enteral nutrition as well as explore the controversies surrounding the contribution of nutritional support to patient outcomes.

Agenda
Moderator
Paul Wischmeyer, MD
2:00 p.m. - 2:30 p.m.
SCCM Enteral Feeding Guidelines
Robert G. Martindale, MD, PhD
Professor of Surgery
Medical Director for Hospital Nutrition Services
Oregon Health & Science University
Portland, Oregon, USA

2:30 p.m. - 3:00 p.m.
The Role of Specialized Enteral Formulas in Surgery and Critical Care
Juan B. Ochoa, MD
Associate Professor of Surgery
University of Pittsburgh Medical Center
Pittsburgh, Pennsylvania, USA

3:00 p.m. - 3:30 p.m.
Implementation of Clinical Research in Critical Care Nutrition
Paul Wischmeyer, MD
Assistant Professor of Anesthesiology
University of Colorado
Denver, Colorado, USA
Nestlé knows the power and importance of go-to nutrition. PEPTAMEN AF is our most advanced formulation yet. Combining all the hallmarks of the PEPTAMEN line—100% whey protein, balanced peptide profile, PREBIO™ and comprehensive antioxidant profile—with very high protein, increased caloric density and the addition of fish oil, PEPTAMEN AF is designed for tolerance and modulation of the body’s inflammatory response. For more information, visit NestleNutrition.com/US or call 1-800-393-8998.
Bring the Fundamental Critical Care Support (FCCS) course to your organization. The fair and flexible pricing structure offers customizable multiple-course package options at lower prices. For more information, visit the FCCS section of www.sccm.org. To purchase a course license, contact SCCM’s hospital relations manager +1 847 493-6401.

**Fourth Edition Highlights**

**Expanded and Revised Chapters**
All chapters have been reviewed and revised, expanded or conceptually reorganized to reflect the most current guidelines and practices.

**New Appendices**
Three all-new appendices have been added to reflect today’s relevant and current critical care topics: Simulation in FCCS, Medical Emergency Teams, and Airway Adjuncts.

**New Format**
Each chapter and major section begins with learning objectives and a case study that focus attention on key clinical findings and patient presentation. Information boxes reinforce essential principles and emphasize clinical cautions, and many sections offer additional resources.

Order your copy today while quantity lasts!
Visit the SCCM Online Store at www.sccm.org or contact SCCM’s Customer Service at +1 847 827-6888.

Fundamental Critical Care Support, Fourth Edition

Own the official text to the internationally renowned Fundamental Critical Care Support (FCCS) course, the go-to resource to train non-intensivists, house staff and nurses or other critical care practitioners how to manage critically ill and injured patients effectively.
Micafungin was found in the milk of lactating, drug-treated rats. It is not known whether micafungin or its metabolites cross the placenta. Micafungin administered to pregnant rats (4-week subchronic study) resulted in visceral abnormalities and abortion at 32 mg/kg, a dose equivalent to about 2 and 7 times the recommended clinical dose, based on body surface area comparisons. Decreased sperm in the epididymis were observed at 10 and 32 mg/kg, doses equal to about 2 and 7 times the recommended clinical dose for esophageal candidiasis, based on body surface area comparisons. A total of 660 subjects (patients and volunteers) received at least 150 mg/day MYCAMINE in clinical trials. Of these, 115 patients and 55% for treated patients. Patients who develop abnormal liver function tests during MYCAMINE therapy should be monitored for evidence of worsening liver function and evaluated for the risk/benefit of continuing MYCAMINE therapy.

Drug Interactions
A total of 11 clinical drug-drug interaction studies were conducted in healthy volunteers to evaluate the potential for interaction between MYCAMINE and a number of concomitant medications, cytochrome P450, taurocholic, probenecid, sodium, riboflavin, fluorocitrate, rifamycin, and rifabutin. In these studies, no interaction that altered the pharmacokinetics of micafungin was observed.

Clinical Adverse Experiences
The overall safety of MYCAMINE was assessed in 1980 patients and 422 volunteers in 32 clinical studies, including the pharmacologic and prophylactic studies, who received single or repeat intravenous infusions of MYCAMINE during therapy should be monitored closely for evidence of worsening liver function and evaluated for the risk/benefit of continuing MYCAMINE therapy.

Laboratory Tests
Blood alkaline phosphatase increased 48 (2.0)

Abdominal pain 23 (1.0)

Abdominal pain upper 11 (0.5)

Anorexia 19 (0.8)

Arteriosclerosis 48 (2.0)

Arteriosclerotic heart disease 48 (2.0)

Arts 37 (1.5)

Drug interactions:
In vitro and in vivo, micafungin is minimally bound to plasma proteins. Micafungin is a highly protein-bound drug (96% binding) and, therefore, is not dialyzable. A total of 606 subjects (patients and volunteers) received at least 150 mg/day MYCAMINE in clinical trials. Of these, 115 patients and 55% for treated patients. Patients who develop abnormal liver function tests during MYCAMINE therapy should be monitored for evidence of worsening liver function and evaluated for the risk/benefit of continuing MYCAMINE therapy.

The safety and efficacy of MYCAMINE in pediatric patients has not been established in clinical studies. Myasthenia Gravis
A total of 185 subjects in clinical studies of MYCAMINE were 65 years of age and older, and 41 subjects were 75 years of age and older. No overall differences in safety or effectiveness were observed between these subjects and younger subjects. Other reported clinical experience has not identified responses in patients younger and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

Reactions
Possible hematologic abnormalities have been reported with MYCAMINE, including rash, pruritus, flushing, and urticaria. Injection site reactions, including phlebitis and thrombophlebitis have been reported, at MYCAMINE doses of 50 to 150 mg/day. These events tended to occur more often in patients receiving MYCAMINE via peripheral intravenous administration. Clinical Adverse Experiences
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of MYCAMINE cannot be directly compared to rates in clinical trials of another drug and may not reflect the rates observed in practice. The adverse reaction information from these clinical trials does provide a basis for identifying adverse events that appear to be related to drug use and for approximating rates.

MYCAMINE Safety Experiences
The overall safety of MYCAMINE was assessed in 1980 patients and 422 volunteers in 32 clinical studies, including the pharmacologic and prophylactic studies, who received single or repeat intravenous infusions of MYCAMINE during therapy should be monitored closely for evidence of worsening liver function and evaluated for the risk/benefit of continuing MYCAMINE therapy.

Common Drug-Related* Adverse Events in Subjects* Who Received MYCAMINE in Clinical Trials

Adverse Events* (MedDRA System Organ Class and Preferred Term)

Number of Patients

2402

Blood and Lymphatic System Disorders

Leukopenia 38 (1.6)

Neutropenia 15 (0.7)

Thrombocytopenia 18 (0.8)

Anemia

19 (0.8)

Gastrointestinal Disorders

Anus 67 (2.8)

Bloating 56 (2.4)

Nausea 38 (1.6)

Abdominal pain decrease 23 (1.0)

Abdominal pain upper 11 (0.5)

General Disorders and Administration Site Conditions

Pruritus 57 (2.4)

Dizziness 57 (2.4)

Headache 57 (2.4)

Infection 55 (2.4)

Muscle spasm 54 (2.4)

Rash 37 (1.5)

Pain 46 (2.0)

Injection site pain 21 (0.9)

Hepatobiliary Disorders

Hydrocholic acid 35 (1.5)

Hepatitis

44 (2.0)

Lactic acidosis 44 (2.0)

Neutropenia 37 (1.5)

Randomized, placebo-controlled, double-blind phase II/III studies of MYCAMINE have been completed in patients with metastatic breast cancer who had failed to respond to chemotherapy or hormone therapy, and in patients with myeloablative or nonmyeloablative allogeneic bone marrow transplantation. In hemaopoietic stem cell transplant (HCT) recipients who experienced success of prophylactic therapy, the mean duration of prophylaxis was 19 days (range 6-51 days). No dosing adjustments are required based on race, gender, or patients with severe renal dysfunction or mild to moderate hepatic insufficiency. The effect of severe hepatic impairment on micafungin pharmacokinetics has not been studied.

No dose adjustment for MYCAMINE is required with concurrent use of mycophenolate mofetil, sirolimus, tacrolimus, prednisone, sirolimus, rifoclitine, fluorocitrate, or rifamycin.

A loading dose is not required. Typically, 85% of the steady-state concentration is achieved after three daily MYCAMINE doses.

Directions for Reconstitution and Dilution
Please read the entire section carefully before beginning reconstitution.

The diluted solution should be protected from light. It is necessary to cover the infusion during the dose. It is necessary to cover the infusion during the dose.

Preparations for injection:
MYCAMINE 50 mg/ml

MYCAMINE 100 mg/ml

MYCAMINE 150 mg/ml

MYCAMINE is a registered trademark of Astellas Pharma, Inc.,Tokyo, Japan.

Astellas Pharma US, Inc.

Rx only

In patients treated successfully for esophageal candidiasis, the mean duration of treatment was approximately 10 days. In the case of candidemia, the mean duration of treatment is approximately 10-30 days. In the case of candidemia, the mean duration of treatment is approximately 10-30 days.

Severe sensitization reactions have been reported with MYCAMINE, including anaphylaxis, angioedema, and urticaria. Severe sensitization reactions have been reported with MYCAMINE, including anaphylaxis, angioedema, and urticaria. Severe sensitization reactions have been reported with MYCAMINE, including anaphylaxis, angioedema, and urticaria. Severe sensitization reactions have been reported with MYCAMINE, including anaphylaxis, angioedema, and urticaria. Severe sensitization reactions have been reported with MYCAMINE, including anaphylaxis, angioedema, and urticaria. Severe sensitization reactions have been reported with MYCAMINE, including anaphylaxis, angioedema, and urticaria. Severe sensitization reactions have been reported with MYCAMINE, including anaphylaxis, angioedema, and urticaria. Severe sensitization reactions have been reported with MYCAMINE, including anaphylaxis, angioedema, and urticaria.

The diluted solution should be protected from light. It is necessary to cover the infusion during the dose. It is necessary to cover the infusion during the dose.

MYCAMINE is promoted. For a complete listing of all possible adverse effects, see the full and summary of the full prescribing information below.

Intravenous infusion of MYCAMINE is not to be administered using a pressure injector or infusion pump. MYCAMINE is reconstituted in an injectable solution of sodium chloride injection, USP (0.9% Sodium Chloride, USP) or 5% Dextrose Injection, USP. This effect may be diminished by co-administration of rifampin. In hematopoietic stem cell transplant (HCT) recipients who experienced success of prophylactic therapy, the mean duration of prophylaxis was 19 days (range 6-51 days). No dosing adjustments are required based on race, gender, or patients with severe renal dysfunction or mild to moderate hepatic insufficiency. The effect of severe hepatic impairment on micafungin pharmacokinetics has not been studied.

No dose adjustment for MYCAMINE is required with concurrent use of mycophenolate mofetil, sirolimus, tacrolimus, prednisone, sirolimus, rifoclitine, fluorocitrate, or rifamycin.

A loading dose is not required. Typically, 85% of the steady-state concentration is achieved after three daily MYCAMINE doses.

Dosage Information
Do not mix or co-infuse MYCAMINE with other medications. MYCAMINE has been shown to

DO NOT VIGOROUSLY SHAKE THE VIAL. Visually inspect the vial for particulate matter. The diluted solution should be protected from light. It is necessary to cover the infusion during the dose. It is necessary to cover the infusion during the dose.

Preparations for injection:
MYCAMINE 50 mg/ml

MYCAMINE 100 mg/ml

MYCAMINE 150 mg/ml

MYCAMINE is a registered trademark of Astellas Pharma, Inc.,Tokyo, Japan.

MYCAMINE is a registered trademark of Astellas Pharma, Inc.,Tokyo, Japan.
MYCAMINE®
(micafungin sodium) for injection

Learn more at Astellas Booth #1231

MYCAMINE is indicated for:
• Treatment of patients with esophageal candidiasis
• Prophylaxis of Candida infections in patients undergoing hematopoietic stem cell transplantation

NOTE: The efficacy of MYCAMINE against infections caused by fungi other than Candida has not been established.

Important Safety Information
MYCAMINE is contraindicated in patients with hypersensitivity to any component of this product.
Isolated cases of serious hypersensitivity (anaphylaxis and anaphylactoid) reactions (including shock) have been reported in patients receiving MYCAMINE.
Isolated cases of clinically significant hepatic dysfunction, hepatitis, worsening hepatic failure, renal dysfunction, acute renal failure, hemolysis, or hemolytic anemia have occurred in some patients who have received MYCAMINE. Patients who develop these conditions, or abnormal liver or renal function tests, should be monitored for worsening function and evaluated for risk/benefit of continuing MYCAMINE therapy.
Adverse events with MYCAMINE included mental confusion and possible histamine-mediated symptoms (including rash, pruritus, facial swelling, and vasodilatation).

Please see adjacent brief summary of full prescribing information.
LEARNING OBJECTIVES
At the conclusion of this activity, participants should be able to:

- Discuss emerging epidemiological trends among nosocomial gram-negative bacilli
- Determine the rationale for antimicrobial dosing strategies to optimize clinical outcomes and prevent resistance development
- Identify viable therapeutic options for these difficult-to-treat infections

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

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 through the joint sponsorship of the Society of Critical Care Medicine (SCCM) and Vemco MedEd. SCCM is accredited by ACCME to provide continuing medical education for physicians.

Designation Statement
The Society of Critical Care Medicine designates this educational activity for a maximum of 1.5 AMA PRA Category 1 Credits™.

NURSES
SCCM is approved by the California Board of Registered Nursing, Provider No. 8181 and the American Association of Critical-Care Nurses (#60012753) and approves this panel for 1.5 contact hours.

PHARMACISTS
The Society of Critical Care Medicine is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmaceutical education. This symposium will provide 1.5 continuing education hours. 236-000-08-109-L01-P

A certificate will be provided to each pharmacist within 30 days of receipt of the verification form. For questions, please contact SCCM at congress@sccm.org or call 1-847-827-6869.

Please register onsite. Tickets are issued on a first-come, first-served basis and seating is limited.