

Critical Care Canada Forum 2009

Wednesday October 28

Tuesday's Conference Highlights



Dr. Iain J. McCullagh FRCA Conference Reporter

Firstly a thank you to those who provided 240 conference delegates with vaccination for H1N1 yesterday, great work!

The day began with an enlightening discussion on that thorniest of topics, the influence of industry and money within healthcare research and practice. Dr Tom Stossel from Harvard first reminded us of the positive impact that industry sponsored innovations and products have had in the last 30 years, a fact about which there was general agreement. He revealed the extent to which US legislation places restrictions on some of these activities. Dr Alan Detsky from Toronto argued that there should be a separation between research, and marketing and promotion. He further felt that guideline committees in particular should be insulated from potential influence from the purveyors of new products. The answer is no doubt out there somewhere, but as a poor UK anaesthetist I like to think I am insulated from it anyway!

Further interest during the morning session came in the ARDS sessions. Discussions of the role of atelectasis in trauma to the lungs during ventilation remained controversial and there were some expert insights into the dynamic physiology of our ARDS patients. Later the role of prone positioning and recruitment were also addressed.

Next door in a taste of things to come, standard and novel extra-corporeal technologies were discussed; it was exciting to see new filtration techniques aimed squarely at sepsis undergoing proper evaluation in ongoing research. The recent CESAR trial comparing extracorporeal membrane oxygenation to conventional ventilation was also discussed during a talk on the topic.

In the afternoon the coming pandemic was again on the agenda with an excellent surge management session followed by a presentation of the recent Australian experience, including data on the 68 patients who received extracorporeal support. This revealed an overall mortality rate in those admitted to intensive care with this H1N1 of 14.3%, identical to that found during the first wave in Canada. In the same session recently developed triage protocols were discussed, but it is again worth stressing that it is extremely unlikely these will be required during the coming pandemic!

Finally, results from the recently published RENAL trial by the ANZICS group from Australia and New Zealand were presented by Dr Jamie Cooper. This clearly demonstrated no benefit from high dose hemofiltration (25ml/kg vs. 40ml/kg) with identical mortality of 44.7% in both groups. This was another excellent piece of work from our colleagues on the other side of the world.

Anyway that's enough from me, enjoy today and see you all next year!

Crisis Management: Blood Blood Management Strategies, Considerations & Your Role

Lunch Symposium

Wednesday, October 28, 2009
12:30pm - 1:30pm
The Sheraton Centre Toronto
Sheraton Room C- Lower Concourse

Sponsored by Masimo Canada

Wednesday Highlights

8:00-8:20 Report from the CCCF consensus conference on protecting health care workers in a pandemic.

8:30-10:00 Muscles, Nerves and Long term Outcomes: Drs Herridge, Kress, Cuthbertson and Wunsch discuss what happens to our patients after they have left us, including the results of the PRACTICAL study.

10:30-12:00 The ICU Quartet: Pain, Delirium, Sedation, Sleep: Drs Rose, Skrobik, Kress and Mehta give their expert opinions on the current evidence and best practice in these vital areas.

12:00-12:30 Plenary RCT: The Trach-Man Trial, presented by Dr B Cuthbertson with editorial from Dr D Scales.

1:30-3:00 Trauma and Bleeding: Drs Fergusson, Giulvi, Baker and Pepe present the latest thinking in management of our bleeding patients, including the discussion of the BART trial of blood conservation using antifibrinolytics and lessons from the war in Iraq.

3:30-5:00 End of Life Care: Drs Sinuff, Weijer and Ruenfeld take us through this common but sometimes stressful event in ICU practice with a look at religion, evidence and saying "no".



Dr. Jamie Cooper, MD FJFICM
Professor of Intensive Care at Alfred Hospital and Monash University, Melbourne Australia

CCCF acknowledges the generous support of our sponsors

Q: You have just finished your winter flu season – what can you share with Canadians about what to expect in the coming winter?

A: Australia and New Zealand have just experienced an extraordinary busy period in intensive care during the June, July, August winter period in the Southern Hemisphere. Our countries experienced the H1N1 influenza pandemic both during winter and before vaccination became available. The population is similar to Canada and the ICU beds available is only slightly less than in Canada. We experienced 722 patients requiring intensive care with H1N1 influenza during those three months and this was 15x greater than the usual seasonal flu experience in intensive care in each of the previous four years.

Q: How did you respond?

A: The intensive care resources were severely stretched but managed. Two thirds of the intensive care patients required mechanical ventilation and twelve percent required ECMO. These are both high intensity resources.

Q: How was staff affected?

A: Surprisingly staff cross infection with H1N1 did not become a problem, perhaps because infectivity was not great or because the infection control measures were excellent: such as barrier nursing, special masks, and wide spread staff awareness of the problem. Clearly H1N1 influenza was no where near as infectious as SARS.

Q: What was the outcome of intensive care for H1N1 patients?

A: The outcome was excellent with 86 percent survival from intensive care and this was, in part, because the age group affected is young with few co-morbidities and in part because outcome for each case was similar to the usual flu. The big differences are that the numbers were 15x as great and the age group affected was young.

Q: How do you think Australians will respond to the call for vaccination?

A: I think they will respond well particularly after awareness has been elevated from the publications last week from the Australian and New Zealand Intensive Care Society Clinical Trials

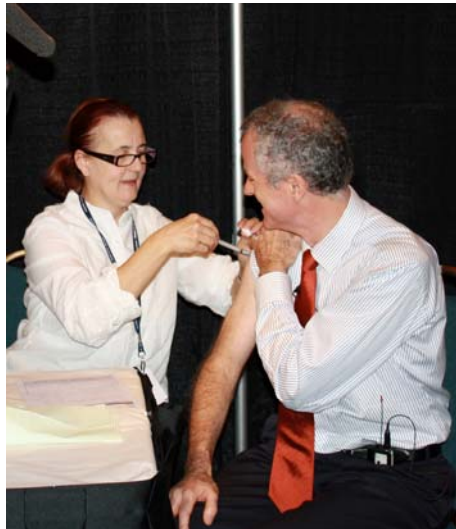
Group in the New England Journal and JAMA.

Q: How is that you have come to attend this conference?

A: I did a research fellowship in Vancouver in 1988-90 and since then I have continued to do collaborative clinical research with a number of Canadians and also with the Canadian Critical Care Trials Group. I attended this conference five years ago as a delegate and I know the quality of the meeting, and of the speakers, who gathered from around the world. I am currently leading a randomized clinical trial of decompressive craniectomy in severe head injury patients and am collaborating with intensivists at Sunnybrook, Vancouver General and Hamilton Health Sciences Centre.

Q: What do you hope to take back to Australia from this conference?

A: I am building on collaborations on future trials in head injury and severe sepsis and I hope to extend those collaborations during this Canadian stay.



CCCF Chair Dr. Brian Kavanagh receives the H1N1 vaccination at the conference from a Toronto Public Health nurse.



Leading Science. Leading Practice.