CRITICAL CARE

A-426 Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
SAH Outcome, Costs, Complications: Giant [G] Vs Non-Giant [NG] Aneurysms *A.J. Layon, MD; Andrea Gabrielli, MD; Arthur L. Day, MD; Pam J. LaFrentz, RN, Anesthesiology, Neurological Surgery, Univ. of Florida COM, Gainesville, FL, United States.* 219 patients with IAs were studied. GIAs had worse outcome than NGIAs. Outcome was predicted by > 2 aneurysms, D/C APACHE II score, days in the ICU.

A-427 Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
How Accurate Is Clinical Assessment of Cardiac Output in the Early Postoperative Period Following Cardiac Surgery? *Robert A. Linton, MD, FRCA; Nick W. Linton, MEng; Fiona Kelly, MBBChir, The Rayne Institute, St Thomas' Hospital, London, United Kingdom.* Optimal cardiovascular support for cardiac surgical patients in the immediate potoperative period cannot be ensured without measurement of cardiac output.

A-428 Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Accuracy of Partial Rebreathing Cardiac Output during Mixed-Breathing *Robert G. Loeb, MD; Dinesh G. Haryadi, PhD; Cheryl Gomez, RN, BSN, Department of Anesthesiology, University of Arizona, Tucson, AZ, United States.* During mixed spontaneous-assisted ventilator support, cardiac outputs determined *non-invasively* by NICO were as accurate as those determined by *invasive* pulsed thermodilution.

A-429 Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
ONO-5046, Neutrophil Elastase Inhibitor, Reduces Ischemia/Reperfusion-Induced Acute Renal Injury by Inhibiting Leukocyte Activation in Rats *Akio Mizutani, M.D.; Masakazu Mori, M.D.; Shigenori Yoshitake, M.D.; Takayuki Noguchi, M.D.; Kenji Okajima, M.D., Anesthesiology, Oita Medical University, Oita, Oita, Japan.* ONO-5046 reduces I/R-induced acute renal injury by inhibiting leukocyte activation

A-430 Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Cepharanthine Reduces Ischemia/Reperfusion-Induced Acute Renal Injury by Inhibiting Leukocyte Activation in Rats *Akio Mizutani, M.D.; Shigenori Yoshitake, M.D.; Takayuki Noguchi, M.D.; Kazunori Murakami, M.D.; Kenji Okajima, M.D., Anesthesiology, Oita Medical University, Oita, Oita, Japan.* Cepharanthine reduces I/R-induced acute renal injury by inhibiting leukocyte in rats

A-431 Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Low Molecular Weight Heparin Reduces Ischemia/Reperfusion-Induced Renal Injury by Inhibiting TNF-α in Rats *Akio Mizutani, M.D.; Shigenori Yoshitake, M.D.; Takayuki Noguchi, M.D.; Mitsuhiro Uchiba, M.D.; Kenji Okajima, M.D., Anesthesiology, Oita Medical University, Oita, Oita, Japan.* LMWH reduces I/R-induced acute renal injury by inhibiting leukocyte activation via TNF-α in rats

A-432 Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Assessment of Liver Regeneration and Liver Function in Donors and Recipients Following Adult to Adult Living Donor Liver Transplant *Mitsuru Nakatsuka, M.D.; Amadeo Marcos, M.D.; John Ham, M.D.; Robert Fisher, M.D.; Mark Posner, M.D., Anesthesiology, MCV, Richmond, VA, United States.* Regeneration of the liver and liver function in donors and recipients after living donor liver transplant.

A-433 Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Evaluation of a PC-Based Program for Rapid Bedside Calculation of Ten Severity Scores in the ICU *A. Nierhaus, MD; B. Montag; D. Frings; C. Schneider, MD; J. Schulte am Esch, MD, Anesthesiology, University Hospital, Hamburg, Germany.* A comprehensive tool is presented incorporating most of the currently used severity models. It was rated to be efficient and easy-to-use by ICU physicians.

A-434 Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Does an Intensivist Improve Outcomes in Critically Ill Patients? A Systematic Review *Peter J. Pronovost, MD PhD; Derek C. Angus, MD MPH; Todd Dorman, MD; Tammy Young, BS; Karen Robinson, BS, Anesthesilogy and Critical Care Medicine, Johns Hopkins University, Baltimore, MD, United States.* High intensity versus low intensity ICU physician staffing is associated with reduced reduced hospital and ICU mortality and LOS.

A-435 Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Enteral Nutrition Increases Mesenteric Blood Flow in Rats during Vasopressin Administration *Pamela R. Roberts, M.D.; Michael H. Wall, M.D.; Kimberly W. Black, LATG; Miyuki Shouse, M.S.; Richard C. Prielipp, M.D., Anesth. Dept., Wake Forest Univ. Sch. of Med., Winston-Salem, NC, United States.* Enteral nutrition may prevent splanchnic ischemia in rats during AVP infusions.

A-436 Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Comparison between Invasive and Non-Invasive Measurement of Indocyanine-Green Plasma Disappearance Rate in Critically Ill Patients *Samir G. Sakka, MD; Andreas Meier-Hellmann, MD; Konrad Reinhart, MD, Anesthesiology and Intensive Care Medicine, Friedrich-Schiller-University of Jena, Jena, Germany.* Transcutaneous measurement of ICG-PDR agrees well with a catheter-based technique.

A-437 Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Continuous Minimally Invasive Measurement of Muscle pCO_2 and pH Closely Reflect Hepatic $pCO_2$and pH Changes during Hemorrhagic Shock *Patrick W. Seigne, FFARCSI; Carrie Simms, MD; Michael Menconi, PhD; Aki Matsuda, MD; Juan Carlos Puyana, MD, The Departments of Anesthesia, Surgery and Critical Care Medicine, The Brigham and Women's Hospital, Boston, MA, United States*

A-438 Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Bioelectrical Impedance as an Severity Assessment Tool Focusing on the Estimation of Tissue Edema in Pediatric Patients Undergoing Cardiac Surgery *Nobuaki Shime, MD, PhD; Eiichi Chihara, MD, PhD; Hiromi Ashida, MD; Kazuko Hayashi, MD; Yoshifumi Tanaka, MD, PhD, Pediatric Intensive Care Unit, Kyoto Prefectural University of Medicine, Kyoto, Japan.* BI indicates severity in pediatric cardiac surgery patients.

A-439 Room G, 10/16/2000 2:00 PM - 4:00 PM (PS)
Vascular Failure during Hemorrhagic Shock is Mediated by K ATP Channel Activation *Shanda West, BA; Jeffrey Musser, MD; Scott Griffith, MD; John Fontana, MD; Paul Mongan, MD, Anesthesiology, Uniformed Services University, Bethesda, MD, United States.* Hemorrhagic shock results in decreased vascular sensitivity to norepinephrine. The decreased sensitivity is partially reversed by K ATP channel inhibitors.