

## 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, MBChB, The Rayne Institute, St Thomas' Hospital, London, United Kingdom. Optimal cardiovascular support for cardiac surgical patients in the immediate postoperative 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- $\alpha$  in Rats** Akio Mizutani, M.D.; Shigenori Yoshitake, M.D.; Takayuki Noguchi, M.D.; Mitsubiro 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- $\alpha$  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, Anesthesiology 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 Reinhard, 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<sub>2</sub> and pH Closely Reflect Hepatic pCO<sub>2</sub> 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 a Severity Assessment Tool Focusing on the Estimation of Tissue Edema in Pediatric Patients Undergoing Cardiac Surgery** Nobuaki Shime, MD, PhD; Eiichi Cbi-bara, 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.