

- A-482** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
About the Quality of Prehospital Emergency Ventilation - A Prospective Study in Trauma Patients *Matthias Helm, Dr.med.; Ralf Schuster, Dr.med.; Jens Hauke, Dr.med.; Lorenz Lampl, PD Dr.med., Dept. of Anaesthesiology and Intensive Care, Federal Armed Forces Medical Center Ulm, Ulm, Germany.* Even severe traumatized patients can prehospitally be adequately oxygenated. Remaining problem is ventilation (53.8% inadequate).
- A-483** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Effects of Dexmedetomidine on Respiration *Angela A. Joseph, MD; Cynthia Cassell, MA; Charles R. Gargia-Rodriguez, MD; Habib E. El-Moalem, PhD; Sam T. Sum-Ping, MD, Anesthesiology, Duke University Medical Center and Durham VA Medical Center, Durham, NC, United States.* Dexmedetomidine appears to be an effective sedative with no respiratory depression at clinical doses to achieve a target Ramsay score of 2 and 3.
- A-484** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Antioxidant Polynitroxylated Albumin (PNA) Plus Tempol for Hemorrhagic Shock (HS) in Rats, II: Improved Survival with Early Treatment *Rainer Kentner, MD; Peter Safar, MD; Wilhelm Bebringer, MD; Carleton J.C. Hsia, PhD; Samuel A. Tisberman, MD, SCRR, University of Pittsburgh, Pittsburgh, PA.* Strategies to prevent oxidative injury should target early in HS to mitigate reperfusion injury.
- A-485** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Antioxidant Polynitroxylated Albumin (PNA) Plus Tempol for Hemorrhagic Shock (HS) in Rats I: Effects of Late Treatment *Rainer Kentner, MD; Peter Safar, MD; Carleton J.C. Hsia, PhD; Valerian Kagan, PhD; Samuel A. Tisberman, MD, SCRR, University of Pittsburgh, Pittsburgh, PA.* Late treatment with antioxidant PNA plus tempol during HS can improve acid base status but not survival in a rat HS model.
- A-486** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Utilizing Capnography for Feeding Tube Placement *A. Shawn Kindopp, MD; John W. Drover, MD, Anesthesiology, Queen's University, Kingston, Canada.* Capnography accurately identified feeding tubes located in mainstem bronchi (sensitivity & specificity 100%) and affords significant time savings vs. a two step radiology method when placing feeding tubes in ICU patients ($p < 0.001$).
- A-487** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
External Rotation of Lower Extremity Decreases the Overlap between Femoral Artery and Vein *Noribito Kitagawa, MD; Osamu Shiomomura, MD; Mayuko Oda, MD; Masatoshi Morimoto, MD; Tadabide Totoki, MD, Anesthesiology and CCM, Saga Medical School, Nabeshima, Saga, Japan.* The external rotation of leg should be always performed to decrease the risk of accidental FA puncture at FV cannulation.
- A-488** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Pre-Hospital Treatment of Hypothermia in Victims of Minor Trauma *Alexander Kober, M.D.; Thomas Scheck, B.S.; Tanja A. Treusch, M.D.; Bela Fulesdi, M.D., Ph.D.; Daniel I. Sessler, M.D., Vienna Red Cross, Van Swieten, Vienna, Austria.* Active warming of minor trauma victims prevent progression of hypothermia. Maintaining normothermia decreases pain and fear.
- A-489** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Optimal Insertion Length of Subclavian Catheter in Pediatric Patients *Young-Jin Lim, MD; Jae-Hyon Babk, MD; Seong-Deok Kim, MD, Anesthesiology, Seoul National University College of Medicine, Seoul, Korea.* In pediatric patients, simple formulas for placement of the subclavian catheter tip at the junction of superior vena cava and right atrium as a function of height were created.
- A-490** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Bolus Epinephrine Can Induce Transient Hypotension in Cardiac Surgical Patients *Nick W. Linton, MEng; Robert A. Linton, MD, FRCA, The Rayne Institute, St Thomas' Hospital, London, United Kingdom.* A small bolus dose of epinephrine (5 μ g) causes a rapid decrease in systemic vascular resistance. This can cause a transient fall in mean arterial pressure.
- A-491** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Beside Percutaneous Tracheostomy - A Clinical Comparison of Guide Wire Dilating Forceps (GWDF) and Translaryngeal (TLT) Techniques *V. Lischke, MD, PhD; S. Mierdl, MD; K. Westphal, MD, PhD; S. Halbig, MD; C. Bybavn, MD, Department of Anesthesiology, J.W. Goethe-University Hospital, Frankfurt, Germany.* 100 patients who had either TLT or GWDF tracheostomy were prospectively studied.
- A-492** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Dilatational Tracheostomy Performed with the Aid of a Lightwand *Kristian R. Martinsen, MD; Axel X. Laboz, MD; Jens Runeborg, MD, Anesthesiology and Intensive Care Medicine, Aarhus University Hospital, Aarhus, Denmark.* Percutaneous dilatational tracheostomy requires readjustment of the existing tracheal tube. The combination with the trachlight device makes the procedure more secure.
- A-493** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Pyruvate Improves Hepatic Energy and Antioxidant Status during Hemorrhagic Shock in Swine *Paul Mongan, MD; Anthony Bankes, MD; Ryan Keneally, MD; Mark Carmichael, MD; John Fontana, MD, Anesthesiology, Uniformed Services University, Bethesda, MD, United States.* Pyruvate during hemorrhagic shock improved the hepatic redox potential and energy status. Increases in the antioxidant, GSH, were also observed.
- A-494** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
A Pharmacoeconomic Evaluation of Dexmedetomidine for Sedation in Postoperative Patients *Johann Motsch, MD; Martin Bauer, MD; Bernd W. Bottiger, MD; Eike O. Martin, MD; Alfons Bach, MD, Department of Anesthesiology, University Hospital Heidelberg, Heidelberg, Germany.* A total cost saving of DM 25.57 per patient was calculated when DEX was used. This reflects a cost reduction of 75%.
- A-495** Room F, 10/17/2000 2:00 PM - 4:00 PM (PS)
Treatment of Experimental Acute Severe Anemia with Recombinant Human Erythropoietin *Aryeh Shander, MD; Feng Qin; Manoj Mammen; Jennifer Chuy; Herbert Dardik, Anesthesiology, Surgery and Critical Care Medicine, Englewood Hospital and Medical Center, Englewood, NJ, USA*