The Southeast Chapter Receives the Chapters Alliance Excellence Award at 2016 Annual Congress!

On February 22, 2016, the Southeast Chapter of SCCM received the Chapters Alliance Excellence Award at the 2016 Convocation Ceremony at the Annual Congress in Orlando, Florida. President, Marina Rabinovich, and Immediate Past-President, Katleen Chester accepted the award on behalf of the Chapter.

The Award recognizes one chapter per year for its exceptional work, and the chapter receives a plaque as a visual symbol of their accomplishments.

The Chapters Alliance Executive Committee votes on the award recipient based on the chapter’s good standing with treasury reports and tax forms, educational activities, mentorship opportunities for members, outcome measurements and reporting, as well as continuous improvement.

The Southeast Chapter is honored to be recognized with this award and would like to thank the membership in addition to the amazing group of leaders and committee members that have dedicated so much time and enthusiasm to growing and developing the chapter in innovative ways.
Congratulations to our own Barbara McLean, MN, RN, CCRN, CCNS, ACNP-BC, FCCM on being awarded the Dr. Joseph and Rae Brown Award, which recognizes an SCCM member who has significantly advanced multiprofessional quality care for critically ill and injured patients at the regional or local level. To receive this prestigious award the recipient had to make extraordinary contributions of time, energy, and resources to chapter and/or affiliate matters during the previous year, demonstrate dedication, commitment, and outstanding contributions to the field of critical care at a regional or local level during the past year, show exceptional leadership contributions that have furthered the vision and mission of chapters and/or affiliates over time, offer innovation or meritorious contributions that improve the care provided to critically ill and injured patients and their families in the recipients country, state, or region, or be an outstanding clinician/teacher and a role model of excellence in both the teaching and clinical practice of critical care in the regional or local area (not just his or her institution). We are proud to say that Barbara exemplifies ALL of these criteria, and we are grateful for having her as part of the Southeast Chapter!

Spike Out Sepsis Atlanta 2016 - Volunteers Are Needed

Spike Out Sepsis, Atlanta Tournament is a unique 6-on-6 amateur volleyball tournament that helps raise awareness and funds for Sepsis Alliance - the leading nonprofit patient advocacy organization in the U.S. promoting awareness of sepsis. Sepsis Alliance’s mission is to save lives by raising awareness of sepsis as a medical emergency.

In the past, the Spike Out Sepsis event has included participants from various hospitals in the Atlanta area, as well as a team of sepsis survivors.

The volleyball challenge is known for the rules that make the tournament even more fun - such as “on the other hand,” (player serves with opposite hand) and “let’s try that again,” (where the last play does not count).

If you’re interested in helping to organize this year’s event, please email Ashley DePriest at adepriest@gmh.edu for more information.
The Southeast Chapter of the Society of Critical Care Medicine was honored to have Dr. Marc Lapointe, BS, PharmD, BCPS present novel reversal strategies for the new oral anticoagulants (NOACs). Dr. Lapointe is a clinical trial investigator, study coordinator, and administrator at Medical University of South Carolina as well as an associate professor at South Carolina College of Pharmacy. During the meeting, he discussed the clinical importance of NOAC reversal agents and the characteristics of reversal agents that are currently available and under development, such as idarucizumab and andexanet alfa. He also presented the findings of the REVERSE-AD and ANNEXA trials as well as some additional preliminary data from trials that are under way.

The arrival of reversal agents for NOACs has been long awaited by many healthcare professionals. Previously, the lack of an antidote created some hesitancy among healthcare providers in prescribing NOACs due to concern for bleeding. Now, idarucizumab (Praxbind®) is available for the reversal of dabigatran. It is a monoclonal antibody fragment that directly binds to dabigatran with higher affinity than thrombin. A phase 3 clinical trial, REVERSE-AD, showed that it effectively reverses the anticoagulant activity of dabigatran in patients presenting with a severe bleed or for emergent surgery without major safety concerns. Andexanet alfa is a reversal strategy for factor Xa inhibitors, such as rivaroxaban, apixaban, and edoxaban, which acts as a factor Xa decoy and binds to factor Xa inhibitors irreversibly. Its phase 3 clinical trial, ANNEXA, showed that it reverses the activity of apixaban and rivaroxaban within minutes without clinical adverse effects, but this was performed on healthy volunteers. A new trial is under way to test its efficacy on critical patients.

Dr. Lapointe discussed that a lot is still unknown about these agents, such as when, if at all, to check clotting time tests and the safety and efficacy of redosing of the reversal agents. Future trials and clinical experience will help elucidate some of the remaining questions. However, it is definitely an exciting time for all who are involved in prescribing and taking care of patients on NOACs.
Southeast Chapter of Society of Critical Care Medicine
2016 Annual Business Meeting Minutes

Meeting Purpose: The purpose of this meeting is to update the membership on the business of our chapter from the previous year and for the upcoming year.

Next meeting: 2017 Business Meeting date TBD

Note Taker: Ashley DePriest, Secretary

I. Transition of Officers for 2016-2018 term
   • Katleen Chester moved from President to Immediate-Past President
   • Marina Rabinovich moved from President-Elect to President
   • Megan Van Berkel moved from Treasurer to President-Elect
   • Ashley DePriest moved from Secretary to Treasurer
   • Stacy Folse voted in as new Secretary
   • Two new Members-At-Large: Katherine Luepke and Corey Witenko

II. Treasurer Report from Megan Van Berkel
   • 2015- $29,417 (Obtained from grants and vendors)
   • Spending $26,541 (+$875)
   • 2016 budget created and allows for expansion of remote sites and activities

III. 2015 Goals Reviewed by Katleen Chester
   • Host 2 meetings outside of Grady Hospital and/or Atlanta, GA
     o Atlanta Medical Center, Atlanta, GA and Baptist Hospital, Memphis, TN
   • Increase exhibitor presence at remote sites
     o Memphis – first remote site with exhibitor presence
   • Increase membership by 7%
     o 2014-2015 increased from 162-345 members - a 47% increase!!!
   • Host FCCS Course
     o Hosted in April of 2015 in Atlanta GA

VI. 2016 Goals from Marina Rabinovich
   • Appoint new committee chairs and committee members
     o Send out survey recruiting members interested to serve on various committees
   • Increase multidisciplinary participation
   • Obtain at least two educational grant sponsorships
   • Add one additional remote site and host 1 live meeting at each remote site
   • Annual executive retreat for leadership development and planning
   • Improve/increase communication – website, social networking
   • Ideas from others are welcome!
Recall of ICU Stay in Patients Managed with a Sedation Protocol or a Sedation Protocol With Daily Interruption (SLEAP Trial)

Jessica Grahl, PharmD Candidate 2016

Why: Intensive care unit (ICU) survivors are at risk for developing adverse psychological and cognitive outcomes leading to post ICU morbidity. The relationship between ICU survivorship and adverse psychological outcomes may be influenced by recall of ICU memories. Analgesia and sedation are important components of care for mechanically ventilated critically ill patients, however the relationship between depth of sedation and degree of patient recall remains poorly understood with studies revealing conflicting results. The 2013 Society of Critical Care Medicine pain, agitation, and delirium guidelines recommend the use of either daily sedation interruption or a light level of sedation in mechanically ventilated adult patients. These recommendations are based on data from five unblinded randomized controlled trials and suggest that daily sedation interruption increases the number of ventilator-free days in survivors and decreases ICU length of stay. Although an increase in factual recall and a lower prevalence of delusional memories would be expected with light sedation and daily interruptions, the relationship remains unstudied. The purpose of the SLEAP trial was to further explore the relationship between light sedation and post ICU recall.

How: The SLEAP trial was a prospective cohort study conducted in sixteen medical and surgical ICU’s across North America and Canada. Patients were eligible for the SLEAP trial if they were expected to require mechanical ventilation for more than 48 hours and were receiving a continuous infusion of an opioid and/or benzodiazepine. Exclusion criteria included patients less than 18 years of age, patients admitted after cardiac arrest or traumatic brain injury, or those for whom there was no commitment to maximal therapy. Mechanically ventilated adults were randomized to receive either protocolized sedation (PS) or protocolized sedation with daily interruptions (PS + DI). Opioid and benzodiazepine infusions were titrated to maintain a Richmond Agitation-Sedation Scale (RASS) score of -3 to 0, or Sedation-Agitation Scale (SAS) score of 3 to 4. Patients randomized to PS + DI had infusions interrupted once daily. The objectives of this study were to describe factual, emotional, and delusional memories of ICU stay on days 3, 28, and 90 days following ICU discharge, compare characteristics of patients with and without ICU recall, and patients with and without delusional memories; and determine factors that influence the presence of delusional memories 28 days after ICU discharge. Factual, emotional and delusional memories were assessed during interviews using the ICU memory tool.

Results: Two hundred and eighty nine patients participated in this study (146 PS; 143 PS + DI). There were no significant differences between the two SLEAP study groups in demographic or clinical outcomes, other than the PS + DI group requiring higher total doses of benzodiazepines (midazolam equivalents) and opioids (fentanyl equivalents), therefore the authors of this study presented the findings for all patients rather than by SLEAP study groups. On days 3, 28, and 90, 28%, 26%, and 36% of patients reported not remembering being in the ICU (p = 0.30). Despite approximately one third of patients being able to recall their stay in the ICU on day 3 post discharge, 97% of patients reported having at least one factual memory (p = 0.37), 90% reported at least one emotional (continued on Page 6)
memory (p = 0.02), and 72% reported at least one delusional memory (p = 0.22). Demographics and clinical outcomes in patients with ICU recall and delusional memories were similar to those who did not. Patients with no ICU recall had a lower mean daily exposure to opioids (0.7-mg/patient/day vs. 1.2 mg/patient/day, p < 0.0001) and benzodiazepines (26.9-mg/patient/day vs. 82.5 mg/patient/day, p < 0.0001), however mean SAS scores and total drug exposure were similar between the two groups. Patients requiring more days of mechanical ventilation were at lower odds for developing delusional memories at day 28 (OR 0.955; 95% CI 0.913 – 0.999, p = 0.04).

**Impact:** The authors of the SLEAP trial concluded that patients commonly experienced no ICU recall and had delusional memories up to 90 days following ICU discharge. All patients regardless of their sedation strategy had similar SAS scores, thus the authors of this trial were unable to determine whether a sedation strategy that promoted wakefulness is associated with increased factual recall and a lower prevalence of delusional memories. Some of the limitations of this trial include selection bias due to the possibility of patients with the best or worse recall being lost to follow-up and the inability of research personnel to verify each ICU memory as a real event or as a delusional memory. Other factors that may contribute to memories were not measured. Additionally all patients were managed with opioid and benzodiazepine infusion, therefore findings of this trial cannot be extrapolated to management with other sedative medications. Baseline psychological evaluations were not conducted prior to ICU admission, therefore pre-existing psychiatric comorbidities could not be accounted for. Results from the SLEAP trial are consistent with the growing body of evidence that a relationship exists between ICU survivorship and adverse psychological outcomes. This trial demonstrates the need for incorporation of post ICU memory assessments into future sedation research in order to determine the effect of ICU memories on long-term psychological morbidity in critically ill patients.

**Sources:**

4. Ethier C, Burry L, Martinez-Motta C, et al; Canadian Critical Care Trials Group: Recall of intensive care unit stay in patients managed...
Barbara A. McLean
Contributions to Critical Care Nursing Award

This year the Southeast Chapter has once again been endowed to deliver the “Barbara A. McLean Contributions to Critical Care Award.” This award will be presented to an individual who exemplifies the values of the SCCM: A Model Based on Collaboration, Contribution, Evidenced-based Communication and Collegiality.

Although the award is endowed for the next five years, there may not be candidates who qualify in the eyes of the SE SCCM Board and Officers. In this case the funds will roll-over to the following year.

Who can participate:
Any nurse can be nominated (both members and non-members).

Who can nominate a candidate:
Any person on the critical care team who observes and participates with the nominee in practice, and is an active member of the SE Chapter of the SCCM.

What does the award consist of:
The final candidate will receive a check for $250 and a One-year membership to both the local and national SCCM organizations.

How to submit a nomination:
Nominations and Letters of Support should be sent with the original signatures and letterhead (if possible) to: Stacey Folse, SE Chapter Secretary, email: stacey.folse@emoryhealthcare.org. Additional details will be sent to all members.

Deadline for Submissions:
Nominations must be received by May 1, 2016, and the winner will be announced on May 20, 2016 during National Critical Care Awareness and Recognition Month (NCCARM).

May is Critical Care Awareness Month
Start Preparing for Critical Care Awareness Month! It is time for ICU teams to consider how they will celebrate National Critical Care Awareness and Recognition Month (NCCARM). Keeping with the tradition of NCCARM, be sure to wear blue on Friday, May 20, and continue to share your celebrations with us! Submit ideas on how the SE Chapter can help celebrate and recognize our members to communications@sccmse.org.
SAVE THE DATES!

Monday, APRIL 25, 2016 | 5:30 – 7:30 P.M. EST
The Southeast Chapter of the Society of Critical Care Medicine proudly presents a bi-monthly lecture and discussion on:

ANTIMICROBIAL STEWARDSHIP: IMPACT OF RAPID DIAGNOSTICS AND C. DIFFICILE TESTING

GUEST SPEAKERS:
Edina Avdic, PharmD, MBA, BCPS (AQ-ID)
Johns Hopkins University

Derek Forster, MD
The University of Kentucky
Lexington, KY – Live event;
Atlanta, Birmingham, Chattanooga, Memphis – Live Webcast;
Physician, Nursing, Pharmacist And Dietitian CE/CME credits will be provided.
Register today at http://conta.cc/1Sdqv18

Mark Your Calendar For Remaining Meeting Dates In 2016
June 14 | August 9 | October 15 | December – TBD

2016 Southeastern Critical Care Summit
THURSDAY and FRIDAY, MAY 5 & 6, 2016
Please save the dates of May 5 and 6 for the 2016 Summit. The Summit will be held for two full days at the Emory Conference Center Hotel in Atlanta, Georgia. Early registration closes on April 29 after which regular and on-site registration will be available. Attendees are invited to submit a poster to share your best work. For more information visit www.criticalcaresummit.com.

Back by popular demands, the SE Chapter is cosponsoring a Fundamental of Critical Care Support (FCCS) course along with the Critical Care Summit. This is conveniently scheduled the day before the Summit, on May 4, 2016 from 8 AM to 4 PM at the Emory Conference Center Hotel in the Hickory Room. For more information and to register visit: http://conta.cc/1Qn55xL

Want to become more involved? For members interested in joining a committee, please access the link below and complete the survey and let us know how we can get you involved with the Southeast Chapter of SCCM. http://conta.cc/1S7N2YH

Southeast Chapter Member Benefits

- Bimonthly Educational Meetings with Renowned Speakers
- Triannual Newsletters with Chapter Updates
- Continuing Education Credits and Contact Hours
- Research Opportunities and Research Mentorship
- Mentors To Help Guide Your Professional Journey
- Networking with Fellow Healthcare Professionals of All Disciplines
- Exciting and Cutting Edge Conferences
- Community Outreach Activities
- Leadership Experiences