Spotlight on the Barbara McLean Contributions to Critical Care Nursing Award Winner - Carolyn Langstraat, RN, BSN, CCRN

The Southeast Chapter of SCCM would like to congratulate the winner of the 2016 Barbara McLean Contributions to Critical Care Nursing Award - Carolyn Langstraat, RN, BSN, CCRN.

This prestigious award is presented to a nurse who exemplifies the values of the SCCM: A Model Based on Collaboration, Contribution, Evidenced-based Communication and Collegiality.

These values include acting as a mentor, seeking out responsibilities that evolve the practice of critical care and demonstrating commitment to critical care outside of paid employment.

The award was established to honor Barbara McLean for her contributions to the national society as well as her work in organizing and sustaining the Southeast Chapter of SCCM.

Ms. Langstraat has been nominated by her peers for her exemplary work at Baptist Memorial Hospital in Memphis, TN. Her peers have stated that “Carolyn is a great ambassador for AACN and a very valuable resource nurse to CVICU, surgeons, and especially to the patients,” and that “she is the leading voice in all educational services for CVICU, as well as many of the surrounding hospitals.”

Ms. Langstraat has been instrumental in implementing educational modules concerning new procedures and how they impact nursing care and the patient’s recovery. These procedures range from Convergent Maze, Robotic Mitral Valve, the TAVR, Mitral Valve clip, to Extracorporeal Membrane Oxygenation (ECMO). She is in constant contact with the lead CV/Thoracic surgeons, Cath Lab services, Cardiologists, Marquet (the IntraAortic Balloon Pump (IABP) company), and the Staff Development Department (department responsible for hospital-wide general and unit specific education).

Collaborations with these individuals and departments have paved the way for Carolyn to design many curriculums for CVICU.

We are pleased to present this award to such an outstanding clinician. Congratulations!
On Monday, April 25, the Southeast Chapter of the Society of Critical Care Medicine was honored to host Doctors Edina Avdic and Derek Forster during our bimonthly meeting about Infectious Diseases Stewardship.

Dr. Avdic is a clinical pharmacy specialist in Infectious Diseases and the Associate Director of the Antimicrobial Stewardship Program at John Hopkins Medicine.

Dr. Forster is an Infectious Disease physician at University of Kentucky HealthCare.

Dr. Avdic shared with the audience that rapid diagnostic testing has the potential to revolutionize care for patients that may be diagnosed with resistant infections very early on in the patient’s course.

These diagnostic tests can shorten the time it takes for pathogens to result from 48-72 hours to just a few hours.

Antimicrobial Stewardship Programs can help translate the results of the rapid diagnostic assays to the frontline clinicians by helping to develop algorithm or institution-specific guidelines, assist teams with optimizing or de-escalating therapy, and demonstrate the benefits of the rapid diagnostic assays.

Although the rapid diagnostic assays can help reduce hospital length of stay and healthcare costs there are several drawbacks — no value added if results are not acted upon; requires a strong antimicrobial stewardship program; more expensive than traditional culture and susceptibility testing; just to name a few.

Dr. Forster discussed the epidemiology of Clostridium difficile (C. diff) from the first large outbreak in 1989 to the present, and how the number of community-acquired C. diff infections has increased from 20% to 40% over the last several years.

He reviewed several different diagnostic tests used to diagnose C. diff from glutamate dehydrogenase to polymerase chain reaction to toxin antigens, from least to most specific for diagnosis. Molecular tests can over diagnose C. diff so always remember to consider the patient and his or her clinical course.
JUNE Meeting In Review

Topic: ICU Management of Decompensated Cirrhosis
(Click here to view presentation material)

On Tuesday, June 14, the Emory School of Nursing hosted their first Southeast Chapter of SCCM meeting. Dr. Ram Subramanian, an intensivist and transplant hepatologist as well as the Director of Liver Transplantation at Emory University Hospital, discussed the management of the patient with decompensated cirrhosis in the intensive care unit. He elaborated on the management of various complications of acute on chronic liver failure (ACLF) including portal hypertension, variceal bleeding, spontaneous bacterial peritonitis, hepatorenal syndrome and electrolyte abnormalities. He also highlighted some of the differences in managing patients with acute liver failure compared to decompensated cirrhosis. He cautioned the audience of thinking of the management of patients with decompensated cirrhosis with the same perspective of the traditional septic patient.

A focus of the presentation was the concern for renal injury or infection as complications commonly seen in patients with ACLF and the importance of quick and appropriate management. Dr. Subramanian also discussed considerations for a transjugular intrahepatic portosystemic shunt (TIPS), Blakemore tube, diagnostic procedures and transplant. The audience gained a thorough and well delivered review of considerations when caring for a patient with decompensated cirrhosis.

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BE ON THE LOOKOUT FOR THE NEXT FCCS COURSE TO BE HELD THIS FALL IN CHATTANOOGA, TN!
TEAM DETAILS
Find five friends, designate a team captain and sign up to start your fundraising today!

- $250 per team gets you registered and a free limited edition T-shirt for each team member. Only one person (team captain) needs to sign the team up.
- Next, seek out as many donations as you can! Any funds raised in addition to your team fee can be used to purchase advantages during the games.
- Finally, show up and play! We will provide food and drinks for all players during the games.
- Winners will receive a trophy and bragging rights for a whole year!

SHOUT OUT to WellStar Net Results who took home the trophy last year!

ABOUT THE EVENT
Spike Out Sepsis Atlanta is a unique 6-on-6 amateur volleyball tournament designed to raise awareness and funds for Sepsis Alliance and the Southeast Chapter of the Society of Critical Care Medicine. Spike Out Sepsis is known for the unique 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).

EVENT LOCATION
McPherson Beach, Alpharetta, GA

If you have any additional questions or if you know someone who may be interested in sponsoring our event, please contact communications@sccmse.org.
Education. The celebration was originally planned to coincide with NCCARM, but was moved to Nurses Week as a part of that celebration.

**PROCLAMATION ISSUED**

Mr. Spiegel, the President and CEO of Erlanger, issued a Proclamation declaring May as Critical Care Awareness and Recognition Month at Erlanger Health System. The proclamation was read and presented at May’s Management Forum with over a hundred department heads from all campuses in attendance. Critical Care providers (nurses, physicians, physical therapists, occupational therapists, speech therapists, pharmacists, dieticians, etc.) were recognized during the presentation. The proclamation is included on the next page, and will be on display in the hospital once framing is complete.

**NCCARM RECEPTION**

Following Management Forum, a reception was held for all those who are involved in critical care. The conference room in the physicians’ office building was decorated with NCCARM themed balloons and other decorations. Two large cakes were decorated with the NCCARM logo and served along with cookies, and other snacks.

**BALLOONS & SNACKS DISTRIBUTED**

Following the reception, the balloons were distributed to the Child Life Specialists at Children’s Hospital at Erlanger so they could be distributed among the patients. Cake, cookies, and other snacks were then delivered to the critical care units for those who were unable to break away for the reception.

**NURSE HONORED IN CRITICAL CARE**

Additionally, during Nurses’ Week activities, one of our nurses was recognized for a lifetime devoted to Critical Care and Critical Care

Gail Salatka graduated from Piedmont Hospital School of Nursing in 1972 and in April of 1973 she began working in the ICU at a Chattanooga hospital, where she worked for five years. After taking 3 years away from nursing, she returned to work as the Nursing Professional Development Coordinator for Critical Care at Erlanger Health System, a position she still holds over 35 years later. Along the way, Ms. Salatka earned a BS and a MSN both from Southern Adventist University in Collegedale, Tennessee.
Proclamation

WHEREAS, critical care medicine describes a category of medical treatments for patients who are in life-threatening situations and require immediate care; and,

WHEREAS, critical care practitioners work tirelessly to deliver the highest quality care to all critically ill and injured patients; and,

WHEREAS, public awareness of the special medical needs of the critically ill is important to the development and spread of medical advances in the area of critical care; and,

WHEREAS, Erlanger Health System provides world class care for the region’s most complicated cases many of which require critical care; and,

WHEREAS, Erlanger Health System partners with medical schools, nursing schools, and a variety of other health care related schools to educate future health care providers in up to date evidenced based critical care practices.

NOW, THEREFORE, I Kevin M. Spiegel, by virtue of the authority vested in me as the President and CEO of the Erlanger Health System, do hereby declare the Month of May as:

“NATIONAL CRITICAL CARE AWARENESS AND RECOGNITION MONTH (NCCARM) AT ERLANGER HEALTH SYSTEM”

IN WITNESS WHEREOF, I hereunto set my hand and caused the Official Seal of the Chattanooga-Hamilton County Hospital Authority, to be affixed this 24th day of May 2016.

Kevin M. Spiegel, FACHE
President & CEO

Turn the ICU Blue:
Augusta University Medical Center Critical Care Pharmacists
New Definitions for Sepsis and Septic Shock (Sepsis-3)
Sherriel Padua, PharmD Candidate 2017

Why: Sepsis may be defined as a syndrome of physiologic, pathologic, and biochemical abnormalities induced by infection.¹ As such, sepsis is a broad term that is difficult to define. The 1991 task force developed the initial definitions for sepsis (sepsis, severe sepsis, and septic shock) which is founded on the systemic inflammatory response syndrome (SIRS) criteria. These definitions have not been updated in two decades. Further, because no gold standard test exists for the diagnosis of sepsis, the task force sought new definitions and supporting clinical criteria for the definition of sepsis and septic shock. The purpose for the update was to advance the definitions for sepsis and septic shock to facilitate clinicians in earlier identification of those patients that have or are at high risk of developing sepsis.

How: A task force organized by the European Society of Intensive Care Medicine and the Society of Critical Care Medicine recognized the need to reexamine the current definitions from the 1991 and 2001 consensus terminology. The task force released the Third International Consensus Definitions for Sepsis and Septic Shock on February 2016. Sepsis-3 was based on a retrospective cohort study conducted in 12 community and academic hospitals in southwestern Pennsylvania from 2010 to 2012. Inclusion criteria consisted of adults > 18 years with suspected infection in the emergency department, intensive care unit (ICU), ward, or step-down unit. Exclusion criteria included patients < 18 years old, no infection present, and those who fell outside the eligible date range. In the study, the onset of suspected infection was defined as a positive culture or as antibiotics that had been ordered. The primary outcome was in-hospital mortality and the secondary outcome included in-hospital mortality or ICU length of stay of ≥ 3 days.²

Results: A total of 148,907 electronic health record data of hospitalized patients with suspected infection were included in the study. The sample was randomly split with 74,453 in the derivation cohort for developing new criteria and 74,454 in the validation cohort for assessment of new and existing criteria. The derivation cohort had 7,836 encounters in the ICU and 66,617 encounters outside of the ICU. The validation cohort had 7,932 encounters in the ICU and 66,522 encounters outside of the ICU. Baseline characteristics were similar between the different encounters including age, sex, race, and weighted Charlson comorbidity score to measure chronic comorbidities. The predictive validity was determined by two metrics for the infected patients both inside and outside of the ICU. For each criterion, the area under the receiver operating characteristics curve (AUROC) and the change in outcomes were analyzed. With the ICU encounters continued on next page
in the validation cohort, the predicted validity for in-hospital mortality was lower for SIRS and quick SOFA (qSOFA) vs. SOFA (AUROC: 0.64, 0.66 vs 0.74; p < 0.001). With the non-ICU encounters in the validation cohort, the predictive validity was greater for qSOFA vs. SOFA and SIRS (AUROC: 0.81 vs. 0.79, 0.76; p < 0.001).² Sepsis-3 recommended the use of qSOFA as initial assessment due to its simplicity for use in the clinical setting. qSOFA is to be used as a simple bedside score to rapidly assess patients with suspected infection who are likely to have poor outcomes. The qSOFA assessment includes an alteration in mental status, a systolic blood pressure < 100 mm Hg, and a respiration rate > 22 breaths/min.¹ The organ dysfunction is identified with the Sequential [Sepsis-Related] Organ Failure Assessment Score (SOFA) of ≥ 2.

**Impact:** The task force agreed that identifying sepsis as an infection with two or more SIRS criteria was unhelpful due to the presence of these criteria in many hospitalized patients with or without infection. Sepsis-3 eliminated the term severe sepsis. The new definitions reflect up-to-date views on the pathobiology of sepsis and help to distinguish sepsis from an uncomplicated infection. The new sepsis criteria are objective and easily measurable. Furthermore, the components required to score SOFA are already included in routine patient care thus enabling clinicians to give retrospective SOFA scores to patients. With the addition of SOFA and qSOFA as mortality indicators, these two scoring systems serve as an illness-severity score that can be applied to predict the mortality of any critically ill patient. Key limitations include that Sepsis-3 minimally discussed how to determine whether an infection is suspected. Of note, SOFA and qSOFA are not tests for sepsis. With qSOFA serving as the first step in assessing a patient, it might inevitably be misunderstood to serve as a sepsis screen. Neither qSOFA nor SOFA is intended to be stand-alone indicator for sepsis and their combined performance in the evaluation of mortality is not reported. Sepsis-3 remains a work in progress and its limitations will be an area of continued study.

**References:**


SAVE THE DATE!
THURSDAY, OCTOBER 13, 2016 | 5:30 - 7:30 EST
The Southeast Chapter of the Society of Critical Care Medicine proudly presents a bi-monthly lecture and discussion on: 
**Toxidromes in the Intensive Care Unit**

GUEST SPEAKER:
Gaylord Lopez, PharmD, DABAT
Managing Director of the Georgia Poison Center

Live Site: Atlanta
Remote Webcast: Chattanooga, Memphis, Lexington, Birmingham

THURSDAY, DECEMBER 1, 2016 | 5:30-7:30 EST

GUEST SPEAKER:
**Topic: Nutrition in Critically Ill Patients**
Todd W. Rice, M.D., MSc.
Assistant Professor of Medicine
Division of Allergy, Pulmonary, and Critical Care Medicine, Vanderbilt University Medical Center

Physician, Nursing, Pharmacist And Dietitian
CE/CME credits will be provided.

Thank you to our April/June Meeting Sponsors

**Southeast Chapter Member Benefits**

∞ Bimonthly Educational Meetings with Renowned Speakers

∞ Triannual Newsletters with Chapter Updates

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∞ 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

Want to become more involved? For members interested in joining a committee, please contact us at communications@sccmse.org, and let us know how we can get you involved with the Southeast Chapter of SCCM.