On June 26, 2018, the Southeast Chapter of Society of Critical Care Medicine hosted Barbara McLean, MN, RN, CCRN, CCNS-BC, NP-BC, FCCM, a Critical Care Nurse Specialist at Grady Health System in Atlanta, GA. Hemodynamic monitoring in critically ill patients, focusing specifically on strategies to evaluate blood flow and tissue gas exchange was discussed.

Ms. McLean began by explaining the development of a hemodynamic platform, which is an approach to evaluate a patient’s hemodynamic status. Every hemodynamic platform should include four basic components: heart rate, respiratory rate, stroke volume, and indicators of tissue oxygenation. In a profession with an overabundance of information, these components provide useful and meaningful information.

Each component was reviewed in detail, beginning with heart rate and respiratory rate. Elevated heart rate and respiratory rate are compensatory mechanisms that should trigger further investigation of underlying causes. Rapid respiratory rate should be assumed as compensation for metabolic acidosis until proven otherwise. Underlying causes of elevated heart rate include low stroke volume and tissue hypoperfusion or hypermetabolism.

Next, the use of stroke volume as a predictor of fluid responsiveness was discussed. The goal of fluid resuscitation is to improve oxygen delivery. Fluid responsiveness is

(continued on next page)
most commonly evaluated using blood pressure, which does not provide information on blood flow. Stroke volume, the volume of blood ejected during systole, reflects left ventricular efficiency, the delivery of oxygen to tissues, and arterial volume loading. Therefore, it should be used as the gold standard for monitoring response to fluid challenges. Fluids can increase stroke volume approximately 40 to 60% by increasing preload, which was demonstrated on the Frank-Starling curve.

The presentation concluded with a review on the use of tissue perfusion indicators to validate the effectiveness of increased stroke volume at the cellular level. The degree of oxygen delivery to the tissues can be evaluated using lactic acid, base deficit, and anion gap. Overall, a successful hemodynamic platform evaluates the function of the ventricles.

On August 15, 2018, the Southeast chapter of the Society of Critical Care Medicine welcomed Dr. Greg Martin, Director of the Predictive Health Institute and Center for Health Discovery and Associate Division Director for Critical Care and Professor of Medicine at Emory University School of Medicine to speak with the Chapter on “Less is More, Even in the ICU.” Dr. Martin’s presentation focused on the “Choosing Wisely” campaign, a multidisciplinary initiative by the American Board of Internal Medicine (ABIM) to promote providing quality, evidence-based patient care while reducing unnecessary tests, procedures and interventions. The lecture emphasized the need to improve the overall value of care provided, which should incorporate higher quality care at lower costs.

He spoke about the need to evaluate overuse of resources in a similar way that most healthcare institutions do currently for adverse events, as evidence shows that approximately one-third of all care delivered in the US may be considered wasteful. Dr. Martin discussed the need to overcome the “therapeutic illusion” where patients and families equate action to quality care and “watch and wait” to negligence and disinterest. This places undue burden on providers to take action, even when no action may be the best course of action.

Dr. Martin cited various landmark studies for critically ill patients in ARDS, renal replacement, parenteral nutrition, and antimicrobial stewardship that showed less aggressive or later intervention was associated with improved outcomes. He also made general recommendations for ICU patients based on this principle including not ordering diagnostic tests at regular intervals, not transfusing stable, non-bleeding patients with reasonable hematocrits, not prescribing TPN in adequately nourished patients during their first week of ICU stay, not deeply sedating patients without indication, and not continuing life support in the setting of futility without offering comfort care.

The SE Chapter of SCCM would like to thank Dr. Martin for his valuable insights into the care of the critically ill patient.
Facebook Live! SPIKES - A Six-Step Protocol for Effective Patient and Family Discussions on Palliative Care

Written by Lesley Brown, PharmD Candidate 2019

The second Facebook Live! event featuring Patient and Family Resources with a discussion about palliative care was held on July 13, 2018. This session discussed the mnemonic, “SPIKES,” which is a six-step protocol used by various healthcare providers to help deliver bad news to family members. Each letter represents an important element to consider before a somber interaction.

S – Setting: Maximize privacy and avoid interruptions that will provide confidentiality, respect, and support for the patient and family members. Avoid introducing bad news in the hallway and consider a private room instead.

P – Perception: Find out what the patient and family members know about the illness and the patient’s condition.

I – Invitation: Ask yourself, “Is this is a good time to talk?” Dedicate time to be with the patient and explain the disease state.

K – Knowledge: Deliver information to the patient and family members in the simplest way possible. This involves finding out how the best way a patient and family members can receive and understand information without being overwhelmed with medical jargon.

E – Emotion: Given that people respond differently and unpredictably to bad news, provide tissue if needed and allow them to process it.

S – Summarize: After allowing the patient and family members to have time to process the unfortunate news, the next step is to ask, “What do we do next?”

Another teaching point mentioned is that a healthcare provider should ask himself or herself, “What would I do if I were in that situation?” when developing a plan for what he/she will say to a patient and family members.

A way to build rapport and trust with patients is to be cognizant that many patients rely on religion and spiritual means to cope with difficult situations. Involving individuals of other disciplinary, including social workers, chaplains, and spiritual leaders are great resources for family members with hospitalized loved ones.

It is very important to carefully choose terms to describe a patient’s condition without instilling false hope and distrust. For instance, even if a critical patient appears to be clinically improving, it is recommended not to relay to the patient and family members that the patient is “looking better,” and rather, inform that the patient is “still critical.” On a similar note, the term, “stable,” has a different meaning to the ICU team than it does to family members.

To conclude the Facebook Live! event, the natural process of dying was briefly discussed with emphasis on family education regarding palliative care. If you missed the event, you can still see it on our Facebook page: www.facebook.com/SESACCM.
ENLS COURSE RECAP - Meeting In Review
Written by Lizzette Hernaiz, MSN, ACNP-BC, FNP-C

The Southeastern Chapter of SCCM was honored once again to host the 3rd Emergency Neurological Life Support (ENLS) Certification Course on August 12th, 2018. The ENLS course was designed to help healthcare professionals improve patient care and outcomes during the critical first hours of a patient’s neurological emergency. The event was a success, thanks to Dr. Vishal Patel, who continues to honor us with his knowledge and willingness to share with our participants. Also we would like to say thank you to all the presenters: Olivia Morgan, PharmD, Kate Kositzsky, MSN, ACNP-BC, Dr. David Pierce, and Dr. Jonathan Ratcliff for their kindness to share and commitment to Neuro Critical Care advancement.

August Twitter Journal Club - Meeting In Review
Written by William J. Olney, PharmD Candidate 2019 and Bernard Hsia, PharmD Candidate 2019

On August 9th, 2018, the Southeast Chapter of SCCM hosted a Twitter journal club discussing Adjunctive Glucocorticoid Therapy in Patients with Septic Shock (ADRENAL trial) published recently in the New England Journal of Medicine. During the course of this discussion, 22 tweets were sent out via the SCCM SE region twitter account generating over 20,000 impressions and an active discussion among twitter users! The conversation on Twitter focused on the controversial role of steroids in sepsis management.

Several studies have been conducted which evaluated steroid use in septic shock. Previously, the studies published by Annane et al. in 2002 and 2018 (APROCCHSS trial) observed a reduction in 28- and 90-day mortality respectively with steroid administration. In contrast, the CORTICUS trial in 2008 demonstrated no mortality benefit. Key methodologic differences exist among the studies potentially owing to the disparity of results. While both Annane et al. 2002 and APROCCHSS used a combination of hydrocortisone and fludrocortisone, CORTICUS and ADRENAL used hydrocortisone alone. Notably, ADRENAL evaluated a continuous infusion of hydrocortisone versus hydrocortisone 50 mg IV q6h in CORTICUS. Also, patients in these studies had varying levels of severity of illness.

Currently, steroids remain a treatment option for patients who present with septic shock and are refractory to standard treatment modalities including volume resuscitation and vasopressors. The complete discussion can still be viewed via our twitter feed (@SCCMSE) viewing the hashtag #SCCMSEChat.

Please join us for next Twitter journal club on September 27th, 2018! Article can be found at: http://www.jccjournal.org/article/S0883-9441(17)31669.6/ fulltext
This year, the Southeast Chapter hosted its 5th Annual Spike Out Sepsis, Atlanta Charity Volleyball Tournament at McPherson Beach in Alpharetta, Georgia. We hosted 10 teams and over 100 participants and enjoyed a day of volleyball with a twist! Teams raised over $10,000 that goes to Sepsis Alliance and their national efforts of raising awareness of sepsis as a medical emergency. Teams were then able to use their funds to “purchase” advantages during the game such as re-playing a point or making the other team sit down prior to serving the ball. The competition was stacked this year with several new teams, but ultimately WellStar Net Results came out on top! They were also our biggest fund raising team, raising over $2,500! We are looking forward to growing this event in the years to come! If you would like more information on Spike Out Sepsis, Atlanta or would like to be involved in planning next year’s event, you can email communications@SCCMSE.org.
Stay Tuned!

Upcoming Meeting
November 13th, 2018

* Speaker:
  * Dr. Jayshil Patel, MD
* Topic:
  * Parenteral Nutrition in the ICU
* Live event:
  * Northside Hospital, Atlanta, GA
* Remote sites:
  * Chattanooga, Memphis, Nashville, Birmingham, Little Rock, New Orleans, Louisville, Lexington

ANNUAL BUSINESS MEETING - OCTOBER 3, 2018
We will be having our annual business meeting on October 3, 2018 at 1 pm eastern / 12 pm central. Call in to hear reports from our treasurer and different committees, and to ask questions of the chapter. Call in using (646) 749-3112, Access Code: 634-401-381

FUTURE FCCS COURSES
February 7-8, 2019 AND June 13-14, 2019
University of Alabama at Birmingham Hospital Jefferson Tower
Register at: www.uab.edu/fccs

Support the Southeast Chapter of the Society of Critical Care Medicine by shopping at www.smile.amazon.com instead of amazon.com and selecting the Southeast Chapter as your charity.

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