

ProTECT III

BYOLECT III



Second Annual Investigators' Meeting
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CST and Transgressions

ProTECT III

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CST Guidelines

- Much improvement in the number of CST guideline infractions
- Learning curve
- Hanging Infusion cards
- Pocket CST guideline cards
- In-service frequently
- Recruitment lull is like starting from scratch!

Transgressions Hints

- Spontaneous recovery should only be marked if the transgression returned to normal by the following hour.
- Do NOT mark “other” and say that no intervention was done or to repeat an intervention that has already been marked.
- Interventions should be marked for the hour they were done. If they were not done in the same hour as the transgression please put a note in general comments. It is actually possible to put the intervention in on another hour but you have to dismiss a warning.

O₂ sat and PaO₂ transgression

- If the subject is intubated it should be checked anytime there is a transgression
- Supplemental O₂ was meant for non-intubated patients (example BNC or facemask)

PCO₂ transgressions

- Not often treated
- Should not be prophylactically driving CO₂ down
- May drive CO₂ down to 30-35 for ICP management.

Glucose transgression

- If subject on insulin drip and the rate is changed, mark “other” and specify that the rate was ↑↓

Temperature transgression

- If Hypothermia is being used for intractable ICP please put a note in the general comment section
- Normothermia should be maintained even in the OR

Systolic BP/MAP Transgressions

- Even if the subject is only on maintenance fluid mark IVF.
- If the patient has an IV rate increase or receives a bolus then mark “other” and specify
- If subject is on inotrop/pressors and rate is being titrated also mark “other” and specify if rate was ↑↓

Intracranial Pressure Transgressions

- Should not stay in a Tier longer than 120 minutes if ICP not responding to treatment
- If ICP <20 after intervention and then elevates >20 , start back at Tier 1
- Remember HTS should be in boluses for ICP management
- Hypothermia only allowed as “rescue therapy” once all 3 Tiers have failed

CPP Transgressions

- Remember if the art line is zeroed at the level of the atrium instead of the tragus and the CPPs are running in the 55-59 range then it is really lower and should be aggressively managed
- Just brought up by our DSMB

Hemoglobin Transgressions

- If risk outweighs benefit (particularly after acute phase) then note in general comment section