

Clinical Summary of CC Lit Review 2023

Airway

<u>DEVICE Trial</u>: During Emergent Intubations, VL is superior to DL in new / low volume operators <u>PREPARE II Trial</u>: peri-intubation hypotension should be treated with pressers, not volume <u>Driver et al, Recall Awareness</u>: 1/10 patients with emergent RSI had post intubation Awareness

Resuscitation

New AHA / ICLOR guidelines:

- Consider ECPR for IHCA/OHCA
- Double sequential external defibrillation (DSED) & Vector Change refractory VF / VT
- STOP USING empiric IV Calcium for OHCA /IHCA

<u>TAME Trial</u>: No benefit to mild hypercapnia in post arrest HIBI, use PACO2 35-45 <u>FLAME Trial</u>: Suction Thrombectomy seems to be superior to systemic TPA in high risk PE

Fluids

<u>CLASSICS Trial:</u> No benefit to Restrictive vs Standard fluid admin in septic shock (1.8 vs 3.8L) <u>CLOVERS Trial:</u> Think CLASSICS but w/ early vasopressors, no benefit here over standard care <u>WATERFALL Trial</u>: More fluid administration in pancreatitis = Harm. Don't flood these patients <u>ADVOR Trial:</u> addition of acetazolamide to CHF patients improves successful decongestion

Transfusion

MINT Trial: in patients with active occlusive MI: target Hb >100 CRYOSTAT-2 Trial: No benefit to early empiric fibrinogen / CRYO in traumatic hemorrhage PROCOAG Trial: 4 Factor PCC adds no benefit in Massive Transfusion

Respiratory Support

<u>EXTUB - Obese Trial:</u> Extubating patients with BMI > 30 decreases re-intubation rate <u>PARIS-2 Trial:</u> No benefit to HFNC over nasal prongs in paediatric Resp failure <u>PILOT Trial:</u> SPO2 targets should currently be 92-98% while awaiting

Neuro / Sedation

<u>AID Trial:</u> Regular low dose aldol in agitated delirium seems to have clinical benefit <u>Pro-MEDIC</u>: Routine early use of Prophylactic Melatonin has no benefit. We should stop. <u>EARLYDRAIN</u>: Addition of lumbar drains to EVDs in aSAH improves Neuro outcomes.

Trauma

PATCH Trial: prehospital use of TXA did not improve neuro-outcomes in TBI

Sepsis

<u>MERCY Trial</u>: Continuous antibiotic infusion has no benefit over bolus treatment <u>CAPE-COD</u>: IV hydrocortisone in severe CAP has a mortality benefit



General Care

<u>EFFORT:</u> High protein diet in Vented and sick patients w/ AKI worsened outcomes. Valdes et al Keppra Dosing: In critically ill patients, we should be using 750mg to 1000mg BID Van Baarle et al Platelets prior to CVC insertion: No need to give platelets, even in severe TTP