UNIVERSITY HOSPITAL BRNO
FACULTY OF MEDICINE
MASARYK UNIVERSITY

DEPARTMENT OF PAEDIATRIC
ANAESTHESIOLOGY
AND INTENSIVE CARE MEDICINE

TOP publikace z Monitoringu článků AKUTNĚ.CZ

Jozef Klučka

FAKULTNÍ NEMOCNICE BRNO

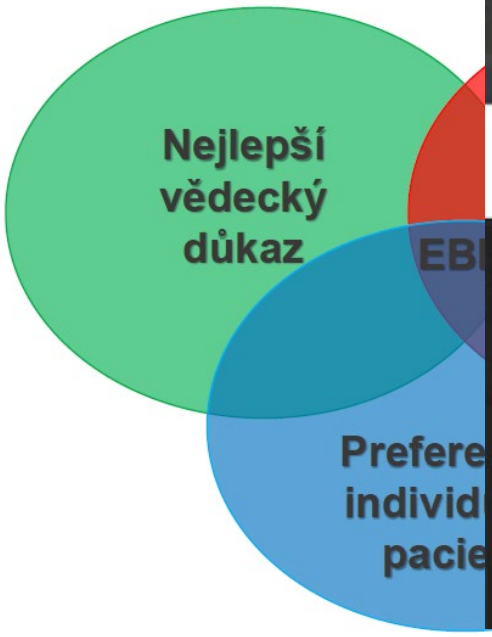
MUNI MED

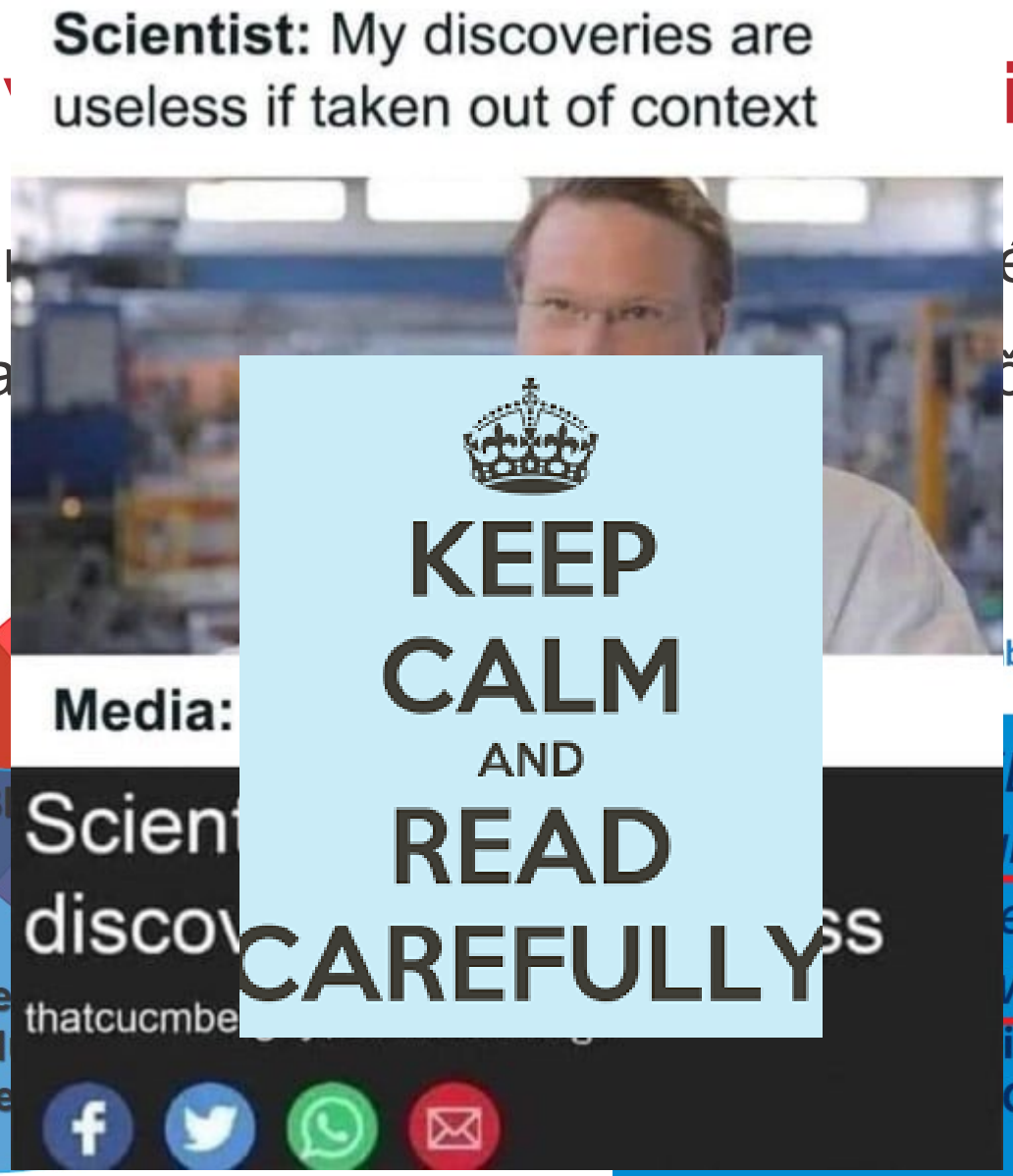
Obsah

- Co je dnes EBM?
- Kde hledat?
- TOP anesteziologie + urgentní medicína
- TOP intenzivní medicína

E ine

- Medicína založe é a soudné používání nejlepších souča či o jednotlivé pacienty“





burgh

16-18 September 2018
Edinburgh, UK
colloquium.cochrane.org

Evidence-based care is not
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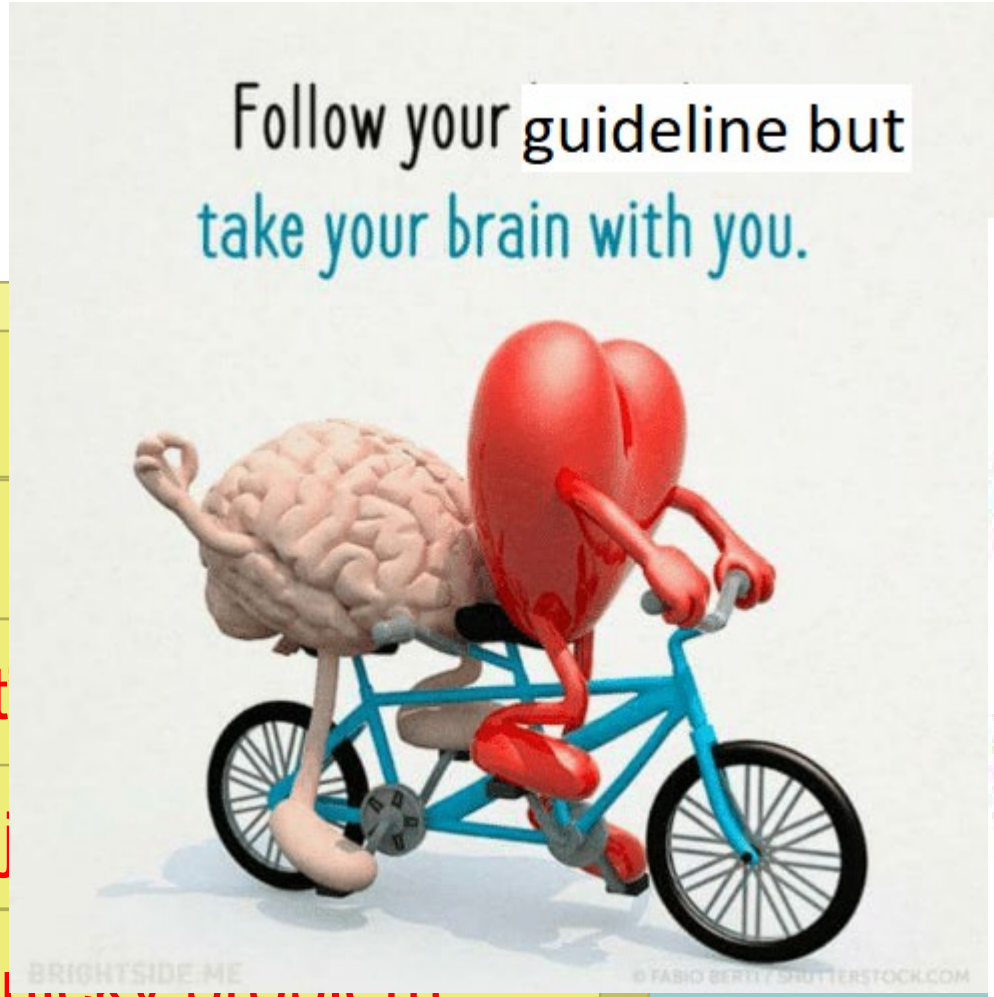
Medicína založená na důkazech v praxi



Monitoring článků AKUTNĚ.CZ

AKUTNE.CZ®

Aktuality Reportáže Výuka Algoritmy Publikace O nás Nadační fond Kalendář | EN

Reportáž z 34. Pelikánova semináře horské medicíny

Ve dnech 8. až 10. listopadu 2024 se konal již 34. ročník Pelikánova semináře, který byl pořádán Společností horské medicíny ve spolupráci s Českým horolezeckým svazem. Reportáž...

Ultrazvukové vyšetření plic (LUS)

MUDr. Karolína Lečbychová, MUDr. Marek Bebej, Anna Klvačová, Tereza Otipková

Ultravukové vyšetření plic je v současné době stále více používanou metodou pro...

Webinář

Těšíme se na další Akutní středu **4. prosince 2024 v 18:00.**
Téma **Systém včasného varování - pár tipů do praxe** přednáší **dr. Kubricht.**

Program

Sborník

Atestační otázky

308 článků za poslední rok

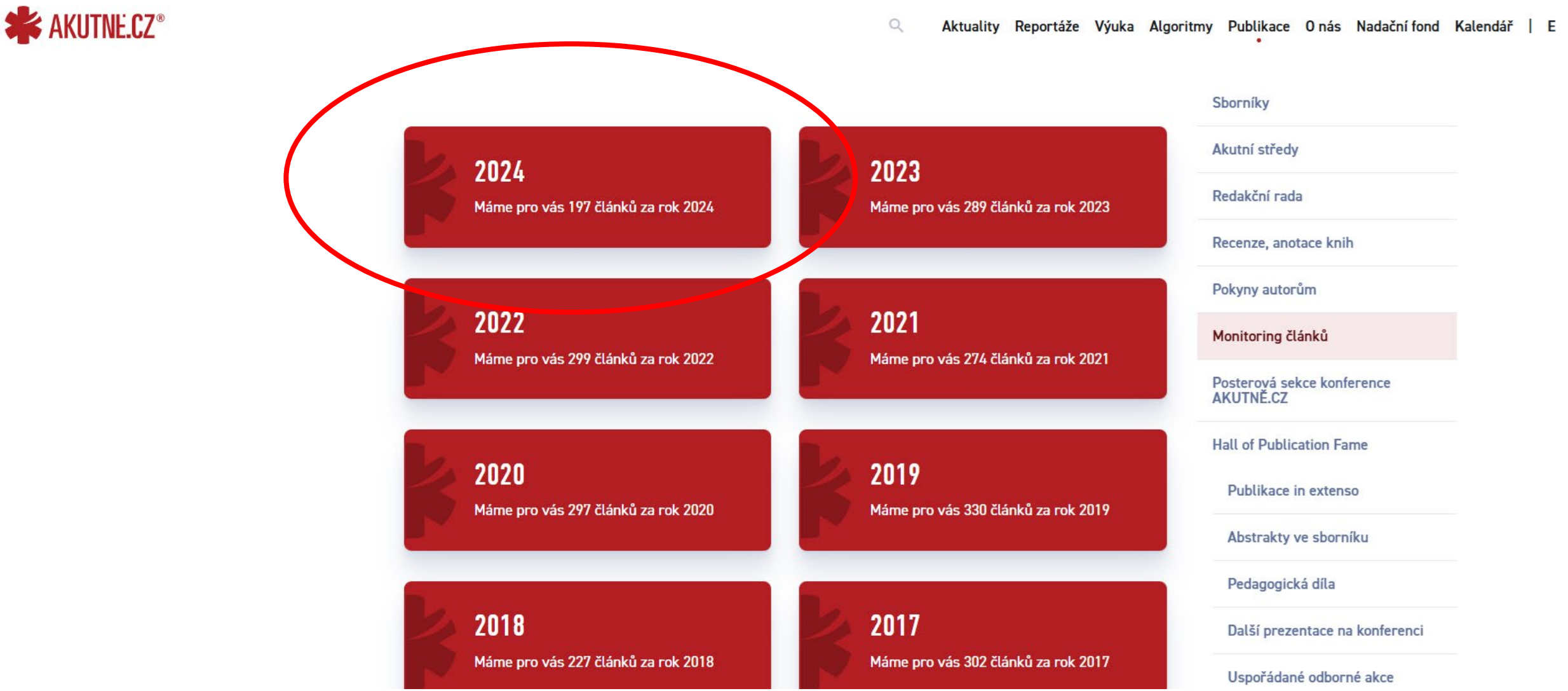
Monitoring článků

10/2024 09/2024 08/2024

TOP články

Všechny články

Monitoring článků AKUTNĚ.CZ



TOP Anesteziologie + urgentní medicína

Low et al. Critical Care (2024) 28:57
https://doi.org/10.1186/s13054-024-04830-5

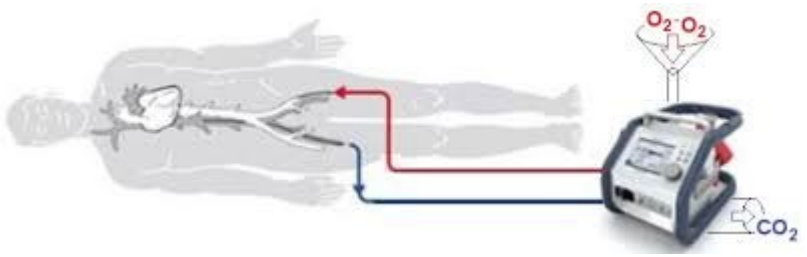
Critical Care

BRIEF REPORT Open Access

Extracorporeal cardiopulmonary resuscitation versus conventional CPR in cardiac arrest: an updated meta-analysis and trial sequential analysis

Christopher Jer Wei Low[1†], Ryan Ruiyang Ling[1†], Kollengode Ramanathan[1,2], Ying Chen[3], Bram Rochwerg[4,5], Tetsuhisa Kitamura[6], Taku Iwami[7], Marcus Eng Hock Ong[8,9] and Yohei Okada[7,8*]

- Vliv ECPR na mortalitu + neurologický outcome
- Meta-analýza 13 studií (celkem 6336 ECPR + 7712 CRP pacientů)



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RESULTS

Comparator : Etomic

Primary outcome : M

Risk ratio: 0.93 (95%

Probability of surviva

CONCLUSIONS

This Bayesian m
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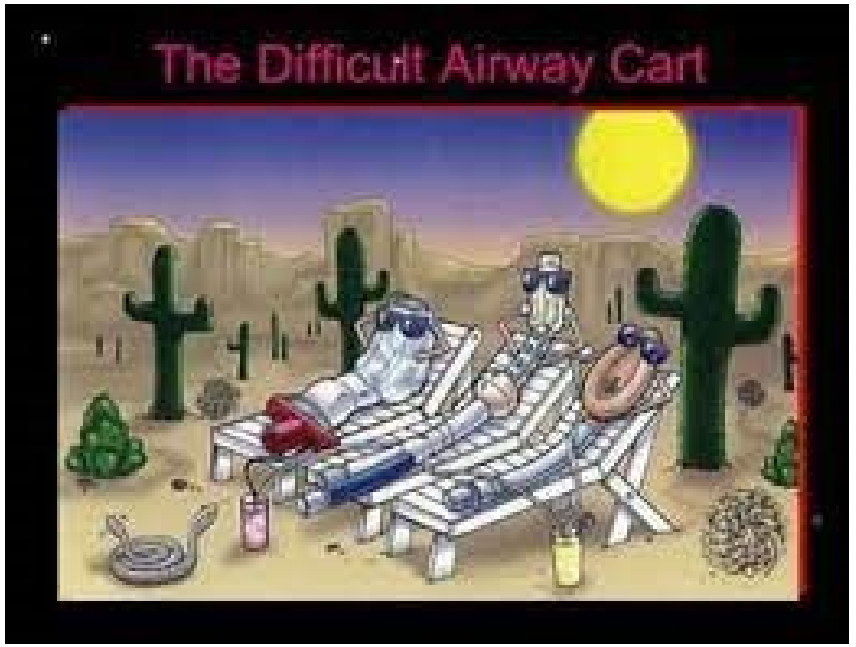
y design
or matched study

or MD	95% CI
0.30	−0.69 to 0.08
0.07	−0.27 to 0.41
1.2	−1.4 to 3.7
-3.1	−6.4 to 0.2
1.00	0.96 to 1.04

nt; MAP, mean arterial pressure;
onfidence interval

compared to
patients.

Zajištění DC



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Noninvasive Ventilation for Preoxygenation during Emergency Intubation

- Multicentrická RCT, 24 urgentních příjmů a ICU v USA
- Primární outcome - výskyt hypoxemie (pokles SATO2 pod 85% během 2 minut od indukce při akutní intubace)
- Preoxygenace NIV vs. obličejová maska
- 1301 pacientů

Table 3. Outcomes of Tracheal Intubation.

Outcome	Noninvasive Ventilation (N=645)	Oxygen Mask (N=656)	Difference (95% CI)*
Primary outcome			
Hypoxemia during intubation — no./total no. (%)†‡	57/624 (9.1)	118/637 (18.5)	−9.4 (−13.2 to −5.6)§
Secondary outcome			
Median lowest oxygen saturation (IQR) — %‡	99 (95 to 100)	97 (89 to 100)	2 (1 to 3)
Exploratory procedural outcomes			
Lowest oxygen saturation <80% — no./total no. (%)‡	39/624 (6.2)	84/637 (13.2)	−6.9 (−10.2 to −3.7)
Lowest oxygen saturation <70% — no./total no. (%)‡	15/624 (2.4)	36/637 (5.7)	−3.2 (−5.4 to −1.1)
Cardiovascular collapse — no./total no. (%)¶	113/645 (17.5)	127/656 (19.4)	−1.8 (−6.1 to 2.4)
Systolic blood pressure <65 mm Hg — no./total no. (%)	18/621 (2.9)	28/633 (4.4)	−1.5 (−3.6 to 0.6)
New or increased use of vasopressors — no./total no. (%)	111/645 (17.2)	117/656 (17.8)	−0.6 (−4.8 to 3.5)
Cardiac arrest — no./total no. (%)‖	1/645 (0.2)	7/656 (1.1)	−0.9 (−1.8 to −0.1)
Successful intubation on the first attempt — no./total no. (%)	534/645 (82.8)	535/656 (81.6)	1.2 (−2.9 to 5.4)
Median time from induction to intubation (IQR) — seconds	115 (89 to 150)	113 (85 to 152)	2 (−5 to 9)
Exploratory safety outcomes			
Operator-reported aspiration — no./total no. (%)**	6/645 (0.9)	9/656 (1.4)	−0.4 (−1.6 to 0.7)
New infiltrate on chest imaging — no./total no. (%)††	144/509 (28.3)	148/497 (29.8)	−1.5 (−7.1 to 4.1)
New pneumothorax — no./total no. (%)‡‡	7/509 (1.4)	7/497 (1.4)	0.0 (−1.5 to 1.4)
In-hospital death — no./total no. (%)	209/645 (32.4)	217/656 (33.1)	−0.7 (−5.8 to 4.4)

NIV vs. obličejová maska v preoxygenaci vedla k redukci hypoxemie (9,1% vs. 18,5%) bez nežádoucích účinků

Supraglottic Airway Versus Tracheal Intubation for Airway Management in Out-of-Hospital Cardiac Arrest: A Systematic Review, Meta-Analysis, and Trial Sequential Analysis of Randomized Controlled Trials

- OTI vs. LM pro přednemocniční srdeční zástavu
- 4 RCT (13 412 pacientů)
- ROSC, airway-management (časový faktor), outcome, aspirace

Study or Subgroup	SGA Events	Total	Tracheal intubation Events	Total	Weight	Risk Ratio IV, Random, 95% CI
Mulder 2013	40	87	36	101	3.2%	1.29 [0.91, 1.83]
Benger 2018	1175					
Wang 2018	195					
Lee 2022	74					

Risk Ratio
IV, Random, 95% CI

Study or Subgroup	SGA Events
Benger 2018	308
Wang 2018	76
Lee 2022	24
Total (95% CI)	
Total events	408
Heterogeneity: Tau² = 0.02; Chi	
Test for overall effect: Z = 0.50	

Risk Ratio
Random, 95% CI

0.85 1 1.2 1.5
ours TI Favours SGA

Fig
surv

Fig
to advanced airway placement.

LM – vyš ent, bez signifikant s dobrým neurologickým výsledkem, bez rozdílu ve výskytu aspirace.

Araújo et al. Critical Care (2024) 28:1
https://doi.org/10.1186/s13054-023-04727-9

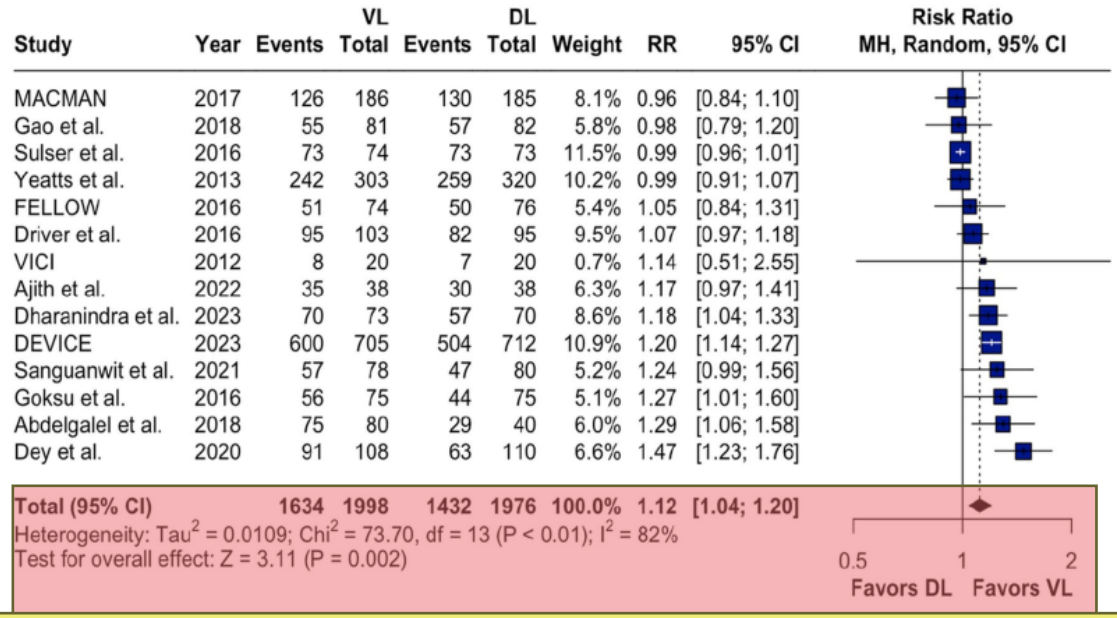
RESEARCH

Video versus direct laryr ill patients: an updated and meta-analysis of rar trials

Beatriz Araújo[1], André Rivera[1], Suzany Martins[1], Renath Alice Gallo de Moraes[2*]

- Videolaryngosk

A. Sucessful intubation in first attempt



Results Our meta-analysis of 14 RCTs, compromising 3981 patients assigned to VL (*n*= 2002) or DL (*n*= 1979). Compared with DL, VL **significantly increased successful intubations on the first attempt** (RR 1.12; 95% CI 1.04–1.20; *p*< 0.01; *I*2 = 82%). Regarding adverse events, **VL reduced the number of esophageal intubations** (RR 0.44; 95% CI 0.24–0.80; *p*< 0.01; *I*2 = 0%) **and incidence of aspiration episodes** (RR 0.63; 95% CI 0.41–0.96; *p*= 0.03; *I*2 = 0%) compared to DL. Conclusion VL is a more effective and safer strategy compared with DL for increasing successful intubations on the first attempt and reducing esophageal intubations in critically ill patients.

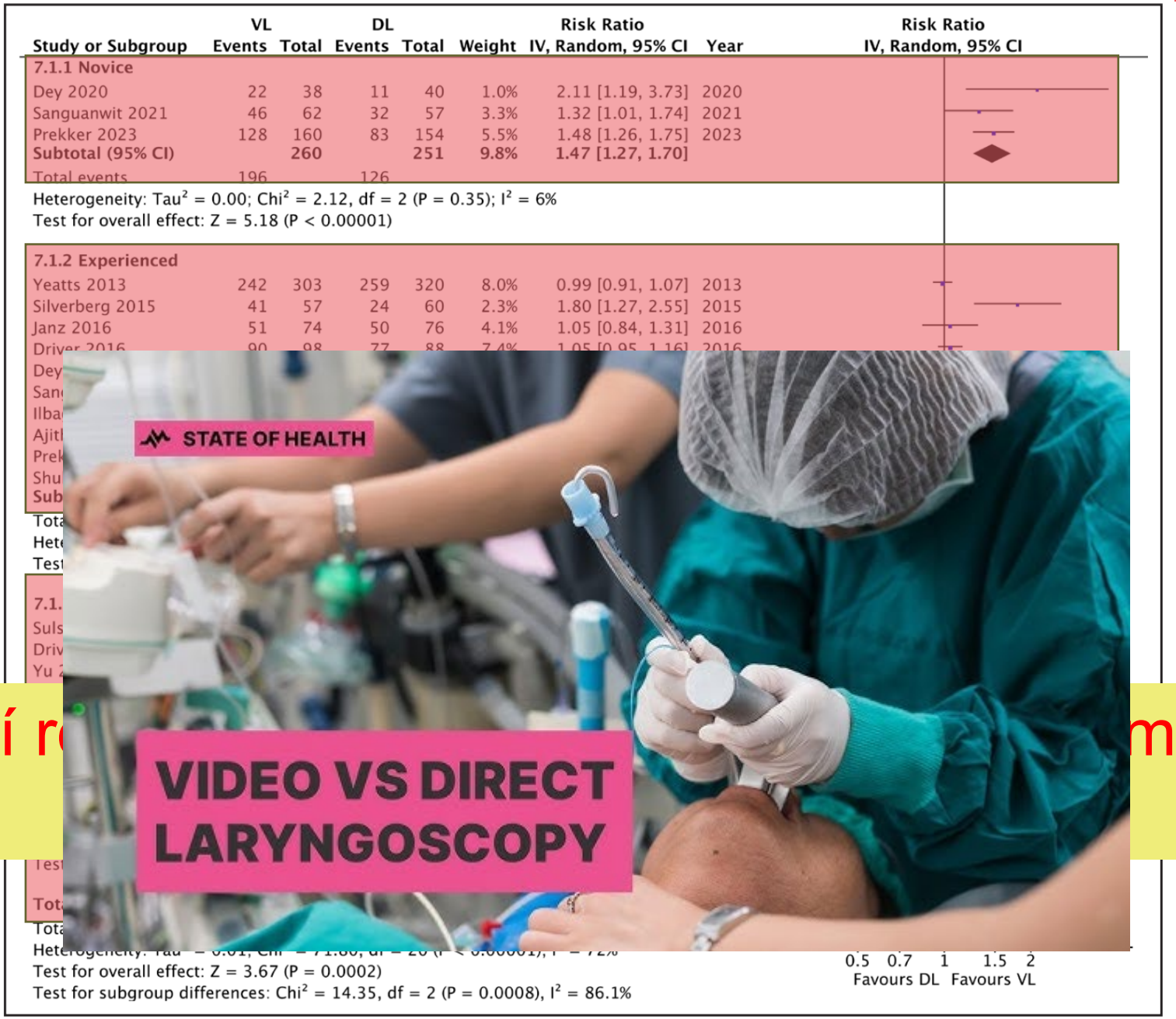
Our findings support the routine use of VL in critically ill patients.

ratio (RR) and 95% confidence interval (CI) for each strategy on **A** successful intubation on the first attempt and **B** Cormack Lehane (CL) Grade I.
Abbreviations: CI, confidence interval; MH, Mantel–Haenszel; DL, direct laryngoscope; VL, video laryngoscope; RR, risk ratio; CL, Cormack Lehane

TABLE 1.
Abbreviated Grade Summary of Evidence

Outcomes	No. of Patients		Effect			
No. of Studies	DL	VL	Relative (95% CI)	Absolute (95% CI)	Certainty	Narrative Summary
First pass success						
21	1589/2214 (71.8%)	1825/2233 (81.7%)	**RR, 1.13** (1.06–1.21)	**106 more per 1000** (from 49 more to 172 more)	⨁⨁⨁◯ Moderate[a,b]	VL probably increases first success in critically ill patients undergoing intubation when compared with DL
Failed intubation						
1	0/80 (0.0%)	1/40 (2.5%)	**RR, 0.17** (0.01–4.05)	**21 fewer per 1000** (from 25 fewer to 76 more)	⨁◯◯◯ Very low	VL has an uncertain effect on failed intubations in critically ill patients undergoing intubation when compared with DL
Mortality at longest time point						
6	337/1305 (25.8%)	334/1286 (26.0%)	**RR, 0.97** (0.88–1.07)	**8 fewer per 1000** (from 31 fewer to 18 more)	⨁⨁◯◯ Low[c]	VL may have no effect on mortality at the longest timepoint in critically ill patients undergoing intubation when compared with DL
Hypoxia						
Esophageal intubation						
10	44/1326 (3.3%)	17/1355 (1.3%)	**RR, 0.47** (0.27–0.82)	**7 fewer per 1000** (from 9 fewer to 2 fewer)	⨁⨁⨁◯ Moderate	VL probably decreases esophageal intubations in critically ill patients undergoing intubation when compared with DL
Aspiration						
10	55/1594 (3.5%)	42/1573 (2.7%)	**RR, 0.74** (0.51–1.09)	**7 fewer per 1000** (from 13 fewer to 2 more)	⨁⨁◯◯ Low[e]	VL may result in fewer aspiration events in critically ill patients undergoing intubation when compared with DL
Dental injury						
8	19/1471 (1.3%)	6/1489 (0.4%)	**RR, 0.46** (0.19–1.11)	**2 fewer per 1000** (from 3 fewer to 0 fewer)	⨁⨁◯◯ Low[f]	VL may result in fewer dental injuries in critically ill patients undergoing intubation when compared with DL

Co když je rozdíl ve zkušenosti s videolaryngoskopem???



Největší r mně lepší) u

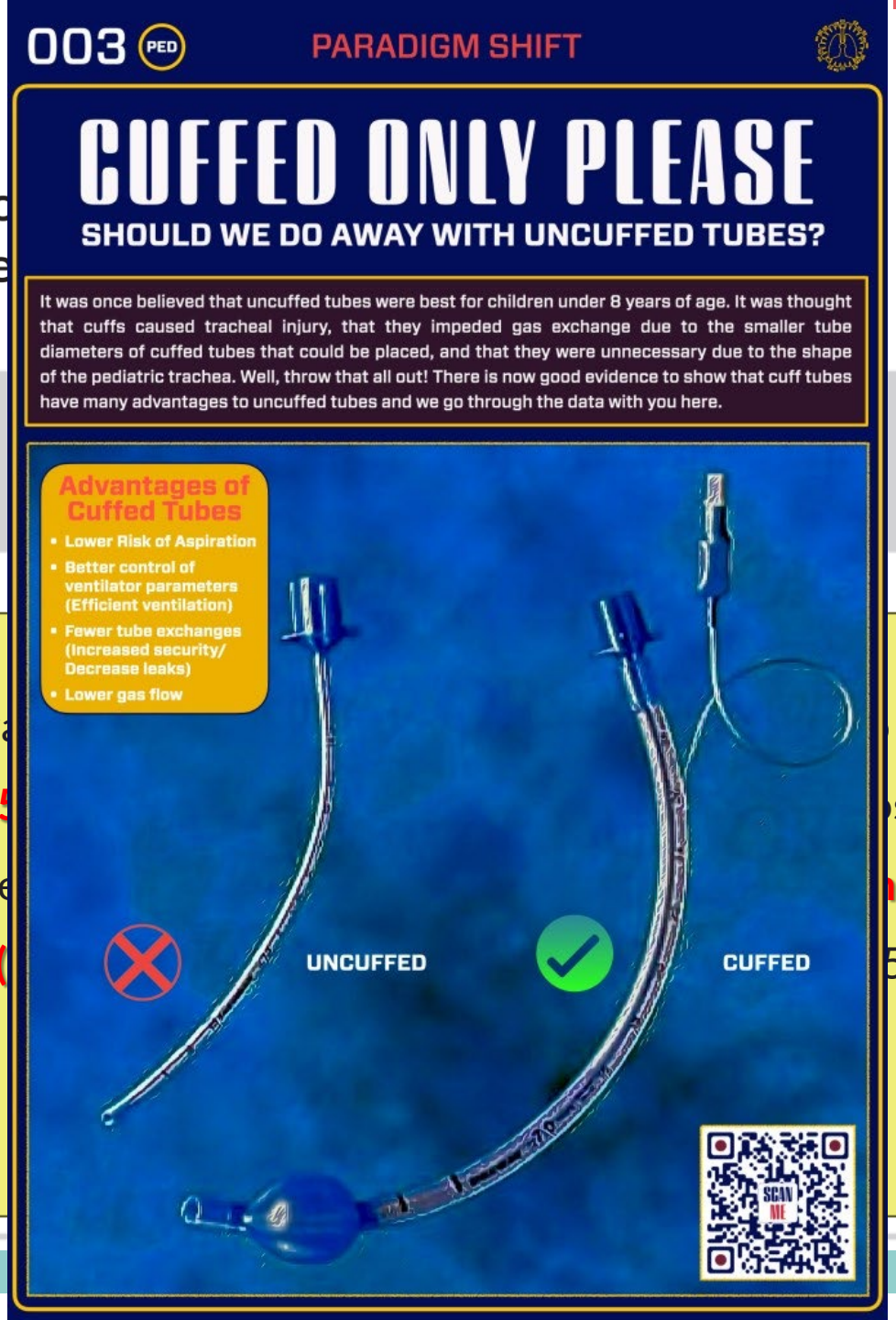
Figure 4. *Forest plot.* Subgroup analysis—intubator experience. First pass success (FPS): Subgroup analysis of intubator experience comparing video laryngoscopy (VL) to direct laryngoscopy (DL) for the outcome of FPS; results are shown by using the random-effects model with risk ratio and 95% CIs. *df* = degrees of freedom, IV = inverse variance.

DOI: 10.1111/pan.14953

RESEARCH REPORT

Cuffed versus uncuffed endo
undergoing noncardiac surge

Khal
Ram



	Relative risk (95% confidence interval)
Croup	3.3 (0.97–11.5)

The **frequency of ETT exchange** wa … the uncuffed one **{1 (1.7%) vs. 28 (46.7%), *p* = .0001; relative risk [95** … stoperative adverse events were comparable between both groups e… **croup in the uncuffed ETT group compared to the cuffed ETT {10 (** … 5% confidence interval): 1.14 (1–

Perioperative Regional Anesthesia on Persistent Opioid Use and Chronic Pain after Noncardiac Surgery: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

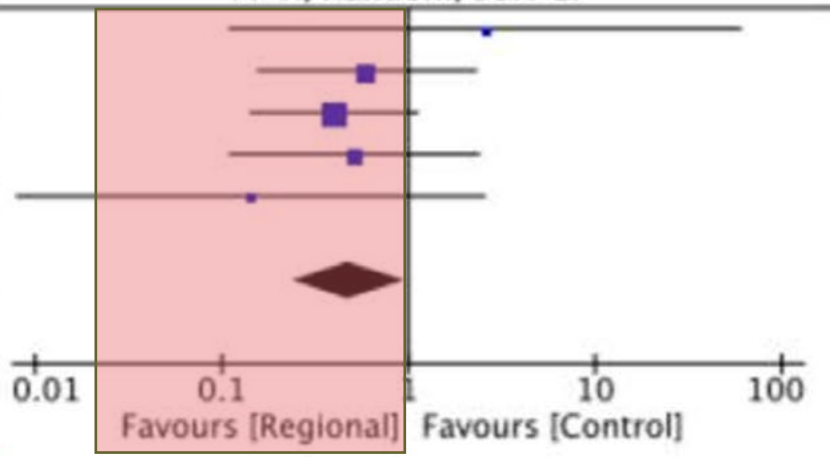
Connor G. Pepper, MD,* John S. Mikhaeil, MD,† and James S. Khan, MSc, MD†‡

A

Study or Subgroup	Regional anesthesia Events	Total	Control Events	Total	Weight	Risk Ratio M-H, Random, 95% CI
Fassoulaki 2014	1	34	0	29	4.8%	2.57 [0.11, 60.81]
Fenten 2018	3	38	5	38	25.8%	0.60 [0.15, 2.34]
Kairaluoma 2006	4	30	10	30	43.9%	0.40 [0.14, 1.14]
Katz 2004	3	72	3	37	19.9%	0.51 [0.11, 2.42]
Lavand'homme 2005	0	20	3	20	5.7%	0.14 [0.01, 2.60]
Total (95% CI)		**194**		**154**	**100.0%**	**0.48 [0.24, 0.96]**
Total events	11		21			

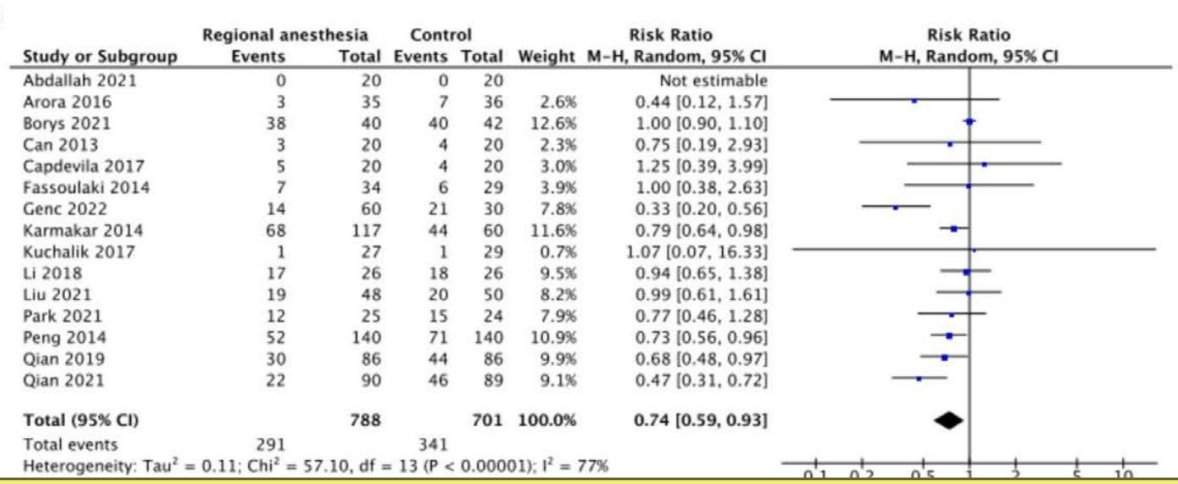
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 1.98$, df = 4 (P = 0.74); $I^2 = 0\%$

Test for overall effect: Z = 2.07 (P = 0.04)



Prolongované užívání opioidů

B



Study or Subgroup	Regional anesthesia Events	Total	Control Events	Total	Weight	Risk Ratio M-H, Random, 95% CI
Abdallah 2021	0	20	0	20		Not estimable
Arora 2016	3	35	7	36	2.6%	0.44 [0.12, 1.57]
Borys 2021	38	40	40	42	12.6%	1.00 [0.90, 1.10]
Can 2013	3	20	4	20	2.3%	0.75 [0.19, 2.93]
Capdevila 2017	5	20	4	20	3.0%	1.25 [0.39, 3.99]
Fassoulaki 2014	7	34	6	29	3.9%	1.00 [0.38, 2.63]
Genc 2022	14	60	21	30	7.8%	0.33 [0.20, 0.56]
Karmakar 2014	68	117	44	60	11.6%	0.79 [0.64, 0.98]
Kuchalik 2017	1	27	1	29	0.7%	1.07 [0.07, 16.33]
Li 2018	17	26	18	26	9.5%	0.94 [0.65, 1.38]
Liu 2021	19	48	20	50	8.2%	0.99 [0.61, 1.61]
Park 2021	12	25	15	24	7.9%	0.77 [0.46, 1.28]
Peng 2014	52	140	71	140	10.9%	0.73 [0.56, 0.96]
Qian 2019	30	86	44	86	9.9%	0.68 [0.48, 0.97]
Qian 2021	22	90	46	89	9.1%	0.47 [0.31, 0.72]
Total (95% CI)		**788**		**701**	**100.0%**	**0.74 [0.59, 0.93]**
Total events	291		341			

Heterogeneity: $Tau^2 = 0.11$; $Chi^2 = 57.10$, df = 13 ($P < 0.00001$); $I^2 = 77\%$

Risk Ratio M-H, Random, 95% CI

0.1 0.2 0.5 1 2 5 10

Pooled estimates indicated that regional anesthesia had a significant effect **on reducing prolonged opioid use (relative risk [RR] 0.48, 95% CI, 0.24–0.96, *P* = .04, I2 0%, 5 trials**, n = 348 patients, GRADE low quality). Pooled estimates **for chronic pain** also indicated a significant effect favoring regional anesthesia **at 3** (RR, 0.74, 95% CI, 0.59–0.93, *P* = .01, I2 77%, 15 trials, n = 1489 patients, GRADE moderate quality) **and 6 months** (RR, 0.72, 95% CI, 0.61–0.85, *P* < .001, I2 54%, 19 trials, n = 3457 patients, GRADE moderate quality) after surgery. No effect was found in the pooled analysis at 12 months postsurgery (RR, 0.44, 95% CI, 0.16–1.17, *P* = .10).

Regionální anestezie/analgezie u všech pacientů !!!

Total events 246 257

Heterogeneity: $Tau^2 = 0.68$; $Chi^2 = 11.52$, df = 4 ($P = 0.02$); $I^2 = 65\%$

Test for overall effect: Z = 1.65 (P = 0.10)

0.005 0.1 1 10 200

Regional anesthesia Control

TOP Intenzivní medicína

ICU v roce 1953

ICU v roce 2024

Kortikosteroidy na ICU

ONLINE REVIEW ARTICLE

OPEN

Do We Need to Admir
Addition to Hydrocorti
Septic Shock? An Up
Review With Bayesian
of Randomized Contr
Observational Study V

- Porovnání ef ntů v septickém šoku
- RCT + obser
- Primární outc

RCT only

Hydrokortison + fludrocortison u pacientů v septickém šoku zlepšil krátkodobý outcome (mortalitu) ve srovnání s HCT, nebo placebem bez nežádoucích účinků.

JAMA Cardiology | Original Investigation

Prehospital Pulse-Dose Glucocorticoid in ST-Segment Elevation Myocardial Infarction

The PULSE-MI Randomized Clinical Trial

JAMA
The Journal of the American Medical Association

Jasmine Melissa Madsen, MD; Thomas Engstrøm, MD, DMSc; Laust Emil Roelsgaard Obling, MD; Yan Zhou, MD; Lars Nepper-Christensen, MD, PhD; Rasmus Paulin Beske, MD; Niels Grove Vejlstrup, MD, PhD; Lia Evi Bang, MD, PhD; Christian Hassager, MD, DMSc; Fredrik Folke, MD, PhD; Kasper Kyhl, MD, PhD; Lars Bredevang Andersen, MD; Helle Collatz Christensen, MD, PhD; Laura Rytoft, MD; Ketina Arslani, MD; Lene Holmvang, MD, DMSc; Frants Pedersen, MD, PhD; Ole Ahlehoff, MD, PhD; Reza Jabbari, MD, PhD; Charlotte Barfod, MD, PhD; Mikkel Hougaard, MD, PhD; Mikko Minkkinen, MD, PhD; Hans-Henrik Tilsted, MD, PhD; Rikke Sørensen, MD, PhD; Jacob Thomsen Lønborg, MD, DMSc

- Hypotéza - akutní zánětlivá odpověď u AIM (STEMI) koreluje s velikost poškození a redukce např. pulzním podáním kortikoidů by mohla redukovat následné poškození (infarct area size)
- Zaslepená, placebem kontrolovaná studie v přednemocničních podmínkách
- 250 mg metylprednisolonu vs. placebo u pacientů se STEMI
- Primární outomce rozsah infarktu na MRI za 3 měsíce od události
- 530 pacientů (418 můžů ???) – 401 zařazených do studie

Table 2. Primary and Secondary Outcomes[a]

Variable	Randomization				Effect size (95% CI)
	No.[b]	Glucocorticoid (n = 262)	No.[b]	Placebo (n = 268)	
Primary efficacy outcome					
Final infarct size, median (IQR), % of LV	1[illegible]	5 (2 to 11)	2[illegible]	6 (2 to 13)	0.87 (0.70 to 1.10)[c]
Secondary outcomes					
Cardiac biomarkers					
Peak troponin T, median (IQR), ng/L[d]	2			(1014 to 6400)	−16.6% (−38% to 5%)[e]
Peak CK-MB, median (IQR), µg/L[f]	2			57 to 292)	11.0% (−10% to 38%)[e]
Acute CMR					
Safety, No. (%)					
Adverse events	262	11 (4)	268	14 (5)	0.80 (0.37 to 1.73)[i]

Compared with placebo, the [illegible] had **smaller acute infarct size (odds ratio, 0.78; 95% CI, 0[illegible] vascular obstruction (relative risk ratio, 0.83; 95% CI, 0.71[illegible] acute left ventricular ejection fraction (mean difference[illegible] 1%-6.87%).** Other secondary outcom[illegible] th groups.

Studie pravděpod[illegible] vered – prostor pro m[illegible] RCT

Research

JAMA Internal Medi

Association and Hospita A Systematic

Selina Ehrenzeller, MD; M

- Vliv
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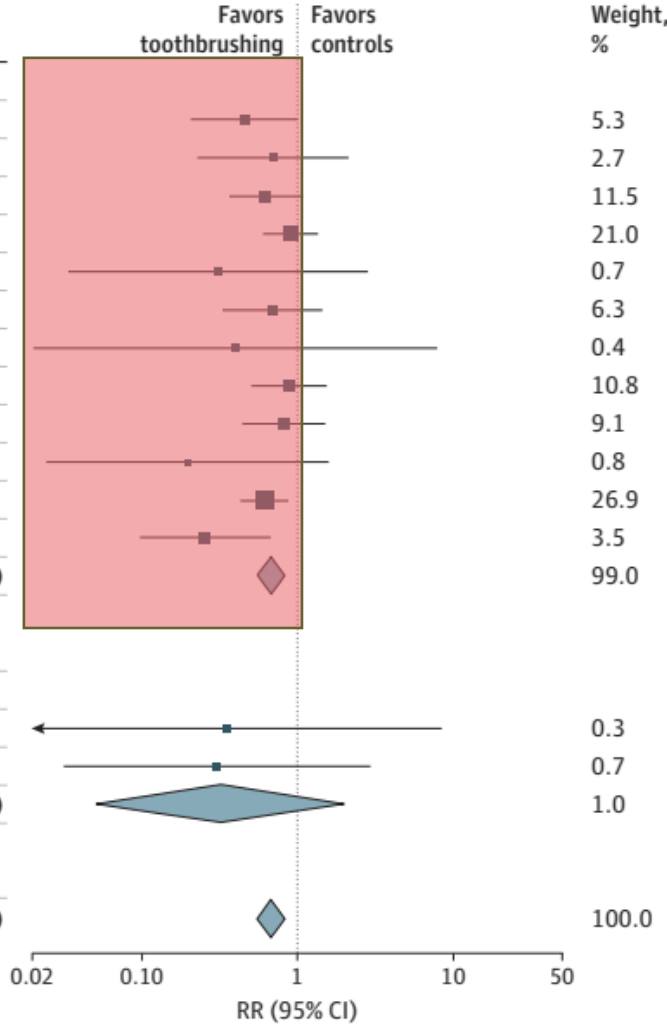
- 15 s

Figure 3. Association of Toothbrushing With Hospital-Acquired Pneumonia (HAP)

Source	Experimental group No. of events	Experimental group No. of patients	Control group No. of events	Control group No. of patients	RR (95% CI)	Weight, %
1.1.1 VAP						
Bellissimo-Rodrigues et al,[42] 2014	8	98	17	96	0.46 (0.21-1.02)	5.3
Chacko et al,[44] 2017	5	104	7	102	0.70 (0.23-2.14)	2.7
de Lacerda Vidal et al,[41] 2017	17	105	28	108	0.62 (0.36-1.07)	11.5
Falahinia et al,[39] 2016	19	34	21	34	0.90 (0.61-1.35)	21.0
Félix,[51] 2016	1	30	3	28	0.31 (0.03-2.82)	0.7
Gong et al,[31] 2018	9	40	13	40	0.69 (0.33-1.43)	6.3
Khan et al,[49] 2017	0	4	1	5	0.40 (0.02-7.82)	0.4
Lorente et al,[45] 2012	21	217	24	219	0.88 (0.51-1.54)	10.8
Pobo et al,[46] 2009	15	74	18	73	0.82 (0.45-1.50)	9.1
Salarzehi et al,[32] 2021	1	30	5	30	0.20 (0.02-1.61)	0.8
Singh et al,[43] 2022	32	110	52	110	0.62 (0.43-0.88)	26.9
Yao et al,[44] 2011	4	28	14	25	0.26 (0.10-0.67)	3.5
Subtotal	132	**874**	203	**870**	**0.68 (0.57-0.82)**	99.0
Heterogeneity: $\tau^2 = 0.00$; $\chi^2_{11} = 10.37$ ($P = .50$); $I^2 = 0\%$ Test for overall effect: $z = 4.13$ ($P < .001$)						
1.1.2 NV-HAP						
Bellissimo-Rodrigues et al,[42] 2014	0	29	1	31	0.36 (0.02-8.39)	0.3
Giuliano et al,[47] 2021[a]	1	393	3	360	0.31 (0.03-2.92)	0.7
Subtotal	1	**422**	4	**391**	**0.32 (0.05-2.02)**	1.0
Heterogeneity: $\tau^2 = 0.00$; $\chi^2_1 = 0.01$ ($P = .94$); $I^2 = 0\%$ Test for overall effect: $z = 1.21$ ($P = .23$)						
Total	133	**1296**	207	**1261**	**0.67 (0.56-0.81)**	100.0
Heterogeneity: $\tau^2 = 0.00$; $\chi^2_{13} = 11.01$ ($P = .61$); $I^2 = 0\%$ Test for overall effect: $z = 4.23$ ($P < .001$) Test for subgroup differences: $\chi^2_1 = 0.63$ ($P = .43$); $I^2 = 0\%$						



Data were synthesized using inverse-variance random-effects models, with effect sizes expressed as risk ratios (RR). NV-HAP indicates nonventilator HAP; VAP, ventilator-acquired pneumonia. Size of markers indicates the relative weight of each study within the meta-analysis.

[a] Reduced to effective sample sizes by calculating intraclass correlation and design effect according to the Cochrane Handbook.

Seřadit: ? Nejoblíbenější **Nejlevnější** Nejvíce recenzí Nejdražší

Mřížka | **Řádek**

Zákaznické hodnocení

- 95 % ★ a více (354)
- 90 % ★ a více (446)
- 80 % ★ a více (512)

Dostupnost

- Skladem (1558)

Tvrdost vláken

- měkký (431)
- velmi měkký (187)
- extra jemný (156)
- střední (149)
- ultra jemný (22)

Zobrazit další možnosti (1)

Značka

Typ kartáčku

Henry Schein zubní kartáček jednorázový napuštěný zubní pastou 1 ks

Henry Schein • Henry Schein • jednorázové • 1 ks • Cestovní • plastové

Jednotlivě balené zubní kartáčky napuštěné zubní pastou…

5 Kč
v zubáček.cz

Do obchodu

Detail produktu

Frogi • klasické • střední • 1 ks • Dětské • plastové

Dětský zubní kartáček Frogi zajistí efektivní hygienu dutiny ústní. Ergonomická ručka s protiskluzovou úpravou zajišťuje lepší…

Porovnat

7 Kč
v Eprodoma

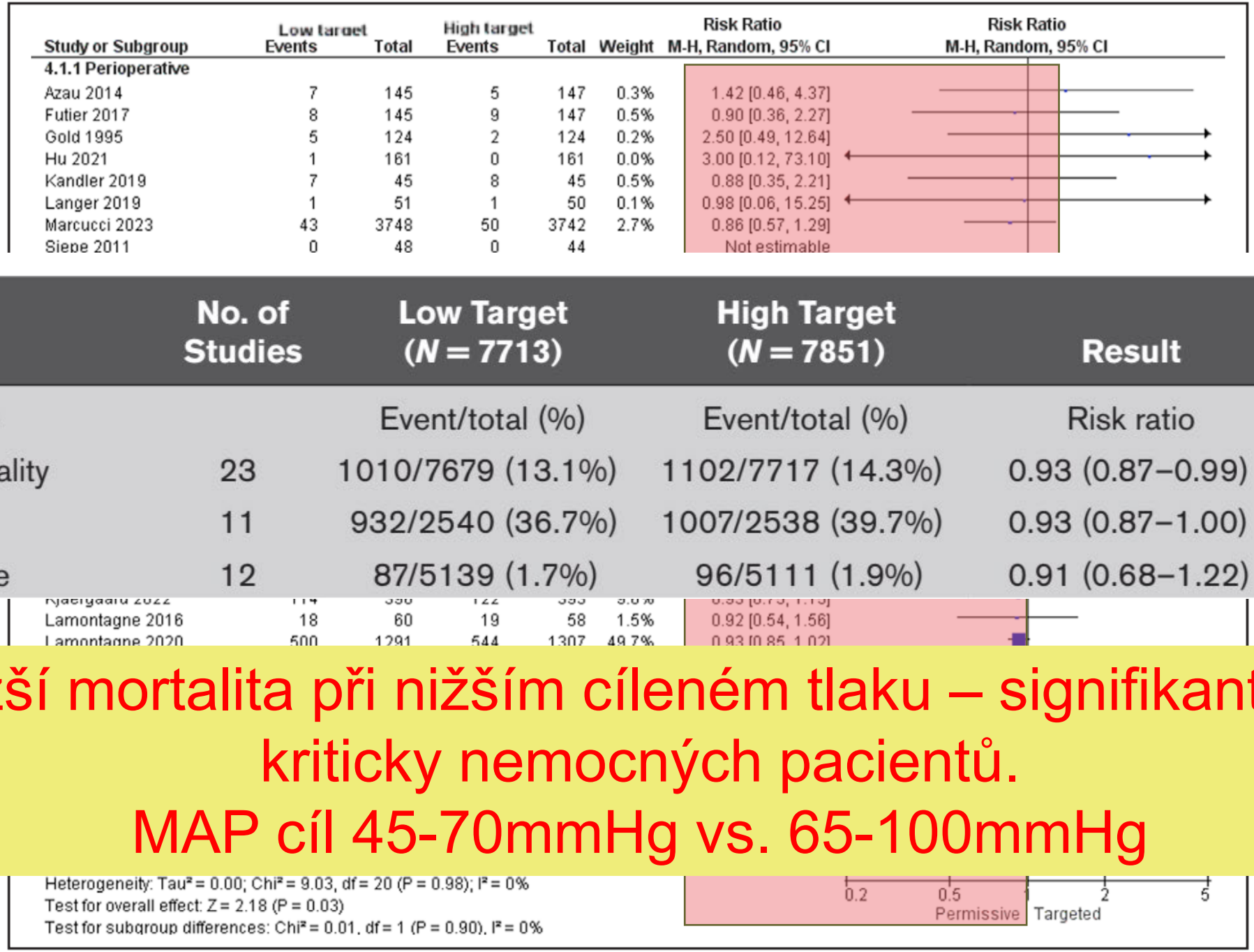
Do obchodu

Detail produktu

REVIEW ARTICLE

Low Versus High Blood Pressure Targets in Critically Ill and Surgical Patients: A Systematic Review and Meta-Analysis of Randomized Controlled Trials*

- 28 studií intenzní péče + 16 perioperační péče
- 15 672 pacientů
- Jenom RCT studie
- Mortalita v sledovaném follow-up



Outcomes	No. of Studies	Low Target ($N = 7713$)	High Target ($N = 7851$)	Result	I^2 (%)	p
Primary outcome		Event/total (%)	Event/total (%)	Risk ratio		
All-cause mortality	23	1010/7679 (13.1%)	1102/7717 (14.3%)	0.93 (0.87–0.99)	0	0.03
Critically ill	11	932/2540 (36.7%)	1007/2538 (39.7%)	0.93 (0.87–1.00)	0	0.04
Perioperative	12	87/5139 (1.7%)	96/5111 (1.9%)	0.91 (0.68–1.22)	0	0.53

Nižší mortalita při nižším cíleném tlaku – signifikantní u kriticky nemocných pacientů.
MAP cíl 45-70mmHg vs. 65-100mmHg

Figure 2. Effect of low management compared with high blood pressure target on all-cause mortality at longest follow-up available.

PPI®

A POWERFUL PERSPECTIVE

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 JULY 4, 2024 VOL. 391 NO. 1

Stress Ulcer Prophylaxis during Invasive Mechanical Ventilation

- Risk vs. benefit PPI u pacientů na UPV
- Mezinárodní RCT – 68 ICU (4821 pacientů)
- Pantoprazol 40mg vs. placebo
- Primární outcome GIT krvácení na ICU (nebo do 90 dnů)
- Primární safety outcome – 90denní mortalita
- Sekundární outcome – VAP, CDI infekce

Table 2. Primary Efficacy and Safety Outcomes.

Outcome	Pantoprazole (N = 2417)	Placebo (N = 2404)	Absolute Difference (95% CI)	Hazard Ratio (95% CI)*	P Value
	no./total no. (%)		*percentage points*		
Primary efficacy outcome: clinically important upper gastrointestinal bleeding	25/2385 (1.0)	84/2377 (3.5)	2.5 (1.6 to 3.3)	0.30 (0.19 to 0.47)	<0.001
Primary safety outcome: 90-day mortality	696/2390 (29.1)	734/2379 (30.9)	1.7 (–0.9 to 4.3)	0.94 (0.85 to 1.04)	0.25

* Hazard ratios were adjusted for prehospital use of histamine 2–receptor antagonists or proton-pump inhibitors. Mortality analyses were also adjusted for the baseline APACHE II score.

Table 3. Secondary and Tertiary Outcomes.*

Outcome	Pantoprazole (N=2417)	Placebo (N=2404)	Treatment Effect (95% CI)†	P Value‡
Secondary outcome				
Ventilator-associated pneumonia in ICU — no./total no. (%)§	556/2394 (23.2)	567/2381 (23.8)	1.00 (0.89–1.12)	0.93
Clostridioides difficile infection in hospital — no./total no. (%)	28/2385 (1.2)	16/2377 (0.7)	1.78 (0.96–3.29)	0.50
New renal-replacement therapy in ICU — no./total no. (%)	146/2385 (6.1)	142/2380 (6.0)	1.04 (0.83–1.31)	0.98
Death — no./total no. (%)				
In ICU	488/2402 (20.3)	515/2392 (21.5)	0.98 (0.87–1.11)	0.94
In hospital	630/2399 (26.3)	677/2381 (28.4)	0.96 (0.86–1.07)	0.91
Patient-important upper gastrointestinal bleeding in ICU — no./total no. (%)	36/2385 (1.5)	100/2377 (4.2)	0.36 (0.25–0.53)	<0.001
Median no. of days in hospital (IQR)	20 (11–35)	21 (11–38)	NA	0.47

Signifikantní redukce GIT krvácení bez výskytu NÚ.

UPV = PPI (pantoprazol i.v.)

Intensive Care Med (2024) 50:813–831
https://doi.org/10.1007/s00134-024-07369-9

GUIDELINES

European Societ
clinical practice
in adult critically
of resuscitation

Yaseen M. Arabi[1*], Emilie Belley-Cot
Nicole P. Juffermans[7], Naomi Hammo
Antonio Messina[13,14], Morten Hyland
Fernando G. Zampieri[20] and Fayez Al

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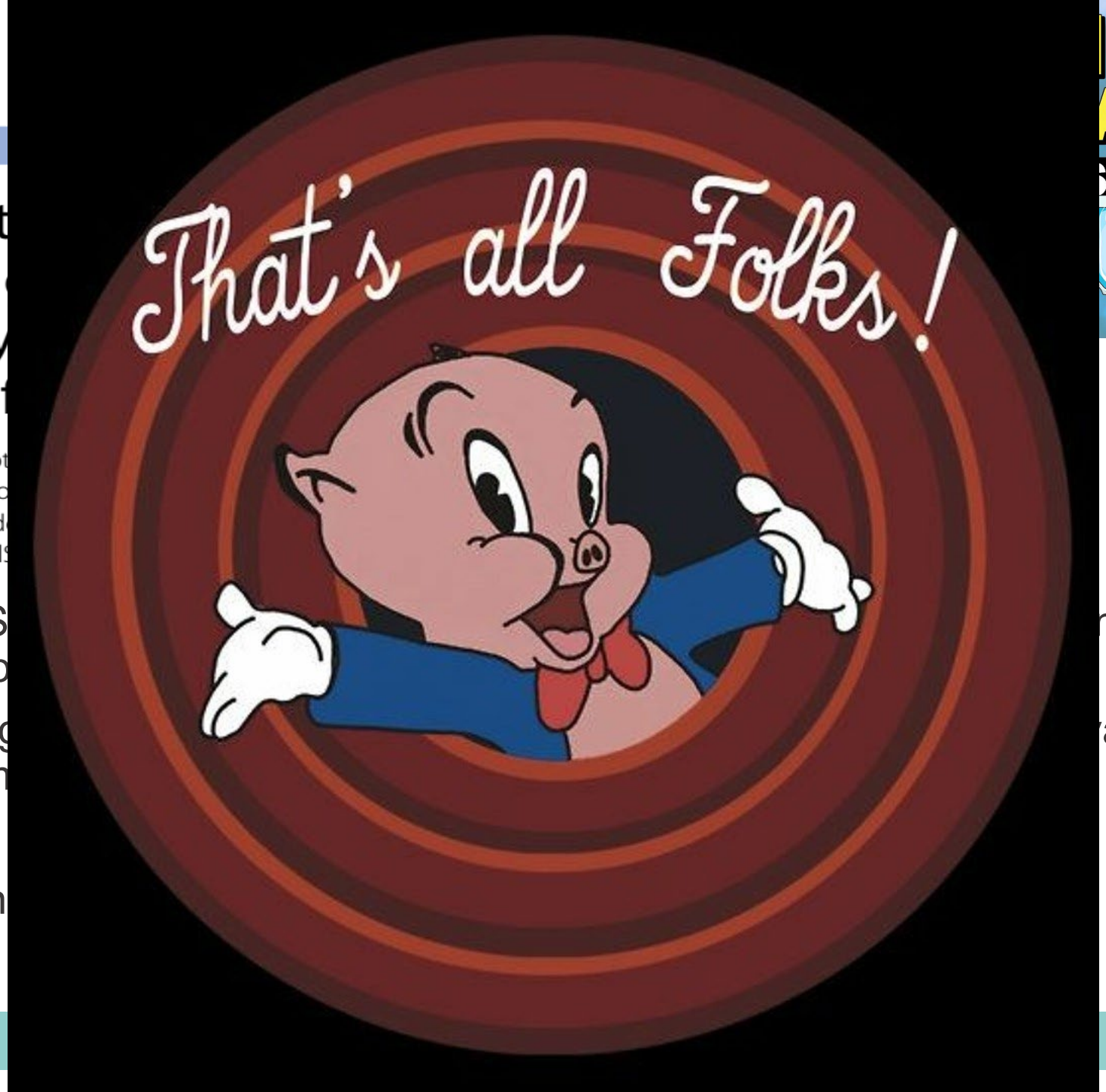

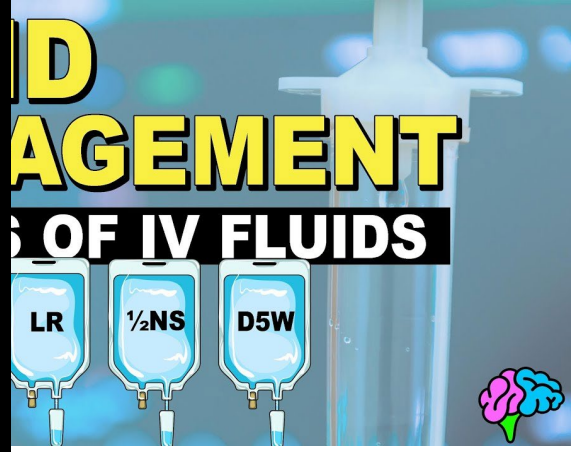

n fluids in adult

aluation

CONFERENCE REPORTS AND EXPERT PANEL

European Society of Intensive Care Medicine guidelines on end of life and palliative care in the intensive care unit

Jozef Kesecioglu[1*], Katerina Rusinova[2], Daniela Alampi[3], Yaseen M. Arabi[4], Julie Benbenishty[5], Dominique Benoit[6,7], Carole Boulanger[8], Maurizio Cecconi[9,10], Christopher Cox[11], Marjel van Dam[1], Diederik van Dijk[1], James Downar[12,13], Nikolas Efstathiou[14], Ruth Endacott[15], Alessandro Galazzi[16], Fiona van Gelder[17], Rik T. Gerritsen[18], Armand Girbes[19], Laura Hawyrluck[20], Margaret Herridge[21,22], Jan Hudec[23,24], Nancy Kentish-Barnes[25], Monika Kerckhoffs[1], Jos M. Latour[26,27,28], Jan Malaska[24,29,30], Annachiara Marra[31], Stephanie Meddick-Dyson[32], Spyridon Mentzelopoulos[33], Mervyn Mer[34,35], Victoria Metaxa[36,37], Andrej Michalsen[38], Rajesh Mishra[39], Giovanni Mistraletti[40,41], Margo van Mol[42], Rui Moreno[43,44,45], Judith Nelson[46], Andrea Ortiz Suñer[47,48], Natalie Pattison[49,50], Tereza Prokopova[23,24], Kathleen Puntillo[51], Kathryn Puxty[52,53], Samah Al Qahtani[4], Lukas Radbruch[54], Emilio Rodriguez-Ruiz[55,56,57], Ron Sabar[58], Stefan J. Schaller[59], Shahla Siddiqui[60], Charles L. Sprung[61], Michele Umbrello[41], Marco Vergano[62], Massimo Zambon[63], Marieke Zegers[64], Michael Darmon[65,66] and Elie Azoulay[65,66]

Take home-message

- Urgent -
  - ECPR
  - NIV
  - Ketamin
  - laryngeální maska
  - videolaryngoskop

- Anestezie –
  - regionální anestezie/analgezie u všech
  - balonkové kanyly u (všech? – 2,7 kg) novorozenců

Take home-message pokačování

- ICU –
  - UPV = PPI
  - MAP stačí nižší (65mmHg)
  - zvažuj kortikoidy
  - všem balancovaný krystaloid

Děkuji za pozornost

Děkuji za spolupráci týmu sekce monitoring článků AKUTNĚ.CZ