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Critical events during intra-hospital transport of critically ill patients to and from intensive care unit

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Statement of problem: Intra-hospital transport (IHT) of critically ill patients is frequently required for diagnostic or therapeutic procedures that cannot be performed in Intensive Care Unit (ICU). In our hospital, five to seven patients per week are transferred from the main ICU to operating room or for diagnostic procedures. Adverse events are common in both in- and out-of-hospital transports, the most common being equipment malfunction. Studies have reported equipment problems and mishap in 11 to 34% of all transport episodes. Research into this aspect of hospital care is lacking in our country. Knowledge about the potential complications associated with IHT is essential to determine the safest way to transport patients reducing mortality and morbidity. This observational study was designed to fill this epidemiological gap by determining the incidence and types of adverse events occurring during intra-hospital transport of critically ill patients in a tertiary care hospital.

Aim: Aim of this study is to find the nature and rate of critical events occurring during intra-hospital transport of patients to and from ICU and to formulate recommendations for prevention of critical events occurring during transport in future.

Methods: 160 consecutive IHTs of patients from ICU to procedure room or operation theater and back were prospectively studied during an eight month period, from 1st October 2013 to 13th May 2014. A total of 248 critical events were observed in 104 IHTs (65%; 95% Confidence Interval [95 CI] 57.4-72.1%). Critical events were divided into those related to the airway, monitors, drugs and intravenous lines, equipment, cardiovascular system, respiratory system, and the procedure room, as well as miscellaneous ones.

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Human glia expresses cytoglobin after brain trauma

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A 190-amino acid protein-cytoglobin (Cygb) is a recently identified member of the vertebrate hemoglobin family. Cygb is an ancient and highly evolutionarily conserved protein. Like the other members of the hemoglobin family, functions of Cygb are mainly based on its oxygen binding ability. Cygb was previously demonstrated to be exclusively expressed by neurons of brain. However, a recent research reported the expression of Cygb in human GBM cells, hinting that glia cells may also express Cygb under certain pathological states. Therefore, to assess the cellular localization of human Cygb under physiological and pathological state, we performed immuno-staining to post-mortem brain specimens from people who died of traumatic brain injury and deceased without neuropathy, respectively. In uninjured human brains, the immuno-signal of Cygb was restricted in neurons but not glia cells whereas, in the chronic brain trauma group, expression of Cygb was also detected in astrocytes and microglia cells in the injury repairing area. Results of this present study offered the neuro-anatomical basis for further exploration of the neuroprotective role of Cygb and suggested Cygb to be a novel therapeutic target in various neurological disorders.

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