



Eleven presentations by the Saudi Critical Care Society in the Critical Care Canada Forum



The Saudi Critical Care Society (SCCS) had a scientific session at the Critical Care Canada Forum (CCCF) on Oct 25-28, 2009.



Eleven presentations were given by the Saudi Critical Care Society as follow:

- **“Critical Care in Saudi Arabia, past; current and future”**, By Dr. Abdullah Al-Shimemeri.
- **“The ICU and the challenge of terrorism”**. By Dr. Al-Shimemeri.
- **“Critical Care in Hajj”**. By Dr. Yasser Mandourah
- **“Point of care Ultrasound in Critical Care: The Saudi experience”**. By Dr. Abdulmohsen Al-Saawi.
- **“Adrenal dysfunction in the septic patient: More than cortisol deficiency”**. By Dr.Yaseen Arabi.
- **“Intra-abdominal and abdominal perfusion pressure in cirrhotic patients”**. By Dr.Yaseen Arabi.
- **“Critical Care Simulation and Patient Safety: The Experience in Saudi Arabia”**. By Dr.Yaseen Arabi.
- **“How to manage a research team”**. By Dr.Yaseen Arabi.
- **“Saudi Critical Care Society”**. By Dr. Yaseen Arabi.

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PROTECT Study



In November 2007 National Guard Health Affairs (NGHA) started the PROTECT study. Patients were screened and enrolled in the study whilst receiving treatment in Intensive Care Unit (ICU). Up to date there are 2800 patients recruited in the PROTECT study. The aim of the study is 3640 patients. King Abdul-Aziz Medical City (KAMC) is one of the recruiter centre in the Kingdom of Saudi Arabia with a total of 40 patients enrolled to date.

The PROTECT team is actively involved in data collection and ongoing correspondence enables the team to work effectively together to complete documents that are ultimately faxed to Canada. The PROTECT team in Canada keeps us informed of queries that need attention and review. This enables the team to make sure the data collection forms are 100 % complete.

The PROTECT study has been a great challenge for ICU and due to the motivation and dedication of the team, we have been able to successfully enroll and follow patients on the PROTECT study.

An Article about KAMC from Faculty of 1000 Medicine

We are pleased to know that one of Dr. Yaseen Arabi's articles "**Hypoglycemia with Intensive Insulin Therapy in Critically ill patients: predisposing factors and association with mortality**", (Crit Care Med, 2009 Sep) has been selected for Faculty of 1000 Medicine and evaluated by Dr. Lars-Peter Kamolz.

Faculty of 1000 Medicine (www.f1000medicine.com) is a revolutionary literature awareness service that identifies and evaluates the most important articles published in Medicine based on the recommendations of a faculty of over 2000 peer-nominated leading researchers and clinicians.

Permissive Underfeeding Trial Initiated by Adult ICU @ KAMC

The Intensive Care Department at KAMC initiated a trial called "**The Impact of Permissive Underfeeding versus Target Enteral Feeding on Morbidity and Mortality in Adult Critically Ill Patients**". The proposal for this trial got approval by the KAIMRC and the KAMC-IRB.

This will be the first multicenter and multinational trial initiated by the adult ICU at KAMC. So far, 10 centers showed their interest to participate in the study.

The study will be monitored by Data Monitoring Committee (DMC), an independent multidisciplinary group that collectively has experience in the management of critically ill patients and in the conduct and monitoring of randomized clinical trials.

The DMC is primarily responsible for safeguarding the interests of trial participants, assessing the safety and efficacy of the interventions during the trial, and for monitoring the overall conduct of the clinical trial. The DMC will provide recommendations about stopping or continuing the trial.

The Data Monitoring Committee:

- Dr. Daren K. Heyland, Professor of Medicine, Queens University, Canada (Chair).
- Dr. Lauren Griffith, Research Associate, Department of Clinical Epidemiology & Biostatistics McMaster University, Hamilton, Toronto, Canada.
- Dr. Neill Adhikari, Associate Scientist, Sunnybrook Women's Health Science Centre, Toronto, Canada.

The Steering Committee:

- Dr. Yaseen Arabi, Chairman, Intensive Care Department, King Abdulaziz Medical City, Riyadh, Saudi Arabia.
- Dr. Abdulaziz Al-Dawood, Deputy Chairman, Intensive Care Department, King Abdulaziz Medical City, Riyadh, Saudi Arabia.
- Dr. Mohammed Al-Sultan, Consultant, Intensive Care Department, King Abdulaziz Medical City, Riyadh, Saudi Arabia.
- Dr. Hasan Al-Dorzi, Consultant, Intensive Care Department, King Abdulaziz Medical City, Riyadh,

- Dr. Samir Haddad, Consultant, Intensive Care Department, King Abdulaziz Medical City, Riyadh, Saudi Arabia.

Others:

- Dr. Asgar Rishu, Data Collector, Intensive Care Department, King Abdulaziz Medical City, Riyadh, Saudi Arabia.
- Dr. Shaila Bhat, Intensive Care Department, King Abdulaziz Medical City, Riyadh, Saudi Arabia.
- Dr. Hani Tamim, Associate Professor, Epidemiology & Biostatistics, Department of Medical Education, College of Medicine, King Saud bin Abdulaziz University for Health Sciences, Riyadh, Saudi Arabia.
- Mr. Abdulsattar Diab, Program Coordinator, Intensive Care Department, King Abdulaziz Medical City, Riyadh, Saudi Arabia.
- Ms. Maram Sakkijha, Clinical Dietician, Clinical Nutrition Department, King Abdulaziz Medical City, Riyadh, Saudi Arabia.

The Permissive Underfeeding Trial has started and the first patient was recruited on **November 02, 2009**.

KAMC ICU participated in the MOSAICS study

MOSAICS study: Management Of Severe sepsis in Asia's Intensive Care units Study (MOSAICS) was a prospective observational study, proposed by Asia Ventilation Forum and describes the adherence of intensivists working in Asia to the 'Surviving Sepsis Campaign' guidelines and bundles for the management of severe sepsis and septic shock and the relationship between such practice and patients outcomes.

More than 200 ICUs from at least 19 Asian countries has participated in this study.

KAMC was the trial coordinator center in Saudi Arabia for the MOSAICS study. The following five centers within the kingdom participated in this study:

- 1) King Faisal Specialist Hospital and Research Center, Riyadh.
- 2) King Faisal Specialist Hospital and Research Center, Jeddah.
- 3) King Fahad Medical City, Riyadh.

KAMC has recruited 32 patients from both Critical Care Unit and the ER Critical Care Unit.

The Oscillation for ARDS Treated Early (OSCILLATE) Trial Study



The primary objective for the full OSCILLATE trial is to determine the effects of high frequency oscillator versus conventional ventilation on mortality in adults with severe ARDS. The OSCILLATE pilot trial was to assess the feasibility of the ventilation strategies and study procedures. 11 ICUs participated in the pilot trial (10 in Canada and 1 in Saudi Arabia (King Fahad National Guard). Recruitment finished July 2008 for the pilot trial. King Fahad National Guard ICU recruited 15 patients out of 94 .

The full multinational trial has started recruitment in July 2009 and will continue for 5 years.

An OSCILLATE start up meeting was done in Vienna on October 15, 2009 for all the centers involved in the study.

Publications and Accepted Papers

- 1) **“Near-Target Caloric Intake in Critically Ill Medical-Surgical Patients is Associated with Adverse Outcomes”**. Yaseen M Arabi, MD, Samir H. Haddad, MD, Hani M Tamim, PhD, Asgar H. Rishu, MBBS, Maram Sakkijha, RD, Salim H. Kahoul, RN, Riette J. Brits, RN. (Accepted in Journal of Parenteral and Enteral Nutrition).
- 2) **“Relationship between intracranial pressure monitoring and outcome in severe traumatic brain injury patients.”** Dr. Samir Haddad MD, (Accepted oral presentation at The society of Critical Care Medicine's (SCCM) 39th Critical Care Congress).

- 3) **“Sedation in ICU: Are we achieving goals?”**. Samir Haddad MD, Yaseen Arabi MD, Abdulaziz Aldawood MD, Saad Al-qahtani MD, Monica Pillay RN, Brintha Naidu RN, Anwar Issa RN. (Published paper in M.E.J. Anesth 20(3), 2009).

Critical Care Research Forum

Meetings continue in the ICU conference room on a weekly basis (Wednesdays 2-4 PM) to discuss ongoing research projects, manuscripts under preparation and new research proposals. We invite interested ICU staff to attend these meetings and present research proposals for discussions. In October, Dr Arabi presented on the significance of abdominal perfusion pressure in cirrhotic patients with septic shock. Yousef Al-Jathlani (medical student) and Dr Al-Dorzi presented their research proposal on the opinions of physicians on end of life decisions in Saudi Arabia.

The proposed survey was also discussed. Dr Al-Dorzi also discussed a proposal on the value of routine active surveillance for multi-drug resistant Acinetobacter in the ICU. In the coming weeks, we will have meeting to discuss research proposals related critical care response team and simulation.

Important Upcoming Critical Care Conferences

- SCCM: 39th critical care congress.: January 9-13, 2010 in Miami Beach, Florida.
- 30th International Symposium on Intensive Care and Emergency Medicine. March 9- 12, 2010 in Brussels. Abstract submission deadline: December 1, 2009.
- Saudi Critical Care Society: SCCS 2010. April 27-29, 2010 in Jeddah. Abstract submission deadline: February 17, 2010.
- ATS: ATS international conference. May 14-19, 2010 in New Orleans. Abstract submission deadline: November 4, 2009.
- ESICM: 9th Summer Conference in ICM: “Acute Brain Injury”. June 10-12, 2010 in Dublin.

- ERS: ERS annual congress. September 18-22, 2010 in Barcelona. Abstract submission deadline: February 25, 2010.
- ESICM: 23rd ESICM annual congress. October 9-13 2010 in Barcelona. Abstract submission deadline: April 15, 2010.
- ACCP: Chest 2010. October 30– November 4, 2010 in Vancouver.

ATS 2010

ATS 2010: The next American Thoracic Society (ATS) meeting will occur on May 14-19, 2010 in New Orleans, USA. Last year, KAMC- Intensive Care Department had 13 abstracts in ATS, 2009 in San Diego. Several abstracts are currently under preparation for submission to ATS 2010. This year we have submitted 13 abstracts:

- 1) **“The Impact of Implementing Critical Care Response Team (CCRT) on ICU Patient Mix and Outcomes”**. Arabi YM, Qahtani SA, Tamim H, Diab AS, Rishu AH, Fong L, Mohammed H, Al-Sultan M, Al-Jabbary A, Taher S, Al-Knawy B.
- 2) **“Implementation of Critical Care Response Team (CCRT) is Associated with Reduction of Inhospital Cardiac Arrests and ICU Readmissions”**. Arabi YM, Qahtani SA, Al-Dorzi HM, Gouda A, Asad SK, Rabiee S, Macainan M, Alamry A, Taher S, Al-Knawy B.
- 3) **“Comparison of Different Case Definitions for Adrenal Insufficiency in Cirrhotic Patients with Septic Shock”**. Arabi YM, Jumah A, Dabbagh O, Tamim H, Rishu AH, Abdulkareem A, Al-Knawy B, Hajeer A, Tamimi W, Cherfan A.

- 4) **“Shock Replace in Cirrhotic Patients Treated for Septic Shock: Predictors and Outcomes”**. Arabi YM, Tamim H, Al-Dawood A, Jumah A, Dabbagh T, Baharoon S, Haddad S, Al-Sultan M.
- 5) **“Incidence and Outcomes of Venous Intensive Thromboembolism in Critically Ill Patients in a Medical Surgical Intensive Care Unit”**. Arabi YM, Bhat S, Shifaat G, Tamim H, Rishu A, Al-Dawood A, Qahtani SA.
- 6) **“Analysis of Incident Reports in a Tertiary Care Center”**. Arabi YM, Al-Alamry A, Al-Dorzi HM, Tlayjeh HM, Al-Habib H, Asad SK, Taher S.
- 7) **“Ventilator Associated Pneumonia at a Tertiary Care Center in Saudi Arabia”**. Al-Dorzi HM, Al-Raiy B, Rishu A, El-Saed A, Balkhy H, Memish Z, Arabi YM.
- 8) **“Is Procalcitonin a Marker of Adrenal Insufficiency in Cirrhotic Patients with Septic Shock?”** Al-Dorzi HM, A. Rishu, Bouchama A., Dehbi M, Aljumah A, Arabi YM.
- 9) **“Impact of Computerized Physician Order Entry (CPOE) System on ICU Mortality: A Before-After Study”**. Al-Dorzi HM, Cherfan A, Hassan MA, Al-Habib H, Sughayr A, Arabi YM, Taher S.
- 10) **“Practices of Venous Thromboembolism Prophylaxis and Incidence in Critically Ill Cirrhotic Patients”**. Al-Dorzi HM, Bhat S, Tamim H, Khokar S, Hussain S, Al-Dawood A, Arabi YM.
- 11) **“Comparison between Crisis Resource Management Skills and Medical Knowledge for Critical Care Physicians’ Assessment”**. Tlayjeh HM, Arabi YM, AL-Dorzi HM, Al-Dawood A, Haddad S, Al-Sultan M, Qahtani SA, Baharoon S, Diab A, Taher S.

- 12) **“Assessment of Critical Care Physicians using a Subjective Global Rating Scale of the ACGME Competencies versus a Simulation Based Crisis Resource Management Scale”**. Tlayjeh HM, Arabi YM, Al-dorzi HM, Al-Dawood A, Al-Dabbagh T, Al-Hamed HM, Haddad S, Baharoon S, Diab A, Taher S.
- 13) **“Highlights on End of Life issues in a Muslim Country”**. Gouda A, Al-Jabbary A, Fong L.

KAMC has enrolled 15 patients in DECRA Trial



DECRA is a multicentre, prospective randomized controlled trial in patients with severe Traumatic Brain Injury and refractory Intracranial Hypertension, comparing early Decompressive Craniectomy with the best current management.

So far 148 patients have been enrolled in the trial. KAMC has enrolled 15 patients in this trial so far with 100% follow up at 6 and 12 months. This was highly appreciated by the DECRA project team.

DECRA project manager, Murray Lynette along with her other colleagues, is visiting KAMC, Saudi Arabia early next year as part of their site visit. Lynette will be in KAMC for four days during which she will be doing audit of the patients enrolled so far. Also, she will be presenting on various research related topics in KAMC.

Additionally, Dr Jamie Cooper, the principal investigator, will also be visiting KAMC next year as part of the study visit and to interact with DECRA KAMC team. Dr Cooper had highly appreciated KAMC DECRA team while interacting with Dr Yaseen Arabi, the PI of DECRA in KAMC, during their meeting in Canadian Critical Care Forum meeting in Toronto last month.

KAMC ICU is looking forward to have the DECRA team members in their center.

Question of this issue

In a randomized controlled clinical trial, the purpose of randomization is to (choose the right answer):

Answer:

- A) keep the study subjects "blind" to treatment Received.
- B) keep the observers "blind" to treatment received.
- C) get a random sample of the population for treatment.
- D) minimize the bias between the two groups.

Answer 4– minimize bias.

Answer: is "D" – to minimize bias

Co-editors:

Dr. y. Arabi

Dr. H. Al-Dorzi

Mr. A. Diab