

Resumos dos trabalhos científicos apresentados no

RiO 2017

NO FRONTIERS FOR EXCELLENCE

XIII Congresso Mundial
de Medicina Intensiva

**XXII Congresso Brasileiro
de Medicina Intensiva - CBMI**

8 a 11 de novembro de 2017

Windsor Convention Center
Rio de Janeiro, Brasil

WFSICCM

Rio 2017



AMOR
intenso
pela **VIDA**

www.amorintensopelavida.com.br

 **amiboficial**



EDITOR CHEFE**Thiago Costa Lisboa**

Coordenador da Rede Institucional de Pesquisa e Inovação em Medicina Intensiva, Complexo Hospitalar Santa Casa e Médico Intensivista e Executivo CCIH, Hospital de Clínicas de Porto Alegre - Porto Alegre (RS), Brasil.

CONSELHO CONSULTIVO

Cleovaldo S. Pinheiro, Professor de Medicina, Faculdade de Medicina, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil.

Gilberto Friedman, Professor de Medicina, Faculdade de Medicina, Universidade Federal do Rio Grande do Sul e Universidade Federal de Ciências da Saúde de Porto Alegre - Porto Alegre (RS), Brasil.

Rachel Moritz, Professora de Medicina, Faculdade de Medicina, Universidade Federal de Santa Catarina - Santa Catarina (SC), Brasil.

Flávia Ribeiro Machado, Chefe da Disciplina de Anestesiologia, Dor e Terapia Intensiva, Escola Paulista de Medicina, Universidade Federal de São Paulo - São Paulo (SP), Brasil.

EDITORES ASSOCIADOS

Felipe Dal Pizzol, Professor de Medicina, Departamento de Medicina, Laboratório de Fisiopatologia Experimental, Universidade do Extremo Sul Catarinense - Criciúma (SC), Brasil.

Flávia Ribeiro Machado, Chefe da Disciplina de Anestesiologia, Dor e Terapia Intensiva, Escola Paulista de Medicina, Universidade Federal de São Paulo - São Paulo (SP), Brasil.

Gilberto Friedman, Professor de Medicina, Faculdade de Medicina, Universidade Federal do Rio Grande do Sul e Universidade Federal de Ciências da Saúde de Porto Alegre - Porto Alegre (RS), Brasil.

Jefferson Pedro Piva, Professor de Medicina, Faculdade de Medicina, Pontifícia Universidade Católica do Rio Grande do Sul e Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil.

Jorge Ibrain Figueira Salluh, Pesquisador Associado, Instituto D'Or de Pesquisa e Ensino e Programa de Pós-Graduação, Instituto Nacional de Câncer - Rio de Janeiro (RJ), Brasil.

Luciano César Pontes de Azevedo, Professor de Medicina, Universidade de São Paulo e Médico Pesquisador do Hospital Sírio-Libanês - São Paulo (SP), Brasil.

Rui Moreno, Coordenador da Unidade de Cuidados Intensivos Neurocríticos, Hospital de São José, Centro Hospitalar de Lisboa Central e Professor de Medicina da Faculdade de Ciências Médicas, Universidade Nova de Lisboa - Lisboa, Portugal.

EDITORES DE SEÇÃO

Epidemiologia: **Leandro Utino Taniguchi**, Instituto de Ensino e Pesquisa, Hospital Sírio-Libanês e Disciplina de Emergências Clínicas, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil.

Hemodinâmica: **Glauco Adrieno Westphal**, Coordenador do Programa de Residência em Medicina Intensiva, Hospital Municipal São José - Joinville (SC), Brasil.

Neonatologia e Pediatria: **Werther Brunow de Carvalho**, Professor Titular de Pediatria, Universidade de São Paulo - São Paulo (SP), Brasil.

Organização e Gestão: **Márcio Soares**, Pesquisador Associado, Instituto D'Or de Pesquisa e Ensino e Programa de Pós-Graduação, Instituto Nacional de Câncer - Rio de Janeiro (RJ), Brasil.

Sepse e Infecção: **Pedro Póvoa**, Professor de Medicina, Hospital de São Francisco Xavier, Centro Hospitalar de Lisboa Ocidental - Lisboa, Portugal.

Ventilação Mecânica: **Alexandre Biasi Cavalcanti**, Instituto de Pesquisa, Hospital do Coração - São Paulo (SP), Brasil.

CORPO EDITORIAL**Brasil**

Álvaro Rea-Neto, Professor de Medicina, Universidade Federal do Paraná - Curitiba (PR), Brasil.

Anibal Basile-Filho, Professor de Medicina, Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil.

Carlos Roberto de Carvalho, Professor de Medicina, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil.

Cid M. David, Professor de Medicina, Faculdade de Medicina, Universidade Federal do Rio de Janeiro - Rio de Janeiro (RJ), Brasil.

Ederlon C. Rezende, Unidade de Terapia Intensiva, Hospital do Servidor Público Estadual - São Paulo (SP), Brasil.

Eduardo Troster, Professor de Pediatria, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil.

Eliezer Silva, Departamento de Pacientes Graves, Hospital Israelita Albert Einstein e Livre-Docente, Universidade Federal de São Paulo - São Paulo (SP), Brasil.

Fernando Augusto Bozza, Pesquisador, Instituto de Pesquisa Clínica Evandro Chagas, Fundação Osvaldo Cruz e Instituto D'Or de Pesquisa e Ensino - Rio de Janeiro (RJ), Brasil.

Fernando Suparregui Dias, Diretor do Departamento de Cuidados Intensivos, Hospital Pompeia - Caxias do Sul (RS), Brasil.

Francisco Garcia Soriano, Professor Associado, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil.

Guilherme de Paula Pinto Schettino, Hospital Sírio Libanês - São Paulo (SP), Brasil.

Maria de Fátima F. Vattimo, Professora de Enfermagem, Escola de Enfermagem, Universidade de São Paulo - São Paulo (SP), Brasil.

Patricia M. V. C. Mello, Professora de Medicina, Faculdade de Medicina, Universidade Estadual do Piauí - Teresina (PI), Brasil.

Pedro Celiny R. Garcia, Professor de Medicina, Faculdade de Medicina, Pontifícia Universidade Católica do Rio Grande do Sul - Porto Alegre (RS), Brasil.

Renata Andréa Pietro Pereira Viana, Hospital do Servidor Público Estadual - São Paulo (SP), Brasil.

Renato G. Terzi, Professor de Medicina, Faculdade de Medicina, Universidade de Estadual de Campinas - Campinas (SP), Brasil.

Saulo Fernandes Saturnino, Professor de Medicina, Faculdade de Medicina, Universidade Federal de Minas Gerais - Belo Horizonte (MG), Brasil.

Silvia Regina Rios Vieira, Professora de Medicina, Faculdade de Medicina, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil.

Suzana Lobo, Professora de Medicina, Escola de Medicina, Fundação Faculdade Regional de Medicina - São José do Rio Preto (SP), Brasil.

América do Sul

Alberto Biestro, Professor de Medicina, Faculdade de Medicina, Universidad de la República - Montevideo, Uruguai.

Arnaldo Dubin, Professor de Medicina, Facultad de Medicina, Universidad de La Plata - La Plata, Argentina.

Francisco J. Hurtado, Professor de Medicina, Facultad de Medicina, Universidad de la República - Montevideo, Uruguai.

Glenn Poblette Hernandez, Professor de Medicina, Facultad de Medicina, Pontificia Universidad Católica de Chile - Santiago, Chile.

Guillermo Bugedo, Professor de Medicina, Facultad de Medicina, Pontificia Universidad Católica de Chile - Santiago, Chile.

Nestor Vain, Professor de Medicina, Hospital Sanatorio de la Trinidad, Universidad de Buenos Aires e Vice-presidente, Fundación para la Salud Materno Infantil - Buenos Aires, Argentina.

Europa e América do Norte

Alexandre T. Rotta, Professor Associado e Diretor Médico, Cardiac Critical Care, Riley Hospital for Children - Indianápolis, Estados Unidos.

Andrés Esteban, Unidade de Cuidados Intensivos, Hospital Universitario de Getafe - Madrid, Espanha.

Daniel De Backer, Professor de Medicina, Université Libre de Bruxelles - Bruxelles, Bélgica.

Didier Payen, Professor, Departamento de Anestesiologia, Terapia Intensiva e SAMU, Hôpital Lariboisière - Paris, França.

Élie Azoulay, Professor de Medicina, Université Paris-Diderot, Sorbonne Paris-Cité - Paris, França

Jan Bakker, Departamento de Cuidado Intensivo, Erasmus MC University Medical Center - Rotterdam, Holanda.

Jean J. Rouby, Professor de Medicina, Hôpitalier Pitié-Salpêtrière, Université Pierre et Marie Curie du Paris - Paris, França.

Jean-Louis Vincent, Professor de Medicina, Université Libre de Bruxelles - Bruxelles, Bélgica.

Maria C. B. J. Gallani, Professora Titular de Enfermagem, L'Université Laval - Québec, Canadá.



Revista Brasileira de Terapia Intensiva
BJIC Brazilian Journal of Intensive Care

PUBLICAÇÃO OFICIAL



Revista Brasileira de Terapia Intensiva - ISSN 0103-507X
é uma publicação trimestral da Associação de Medicina
Intensiva Brasileira e da Sociedade Portuguesa de
Cuidados Intensivos.

A responsabilidade por conceitos emitidos nos artigos é de
inteira responsabilidade de seus autores.

Permitida a reprodução total ou parcial dos artigos, desde
que mencionada a fonte.

REDAÇÃO E ADMINISTRAÇÃO SECRETARIA EXECUTIVA

Secretária

Sonia Elisabete Gaion Freitas
rbti.artigos@amib.org.br
Fone: (11) 5098-2642

Revisão técnica

Edna Terezinha Rother

Revisão língua portuguesa

Viviane Rodrigues Zeppelini

Tradução e revisão língua inglesa

American Journal Experts

Tradução língua portuguesa

Miguel Herrera

Projeto gráfico e produção editorial

Associação de Medicina Intensiva Brasileira

Diagramação

GN1 Sistemas e Publicações Ltda.

Tiragem

5.500 exemplares

Endereço para correspondência

Rua Arminda, 93 - Vila Olimpia
CEP: 04545-100 - São Paulo - SP - Brasil
Tel.: (11) 5089-2642



Licença Creative Commons Atribuição 4.0 Internacional

Prezados colegas,

É com imenso prazer que apresentamos o suplemento da RBTI com os resumos aprovados para serem apresentados no XIII Congresso Mundial de Medicina Intensiva e XXII Congresso Brasileiro de Medicina Intensiva, Rio 2017!

Neste ano, tivemos número recorde de trabalhos submetidos e aprovados. Foram mais de 1300 submissões e pouco mais de 1000 aprovados! Esta é, sem dúvida, uma demonstração evidente do prestígio deste evento e da qualidade de nossos pesquisadores. Uma extensa logística foi montada para que sejam apresentados e discutidos adequadamente com os congressistas.

Lembramos que os melhores trabalhos concorrem aos prêmios “Dr. Roberto Mario Clausi” para as áreas de Insuficiência Respiratória e Ventilação Mecânica e também Sepsis, “Terzius” para Choque e Monitorização Hemodinâmica, e “Ex-Presidentes AMIB” para Qualidade e Segurança.

A AMIB agradece aos patrocinadores dos prêmios e cumprimenta os ganhadores pela excelência de sua produção científica.

Dr. Álvaro Réa-Neto
Presidente do XIII Congresso Mundial
de Medicina Intensiva

A Comissão Científica do XIII Congresso Mundial de Medicina Intensiva e XXII Congresso Brasileiro de Medicina Intensiva agradece a colaboração e o empenho dos avaliadores que dedicaram seu tempo e conhecimento na seleção dos trabalhos para Tema Livre Oral e E-Pôster.

Afonso José Celente Soares	John Marshall
Alexandre Biasi Cavalcanti	Jorge Ibrain Figueira Salluh
Alexandre Marini Isola	Jorge Luis dos Santos Valiatti
Álvaro Réa-Neto	José Mário Meira Teles
André Miguel Japiassu	José Mauro Vieira Júnior
Annane Djillali	José Roberto Fioretto
Antonio Luis Eiras Falcão	Juang Horng Jyh
Arnaldo Prata Barbosa	Kathia de Oliveira Harada
Ary Serpa Neto	Kelson Nobre Veras
Arzu Topeli Iskit	Lara Patricia Kretzer
Carlos Roberto Ribeiro de Carvalho	Leandro Utino Taniguchi
Carmen Silvia Valente Barbas	Luana Alves Tannous
Cássia Righy Shinotsuka	Luciano Cesar Pontes de Azevedo
Ciro Leite Mendes	Marcelo Alcântara Holanda
Cláudio Piras	Marcelo Barciela Brandão
Cristiano Augusto Franke	Marciano de Sousa Nobrega
Cristina Prata Amendola	Marcio Soares
Daniel Neves Forte	Marcus Antonio Ferez
Dimitri Gusmão Flôres	Murillo Santucci Cesar de Assunção
Diogo Oliveira Toledo	Neymar Elias de Oliveira
Eduardo Leite Costa	Nilzete Liberato Bresolin
Eduardo Mekitarian Filho	Norberto Antonio Freddi
Eliana Bernadete Caser	Norma Suely Oliveira
Fabiano Marcio Nagel	Patrícia Machado Veiga de Carvalho
Fátima Elizabeth Fonseca de Oliveira Negri	Mello
Felipe Dal Pizzol	Patrícia Miranda do Lago
Felipe Saddy	Paulo Ramos David João
Fernanda Baeumle Reese	Pedro Caruso
Fernando Augusto Bozza	Pedro Kurtz
Fernando Godinho Zampieri	Professor John Myburgh
Fernando Osni Machado	Rachel Duarte Moritz
Fernando Suparregui Dias	Renato Giuseppe Giovanni Terzi
Flavia Ribeiro Machado	Ricardo Antonio Correia Lima
Flavio Eduardo Nacul	Ricardo Goulart Rodrigues
Frederico Bruzzi De Carvalho	Rodrigo Palácio de Azevedo
Gilberto Friedman	Rodrigo Santos Biondi
Gustavo Antônio da Trindade Meira Henriques	Rosane Sonia Goldwasser
Filho	Salomon Soriano Ordinola Rojas
Haggéas da Silveira Fernandes	Sérgio Henrique Loss
Hélio Penna Guimarães	Suzana Margareth Ajeje Lobo
Hugo Corrêa de Andrade Urbano	Thiago Costa Lisboa
Janice L. Zimmerman	Valéria Abrahão Schilling Rosenfeld
Jean-Louis Vincent	Viviane Cordeiro Veiga
Jefferson Pedro Piva	Wilson de Oliveira Filho
Joao Manoel Silva Junior	Younsuck Koh

INSTRUÇÕES AOS AUTORES

A Revista Brasileira de Terapia Intensiva/Brazilian Journal of Intensive Care (RBTI/BJIC), ISSN 0103-507X, publicada trimestralmente, é a revista científica da Associação de Medicina Intensiva Brasileira (AMIB) e da Sociedade Portuguesa de Cuidados Intensivos (SPCI). Tem por objetivo publicar pesquisas relevantes, que visam melhorar o cuidado dos pacientes agudamente doentes por meio da discussão, distribuição e promoção de informação baseada em evidências, aos profissionais envolvidos com medicina intensiva. Nela são publicados artigos de pesquisas, revisões, comentários, relatos de casos e cartas ao editor, em todas estas áreas do conhecimento, relacionadas aos cuidados intensivos do paciente grave.

RBTI endossa todas as recomendações da *International Committee of Medical Journal Editors - Uniform Requirements for Manuscripts Submitted to Biomedical Journals*, atualizada em Abril de 2010 e disponível em http://www.icmje.org/urm_main.html.

Todo o conteúdo da Revista Brasileira de Terapia Intensiva/Brazilian Journal of Intensive Care está licenciado sob uma *Licença Creative Commons* (CCBY) Atribuição 4 Internacional (https://creativecommons.org/licenses/?lang=pt_br).

O periódico on-line é de acesso aberto e gratuito.

Processo de submissão

Os manuscritos podem ser submetidos em português, inglês ou espanhol. A RBTI é publicada na versão impressa em português e em formato eletrônico em português e inglês. Os autores não são submetidos a taxa de submissão de artigos e de avaliação. Os artigos submetidos em português (ou espanhol) serão traduzidos para o inglês e os submetidos em inglês serão traduzidos para o português gratuitamente pela revista. Todos os artigos devem ser submetidos eletronicamente em: <http://mc04.manuscriptcentral.com/rbti-scielo>

Os autores deverão encaminhar à Revista:

Carta ao editor (Cover letter) - A carta deve conter uma declaração de que o artigo é inédito, não foi ou não está sendo submetido à publicação em outro periódico. Os autores também devem declarar que o estudo foi aprovado pela Comissão de Ética em Pesquisa (CEP) da instituição onde o mesmo foi realizado (ou o CEP de referência) fornecendo o número de aprovação do mesmo e, caso apropriado, uma declaração de que o consentimento informado foi obtido ou sua não obtenção foi aprovada pelo CEP. Se necessário, durante o processo de revisão, os autores podem ser solicitados a enviar uma cópia da carta de aprovação do CEP.

Declaração de Conflito de Interesse - Os autores devem obter o formulário apropriado (disponível em: http://www.rbti.org.br/imagebank/pdf/Disclosure_of_Potential_Conflicts.pdf) e, depois da assinatura pelos autores, anexá-lo durante o processo de submissão. A Declaração de Conflito de Interesses, segundo Resolução do Conselho Federal de Medicina nº 1595/2000, veda que em artigo científico seja feita promoção ou propaganda de quaisquer produtos ou equipamentos comerciais.

Financiamento - Informações sobre eventuais fontes de financiamento da pesquisa serão requisitadas durante o processo de submissão bem como na página de rosto do artigo.

Transferência de direitos autorais e autorização para publicação - Após aceitação do artigo, uma autorização assinada por todos os autores para publicação e transferência dos direitos autorais à revista deve ser enviada a Revista (disponível em http://www.rbti.org.br/imagebank/pdf/authors_responsability_and_copyright_transfer.pdf).

Informação de pacientes - Para todos os manuscritos que incluem informação ou fotografias clínicas onde os pacientes possam ser identificados individualmente, deve ser enviado termo de consentimento escrito e assinado de cada paciente ou familiar.

Processo de revisão

Todos os artigos submetidos são objeto de cuidadosa revisão. A submissão inicial será inicialmente revisada pela equipe técnica da revista para garantir que a mesma está em acordo com os padrões exigidos pela revista e ao atendimento de todas as normas requeridas para envio dos originais, incluindo os requisitos éticos para experimentos em humanos e animais. Após essa conferência inicial, o artigo poderá ser devolvido aos autores para readequação.

Posteriormente, os manuscritos submetidos para apreciação serão encaminhados ao Editor, que fará uma análise inicial. Aqueles que não apresentarem mérito, que contenham erros significativos de metodologia, ou não se enquadrem na política editorial da revista, serão rejeitados sem processo formal de revisão por pares. O tempo médio para essa resposta é de uma semana.

Após aprovação pelo Editor chefe ou de um dos editores por ele designados, o artigo será encaminhado para avaliação por dois ou mais revisores. Os revisores serão sempre de instituições diferentes da instituição de origem do manuscrito, sendo o anonimato garantido em todo processo editorial. O prazo para a primeira resposta aos autores é de 30 dias apesar de um tempo mais longo ser por vezes necessário. Os editores podem emitir uma das seguintes opiniões: aceite, revisões mínimas, revisões significativas, rejeição com possibilidade de resubmissão ou rejeição. A taxa de aceitação de artigos é atualmente de 30%. Nos últimos 12 meses, o tempo médio entre submissão a primeira decisão foi de 28 dias. Após o recebimento dos pareceres dos revisores, os autores terão o prazo de 60 dias para submeter a versão com as modificações sugeridas bem como a resposta ponto a ponto para cada um dos revisores. Os autores podem contactar a revista solicitando extensão desse prazo. Caso essa submissão não ocorra num período de 6 meses o artigo será retirado do banco de dados e uma eventual re-submissão seguirá os trâmites de uma submissão inicial. Após a resubmissão, os editores podem escolher entre enviar o manuscrito novamente para revisão externa ou decidir com base em sua expertise.

As opiniões expressas nos artigos, inclusive as alterações solicitadas pelos revisores, serão de responsabilidade única dos autores.

Ética

Quando relatando estudos em humanos, os autores devem indicar se os procedimentos do estudo estão de acordo com os padrões éticos definidos pelo Comitê responsável por estudos em humanos (institucional ou nacional, se aplicável) e de acordo com a Declaração de Helsinki de 1975, revisada em 2000. Quando se tratar de estudos em animais, os autores devem indicar se as diretrizes institucionais e/ou nacionais para cuidados e uso de animais de laboratório foram seguidas. Em qualquer pesquisa, clínica ou experimental, em humanos ou animais, essas informações devem constar da sessão Métodos.

A preceitos éticos da Revista Brasileira de Terapia Intensiva podem ser encontrados em nosso site (<http://www.rbti.org.br/eticas.asp>).

Política antiplágio

Qualquer contribuição à RBTI deve ser original e o manuscrito, ou parte dele, não deve estar em avaliação em qualquer outro periódico. Ainda, os autores não devem submeter um mesmo manuscrito em diferentes idiomas para diferentes periódicos. Os autores devem declarar qualquer potencial publicação que contenha dados ou partes do manuscrito enviado para avaliação do Editor. Os manuscritos enviados a RBTI estão sujeitos a avaliação através de ferramentas para detectar plágio, duplicação ou fraude, e sempre que estas situações forem identificadas, o Editor contactará os autores e suas instituições. Se tais situações forem detectadas, os autores devem preparar-se para uma recusa imediata do manuscrito. Se o Editor não estiver ciente desta situação previamente a publicação, o artigo será retratado na próxima edição da RBTI.

INSTRUÇÕES AOS AUTORES

Critérios para autoria

Somente pessoas que contribuíram diretamente para o conteúdo intelectual do artigo devem ser consideradas autoras, de acordo com os critérios:

1. elaborou a idéia inicial e planejou o trabalho ou interpretou os resultados finais OU
2. escreveu o artigo ou revisou sucessivas versões E
3. aprovou a versão final do artigo.

Posições administrativas, coleta de dados e estímulo não são considerados critérios para autoria e, quando cabível, devem constar apenas na sessão de agradecimentos.

Preparo dos manuscritos

Todos os artigos devem incluir:

Página título

Título completo do artigo

Nomes completos, por extenso, de todos os autores

Afiliação institucional de cada autor (apenas a principal, ou seja, aquela relacionada a instituição onde o trabalho foi produzido). O endereço completo (incluindo telefone, fax e e-mail) do autor para correspondência.

O nome da instituição que deve ser considerada como responsável pelo envio do artigo.

Fonte financiadora do projeto.

Running title - Deve ser fornecido um título alternativo para o artigo, com no máximo 60 caracteres (com espaços). Esse nome deverá constar no cabeçalho de todas as folhas do artigo.

Título de capa - Nos casos em que o título do artigo tenha mais de 100 caracteres (com espaços), deve ser fornecido um título alternativo, com no máximo 100 caracteres (com espaços) para constar da capa da revista.

Resumo e Abstract

Resumo: O resumo deve conter no máximo 250 palavras, evitando-se ao máximo o uso de abreviaturas. Deve ser estruturado com os mesmos capítulos usados no texto principal (Objetivo, Métodos, Resultados e Conclusão) refletindo acuradamente o conteúdo do texto principal. Quando se tratar de artigos de revisão e relatos de casos o resumo não deve ser estruturado. Para Comentários o resumo não deve exceder 100 palavras.

Abstract: O resumo em inglês deverá ser feito apenas para aqueles artigos submetidos nessa língua. Artigos submetidos em português terão seu resumo traduzido para o inglês pela revista.

Descritores

Devem ser fornecidos seis termos em português e inglês, que definam o assunto do trabalho. Devem ser, obrigatoriamente, baseados no MeSH (Medical Subject Headings) da National Library of Medicine, disponíveis no endereço eletrônico: <http://www.nlm.nih.gov/mesh>.

Texto

Os artigos devem ser submetidos em arquivo Word, com letra 12 Times New Roman e espaço duplo, inclusive em tabelas, legendas e referências. Em todas as categorias de artigos, as citações no texto devem ser numéricas, sobrescritas e sequenciais.

Artigos originais

Os artigos originais são aqueles que trazem resultados de pesquisas. Devem ter no máximo 3.500 palavras no texto, descontadas folha de rosto, resumo, tabelas e referências. Artigos com maior número de palavras necessitam ser aprovados pelo editor. O número máximo de autores recomendado é de oito. Caso haja necessidade de incluir mais autores, deve vir acompanhado de justificativa, com explicitação da participação de cada um na produção do mesmo. Artigos originais deverão conter:

Introdução - esta sessão deve ser escrita de forma a se dirigir a pesquisadores sem conhecimento específico na área e deve claramente oferecer - e, se possível, ilustrar - a base para a pesquisa e seus objetivos. Relatos de pesquisa clínica devem, sempre que apropriado, incluir um resumo da pesquisa da literatura para indicar porque o estudo foi necessário e o que o estudo visa contribuir para o campo. Esta sessão deve terminar com uma breve declaração do que está sendo relatado no artigo.

Métodos - Deve incluir o desenho do estudo, o cenário, o tipo de participantes ou materiais envolvidos, a clara descrição das intervenções e comparações, e o tipo de análise usada, incluindo o poder de cálculo, se apropriados.

Resultados - Os resultados devem ser apresentados em sequência lógica e clara. Os resultados da análise estatística devem incluir, quando apropriado, riscos relativo e absoluto ou reduções de risco, e intervalos de confiança.

Discussão - Todos os resultados do trabalho devem ser discutidos e comparados com a literatura pertinente.

Conclusão - Deve discorrer claramente as conclusões principais da pesquisa e fornecer uma clara explicação da sua importância e relevância.

Referências - devem ser ordenadas por sequência de citação no texto e limitar-se a um máximo 40 referências. Ver abaixo normas para elaboração das referências.

Artigos de revisão

O artigo de revisão é uma descrição abrangente de certo aspecto de cuidado de saúde relevante ao escopo da revista. Deve conter não mais que 4.000 palavras (descontadas folha de rosto, resumo, tabelas e referências) e até 50 referências. Devem ser redigidos por autores de reconhecida experiência na área e o número de autores não deve exceder três, salvo justificativa a ser encaminhada a revista. As revisões podem ser sistemáticas ou narrativas. Nas revisões é recomendado haver, também, o capítulo "Métodos" que relaciona as fontes de evidências usadas e as palavras chave usadas para realizar a busca da bibliografia. Revisões sistemáticas da literatura, que contenham estratégia de busca e resultados de forma apropriada, são consideradas artigos originais.

Relato de casos

Relata casos de uma determinada situação médica, especialmente rara, descrevendo seus aspectos, história, condutas, etc., incluindo resumo não estruturado, breve introdução e revisão da literatura, descrição do caso e breve discussão. Deverá ter no máximo 2.000 palavras, com cinco autores e até dez referências.

Comentários

São artigos de opinião escritos por especialistas e lidos pela comunidade médica em geral. Usualmente são feitos a convite dos editores, contudo, os não solicitados são bem vindos e serão rotineiramente avaliados para publicação. O objetivo do comentário é destacar algo, expandindo os assuntos destacados, e sugerir a sequência. Qualquer declaração deve ser acompanhada por uma referência, mas prefere-se que a lista de referências não exceda a 15. Para a leitura, as sentenças devem ser curtas e objetivas. Usar subtítulos para dividir o comentário em sessões. Devem ser curtos, com no máximo 800 a 1.000 palavras, excluindo o resumo e as referências. O número de autores não deve exceder dois, salvo justificativa.

Cartas ao editor

Comentários em qualquer artigo publicado na revista, cabendo geralmente uma resposta do autor ou do editor. Não é permitida tréplica. Devem ter no máximo 500 palavras e até cinco referências. O artigo da RBTI ao qual a carta se refere deve ser citado no texto e nas referências. Os autores devem também enviar seus dados de identificação e endereço completo (incluindo telefone, fax, e e-mail). Todas as cartas são editadas e enviadas para os autores antes da publicação.

INSTRUÇÕES AOS AUTORES

Diretrizes

A Revista publica regularmente as diretrizes e recomendações produzidas tanto pela Associação de Medicina Intensiva Brasileira (AMIB) quanto pela Sociedade Portuguesa de Cuidados Intensivos (SPCI).

Agradecimentos

Os autores devem usar esta seção para agradecer financiamentos da pesquisa, ajuda de organismos acadêmicos; de instituições de fomento; de colegas ou outros colaboradores. Os autores devem obter permissão de todos os mencionados nos agradecimentos. Devem ser concisos não excedendo a 4 linhas.

Referências

Devem ser atualizadas contendo, preferencialmente, os trabalhos mais relevantes publicados nos últimos cinco anos, sobre o tema. Não devem conter trabalhos não referidos no texto ou não publicados. As referências deverão ser numeradas consecutivamente, na ordem em que são mencionadas no texto e identificadas com algarismos arábicos. A apresentação deverá seguir o formato denominado “*Vancouver Style*”, conforme modelos abaixo. Os títulos dos periódicos deverão ser abreviados de acordo com o estilo apresentado pela *National Library of Medicine*, disponível em “*ListofJournalsIndexed in Index Medicus*” no endereço eletrônico:

<http://www.ncbi.nlm.nih.gov/sites/entrez?db=journals>.

Para todas as referências, citar todos os autores até seis. Quando em número maior, citar os seis primeiros autores seguidos da expressão et al.

Artigos em formato impresso

Dellinger RP, Vincent JL, Silva E, Townsend S, Bion J, Levy MM. Surviving sepsis in developing countries. *Crit Care Med*. 2008;36(8):2487-8.

Levy MM, Vincent JL, Jaeschke R, Parker MM, Rivers E, Beale R, et al. Surviving Sepsis Campaign: Guideline Clarification. *Crit Care Med*. 2008;36(8):2490-1.

Artigos em formato eletrônico

Buerke M, Prondzinsky R. Levosimendan in cardiogenic shock: better than enoximone! *Crit Care Med* [Internet]. 2008 [cited 2008 Aug 23];36(8):2450-1. Available from: <http://www.ccmjournal.com/pt/te/ccm/abstract.00003246-200808000-00038.htm>

Hecksher CA, Lacerda HR, Maciel MA. Características e evolução dos pacientes tratados com drotrecogina alfa e outras intervenções da campanha “Sobrevivendo à Sepsis” na prática clínica. *Rev Bras Ter Intensiva* [Internet]. 2008 [citado 2008 Ago 23];20(2):135-43. Disponível em: <http://www.scielo.br/pdf/rbti/v20n2/04.pdf>

Artigo de suplemento

Walker LK. Use of extracorporeal membrane oxygenation for preoperative stabilization of congenital diaphragmatic hernia. *Crit Care Med*. 1993;21 (Supp. 1):S379-S380.

Livro

Doyle AC. Biological mysteries solved. 2nd ed. London: Science Press; 1991.

Capítulo de livro

Lachmann B, van Daal GJ. Adult respiratory distress syndrome: animal models. In: Robertson B, van Golde LM. Pulmonary surfactant. 2nd ed. Amsterdam: Elsevier; 1992. p. 635-66.

Resumo publicado

Varvinski AM, Findlay GP. Immediate complications of central venous cannulation in ICU [abstract]. *Crit Care*. 2000;4(Suppl 1):P6.

Artigo “In press”

Giannini A. Visiting policies and family presence in ICU: a matter for legislation? *Intensive Care Med*. In press 2012.

Tabelas e figuras

Todas as figuras e tabelas devem ser numeradas e mencionadas no texto na ordem que são citadas. Tabelas e figuras devem ser colocadas ao final do texto, após as referências, uma em cada página, sendo as últimas idealmente feitas em *Microsoft Excel*, Tif ou JPG com **300 DPI**. Figuras que necessitem melhor resolução podem ser submetidas em arquivos separados. Figuras que contenham textos devem vir em arquivos abertos para que possam ser traduzidas. Caso isso não seja possível, o autor se responsabilizará pela tradução.

As grandezas, unidades e símbolos utilizados nas tabelas devem obedecer a nomenclatura nacional. As figuras devem vir acompanhadas de legenda explicativa dos resultados, permitindo a compreensão sem a consulta do texto.

A legenda das tabelas e figuras deve ser concisa, porém autoexplicativa, permitindo a compreensão sem a consulta do texto. As unidades de medida devem vir no corpo da tabela e os testes estatísticos indicados na legenda.

Fotografias de cirurgia e de biópsias, onde foram utilizadas colorações e técnicas especiais, serão consideradas para impressão colorida, sendo o custo adicional de responsabilidade dos autores. Se as ilustrações já tiverem sido publicadas, deverão vir acompanhadas de autorização por escrito do autor ou editor.

A reprodução de figuras, quadros, gráficos e ou tabelas que não de origem do trabalho, devem mencionar a fonte de onde foram extraídas.

Abreviaturas e siglas

O uso de abreviaturas deve ser evitado no título do trabalho, no resumo e no título das tabelas e figuras. Seu uso deve ser minimizado em todo o texto. Devem ser precedidas do nome completo quando citadas pela primeira vez no texto. No rodapé das figuras e tabelas devem ser discriminados o significado das abreviaturas, símbolos e outros sinais.

Envio do manuscrito

Os artigos deverão ser submetidos eletronicamente no endereço: <http://mc04.manuscriptcentral.com/rbti-scielo>.

© 2016 Associação de Medicina Intensiva Brasileira/Sociedade Portuguesa de Cuidados Intensivos

A qualidade das figuras, gráficos e fotos é de responsabilidade exclusiva dos autores.

Toda correspondência impressa para a revista deverá ser endereçada para:

Revista Brasileira de Terapia Intensiva/Brazilian Journal of Intensive Care (RBTI/BJIC)

Rua Arminda, 93, 7º andar - Vila Olímpia - CEP 04545-100 - São Paulo (SP)

Fone: (11) 5089-2642 - E-mail: rbti.artigos@amib.org.br

Insuficiência respiratória e ventilação mecânica

A0-001

Noninvasive ventilation use: a Brazilian web-survey

Eliana Bernadete Caser¹, Alexandre Marini Isola², Alexandre Biasi Cavalcanti³, Ricardo Goulart Rodrigues⁴, Sérgio de Vasconcellos Baldisserotto⁵, Cíntia Johnston⁶, Carmen Sílvia Valente Barbas⁷

¹Universidade Federal do Espírito Santo - Vitória (ES), Brasil; ²Grupo Imed - São Paulo (SP), Brasil; ³Hcor-Hospital do Coração - São Paulo (SP), Brasil; ⁴Hospital do Servidor Público Estadual de São Paulo - São Paulo (SP), Brasil; ⁵Hospital São Lucas, Pontifícia Universidade Católica do Rio Grande do Sul - Porto Alegre (RS), Brasil; ⁶Departamento de Pediatria, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil; ⁷Instituto do Coração, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Objective: To identify the pattern and to examine practice about NIV in daily clinical practice in intensive care units in Brazil.

Methods: A web survey with 25 questions through the Brazilian Intensive Medicine Association (AMIBnet) - it was sent between jan and mar 2016 to 1.966 members associated to the Respiratory Failure Committee. The survey was developed by members of the Respiratory Failure Committee and the Physiotherapy Department from the AMIB. Each member was provided with a personal username and password giving them access to a secure internet based questionnaire.

Results: A response was obtained from 547 (27.8%) out of 1.966 members with physicians (67%), physical therapists (20%) and nurses (13%). The NIV utilization was higher for intensivists (57.2%). The most common indication for NIV use was cardiogenic pulmonary oedema (30.1%), acute hypercapnic respiratory failure (26.5%) and acute hypoxemic respiratory failure (27.4). Dedicated NIV ventilators and ICU ventilators with NIV modules were the preferred ones. The ventilation mode most used was through two pressure levels, with humidification in 44.8% of the cases. The most common problems were inadequate adaptation to the mechanical ventilator (67.8%) and abdominal distension (13.2%).

Conclusion: The NIV utilization was higher for intensivists. The most common indication was cardiogenic pulmonary oedema. ICU ventilators with NIV modules were the preferred ventilators. The facial masks are the preferred choice. The professionals have little experience with the use of nasal high flow oxygen systems. There is a lack of training about VNI use in Brazil.

A0-002

Is positive pressure extubation a safe procedure? Interim results from a randomized non-inferiority trial

Bezzi Marco Guillermo¹, Andreu Mauro¹, Borello Silvina¹, Carballo Juan Manuel¹, Martin M Celeste¹, Brovia C Carla¹, Dib C Paula¹, Garcia Shustereider L Silvina¹

¹Hospital Donación Francisco Santojanni - Buenos Aires, Argentina

Objective: Laboratory studies suggest extubation at positive pressure (PPE) during cuff deflation and removal of the endotracheal tube because it reduces the volume of secretions filtered into the distal airway. The aim of this non-inferior study is to compare the incidence of major and minor complications between PPE and traditional extubation (TE) during extubation procedure.

Methods: We analyzed the first 158 adults who passed a spontaneous breathing trial and were ready to extubate. Major or minor complication was defined in terms of at least one major or minor complication, respectively. PPE was judged to be "no worse" than TE if the upper bound of the 95% confidence interval of the difference lied in the 15% allowed margin.

Results: Twenty one of 78 patients (26,9%) who received PPE presented at least one major complication, compared with 50/80 patients (37,5%) who received TE (difference -10,1% [95% CI -28,2 to 4,0%]). Statistically PPE was non-inferior but not superior to TE in major complications (p <0.001 and 0.15), respectively. The frequency of at least one minor complication was lower in the PPE group (62,8%) than in the TE group (77,5%) (difference -14,7% [95% CI -28,2 to -0,4%]). Statistically PPE was non-inferior and superior to TE (p <0.001 and 0.04), respectively.

Conclusion: Preliminary results indicated that PPE is at least as safety as TE. The study is still in progress and the final results should confirm these data.

Infecção no paciente grave

A0-003

Antimicrobial stewardship in critical patients based on early antibiotic adequacy

Filipe Sousa Amado¹, Luís Henrique Bastos Gonçalves², Marina Rocha Gomes de Freitas¹, Aitana Martins da Silva¹, Franciele Spada², Nayra Souza da Silva¹, José Raimundo Araujo de Azevedo¹, Rodrigo Palácio de Azevedo¹

¹Serviço de Medicina Intensiva, Hospital São Domingos - São Luís (MA), Brasil; ²Hospital São Domingos - São Luís (MA), Brasil

Objective: To demonstrate the results and feasibility of the implementation of an Antimicrobial Stewardship Program (A.S.P.) based on early antibiotic adequacy in critical care patients.

Methods: All patients, aged above 18 years, admitted to a 45-bed ICU of a tertiary hospital, with positive cultures from November 2016 to June 2017, were included. This program is based on rapid germ identification, effective communication and proper antibiotic adequacy. The germ identification started with gram-staining followed by mass spectrometry (MALDI-TOF MS) and results were sent by an on-line instant messages software to ICU care team. The antibiotic therapy was chosen in compliance with the recommendations aimed to isolated germ by MALDI-TOF

MS. Then, final adequacy occurred as soon as susceptibility tests and MIC by E-TEST were available. These final results were sent by daily electronic reports.

Results: We included 473 positive cultures (171 patients). The information sent was confirmed in 2 hours in 85.8% of all exams. The median time to administration of proper antibiotic therapy since the delivery of information was 99 (51.5-188.5) minutes. Median time to MALDI TOF germ identification was 41 (24-49) hours. The recommendations for empirical antibiotic therapy had accuracy of 99.1% and final adequacy rate after susceptibility tests was 99%. This A.S.P. enabled a de-escalation rate of 73.2%.

Conclusion: As showed by this study results, the adoption of an Antimicrobial Stewardship Program can organize information and consequently facilitate the early and proper antibiotic adequacy.

AO-004

Lung ultrasound as a diagnostic tool for ventilator associated pneumonia: a prospective observational study from a tertiary care centre

Afzal Azim¹, Sukhen Samanta¹, Arvind Kumar Baronia¹

¹Sanjay Gandhi Postgraduate Institute of Medical Sciences - Lucknow, Uttar Pradesh, India

Objective: Early diagnosis of ventilator associated pneumonia (VAP) remains elusive for clinicians. We explored utility of bedside lung ultrasonography (LUS) based on scoring system to diagnose VAP.

Methods: After ethical clearance this prospective single centre observational study was conducted from January 2015 to June 2016. 110 patients with suspected VAP were enrolled. We investigated the diagnostic accuracy of LUS using the findings of subpleural consolidation, lobar consolidation, and dynamic air bronchogram. Quantitative mini broncho-alveolar lavage (mBAL) fluid was taken for microbiological diagnosis. We designed a sono-pulmonary infection score (SPIS) based on LUS, clinical and microbiology parameters and used it as a substitute for clinical pulmonary infection score (CPIS). Descriptive data was summarized as mean (SD), median, or number (%). Two groups were compared using Mann - Whitney and Fisher exact test.

Results: Prevalence of VAP was 72.7%. LUS performance for diagnosis of VAP (microbiologically confirmed) had a sensitivity, specificity, positive/negative predictive value and positive/negative likelihood ratios of 91.3%, 70%, 89%, 75%, 3 and 0.1 respectively. Adding microbiology to LUS improved diagnostic accuracy with sensitivity, specificity, positive/negative predictive value and positive/negative likelihood ratios of 95%, 90%, 96.2%, 87%, 9.5 and 0.06 respectively. The area under curve for CPIS and modified CPIS (CPIS-microscopy & CPIS-culture) and SPIS and modified SPIS were 0.617, 0.689, 0.801, 0.808, 0.815 and 0.913.

Conclusion: Lung ultrasound is valuable tool for early diagnosis of VAP. Larger trials are warranted to establish its utility.

AO-005

Prognostic value of C-reactive protein and white blood cell count in community-acquired pneumoniae

Débora Silveira da Motta Oliveira¹, Fernando de Moura Juncá¹, Juan Carlos Rosso Verdeal¹, Diamantino Ribeiro Salgado¹, Simone Nouer²

¹Hospital Barra D'Or - Rio de Janeiro (RJ), Brasil; ²Hospital Universitário Clementino Fraga Filho - Rio de Janeiro (RJ), Brasil

Objective: To evaluate the effect of the kinetics of white blood cell count (WBC) and C-reactive protein (CRP) during the first 96 hours (h) of intensive care unit (ICU) for mortality prediction of patients with community-acquired pneumoniae (CAP).

Methods: Retrospective, observational study including adults with CAP admitted to the ICU. WBC and CRP were registered at admission (D0), 48h (D2) and 96h (D4), and analyzed by Two-Way ANOVA between ICU discharge and death. Univariate analysis and the area under ROC were computed to test the effects of WBC and CRP at D0, D2 and D4, and the difference between D0-D2 and D0-D4 (deltaWBC and deltaCRP) on ICU mortality.

Results: 170 patients were included with median age of 80 years. Patients who died had higher WBC at D2 and D4 (14900 vs 9600cells/mm³, p=0.015; 11100 vs 8700cells/mm³, p=0.006) and higher CRP levels at D4 (7.9 vs 4.4mg/dL; p=0.03) than survivors. Deceased patients had also a smaller reduction of WBC between D0-D2 and D0-D4 than the survivors (deltaWBC-D0-D2:-1100 vs -3000, p=0.010; deltaWBC-D0-D4:-500 vs -3700, p=0.033; p=0.018 on ANOVA time-group effect). The AUROC of WBC-D2 and WBC-D4 were 0.72 (p=0.003) and 0.70 (p=0.007).

Conclusion: Both absolute values and kinetics of WBC and CRP in the first 96h of hospitalization were associated with ICU mortality of patients with CAP.

AO-006

The impact of the use of a mechanical ventilation bundle on the rate of pneumonia associated with mechanical ventilation in intensive care units

Edgar de Brito Sobrinho¹, Adriana de Oliveira Lameira Veríssimo¹, Hellen Karinna Monteiro¹, Markus Barcellos de Albuquerque¹, Jackson Freire¹, Milce Ellen Barros de Oliveira¹, Hilkias Bernardo de Souza Neto², Ewerton Andrez Alves Tavares²

¹Hospital Adventista de Belém - Belém (PA), Brasil; ²Hospital Universitário João de Barros Barreto - Belém (PA), Brasil

Objective: To evaluate the impact of the use of the VAP bundle on the rate of pneumonia associated with mechanical ventilation in an intensive care unit and to identify adherence to the packages of preventive measures for VAP in the periods studied.

Methods: The VAP Bundle was implemented in May 2016, comparing adherence to the preventive measures of VAP in the four months prior to the implementation of the Bundle and seven months after implementation. The bundle included head elevation, prophylaxis of Acute Lesion of Gastric Mucosa, prophylaxis of deep venous thrombosis, oral decontamination with chlorhexidine 0.12%, Sedation Minimization and Weaning of Mechanical Ventilation.

Results: The implementation of the VAP Bundle reduced the incidence rate of VAP between the groups, from a mean of pre-BD was 9.85 (per 1,000 ventilator days) to 6.76 in the post-BD ($p = 0.046$). The Density Rate of VAP in the same month was 2.54 in the Pre-BD to 12.41, which means that the incidence of VAP decreased 12.41 times. When assessing the adherence to the individual measures the minimization of sedation that in the Pre-BD period was not Performed, now with 30.97% adherence ($p = 0.0085$).

Conclusion: The adequate application of the VAP bundle can reduce the incidence of VAP in patients on mechanical ventilation. Our results suggest that use of the VAP bundle to support evidence-based compliance is an instrument that can significantly improve VAP rates in an ICU.

AO-007

Viral low tract respiratory infection in the intensive care unit

Fiorella González¹, Federico Verga¹, Henry Albornoz¹, Gastón Burghi¹, Antonio Galiana¹, Marcelo Barbato¹

¹Hospital Maciel - Montevideo, Uruguay

Objective: Viral severe low respiratory tract infections are a main cause of admission in the Intensive Care Unit (ICU). Molecular techniques have increased their identification. The aim of this study was to compare features of viral pneumonia with bacterial pneumonia or coinfection.

Methods: Prospective, observational study, included adults patients, with severe community low respiratory tract infections, admitted in ICU between January, 2016 - June, 2017. We collected results of real-time reverse-transcriptase-polymerase-chain-reaction (Film Array®).

Results: We included 53 patients, 64,2% men, aged 60 \pm 13, Sequential Organ Failure Assessment (SOFA) 10 \pm 5, ICU stay 13 \pm 13 días, Mechanical Ventilation (MV) was applied in 81%, duration of MV 9,3 \pm 9 days. ICU mortality 22,6%. We obtained microbiological identification in 36/53 (67%), corresponding 14 viral etiology, 13 bacterial and 9

coinfections. Of the 23 viral infections, we identified: 9 Influenza A, 8 Rhinovirus, 3 Sincitial Respiratory Virus, 1 Adenovirus, 1 Coronavirus y 1 Influenza B. Characteristics of viral exclusively compared to coinfection and bacterial, were: age 54 \pm 18 vs 60 \pm 13 ($p=0,33$); SOFA 10 \pm 5 vs 10 \pm 6; ICU stay 19 \pm 16 vs 14 \pm 15; sepsis 50% vs 45% ($p=0,79$); MV 93% vs 77% ($p=0,22$), respiratory distress syndrome 29% vs 18% ($p=0,46$), mortality 9% vs 27% ($p= 0.19$), respectively.

Conclusion: Respiratory viruses were the major cause of severe pulmonary infection admitted in the ICU (64%), mainly as an unique agent (39%), presenting similar severity and mortality than bacterial etiology.

AO-008

Mortality related to KPC-producing *Klebsiella pneumoniae* (KPCKP) bloodstream infection and associated factors

Gregory Saraiva Medeiros¹, Maria Helena Pitombeira Rigatto², Fabiano Ramos³, Diego Rodrigues Falci², Josiane França⁴, Luciane Maria Fabian Restelatto², Alexandre Prehn Zavasscki²

¹Hospital Moinhos de Vento - Porto Alegre (RS), Brasil; ²Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil; ³Hospital São Lucas, Pontifícia Universidade Católica do Rio Grande do Sul - Porto Alegre (RS), Brasil; ⁴Hospital Nossa Senhora da Conceição - Porto Alegre (RS), Brasil

Objective: To evaluate 30-day mortality and associated factors in KPCKP bloodstream infection.

Methods: A retrospective cohort study was performed including 105 patients \geq 18 years with KPCKP bacteremia from August 2015 to December 2016. We assessed potential risk factors for 30-day mortality in a bivariate analysis model.

Results: Mean age was 61,34 years (IC95% 54,03-60,9), 65,7% male gender, 62,9% were admitted in Intensive Care Unit (ICU), mean Charlson Comorbidity Index 5 (IC95% 4,54-5,82) and mean Pitt bacteremia score 4 (IC95% 4,39-6,14). 69,9% patients started antibiotic treatment in 24 hours and 39,04% used combination therapy; 84% of the isolates were sensitive to Polymyxin B. The 30-day mortality rate was 68,6%. Mean vasopressor agent time was 6 days (IC95% 6,68-13,19) and mean mechanical ventilation time was 11 days (IC95% 10,55-24,15). Bivariate analysis showed association between mortality and higher Pitt bacteremia score ($p<0,01$), dialysis ($p<0,01$), in-vitro resistance to Polymyxin B ($p=0,03$) and prior renal impairment ($p<0,01$).

Conclusion: Mortality rate was high. Pitt bacteremia score, prior renal impairment, in-vitro resistance to Polymyxin B and renal substitutive therapy were associated with 30-day mortality

A0-009

Serum lactate as a marker of severity in febrile neutropenia during hematopoietic stem cell transplantation (BMT)

Gabriela Maria Fernandes Vieira¹, Moyzes Pinto Coelho Duarte Damasceno¹, Marcia Garnica²

¹Complexo Hospitalar de Niterói - Niterói (RJ), Brasil; ²Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objective: To correlate sérum lactate (SL) and complications in febrile neutropenia in patients submitted to BMT.

Methods: Samples of SL in the initial fever (Lact-IF) and the highest fever of hospitalization (Lact-High). Lact-IF was categorized by reference value >18mg/dL and sepsis >20mg/dL. Autologous BMT (AutoBMT) and allogeneic (AloBMT) were analyzed separately. We considered the outcomes: bacteremia, transfer to ICU, length of hospital stay and mortality during neutropenia. Statistical tests were used.

Results: A total of 77 patients, median age 57yo (20-72), 61(79%) AutoBMT and 16(21%) AloBMT were analyzed. The median Lact-IF was 10.0mg/dL (1.7-53) AutoBMT and 11.8 (3.9-46) AloBMT. LactNF >18 and >20mg/dL occurred in 13(8%) and 7(12%) of the cases of AutoBMT and in 5(31%) and 5(31%) in AloBMT. We found no significant association of LactNF >18 or >20mg/dL. The median LactHigh was 12.7mg/dL (1.7-53) and 20.4 (11-135) in AutoBMT and AloBMT. There was a correlation between LactHigh and Lact-IF ($p<0.01$) with transfer to ICU ($p=0.01$). From the ROC curve, the LactHigh obtained an area of 0.77 (IC95% 0.64-0.89) to predict transfer to ICU. We did not find LactHigh correlation with the other outcomes.

Conclusion: SL in febrile neutropenia was not a predictor of complications or mortality in patients submitted to BMT. However, the highest lactate had significant correlation with transfer to ICU in AutoBMT.

Choque e monitorização hemodinâmica

A0-010

Lactate clearance in critical illness at high altitude

José Antonio Viruez Soto¹

¹Hospital del Norte, Servicio Departamental de Salud de La Paz - La Paz, Bolivia

Objective: To characterize the lactate clearance on critically ill patients, at high altitude.

Methods: Prospective cohort study in Critical Care Unit of "Hospital del Norte" in El Alto, La Paz (Bolivia) at 4150 meters above sea level, in the period April 24, 2015 - June 01, 2017. Critically ill patients high altitude dwellers at least

the last 6 months admitted to the Adult Critical Care Unit were included. Arterial blood analysis was performed at the admission to Critical Care Unit.

Results: 250 patients were included, with survival of 68%, age average of 50 years; in the 170 survivors, lactate clearance average was 26%, in contrast with 80 deceased patients who presented an increased lactate level of 25%, $p = 0.05$, both of them through ANOVA test. In septic patients, trauma haemorrhage, ketoacidosis and obstetrical patients (more frequent diagnoses), lactate clearance greater than 20% were related to survival. In highlanders critically ill patients, relative risk of lactate clearance = 26% and survival was 2.7 with sensitivity 0.72 and specificity 1.

Conclusion: Lactate clearance in critically ill highlanders dwellers, is associated with survival and it should be considered also as a reanimation objective, comparable to other studies developed in different latitudes.

A0-011

Non-invasive cardiac index monitoring during medical emergency team reviews; additional information when assessing the haemodynamically unstable patient

Patrick Lloyd-Donald¹, Christopher Eyeington¹, Matthew Chan¹, Glenn Eastwood¹, Helen Young¹, Leah Peck¹, Daryl Jones¹, Rinaldo Bellomo¹

¹Austin Health, Heidelberg - Melbourne, Victoria, Australia

Objective: Medical emergency teams (MET) are commonly activated to respond to haemodynamically unstable ward patients. However, assessment of the cardiac index in this setting is challenging. We aimed to non-invasively measure the cardiac index of patients activating MET review for haemodynamic instability using the ClearsightTM (Edwards, Irvine, CA) and compare this with the assessment of the treating clinician.

Methods: The MET attended calls in which the patient was tachycardic (heart rate > 100bpm) and/or hypotensive (systolic BP < 90mmHg). Baseline cardiac index was recorded, with the treating clinician blinded to the data obtained. Treating clinicians were asked to estimate the patient's cardiac index; low (< 2 L/min/m²); normal (2 to 3 L/min/m²); or high (> 3 L/min/m²).

Results: Non-invasive haemodynamic monitoring with ClearsightTM was achieved in 47 of 50 patients (94%). The mean cardiac index was 3.5 L/min/m². Thirty of 47 patients (63.8%) had a high cardiac index. Four patients (8.5%) had a low cardiac index. Treating clinicians correctly identified the patients' cardiac index 19% of the time. Clinicians estimated cardiac index as normal on 37 (79%) occasions. No clinician correctly identified a low cardiac index, whilst one (3.3%) correctly identified a high cardiac index.

Conclusion: Non-invasive haemodynamic monitoring with ClearsightTM successfully recorded cardiac index in almost all haemodynamically unstable MET reviews, with most found to be in a hyperdynamic state. Clinicians could not reliably estimate the patient's physiological state, suggesting a potential diagnostic advantage of ClearsightTM based haemodynamic monitoring.

A0-012

O índice de choque para o diagnóstico precoce de hipovolemiaRaimundo Marcial de Brito Neto¹, Paula Pitta de Resende Côrtes¹¹Universidade Severino Sombra - Vassouras (RJ), Brasil

Objetivo: A triagem de pacientes com hipovolemia são guiadas pela apresentação dos sintomas clínicos e pelas alterações nos sinais vitais. Frequência cardíaca (FC) e pressão arterial sistólica (PAS), isoladamente, nem sempre refletem com acurácia o início de quadros hipovolêmicos. Contudo, a combinação dos sinais vitais tradicionais (FC/PAS) origina o índice de choque (IC). A proposta deste estudo foi estabelecer a acurácia diagnóstica do IC para o diagnóstico inicial de hipovolemia decorrente de hemorragia.

Métodos: Estudos transversais que incluíram dados de indivíduos adultos de qualquer idade ou sexo com suspeita de hemorragia. Valores considerados como hipovolêmicos foram IC > 0,7, FC > 100 bpm e/ou PAS < 100 mmHg. Obtiveram-se os estudos das seguintes bases de dados: CENTRAL, MEDLINE, EMBASE e LILACS. 14 estudos foram incluídos para análise, sendo 8 estudos de ensaios simulados e 6 de pacientes com quadro de hemorragia de natureza obstétrica; destes estudos, 6 foram incluídos na metanálise. O tamanho das amostras variou de 15 a 336 pacientes, com idade variando de 22 a 65 anos.

Resultados: Quando IC > 0,7 foi utilizado para detectar perda sanguínea nos pacientes simulados e obstétricos a proporção de detecção deste evento foi de 67%, quando comparado à detecção de 25% da PAS < 100 mm Hg (p < 0,05). Não houve diferença estatística entre IC e PAS em relação à FC > 100 bpm.

Conclusão: Mais estudos são necessários para investigar se o IC é capaz de identificar maior proporção de casos de hipovolemia quando comparado à FC isoladamente.

A0-013

The pulse oximetry wave variation for fluidresponsiveness assessmentAlejandro Enrique Barba Rodas¹, Alexandre Francisco Silva¹, Ana Beatriz Sorbille Veiga Ancora da Luz¹¹Hospital Municipal Dr. Jose de Carvalho Florence - São José dos Campos (SP), Brasil

Objective: The pulse oximetry wave variation (Delta-POP) to evaluate fluidresponsiveness has a good correlation with pulse pressure variation (PPV = best accuracy test 0.94 AUC), but both markers need appropriate ventilation parameters, absence of arrhythmia or spontaneous breathing, and the

Delta-POP, an adequate oximetry waveform. The aim of this study is to analyze Delta-POP results for fluidresponsive assessment in patients with shock or hypotension, comparing with PPV.

Methods: Retrospective observational study of medical records from May 2016 to 2017 of Delta-POP values, comparing their results regarding kappa concordance, accuracy, sensitivity and specificity, to PPV values, of patients hospitalized in the intensive care unit.

Results: 31 patient records, 58% male, 61% over 60 years old, 48% with septic shock, 29% cardiogenic shock, 9.6% hypovolemic shock, and 29% were fluidresponsive by PPV (and Delta-POP 35%). The Delta-POP compared to PPV has 88% sensitivity, 86% specificity, 87% accuracy, kappa concordance 0.706, p < 0.001, 95% confidence interval (1 - 0,35).

Conclusion: In this study, Delta-POP has a good correlation with PPV and its use must be disclosed by its affordable cost in units with few resources, in the handling of fluids in shock or hypotension, provided that it meets the necessary conditions as tidal volume of 8ml/Kg ideal weight, Peep < 10mmHg, absence of spontaneous ventilation and a good pulse oximetry wave.

A0-014

Severe preeclampsia cardiac output optimizationJosé Antonio Viruez Soto¹, Jesus Carlos Briones Garduño¹, Manuel Antonio Diaz de Leon Ponce¹, Carlos Briones Vega²¹Hospital General de México "Dr. Eduardo Liceaga" - Mexico City, Mexico; ²Instituto de Genética y Fertilidad - Mexico City, Mexico

Objective: Determinate the effect of the administration of inotropic in severe preeclampsia with hypodynamic pattern.

Methods: Prospective longitudinal case-control study in gynecology and obstetrics critical care unit of Hospital General de México "Dr. Eduardo Liceaga" in México D.F., during the period 14 May-14 July 2014. Patients with diagnosis of severe preeclampsia with hypodynamic (n = 14) and eudynamic pattern (n = 12) were included.

Results: With thoracic bioimpedance, the hemodynamics variables were measured, before and after the respective treatment for severe preeclampsia, including inotropic in the hypodynamic group. The cardiac output increased 51% in the "hypodynamic group" and 6% in the "control group" (p < 0.05, both of them), with a reduction in the mean arterial pressure in the "hypodynamic group" of 20% and in the "control group" of 12% (p < 0.05, both of them).

Conclusion: The administration of inotropic optimizes the cardiac output in severe preeclampsia with hypodynamic pattern and allows a better control of mean arterial pressure.

Gestão, qualidade e segurança

A0-015

Incentive to better practices in non-invasive ventilation

Lígia Maria Coscrato Junqueira Silva¹, Philippe Pereira Travassos¹, Luciana Souza Freitas¹, Eriton de Souza Teixeira¹, Nathaly Yoko Matsuda¹, Gabriella Rocha Santos Correa¹, Viviane Cordeiro Veiga¹, Salomon Soriano Ordinola Rojas¹

¹Unidade de Terapia Intensiva Neurológica, Hospital BP - A Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objective: Protocols for the use of non-invasive ventilation are associated with better outcomes in ICUs due to the reduction of the need for invasive ventilation and associated complications. The objective of this study is to evaluate the adherence to the noninvasive ventilation protocol in a large hospital intensive care unit.

Methods: We included all patients who used a non-invasive ventilation device from February 2016 to May 2017, based on the institutional protocol of Noninvasive Ventilation Indication.

Results: In the period, 4963 patients were admitted in the sector, and 641 (12.91%) used noninvasive ventilation, according to institutional protocol. The mean SAPS3 in the period was 43.9 points, with an expected mortality of 22.3%. The actual mortality rate was 11.2%. The average adherence to the protocol was 88.45% in 2016, rising to 98.4% in 2017. This increase was associated with an organization culture, training of the professionals involved - physicians and physiotherapists, monthly feedback of the results, with established plans. The main nonconformities were related to failure of records, indication of the resource or choice of interface and time of therapeutic response.

Conclusion: The adoption of protocols for the indication of non-invasive ventilation in highly complex patients was shown to be safe and effective in patients of high complexity, making it possible to reduce the number of patients on invasive ventilation and its complications.

A0-016

Rapid Response Team triggers and the risk of unplanned intensive care unit admission and in-hospital mortality: a retrospective cohort study

Regis Goulart Rosa¹, Juçara Gasparetto Maccari¹, Ricardo Viegas Cremonese¹, Aline Maria Ascoli¹, Arthur Cavalcanti¹, Gregory Saraiva Medeiros¹, Vitória Homem Machado¹, Cassiano Teixeira¹

¹Hospital Moinhos de Vento - Porto Alegre (RS), Brasil

Objective: To evaluate the risk of unplanned ICU admission and in-hospital mortality according the trigger of rapid response team (RRT) call.

Methods: A single-center retrospective cohort study was conducted at a tertiary 380-bed hospital in Southern Brazil, from August 2013 to September 2015. The institutional triggers for RRT call were evaluated as independent variables. A stepwise multiple logistic regression was performed to evaluate the association of different triggers of RRT call with unplanned ICU admission and in-hospital mortality. Age and length of hospitalization at the time of RRT evaluation were used as correction variables.

Results: In total, 1213 patients were evaluated. The rate of unplanned ICU admission was 15.4% (n=187). The in-hospital mortality rate was 22.6% (n=275). Triggers independently associated with unplanned ICU admission were HR >130 bpm (odds ratio [OR], 2.20; 95% Confidence Interval [95%CI], 1.29-3.77), RR >30 bpm (OR, 2.68; 95%CI, 1.65-4.35), SpO₂ <90% (OR, 3.96; 95%CI, 2.77-5.68) and SBP <90mmHg (OR, 3.55; 95%CI, 2.05-6.14). Triggers independently associated with in-hospital mortality were RR >30 bpm (OR, 1.91; 95%CI, 1.22-3.01) and SpO₂ <90% (OR, 2.46; 95%CI, 1.83-3.30).

Conclusion: RRT calls related to hemodynamic instability and acute respiratory failure were associated with higher rates of unplanned ICU admission. RRT calls related with acute respiratory failure were associated with higher in-hospital mortality.

Epidemiologia

A0-017

Study of admissions for treatment of post-surgical cardiac complications

Camylla Santos de Souza¹, Caio Teixeira dos Santos², Anna Karoline Vasques de Almeida³, Bianca Alves de Miranda⁴, Caroline Sbardellotto Cagliari⁵, Tiago Carlos Sulzbach⁶, Nathalia Preissler Vaz Silveira⁶, João David de Souza Neto⁷

¹Faculdade de Medicina, Universidade Federal do Ceará - Fortaleza (CE), Brasil; ²Universidade Severino Sombra - Vassouras (RJ), Brasil; ³Universidade do Grande Rio (UNIGRANRIO) - Duque de Caxias (RJ), Brasil; ⁴Centro Universitário de Volta Redonda - Volta Redonda (RJ), Brasil; ⁵Universidade de Caxias do Sul - Caxias do Sul (RS), Brasil; ⁶Universidade Luterana do Brasil (ULBRA) - Canoas (RS), Brasil; ⁷Hospital de Messejana Dr. Carlos Alberto Studart - Fortaleza (CE), Brasil

Objective: To elucidate the treatment of cardiac complications after surgeries.

Métodos: Descriptive study, based on DATASUS data of the last 4 years.

Results: In the analyzed period, Brazil registered 1,637 hospitalizations for the treatment of cardiac complications after surgeries in general. 2015 had the highest hospitalization rate (522) and the highest expenditure estimate (R\$ 1,075,627.87). The Southeast had the highest hospitalization rate (635), of which 243 were from Espírito Santo and 219 from São Paulo, followed by the Northeast

(314), of which 106 were from Pernambuco, and the North (272), with 207 cases only from Amazonas. 1,198 cases were urgent and 439 were elective. R\$ 3,000,028.58 were spent in the treatment of post-surgery cardiac complications, being R\$ 1,102,970.51 in the Southeast, R\$ 711,154.18 in the Northeast and R\$ 577,260.08 in the North. There were 109 deaths, with mortality of 6.66%. The Southeast had the highest number of deaths (36), and the second lowest mortality (5.67%), being the lowest in the South (4.55%), with a lower death rate (7). The North had the second highest number of deaths (30), with the highest mortality recorded in the country (11.03%).

Conclusion: The Southeast had higher financial expenses and is among the highest death and mortality rates. The South had lower rates of death and mortality, with expenditures 3 times lower than the Southeast. The application of prophylactic protocols is fundamental in reducing hospitalizations and other indices.

A0-018

Point-of-care ultrasound performed by Brazilian intensive care physicians: a national survey

José Augusto Santos Pellegrini¹, Ricardo Luiz Cordioli², Ana Cristina Burigo Grumann³, Leandro Utino Taniguchi⁴

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil; ²Hospital Israelita Albert Einstein - São Paulo (SP), Brasil; ³Serviço de Terapia Intensiva, Hospital Nereu Ramos - Florianópolis (SC), Brasil; ⁴Disciplina de Emergências Clínicas, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Objective: To describe the characteristics related to point-of-care ultrasound (POCUS) utilization by Brazilian intensive care units (ICUs) physicians.

Methods: We conducted a national survey sent to Brazilian intensivists. Questions handled topics comprising epidemiology, technique and training patterns, machine availability and its applications.

Results: We obtained 322 answers from all Brazilian regions (59.7% from Southeast). Of these, 148 (46%) worked in private hospitals. One-hundred and sixteen responders (36.1%) reported not having access to ultrasound machines. Overall, 258 responders (80%) said they had some degree of POCUS training, but they work in ICUs where the staff are not fully trained in critical care ultrasound (59.9% of the responders work in ICUs with less than one quarter of the staff fully trained). Central venous catheter placement was the most frequent POCUS application (49.4%), followed by echocardiography (33.9%). One hundred and one (66.3%) attended to ECOTIN. Some factors were association with training: full-time certified intensivists ($p = 0.007$), access to ultrasound machine ($p < 0.001$) and presence of medical residents in the ICU ($p < 0.001$).

Conclusion: POCUS in Brazilian ICUs is gaining acceptance, but a significant proportion of intensivists still need to be adequately trained.

Terminalidade, humanização e ética

A0-019

Adecuación del esfuerzo terapéutico en unidad de cuidado intensivo

Bernardina Frache¹, Eduardo Moreira San Martín², Carlos Pan³, Marcelo Barbato², Pedro Alzugaray¹, Gastón Burghi²

¹Sanatorio American - Montevideo, Uruguay; ²Hospital Maciel - Montevideo, Uruguay; ³Comeca - Montevideo, Uruguay

Objetivo: Evaluar la forma de documentar y llevar adelante la adecuación del esfuerzo terapéutico (AET) en la Unidad de Cuidado Intensivo (UCI).

Métodos: Estudio retrospectivo multicéntrico, con revisión de historias clínicas de pacientes fallecidos en 6 UCIs de Uruguay. Las variables nominales se expresan como porcentaje y se compararon mediante el Chi cuadrado mientras que las continuas como mediana con sus cuartiles (25%-75%) y se compararon mediante el test de Student.

Resultados: Se analizaron 203 historias de pacientes fallecidos. La edad fue de 67(53,75-76), con predominio de sexo masculino (56%). Se establecieron directivas de AET en el 30% de los casos. El 74% supuso la suspensión o retirada de medidas terapéuticas, mientras que en el 24% se decidió no incrementar medidas. Solamente un 2 % presentaba indicaciones de no reanimación. La decisión se llevó a cabo al día 6 (1-10,5) días, estaba registrada en la historia clínica en el 68%, en el 13% se registró quienes participaron de la decisión. Los factores asociados a AET fueron: la edad 70 (62,25-82,75) vs 63,5 (50,75-75) $p=0,02$; el número de comorbilidades 34% vs 21% $p=0,048$; y el nivel de dependencia para las actividades diarias previo al ingreso 11% vs 2% $p=0,005$. Las medidas más frecuentemente retiradas fueron vasopresores 80%, nutrición parenteral 100%, nutrición enteral 56%, ventilación invasiva 33%, antimicrobianos en 56%.

Conclusão: En nuestro país, se establecen directivas de AET en un 30% de los fallecidos en UCI. Existe un subregistro que nos obliga a formarnos en la adecuación de los esfuerzos terapéuticos.

A0-020

Decision-making capacity in the elderly cancer patients: importance of cognitive evaluation and respect for autonomy

Rodrigo Alves dos Santos¹, Flavia Vieira Rezende², Bianca Paes¹, Fabio Marcelo da Silva Valverde¹, Ricardo Filipe Alves da Costa², Antonio Paulo Nassar Jr.³, Cristina Prata Amendola¹

¹Hospital de Câncer de Barretos, Fundação Pio XII - Barretos (SP), Brasil; ²Faculdade de Ciências da Saúde de Barretos Dr. Paulo Prata - Barretos (SP), Brasil; ³A.C. Camargo Cancer Center - São Paulo (SP), Brasil

Objective: Population aging reinforces the importance of respecting the autonomy of the elderly population in the

physician-patient relationships. At the present time, cancer is part of the ageing phenomenon and cognitive aspects are also considered part of it. The elderly, in this context, is often deprived of the opportunity of choosing or even having control over their own health. A greater understanding of cognition and levels of fragility of the elderly is essential to adopt better conducts.

Methods: Data were collected from 100 elderly individuals submitted to elective surgical procedures between June and November 2016. The Groningen Frailty Indicator (GFI) and the Montreal Cognitive Assessment (MoCA) instrument were used to assess the frequency of frail elderly and/or elderly with cognitive deficits whose decision-making capacity may be compromised.

Results: Among the 100 patients, 49% were considered frail. Among the frail elderly, 47 (95.9%) presented altered MoCA. Among the non-frail elderly, 48 (94.1%) presented altered MoCA. Only 1 patient was able to explain what advance directives are and 16% of the patients were unaware of the reason for their hospitalization or surgery. Another 10% said they had been persuaded by relatives and/or doctors to have surgery which they had denied being submitted to.

Conclusion: The high prevalence of frail elderly and the low level of education may influence their decision-making capacity. It's essential to understand how cancer, fragility and cognition impact the quality of life of the elderly population.

of severe LV systolic dysfunction (45.6%). The prevalence of ACRS was 44.4% (260 patients). There were 71 deaths (12.1%). Mortality was higher in the ACRS group (47 deaths -18.1% x 24 deaths - 7.4%, $p<0.001$). The mean length of hospital stay in patients with ACRS was higher (20.4 x 14.7 days, $p=0.002$). ACRS was identified as an independent predictor of hospital death (adjusted OR 5.52, 95% CI 2.21-13.77). In the analysis of the area under the ROC curve, the difference between higher creatinine and baseline creatinine (CrH-CrB) had a better correlation with mortality (area=0.67, $p<0.001$) than the other factors analyzed, including LVEF (Area=0.43, $p=0.06$).

Conclusion: Patients who developed ACRS had longer hospitalization and higher hospital mortality.

AO-022

Quadriceps ultrasound in chronic obstructive pulmonary disease patients

Sebastian P Chapela¹, Lucero Pablo², Grassi Fernando², Reberendo Jimena², Rojas Balcázar Nicolas², Descotte Emiliano², Soloaga Elias², Chertcoff Julio Felipe²

¹Cátedra de Bioquímica Humana, Facultad de Medicina, Universidad de Buenos Aires - Buenos Aires, Argentina; ²Hospital Británico de Buenos Aires - Buenos Aires, Argentina

Objective: To assess whether there are differences in the quadriceps area in healthy subjects, patients with chronic obstructive pulmonary disease (COPD) in rehabilitation and COPD patients hospitalized due to exacerbation.

Methods: A quadriceps ultrasound was performed and the rectus femoris area was measured in patients hospitalized in the ICU due to COPD exacerbation (28 patients), COPD patients in pulmonary rehabilitation (13 patients) and healthy individuals (9 patients). In the COPD exacerbation group, the area was dichotomized, so that there were 2 groups with a larger and a smaller area to assess inpatient days, days of non-invasive mechanical ventilation and ICU mortality.

Results: The quadriceps area average was 5.87 cm² in healthy individuals, 2.62 cm² in COPD exacerbation patients and 2.58 cm² in COPD patients in rehabilitation. There was a significant difference among the three groups ($P=0.0025$). The COPD exacerbation group was divided into two groups: the first (14 patients), with a quadriceps area smaller than 2.66 cm² and the second (14 patients), with an area larger than 2.66 cm². Inpatient days ($P=0.58$), days of mechanical ventilation ($P=0.57$) and mortality ($P=0.49$) were analyzed, with no significant differences between the groups.

Conclusion: In our experience, the quadriceps area fails to predict inpatient days in the ICU, mortality and days of mechanical ventilation. More studies with more patients are needed to understand the scope of this technique.

Suporte nutricional, metabólico e renal

AO-021

Cardiorenal syndrome is an independent predictor of death in patients with heart failure

Andréa de Melo Leite¹, Bruno Ferraz de Oliveira Gomes², Wolney de Andrade Martins¹, Andre Casarsa Marques²

¹Universidade Federal Fluminense - Niterói (RJ), Brasil; ²Hospital Barra D'Or - Rio de Janeiro (RJ), Brasil

Objective: To evaluate the prevalence of acute cardiorenal syndrome (ACRS) in the context of the decompensated heart failure (DHF), and the time of hospitalization and hospital mortality outcomes.

Methods: Retrospective cohort of 585 patients admitted for DHF with left ventricular ejection fraction (LVEF) <50% and with at least 5 serum creatinine levels between 2011 and 2016. ACRS was defined as absolute increase ≥ 3 mg/dL of serum creatinine during hospitalization. Clinical and laboratory variables and outcomes were evaluated through statistical analysis using student's t-test, chi-square, logistic regression and ROC curve.

Results: The analysis of demographic characteristics revealed a mean age of 73.1 ± 12.8 years. There was a predominance

A0-023

Acute kidney injury related to pregnancy: experience of a Brazilian intensive care unit

Dilson Palhares Ferreira¹, Aline Mizusaki Imoto¹, Fábio Ferreira Amorim¹, Amanda Jacomeli Matsuura², Jaqueline Lima de Souza³, Adriel Ramalho Santana³

¹Programa de Pós-Graduação Stricto Sensu em Ciências da Saúde, Escola Superior de Ciências da Saúde, Fundação de Ensino e Pesquisa em Ciências da Saúde - Brasília (DF), Brasil; ²Hospital de Base do Distrito Federal - Brasília (DF), Brasil; ³Escola Superior de Ciências da Saúde - Brasília (DF), Brasil

Objective: The aim of this study was to assess the characteristics and outcome of patients admitted with pregnancy-associated AKI in a public Brazilian maternal ICU.

Methods: Retrospective cohort study conducted in ICU of Hospital Materno Infantil de Brasília, Brasília, Federal District, Brazil, during 28 months. All consecutive patients diagnosed with pregnancy-related AKI were included.

Results: Of 172 patients included, mean age was 30±2 years, APACHE II: 12±7, and SOFA was 3±3. The main cause of ICU admission was eclampsia (63, 36.6%). Patients with higher KDIGO stage had higher APACHE II (10.2±5.2, 12.8±6.7 and 20±8.8, p<0,01), SOFA (2.2±1.7, 4.1±3.0 and 6.0±4.9, p<0,01), and need for mechanical ventilation (17%, 31% and 77%, p<0,01), norepinephrine (9%, 14% and 62%, p<0,01), blood product transfusion (6%, 11% and 31%, p<0,01) and hemodialysis (0%, 0% and 50%, p<0,01). Patients with higher KDIGO stage had higher mortality (1%, 11% and 38%, p<0,01) and length of ICU stay (median: 4(IQR:3-5), 5(IQR:3-10) and 6(IQR:4-9), p<0,01), and lower recovery of renal function (100%, 83% and 62%, p<0,01). The time to death was shorter in patients with higher KDIGO stage (p=0.000).

Conclusion: Higher KDIGO stage had higher mortality, length of ICU stay, and need for mechanical ventilation, norepinephrine, blood product transfusion and hemodialysis.

A0-024

Fatores de risco associados a hipoglicemia e análise de eventos adversos em uma terapia intensiva

Keroulay Estebanez Roque¹, Andrea Rodrigues Gomes da Silva², Mario Henrique Bravo de Almeida Santos³, Tony de Oliveira Figueiredo¹, Enirtes Caetano Prates Melo⁴

¹Universidade Federal do Rio de Janeiro - Rio de Janeiro (RJ), Brasil;

²Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ),

Brasil; ³Instituto Nacional de Traumatologia e Ortopedia - Rio de Janeiro

(RJ), Brasil; ⁴Fundação Oswaldo Cruz - Rio de Janeiro (RJ), Brasil

Objetivo: Avaliar os fatores preditivos associados à ocorrência de hipoglicemia grave e analisar os eventos adversos relacionados ao uso de insulina e hipoglicemiantes orais em pacientes internados em uma unidade de terapia intensiva.

Metodos: Trata-se de estudo de coorte desenvolvido em um

hospital de grande porte no município do Rio de Janeiro. O processo de identificação de hipoglicemia ocorreu por meio da revisão diária e prospectiva de prontuários baseada no critério de rastreamento “glicose 50 = mg/dL”.

Resultados: Foram avaliados 355 pacientes, seguidos durante toda a internação na unidade de terapia intensiva e confirmados 16 eventos de hipoglicemia relacionados ao uso de insulina, ocorridos em 10 pacientes, o que correspondeu a uma incidência de 2,8% e uma taxa de incidência de 0,6 eventos de hipoglicemia por 100 pacientes-dia. Os fatores de risco associados a hipoglicemia encontrados no estudo foram: presença de doença hepática (OR = 3,06; IC 95% = 1,22-7,66), sepse (OR = 3,53; IC 95% = 1,53-8,18) e ocorrência de evento adverso (OR = 3,89; IC 95% = 2,05-7,41). O aumento em um ponto no escore de gravidade APACHE (OR = 1,15; IC 95% = 1,09-1,20) e a ocorrência de hipoglicemia (OR = 7,46; IC 95% = 3,88-14,33) implicaram em aumento da chance de óbito na UTI.

Conclusão: Este estudo enfatiza o impacto da hipoglicemia na mortalidade na terapia intensiva, os fatores preditivos para sua ocorrência e analisa os eventos adversos relacionados a insulina.

A0-025

Incidence and factors associated with constipation in critically ill patients

Érica Batassini¹, Alexandra Nogueira Mello Lopes¹, Mariur Gomes Beghetto¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: To evaluate the incidence and risk factors for constipation in critical adult patients.

Methods: In the 2016, a prospective cohort of critically ill adults was performed in a university hospital in southern of Brazil; that Intensive Care Unit (ICU) have 40 beds for clinical and surgical, but not trauma, patients. Patients were followed from their admission at ICU discharge (live or death). Clinical conditions, therapy, characteristics and frequency of bowel movements were observed daily. Constipation was defined by absence of evacuation for three consecutive days. Univariate analysis and Cox Multiple Regression was procedure; days at first evacuation was considered time variable. The study was approved by local ethics committee.

Results: 157 patients were followed; the incidence of constipation was 75.8%. In the univariate analysis we identified that constipated patients were young, surgical, they used more sedation and presented more respiratory; meanwhile non-constipated patients had more gastroenterological diseases in the hospital admission. Noradrenaline, mechanical ventilation and renal replacement therapy was similar in constipated and non-constipated patients. Multivariate analysis found that days of use of docusate + bisacodyl (HR: 0.79; CI95%: 0.65 - 0.96), omeprazole or ranitidine (HR: 0.80; CI95%: 0.73

- 0.88) and lactulose (HR: 0.87; CI95%: 0.76 - 0.99) were independent factors associated for constipation.

Conclusion: Constipation is very incident in critical adult patients. Each day use medicines that act on the digestive tract reduces the constipation risk.

A0-026

Influência do estado nutricional na qualidade de vida de pacientes críticos seis meses após o trauma

Raiane de Negreiros Oliveira¹, Guilherme Duprat Ceniccola¹, Fernanda Cintra Lima¹, Thomazi Brito Rocha¹, Wandenberg Pereira Santos¹

¹Hospital de Base do Distrito Federal - Brasília (DF), Brasil

Objetivo: Comparar o estado nutricional admissional de pacientes vítimas de trauma de uma Unidade de Terapia Intensiva (UTI) com aspectos de qualidade de vida seis meses depois do trauma.

Métodos: Estudo de coorte prospectivo. Foram incluídos 167 pacientes traumatizados admitidos consecutivamente de 22/4/2015 até 20/4/2016 e com idade > 18 anos e que saíram vivos da UTI. Gestantes e pacientes com menos de três dias de internação não foram excluídos. Foram aplicados quatro formulários por meio de entrevista pessoal e por contanto telefônico, Avaliação Subjetiva Global, formulário sobre qualidade de vida, formulário de acompanhamento nutricional e a escala Funcional Oral Intake Scale (FOIS).

Resultados: Foi verificado 36,5% de desnutrição na admissão. A mediana da escala FOIS foi de 7 pontos. A via de alimentação não se associou ao estado nutricional (p valor= 0,103). A empregabilidade não obteve associação com a desnutrição (p valor= 0,518). Houve associação significativa do estado nutricional com a capacidade funcional (p valor 0,021), atividades do cotidiano (p valor= 0.03) e com a restrição física, mental, emocional e social (p valor= 0.045). Os pacientes não desnutridos receberam alta hospitalar após seis meses 2 vezes mais que os desnutridos.

Conclusão: O estado nutricional admissional na UTI poderia influenciar no desfecho clínico do paciente, repercutindo na qualidade de vida 6 meses após o trauma.

Neurointensivismo

A0-027

Delirium development associated factors in two Latin American intensive care units: a prospective cohort in mechanical ventilated patients

Ignacio Previgliano¹, Patricia Margot Mesa Garcia², Irina Aversa¹, Sonia Altez², Silvina Favretto², Myriam Nuñez², María Orellano², Emilia Orellano², Ana Soca², Wesley Ely⁴

¹Hospital Fernandez - Buenos Aires, Argentina; ²Hospital Pasteur - Montevideo, Uruguay; ³Universidad de Buenos Aires - Buenos Aires, Argentina; ⁴Vanderbilt University Medical Center - Nashville, United States

Objective: To establish delirium prevalence in two general Intensive Care Units (ICU) both in Argentina and Uruguay, and to identify its associated factors, clinical expression and influence on outcome.

Methods: Is a prospective cohort study in two Latin American medical and surgical ICUs. We daily assess the Richmond Agitation Sedation Scale (RASS) and Confusion Assessment Method for the ICU (CAM-ICU) to identify delirium in mechanical ventilated patients.

Results: In these series, delirium prevalence was 70% (232 delirious patients out of 330 total patients). Delirium's psychomotor subtypes were hyperactive in 49 (21%) patients, hypoactive in 42 (18%) and mixed in 141 (61%). Comparing delirious and non-delirious patients by means of Mann Withney U test and Chi squared test, significant differences were found for age (65 vs. 60 yo), alcohol consumption (67 vs. 18), tobacco use (119 vs. 38), HIV (9 vs. 6) and APACHE II (22 vs. 18). Multiple logistic regression modeling using delirium as the dependent outcome variable (to study risk factors for delirium) showed that alcohol consumption's history, psychiatric disorder and APACHE II were independent variables associated with delirium development.

Conclusion: This Latin American prospective cohort investigation revealed some differences with previous studies. We couldn't confirm a relationship between delirium and mechanical ventilation days or mortality neither with ICU nor in Hospital length of stay. What we could affirm is that illness severity expressed as APACHE II values and medical background of alcohol consumption and psychiatric disorders are strong determinants of delirium development.

A0-028

Early rehabilitation in the intensive care unit: reality!

Lígia Maria Coscrato Junqueira Silva¹, Phillipe Pereira Travassos¹, Priscilla Darin¹, Rodrigo Marques Di Gregório¹, Cristiane Araújo Nunes¹, Denise Rolim Tucunduva da Fonseca¹, Viviane Cordeiro Veiga¹, Salomon Soriano Ordinola Rojas¹

¹Unidade de Terapia Intensiva Neurológica, Hospital BP - A Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objective: The early mobilization program during intensive care hospitalization presents numerous benefits related to the outcome of the patient. The objective of this study is to evaluate the safety of the implementation of an early mobilization protocol within the first 24 hours of admission and its impact on high functional status of the ICU.

Methods: Retrospective study, from March 2013 to May 2017, evaluating patients admitted to the Neurological ICU,

assessing the hemodynamic, respiratory and neurological variables in patients submitted to the early mobilization program, consisting of progressive therapeutic activities, including sedation and orthostatism assisted on the board and evaluated the impact on the functional status / degree of high muscle strength of the ICU.

Results: From March 2013 to May 2017, 11,219 patients were admitted to a neurological intensive care unit, of whom 9,873 were included in the early mobilization program. The mean age of the patients was 66.5 years, with SAPS 3 of 43.98 points (estimated mortality risk of 22.3%) and real mortality of 11.2%. During the program, 3% presented clinical instability, which was promptly reversed in all situations. Ninety-one percent of the patients presented maintenance or gain of muscle strength / functional status.

Conclusion: The application of an early mobilization program within 24 hours of patient admission was shown to be safe, positively influencing the rehabilitation of neurological patients.

A0-029

Prognostic value of brain midline shift in patients admitted to the intensive care unit with acute subdural hematoma

Kelsey Sampaio Ferreira Junior¹, Rogerio Ribeiro da Silveira¹, Simao Pedro Bicudo Bamberg¹, Matheus Silva Vaz Pereira¹, Rogerio Carvalho de Araújo¹, Herika Lucia da Costa Silva¹, Ulisses de Oliveira Melo¹, Humberto Villacorta Junior²

¹Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil;

²Universidade Federal Fluminense - Niterói (RJ), Brasil

Objective: To assess the role of the degree of brain midline shift (BMS) in the prognosis of patients with acute subdural hematoma (SH).

Methods: Between June 2016 and June 2017, 162 patients admitted to the intensive care unit (ICU) with SH were retrospectively screened. Among these, 50 patients with acute SH were included in this study. We sought to assess the role of the degree of BMS as predictor of death or evolution to surgical treatment. A multivariate analysis was performed using death as dependent variable.

Results: Mean age was 48.6±23 years and 37 (74%) were male. Thirty one (62%) patients had BMS (range of 1.25 to 27.4 mm). Twenty three (46%) patients died. BMS was higher in non-survivors as compared with survivors (median and interquartile range 7.06 [2.7-14.7] vs 0 [0-4.01] mm, p=0.0013). In the multivariate analysis, BSH was the only variable independently related to death (odds ratio= 1.29; 95% CI 1.05-1.59; p=0.014). Any BMS had sensitivity of 87% and specificity of 59.3 to predict death (AUC=0.76) and a BMS >2.13 mm had sensitivity of 76.5% and specificity of 87.5 to predict the combined endpoint of death or surgical treatment (AUC=0.87).

Conclusion: BMS is a strong prognostic factor in patients with acute SH.

A0-030

Pulmonary embolism in severe traumatic brain injury patients

Ali Seifi¹, Bradley Dengler¹, Samon Tavakoli-Sabour¹, Paola Mendez-Gomez¹, Joel Michalek¹, Daniel Godoy²

¹University of Texas Health at San Antonio - San Antonio, Texas, United States; ²Unidad de Cuidados Neurointensivos, Sanatorio Pasteur - Catamarca, Argentina

Objective: Pulmonary emboli (PE) are a significant source of morbidity and mortality trauma patients. In the present study, we evaluated the incidence of PE in severe traumatic brain injury as well as the impact of chemoprophylaxis.

Methods: We conducted a retrospective review of patients who were admitted to a tertiary medical center's Neurosurgical Intensive Care Unit from 2011-2013. Severe traumatic brain injury (TBI) was defined as patients who received invasive intracranial pressure monitoring within 48hrs of admission. Fisher's exact test was utilized to determine the incidence and mortality of PE with and without chemoprophylaxis. The Mann-Whitney U test was used to determine the length of stay.

Results: There were 155 patients who met the study criteria. The incidence of PE was 2.58%. The cohort was mainly composed of white (71.6%), male (76.77%) with the mean age of 23.03 +/- 15.79. The majority of TBI were subdural hematomas (62.6%). There was no statistical difference between the patients who developed PE with prophylaxis and without (p = 0.58). Coronary artery disease carried an increased risk of developing PE (p = 0.035). In multivariate logistic regression analysis of PE both length of hospital stay (p = 0.0119) and coronary artery disease (p = 0.0271) were significant. Hospital length of stay was significantly increased by the development of a PE (27.82 +/- 21.78 vs. 61.24 +/- 25.74 days, p = 0.01).

Conclusion: Our data is limited by a low incidence of PE in this cohort of patients but does show increased risk of PE in the patient with coronary artery disease and longer hospital stays. Additionally, development of a PE led to significantly increased the length of hospital stays and increased costs.

Emergências e coronariopatias

A0-031

Analysis of the noninvasive ventilation profilactic use in the postoperative cardiac surgery of a public hospital in Itajaí - SC

Leticia Tramontin Mendes¹, Guilherme Kriger¹, Raquel Dominoni Sogaia¹, Jacqueline Staniszewski Ladeia¹, Carolina Perrone Marques¹, Stephanie Theisen Konzen¹, Marcos da Costa Melo Silva¹, Ana Cristina Martins Dal Santo Debiasi¹

¹Universidade do Vale do Itajaí - Itajaí (SC), Brasil

Objective: Cardiac surgeries are large procedures that cause changes in physiological mechanisms because they generate great organic stress, mainly in the pulmonary system. In this context, the use of noninvasive ventilation (NIV) has shown benefits in lung function when applied early in these cases. That is why we aim to evaluate the prophylactic use of NIV in patients in the immediate postoperative period of cardiac surgery.

Methods: Prospective study of clinical trial with preventive intervention that evaluated 67 patients in the immediate postoperative period of cardiac surgeries in a public hospital in Itajaí-SC. These were randomized into two groups. Group 1 received three cycles of NIV in continuous positive airway pressure after extubation, where each cycle consisted of 2 hours of NIV followed by 4 hours of supplemental nasal catheter. Group 2 received only supplemental nasal catheter after extubation.

Results: Patients who used NIV presented higher values of partial pressure of oxygen (PaO₂) and partial pressure of oxygen/Fraction of inspired oxygen (FiO₂) ratio in almost all cycles. The analysis of the subgroup of patients with chronic obstructive pulmonary disease (COPD) showed that they obtained higher values of PaO₂ in all cycles of NIV, associated to an increase of oxygen blood saturation and Bicarbonate. However, it did not show a reduction in hospital stay.

Conclusion: The use of NIV after extubation in the immediate postoperative period of cardiac surgery showed improvement in hypoxemia and PaO₂/FiO₂ ratio, markedly in patients with COPD, without, however, showing a reduction in hospital stay time.

diabetes mellitus 43.2%, systemic arterial hypertension 81.48% and smoking 49.4%. Elective surgery occurred in 99.7% of cases. The admission SOFA was 6.02 ± 1.75 . The scores mean values were: APACHE II 13.17 ± 3.90 , SAPS3 38.98 ± 8.35 and an expected mortality of $18.45\% \pm 8.84$ and $7.86\% \pm 7.35$, respectively. EUROSCORE 1 was $2.98\% \pm 3.61$. The observed mortality was 3.3%. Patients who underwent mechanical ventilation (MV) represented 98.2% from which 4.1% were reintubated. The mean time of MV was 2.04 ± 5.46 days. The ROC curve presented the following results: APACHE II 0.66 (95% CI, 0.53-0.84), SAPS3 0.72 (95% CI, 0.62-0.82) and EUROSCORE 0.53 (95% CI, 0.33-0.73).

Conclusion: Observed mortality was lower than expected by the severity scores. SAPS3 presented the best accuracy for mortality in evaluated population.

A0-033

Surgical profile analysis of patients submitted to cardiac surgery in a public hospital in Itajaí - SC

Leticia Tramontin Mendes¹, Guilherme Kriger¹, Jacqueline Staniszewski Ladeia¹, Raquel Dominoni Sogaia¹, Carolina Perrone Marques¹, Stephanie Theisen Konzen¹, Ana Cristina Martins Dal Santo Debiasi¹, Marcos da Costa Melo Silva¹

¹Universidade do Vale do Itajaí - Itajaí (SC), Brasil

Objective: Studies in several populations show unequal prevalence of postoperative complications in cardiac surgeries, depending on the criteria used and the characteristics of the population studied. In Brazil, the data is insufficient, requiring studies that correlate complications with possible perioperative causative factors. The present study aimed to characterize the epidemiological profile as well as to evaluate the transoperative period and the postoperative period during the stay in the intensive care unit and its possible surgical complications of the patients submitted to cardiac surgeries in a hospital of high complexity located in the city of Itajaí - SC, from April to December of 2016.

Methods: A prospective cross-sectional study was carried out with 116 patients submitted to cardiac procedures. The data was collected through tables developed and completed by those involved in the study. Patients signed a free and informed consent form to authorize data collection.

Results: The most performed surgery was myocardial revascularization surgery and the main complications were bleeding (21.6%) and acute renal failure (17.2%). A significant relationship was found between cardiopulmonary bypass time (CPBT) and aortic cross-clamping time (XCT) with the frequency of postoperative complications. It was concluded that the prolonged stay in CPBT and XCT contributes significantly to the development of complications during the postoperative period.

Conclusion: The results may characterize the surgical profile of the patients to develop prevention mechanisms and efficient forms of intervention aiming at lower patient harm and costs to the institution.

A0-032

Postoperative myocardial revascularization surgery: accuracy of prognostic scores mortality in the intensive care unit

Gabriela Anastacio Gabas¹, Natalia Borges Abrão¹, Cristina Bueno Terzi Coelho¹, Desanka Dragosavac¹, Lindemberg da Mota Silveira Filho², Pedro Paulo Martins de Oliveira², Orlando Petrucci Jr², Antonio Luis Eiras Falcão¹

¹Disciplina de Medicina Intensiva, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil; ²Disciplina de Cirurgia Cardíaca, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil

Objective: To analyze the accuracy of prognostic scores and the profile of admitted patients in early postoperative period of myocardial revascularization surgery (MRS) in the Intensive Care Unit (ICU) of a university hospital.

Methods: An observational, cross-sectional study based on a registry database of patients, in early postoperative period of MRS, admitted to the ICU from January 2013 to December 2016.

Results: A total of 338 patients were evaluated, being 73.7% male. Mean age was 62.46 ± 9.50 years and the average days of ICU stay were 5.45 ± 9.25 . Major associated comorbidities were:

A0-034**Atrial fibrillation in long-term cryptogenic cerebrovascular accident monitoring****Roberto Adrian Villa¹, Natalia Nora Clocchiatti¹**¹OSPLAD - Buenos Aires, Argentina

Objective: The pathophysiology of ischemic cerebrovascular accident is unclear. Between 20% and 40% of cases are classified as cryptogenic. The diagnosis of atrial fibrillation (AF), which ostensibly increases the risk of stroke, it is often difficult because this arrhythmia may be paroxysmal or asymptomatic. Our objective was to identify risk factors for AF in patients with cryptogenic stroke.

Methods: Were prospectively included patients with ischemic stroke in ambulatory follow-up. Demographics, profile of risk factors and their control in the year prior to stroke were obtained from the internment or outpatient. On magnetic resonance imaging (MRI) admission, lesions were evaluated acute and chronic cerebral vascular diseases, and inflammatory markers were measured one month after admission. The pathophysiological mechanism was defined according to the TOAST classification. The data were evaluated with univariate analysis and logistic regression.

Results: 108 (44%) of the 243 patients Included between december 2006 and december 2016 were classified as cryptogenic After a thorough evaluation; And AF was diagnosed in 49 (40%) of them at follow-up to two years. These patients were older (78 ± 7 vs 72 ± 10 , p 0.00001), with higher percentage of women (62% vs 50%, p 0.001), and severe stroke (NIHSS > 10: 57% vs 31%, p 0.001).

Conclusion: We identified that the inflammatory state and deterioration of renal function, both situations possibly related to endothelial dysfunction and microvascular injury, are predictors of long-term AF development.

randomizados em dois grupos: Grupo Controle (GC) - que realizaram a fisioterapia respiratória e o Grupo Mobilização precoce (GM) - que realizaram a fisioterapia respiratória, exercício no ciclo ergômetro, sedestação e deambulação, por quatro dias consecutivos sendo avaliados no pré-operatório, primeiro e quinto dias pós-operatório. Foi analisada a variabilidade da frequência cardíaca utilizando-se frequencímetro Polar RS800CX, sendo selecionado o trecho mais estável e os dados em formato .txt processados no programa Kubios® HRV 2.2 para análise dos dados não lineares (SD1). Os dados foram analisados pelo software Bioestat® 5.2. Para verificar a normalidade dos dados foi utilizado o teste Shapiro-wilk, seguido de teste t. Admitindo-se nível de significância $p=0.05$.

Resultados: Na análise intragrupo os valores de SD1 foram menores no 5º pós-operatório ($p<0.001$), na análise intergrupos o GMP apresentou valores superiores em relação ao GC ($p<0.01$) com tamanho de efeito da amostra de 1.90.

Conclusão: O protocolo de mobilização precoce melhora a modulação autonômica da frequência cardíaca de pacientes no pós-operatório de troca de válvula cardíaca, fato que pode ser demonstrado pelo aumento da atividade parassimpática.

A0-036**Preditores de aumento do sangramento no pós-operatório de cirurgia cardíaca: um estudo de coorte prospectivo****Larissa Bertacchini de Oliveira¹, Maria Aparecida Batistão Gonçalves¹, Kárla Mára Fátima de Souza Magalhães Pereira², Haulcienne Nilbe Watanabe Lacerda Cintra³, Caroline Shihara de Assis¹, Adriano Rogério Baldacin Rodrigues¹, Jurema da Silva Herbas Palomo¹**¹Instituto do Coração, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil; ²Hospital Nove de Julho - São Paulo (SP), Brasil; ³Hospital SEPACO - São Paulo (SP), Brasil

Objetivo: Identificar os fatores preditores de aumento do sangramento de pacientes no pós-operatório de cirurgia cardíaca.

Métodos: Estudo de coorte prospectivo, desenvolvido na Unidade de Terapia Intensiva (UTI) Cirúrgica Adulto de um hospital escola especializado em cardiopneumologia. Foram incluídos pacientes acima de 18 anos, no pós-operatório de revascularização miocárdica, troca ou plastia de valva, correção de aneurisma ou dissecação de aorta ou transplante cardíaco e que aceitaram participar do estudo. Foram excluídos pacientes com diagnóstico prévio de qualquer tipo de coagulopatia e aqueles que evoluíram a óbito durante o procedimento cirúrgico. Foram utilizados ANOVA e Mann Whitney para comparar as médias de volume de sangramento entre os grupos criados pelas variáveis categóricas e correlação de Pearson para associar com as variáveis contínuas. Posteriormente, os preditores para sangramento foram investigados por meio de regressão linear. O estudo foi aprovado pelo Comitê de Ética da instituição.

A0-035**O exercício físico aeróbico altera a modulação autonômica da frequência cardíaca no pós-operatório de troca de válvula cardíaca: análise de uma variável não linear****Elza Sara Maues Pena¹, Rodrigo Santiago Barbosa Rocha², Thayná Cristinne Oliveira Gomes³, Jéssica Monteiro Pinto³, Marlene Aparecida Moreno⁴**¹Universidade Federal do Pará - Belém (PA), Brasil; ²Universidade do Estado do Pará - Belém (PA), Brasil; ³Universidade da Amazônia (UNAMA) - Belém (PA), Brasil; ⁴UNIMEP - São Paulo (SP), Brasil

Objetivo: Verificar a influência de dois protocolos de reabilitação cardíaca sobre a modulação autonômica da frequência cardíaca em indivíduos submetidos a troca de válvula cardíaca em uma variável não linear.

Métodos: O presente estudo é do tipo experimental, randomizado, prospectivo e quantitativo. A amostra foi composta por 67 voluntários de ambos os gêneros

Resultados: Foram incluídos 391 pacientes. Prevalência do sexo masculino com média de idade de 58 anos. Comorbidades como hipertensão arterial sistêmica e diabetes mellitus foram as mais frequentes. A cirurgia mais realizada foi de revascularização do miocárdio. A circulação extracorpórea esteve presente na maioria dos procedimentos. Os fatores preditores de aumento do sangramento foram: sexo masculino, uso pré-operatório de antiagregantes plaquetários, uso de drogas vasoativas no intraoperatório, uso de balão intra-aórtico, acidose metabólica e maior frequência cardíaca no pós-operatório.

Conclusão: A identificação dos preditores de aumento de sangramento no pós-operatório de cirurgia cardíaca auxilia no estabelecimento de intervenções profiláticas e tratamento pós-operatório imediato.

Suporte perioperatório, transplante e trauma

A0-037

Lung function pre and post video assisted thoracic surgery versus posterolateral thoracotomy: a comparative study

Camila da Cunha Niedermeyer¹, Pauline Lopes Carvalho¹, Hermann Heinrich Husch², Adriana Kessler¹

¹Universidade Federal de Ciências da Saúde de Porto Alegre - Porto Alegre (RS), Brasil; ²Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: To compare pulmonary function and respiratory muscle strength in the pre and postoperative period of video-assisted thoracic surgery (VATS) versus postero-lateral thoracotomy (PLT).

Methods: A prospective cohort study was undergone. Research participants were patients undergoing thoracic surgery who were hospitalized at an intensive care unit (ICU). Research participants were divided into Posterolateral Thoracotomy Group (PLTG) and Video-Assisted Thoracic Surgery Group (VATSG). Clinical assessment included: Spirometry (Forced vital capacity - FVC; Forced expiratory volume in one second - FEV1 and FEV1/FVC ratio), Manovacuometry (Maximum Inspiratory Pressure-MIP; Maximum Expiratory Pressure-MEP) and pain at preoperative time (PRE), at immediate postoperative (iPO) and 48h after ICU admission.

Results: 44 subjects were evaluated, 22 in each group, with a mean age of 65.23±9.03 and 59.45±11.19, respectively. There was a significant effect between group and time on FVC (p=0.018), FVC% (p=0.005), FEV1 (p=0.049) and FEV1% (p=0.025). In both groups, there were significant differences between PRE and iPO and 48h in the variables

mentioned above. There was no significant effect between group and moment or main group effect on MIP, MIP%, MEP and MEP%, only with significant difference between the three moments (p<0.001). VATS and PLT presented significant difference in pain between PRE and iPO (p=0.000 and p=0.010) and PRE and 48h (p=0.001 and p=0.003).

Conclusion: The VATS presented lower losses in lung volumes when compared to PLT, which may be an indication for prioritization of this surgical technique.

A0-038

Non-recovery of brain-dead potential organ donors due to cardiac arrest and family reluctance in Brazilian high performance notification centers: a multicenter survey

Glaucio Adriano Westphal¹, Catia Moreira Guterres¹, Itiana Cardoso Madalena¹, Adriane Isabel Rohden¹, Sabrina Souza da Silva¹, Caroline Luciane de Oliveira¹, Regis Goulart Rosa¹

¹Hospital Moinhos de Vento - Porto Alegre (RS), Brasil

Objective: Cardiac arrest of the potential organ donor and family reluctance are considered important barriers to organ donation in Brazil. The aim of the present study was to describe the occurrence of non-recovery of brain-dead potential organ donors due to cardiac arrest and family reluctance in Brazilian high performance notification centers.

Methods: A national survey involving 21 Brazilian State transplant centers was conducted. Within each State transplant center, we evaluated hospitals with ≥10 notifications of brain-dead potential donors per year during 2005 and 2016.

Results: In total, 82 hospitals were evaluated. Of these, 35.4% (n=29) were located in the Southwest, 32.9% (n=27) in South, 23.2% (n=19) in Northwest, 6.1% (n=5) in North, and 2.4% (n=2) in Midwest. These hospitals were responsible for 37.4% (n=2624) of all organ donations in Brazil during the study period. The median number of brain-dead potential donors notifications per year was 30.8 (interquartile range [IQR], 22.2-47.6). The median percentage of brain-dead potential organ recovery was 31.6% (IQR, 20.5%-41.0%). The median percentage of cardiac arrest was 18.5% (IQR, 12.2%-25.0%). The median percentage of non-recovery of brain-dead potential organ donors due to family reluctance was 34.0% (IQR, 25.0%-42.0%).

Conclusion: Actions directed to improve the intensive care management of brain-dead potential organ donors and to improve the approach of family members of potential organ donors are needed.

A0-039

Profile of brain-kidney crosstalk in neurocritical patients

Fernando Suparregui Dias¹, Fabricio Piccoli Fortuna¹, Júlia Bertholdo Bossardi¹, Leticia Petry Castro Becker¹, Luiza Daniela Zerman¹, Daniel Sant Anna Vieira¹, Natalia Cusano Darrigo¹, Simone Redaelli¹

¹Hospital Pompeia - Caxias do Sul (RS), Brasil

Objective: The aim of our study was identify the relationship between acute brain injury (ABI) and acute kidney injury (AKI).

Methods: Patients with stroke (G1), head trauma (G2) and elective postoperative of neurosurgery (G3) were included in the analysis. We prospectively collected and stored in a database the following: age, gender, SAPS 3 at admission, SOFA, in days 1, 2 3 and 5 and, mortality. AKI was defined as presence of = 1 criteria on renal domain of SOFA. Comparisons between groups were made with Pearson Chi-squared test.

Results: There was 542 ABI admissions in the study period. The mean age was 48.4±18.6 years, 65 % were male. Mean SAPS 3 and SOFA at baseline were 45.6±12.9 and 4.1±3.1, respectively. Overall mortality was 14.6%. According to G1, G2 and G3, mortality in patients with and without AKI in days 1, 2, 3 and 5 was: 46%, 50%, 54% and 51% vs 24%, 23%, 19% and 16% (p 0.034, 0.009, <0.001 and < 0.001), 21.9%, 30.6%, 28.3% and 21.9% vs 9.6% 7.5%, 6.7% and 6.8% (p 0.065, <0.001, <0.001 and 0.001) and, 7.3%, 5.6%, 7.1% and 1.1% vs 0%, 6.8%, 6.6% and 14.7% (p=0.001, day 5 only), respectively.

Conclusion: Stroke and trauma when associated with AKI characterized a high-risk group for mortality, while in postoperative patients, the occurrence of AKI was not associated with mortality.

A0-040

Renal replacement therapy post-heart transplant: frequency and morbidity related in a single center in Brasília, Brazil

Rodrigo Santos Biondi¹, Edvar Ferreira da Rocha Junior¹, Bruno Eduardo de Morais Santos¹, Auro Vieira de Paiva Junior¹, Rodrigo Pereira Pio¹, Ana Gabriela Gewehr Vale¹, Vitor Salvatore Barzilai¹, Fernando Antibas Atik¹

¹Instituto de Cardiologia do Distrito Federal - Brasília (DF), Brasil

Objective: Evaluate the impact of renal replacement therapy (RRT) after orthotopic heart transplant. Single center analysis in Brasília - Brazil.

Methods: Retrospective cohort analysis of medical records from January 2009 to April 2017. 152 patients (pt) underwent heart transplant (Htx) on this period.

Results: 52 pt required RRT. Age was 48.5 ± 11.5 years, 89(58.6%) males, Creatinine Clearance (CKF-EPI) 60.1 ± 23.8ml/min/1.73m² pre-Htx and 69 ± 27.9ml/min/1.73m² post-Htx, SAPS III scoring 39.9±7.8. Htx clearance did not show significant difference between groups (p>0.05). Older patients had more RRT need (p=0.03) and longer waiting list time (p <0.01). Patients who underwent RRT had a greater need for vasoactive drugs when compared to non-RRT. Noradrenaline (p <0.01), adrenaline (p = 0.01), vasopressin (p<0.01). RRT pts were related to time of mechanical ventilation (p=0.021), longer ICU length of stay (LOS) (p<0.01) and lower survival (p<0.01).

Conclusion: Age, waiting list time, mechanical ventilation and use of vasoactive drugs were related to RRT requirement postHtx and had impact on ICU LOS.

Índices prognósticos

A0-041

Platelet parameters and outcome after cardiac arrest

Antonella Cotoia¹, Chiara de Fazio¹, Sabino Scolletta², Jacques Creteur¹, Jean-Louis Vincent¹, Fabio Silvio Taccone¹

¹Department of Intensive Care, Erasme Hospital, Université Libre de Bruxelles - Brussels, Belgium; ²Department of Medical Biotechnologies, University of Siena - Siena, Italy

Objective: In critically ill patients, platelet (PLT) variables including platelet distribution width (PDW) and mean platelet volume (MPV) have been associated with outcome. We studied this in cardiac arrest (CA) patients.

Methods: A retrospective study of adult CA patients admitted on our Dept. over an 8-year period (2006-2014), and treated with therapeutic hypothermia. We excluded patients who died within 24 hours of admission. We retrieved all data concerning CA characteristics as well as PLT count, PDW, and MPV on the first 2 days since admission. Unfavorable 3-month neurological outcome (UO) was defined as a cerebral performance category score of 3-5.

Results: We included a total of 384 patients (age 62 [52-75] years; male gender 270/384). Of those, 231 patients (60%) died within 30-days while 246 patients (64%) had UO. On admission, PLT count, PDW, and MPV were 87 [126-261] *10³cells/mm³, 17 [16.3-17.3] %, and 8.3 [7.6-9.2] µm³ respectively. Overall, PLT count significantly decreased during the two days after admission, while PDW and MPV did not significantly change. There were no significant differences between the values on admission as well as on time-course of PLT, PDW, and between survivors and non-survivors or patients with UO and favorable outcome.

Conclusion: PDW and MPV are no good predictors of outcome in patients after cardiac arrest.

Pediatria e neonatologia

A0-042

Evaluation of the profile of potential pediatric organs donors in the Federal District

Andrea Lopes Ramires Kairala¹, Bruna Rolim Peixoto da Silva¹, Marcos Paulo Gonçalves Carlos¹, Lucas Ferreira de Castro¹, Marcella Mateus Cavalcante¹, Natália Ramires Kairala¹, Luis Matheus Xavier Cocentino¹

¹Centro Universitário de Brasília (UNICEUB) - Brasília (DF), Brasil

Objective: To describe by means of statistical analysis the profile of children and adolescents with suspected brain death (BD) and the effectiveness of donations of organs in the Federal District (FD).

Methods: Retrospective/descriptive study; analyzed the records of notification of children and adolescents in BD accompanied by the team of the Center for Notification, Collection and Distribution of Organs between January 2013 and December 2016 in FD.

Results: Among the analyzed population (N=146), only 34% performed organ donation. In those four years, a constant average in the number of potential donors and percentage of effective donors was found (N=36/34%) by year. Among the analyzed population, adolescents (51%), male (68%) and brown color (62%) predominated. Among effective organ donors, 80% were male, and only 22% were white. The main reasons for hospitalization were external causes (41%), 22% from trampling/automobile accident, 18% from firearm drilling and 1% from hanging; and children with brain tumors, 14%. The most frequent reasons for non-donation are cardiac arrest before protocol closure (36%), family refusal (25%) and malignant neoplasia (18%). As for organ types, on average three are donated per patient; predominate kidneys (34%) and liver (26%).

Conclusion: It is necessary, as the Brazilian Association of Organ Transplants points out, to plan strategies to increase pediatric transplantation in Brazil, such as education for the population. Adolescents, male sex with brown color are more vulnerable to BD from external causes, mostly preventable. More attention is needed to the security situation of this population by government authorities.

A0-043

Implementation of evidence based transfusion guideline in critically ill children resulted in 2.3 times less exposure to packed red blood cells. Report from the Latin-American Collaborative Network (LAREd)

Ema Benech¹, Mercedes Ruibal², Nicolas Monteverde Fernandez³, Alberto Serra⁴, Franco Diaz Rubio⁵, Sebastian Gonzalez Dambraskas⁴

¹Círculo Católico de Obreros del Uruguay - Montevideo, Uruguay; ²Hospital Policial - Montevideo, Uruguay; ³Medica Uruguaya Corporación Asistencia Médica - Montevideo, Uruguay; ⁴Casa de Galicia - Montevideo, Uruguay; ⁵Facultad de Medicina Clínica Alemana, Universidad del Desarrollo - Santiago, Chile

Objective: To measure the impact of a restrictive packed red blood cell (PRBC) transfusion strategy in critically ill children admitted to 5 non-cardiac pediatric intensive care units (PICUs) in Uruguay.

Methods: During May-October 2016, a 7g/dl hemoglobin (Hb) threshold guideline for PRBC transfusion was implemented in LA Red in non-cardiac general PICUs population (0 to 15 years). Global and between-site patients that received PRBC transfusions (%) were registered and compared with an historical cohort during the same period in the previous year.

Results: 653 children were admitted during study period, and they were compared with 507 patients of the historical cohort. All five centers reduced their PRBC transfusions percentage: Center 1: 16.8 to 4.96% (p=0.002), Center 2: 10.2 to 5.4% (p=0.31), Center 3: 8.33 to 6.1% (p=0.5), Center 4: 10.1 to 3.01% (p=0.01), Center 5: 8.54 to 5.3% (p=0.47). 10.84% (55/507) patients received PRBC transfusion before guideline implementation and 5.05% (33/653) after its implementation (p<0.002). Guideline implementation was associated with less PRBC exposure: Odds ratio= 0.44 [CI95% 0.28-0.68]. Absolute risk was reduced by 5.79% (RAR:5.79) and relative risk reduction (RRR) was 0.53. No transfusion related events were reported.

Conclusion: Implementation of an evidence based transfusion guideline in critically ill children resulted in 2.3 times less exposure to PRBC. Collaborative research is needed to expand quality improvement initiatives on transfusional medicine in critically ill children.

A0-044

Implementation of preemptive fluid strategy as a bundle to limit early fluid overload in children with sepsis and ARDS

Franco Diaz Rubio¹, Katherine Blaha Klein², Tamara Cordova Fernandez³, Pablo Cruces Romero⁴

¹Facultad de Medicina Clínica Alemana, Universidad del Desarrollo - Santiago, Chile; ²Hospital Padre Hurtado - Santiago, Chile; ³Hospital El Carmen de Maipú - Santiago, Chile; ⁴Centro de Investigación de Medicina Veterinaria, Escuela de Medicina Veterinaria, Facultad de Ecología y Recursos Naturales, Universidad Andres Bello - Santiago, Chile

Objective: To describe implementation of preemptive fluid strategy (PS) in children with pARDS and sepsis.

Methods: Infants on MV fulfilling pARDS and sepsis criteria were prospectively included. PS was implemented as a bundle, including MIVF restriction, concentration of infusions,

fluid administration guided by functional hemodynamic monitoring, early initiation of diuretics and enteral feeds. A comparison with a historical cohort of infants was made (standard strategy, SS). Clinical parameters were recorded for 72hrs. Primary outcome was Peak Fluid overload (%) (PFO).

Results: 39 patients were prospectively included (PS) and 37 patients were retrospectively identified (SS). PIM2 was 3.1% (1.4,5.8) and 3.4% (1.6,5.9); P/Fratio was 193(146,234) and 207(146,249); RSV (+) 51% and 54% in SS and PS, respectively. Mortality was 0%. PFO was 6.31% [4.4,10] in PS and 12% [8.4,15.8] in SS ($p < 0.01$). PS had less MIVF and fluid resuscitation during the first 24h. Renal function tests and diuretic use were similar. Enteral feeds at 24h were 59% in PS and 28% in SS, $p < 0.05$. MV duration was 81h [5,100] in PS and 118h [85,154] in SS group ($p < 0.01$). PICU-LOS was 5days [4,7] in PS and 8 days [6,10] in SS, $p = 0.001$.

Conclusion: Bundle implementation of PS was associated to lower PFO compared to SS, due to less MIVF and resuscitation fluids without adverse effects. Fewer MV-days and PICU-LOS were observed in PS.

A0-045

Neurological complications of hyponatremia associated with fluid therapy with hypotonic solution in patients admitted to the pediatric intensive care unit

Camilla Benigno Costa¹, Tamara Gomes Marques¹, Regina Grigolli Cesar¹

¹Faculdade de Ciências Médicas, Santa Casa de São Paulo - São Paulo (SP), Brasil

Objective: One of the claims against the use of intravenous hypotonic solutions is the neurological complications related to hyponatremia. This study aims to retrospectively investigate the incidence of neurological complications in a sample of patients who received solutions considered hypotonic in the intravenous maintenance of hydroelectrolytic homeostasis.

Methods: Records of patients admitted to the PICU of the Santa Casa de Misericórdia of São Paulo, from April 2014 to April 2015, who received maintenance fluids according to the Holliday-Segar rules, adjusted according to the patient's needs, provided that did not exceeded 136mEq/L.

Results: The records of 155 patients admitted to the PICU of Santa Casa de São Paulo from April 2014 to April 2015 were reviewed. After the exclusion criteria, 84 cases were kept, of which 54 contained data of serum sodium levels of 5 consecutive days, during which 36 patients (67%) developed mild to moderate hyponatremia. Regression analysis for time series revealed a statistically significant trend ($p < 0.05$) to worsen hyponatremia in only 17% (6/36), with no records

below 130mEq / L. No patient evolved with neurological conditions compatible with hyponatremia.

Conclusion: The question "which is the better solution for maintenance of hydroelectrolytic balance" is often presented as "hypo versus isotonic solutions". Maybe is better asking which fluid can be considered physiological, isotonic or not, in each clinical condition, in each phase of the water and electrolytes supply, ever considering a balance between lost and gain. This still requires further investigations.

A0-046

Programa de cuidados paliativos como consultoria em uma unidade de terapia intensiva pediátrica do Sul do Brasil

Cinara Carneiro Neves¹, Maria Antônia Mendonça Soledade¹, Patricia Miranda do Lago¹, Taís Sica da Rocha¹, Jefferson Pedro Piva¹, João Carlos Batista Santana¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objetivo: Um grande número de crianças portadoras de doenças graves, fora de possibilidade de cura, ainda morrem recebendo terapêutica agressiva em UTIP. Os cuidados paliativos (CP) visam oferecer a possibilidade de um final de vida com menos sofrimento e mais dignidade. Em um hospital universitário do sul do Brasil foi iniciado um programa consultivo de CP na UTIP. **Objetivo:** Avaliar o final de vida de crianças que morreram em UTIP analisando as que receberam avaliação do programa CP.

Métodos: Estudo observacional, transversal, que analisou todas as crianças que morreram numa UTIP de hospital universitário do sul do Brasil no período de 2 anos (janeiro 2015-2017).

Resultados: Ocorreram 62 óbitos, com uma mortalidade na UTIP de 7%. A principal causa de internação UTIP (70%) foi doença respiratória seguida de sepse. Apenas 1 criança não apresentava patologia crônica. Do total de óbitos, 10 (16%) pacientes foram reanimados e 23 (37%) receberam CP. 75% dos pacientes em CP apresentavam doença genética ou neurológica de base. Quando comparadas as crianças que receberam CP com as que não receberam foi observado que houve diferença estatística em relação a ordem de não reanimar (C/ CP 3 X S/ CP 27) e retirada de suporte/não oferta (C/ CP 20 X S/ CP 2). Nos que receberam CP as famílias participaram do plano de final de vida e este foi descrito no prontuário.

Conclusão: Estes são resultados preliminares e sugerem que as crianças terminais que recebem CP tem um final de vida com menos tratamentos que prolongam desnecessariamente a vida.

A0-047

Suplementação com licopeno melhora a oxigenação, diminui escore histopatológico e o estresse oxidativo em lesão pulmonar aguda experimental

Susiane de Oliveira Klefens Barbosa¹, Mário Ferreira Carpi¹, Marcos Aurélio de Moraes¹, Carlos Fernando Ronchi², José Roberto Fioretto¹

¹Faculdade de Medicina de Botucatu, Universidade Estadual Paulista (UNESP) - Botucatu (SP), Brasil; ²Universidade Federal de Uberlândia - Uberlândia (MG), Brasil

Objetivo: Tendo em vista o papel do estresse oxidativo (EO) na síndrome do desconforto respiratório agudo (SDRA), estratégias terapêuticas envolvendo suplementação com antioxidantes (licopeno) têm sido consideradas. O objetivo foi avaliar o efeito da suplementação com licopeno sobre a oxigenação, o EO e a lesão histopatológica em lesão pulmonar aguda (LPA) induzida em coelhos submetidos à ventilação mecânica convencional protetora (VMC).

Métodos: 25 coelhos foram instrumentados e distribuídos em 3 grupos: 1) Animais saudáveis + VMC, sem suplementação (grupo controle; GC, n=5); 2) Animais LPA + VMC, sem suplementação (GVMC, n=10) e 3) Animais LPA + VMC + licopeno (GVMCL, n=10). A LPA foi induzida por infusão traqueal de solução salina (30mL/kg, 38°C). Gasometria arterial foi colhida a cada 30min durante o experimento. Animais suplementados receberam 10mg/Kg de licopeno durante 21 dias antes do experimento. O EO foi avaliado pela lesão oxidativa do DNA nos linfócitos através do ensaio do cometa. A lesão histopatológica foi avaliada por escore.

Resultados: Os animais suplementados com licopeno mostraram melhor oxigenação [GC:474,5±65,1 = GVMCL:383,0±127,5 > GVMC:107,2±91,5; p<0,001], menor dano do DNA [GVMCL:29,71±29,21 < GVMC:52,38±16,92; p<0,05], e menor escore de lesão histopatológica [GVMCL:0,08(0,04-0,32) < GVMC:0,30(0,11-0,41); p<0,05], em relação ao grupo sem suplementação.

Conclusão: O grupo suplementado com licopeno apresentou melhor oxigenação, menor dano no DNA e menor escore de lesão histopatológica.

A0-048

Can passive head raising be equivalent to passive leg raising in predicting volume responsiveness in children?

Cecilia Rotava Buratti¹, Stelamaris Luchese¹, Graziela Librelato¹, José Augusto Santos Pellegrini¹, Régis Bueno Albuquerque¹, Jefferson Pedro Piva¹, Paulo Roberto Antonacci Carvalho¹, Taís Sica da Rocha¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: Measure variations on inferior vena cava diameter (dIVC) and on velocity-time integral in the outlet of aortic valve (vVTI) after passive head raising (PHR) and passive leg raising (PLR).

Methods: Non-controlled prospective clinical trial with intervention in pediatric patients from 0 to 18 years. The protocol consist in: 1) head and legs in 0° for 5 minutes, 2) PHR with head in 45° and legs in 0° by 1.5 minutes and 3) PLR with head in 0° and legs at 45° for 1.5 minute. Ultrasound measurements of dIVC and vVTI were performed in the end of the before mentioned times. Volume response was considered as a variation of the dIVC and vVTI greater than 10% after the maneuvers.

Results: 36 patients were evaluated with median age of 1.5 years. There was statistical difference in the variability of dIVC after both maneuvers in relation to baseline, with baseline-dIVC of 0.36±0.19cm and post-PHR of 0.46±0.24cm and post-PLR of 0.46±0.27cm (p<0.01). No difference was seen in vVTI after both maneuvers with a baseline mean of 120.3±20.8, post-PHR of 120.4±29.6 (p = 0.9) and post-PLR of 122.2±29.8 (p = 0.4). 46.7% of the patients were considered responders post-PHR and 53,3% post-PLR.

Conclusion: PHR and PLR maneuvers have shown an increase in dIVC and could be predictors of fluid responsiveness.

A0-049

The hour of the psiu as an alternative of attendance humanized to the newborn in a neonatal intensive care unit

Cristiane Aparecida Souza Saraiva¹, Andressa Tomazi¹

¹Universidade Feevale - Novo Hamburgo (RS), Brasil

Objective: Analyze the parameters Before, during, and after the Hour of the Psiu in a NICU; Tracing the sociodemographic profile of newborns; Identify the patients who Performed physical therapy and analyzed the physical environment in the Hour of the Psiu.

Methods: Study was delineated as a quantitative, observational Descriptive, and transverse, occurring in the period from March to May 2017 with RN Hospitalized in the NICU of a Public Hospital of Vale dos Sinos.

Results: 31 RN, being 58% male and 42% female, in relation to age Gestational 54.9% at term and 45.1% premature, 32% with low weight and also weight 45.2% had 8 in the 1st minute, and 58.1% Had 9 in the 5th minute, compared to the days of hospitalization 22.6% remained 10 And 84% did not undergo physical therapy during their hospitalization. How much the pathologies The most frequent was jaundice with 35.5% of newborns. The physiological parameters of FC, FR and SpO2 did not present significant results considering a p <0.05. These results are related to the inadequate physical environment, since Presented high luminosity, many noises and constant manipulation in the NICU During the Hour of the Psiu.

Conclusion: There is no adherence to the Psiu Hour by the team Of the unit, as well as the families responsible for the newborns. Interned in it. It is suggested that awareness be From this moment to the newborn, as well as to carry out new studies with a sample similar.

Insuficiência respiratória e ventilação mecânica

EP-001

Adult oxygen index or P/F ratio to predict mortality in pronated patients?

Melina Silva de Loreto¹, Kamila Ramborger Goulart¹, Miriane Melo Silveira Moretti¹, Bárbara Rayanne Fior¹, Dulce Ines Welter¹, Régis Bueno Albuquerque¹, Sérgio Henrique Loss¹, Vanessa Martins de Oliveira¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: Evaluate Adult Oxygenation Index correlation with P/F ratio and compare oxygenation variables in predicting mortality in pronated patients.

Methods: Prospective cohort study in progress, in which are included patients with moderate-severe ARDS with indication of prone. The prone protocol of the institution (curarization, pronation in the first 12-24 hours of ARDS and prone duration 16-20h) was applied to all patients. Arterial blood gases were collected before and after 1h of the first prone session to calculate the AOI (adult oxygenation index: plateau pressure x (FiO₂ divided by PaO₂+age)) and P/F ratio.

Results: Partial analysis of 19 patients. The mean age was 44.73 (±15.59) years, 13 (68%) were male, 13 (68%) primary ARDS, 15(78%) died in the hospital. Baseline demographics were similar between alive and dead groups (P>.05 for all). The mean supine AOI 73.66 (±21.5) and P/F ratio 119.34 (±72.5); The mean AOI with 1 hour of prone 61.382 (±16.79) and P/F ratio with 1 hour of prone 195.05 (±92.02). Spearman correlation was applied to correlate variables with each other and with mortality. There was a positive correlation between supineAOI and proneAOI (r=0.779, P=0.00); However, there was no correlation between variables (AOI and P/F ratio), nor between the variables with the status alive or dead.

Conclusion: In partial analysis, neither AOI nor the P/F ratio showed a correlation with mortality in pronated patients.

EP-002

Capacidad residual funcional y capacidad inspiratoria en pacientes con síndrome de distress respiratorio agudo

Sebastian Fredes¹, Norberto Tiribelli¹, Adriana Feldman¹, Matias Lompizano¹, Dario Quaranta¹, Gabriela Sibila¹, Daniel Varela¹, Maria Guaymas¹

¹Complejo Medico Policial Churrua Visca - Buenos Aires, Argentina

Objetivo: En pacientes con síndrome de distress respiratorio agudo (SDRA) se ha propuesto ajustar el volumen corriente (VC) a la capacidad residual funcional (CRF) en lugar del

peso predicho. La medición de la capacidad inspiratoria (CI) podría permitir estimar la CRF. El objetivo es describir la CRF y la CI en pacientes con SDRA, analizar sus relaciones y compararlas con valores predichos.

Métodos: En pacientes con SDRA moderado severo, se midió a PEEP=0 la CRF (Engstrom Carestation) y la CI como el volumen durante una insuflación a 40 cmH₂O durante 5 segundos. La suma de CRF y CI se consideró capacidad pulmonar total (CPT). Los valores medidos se compararon con los predichos. Se compararon las diferencias con test de T apareado. Las correlaciones se evaluaron con regresión lineal. Se consideró significativo p<0.05.

Resultados: Se incluyeron 25 pacientes. Los valores medidos y porcentaje del predicho para CRF y CI fueron 966 (420) ml, 46,3±18% y 1465,2 (594)ml 47,1±21%, respectivamente. No hubo diferencias entre CRF/CPT y CI/CPT medidas y predichas (p=0,85 y p=0,85) La correlación entre CRF y CI fue 0,81, R²=0,65 (p =0,01). Línea de regresión para CRF y CI: CRF=CI*0,571+130,031.

Conclusão: Los pacientes con SDRA tienen bajo volúmenes pulmonar, pero la proporción entre CRF, CI y CPT es similar a los valores predichos. La medición de CI podría ser útil para estimar el volumen pulmonar en pacientes con SDRA.

EP-003

Clinical practice and barriers related to early mobilization in the intensive care unit of a university hospital

Fernanda Cabral Xavier Sarmiento de Figueiredo¹, Thais Albanaz Conceição¹, Roberta Mazzali Biscaro¹, Luiza Martins Faria¹, Daiana Cristine Bundchen²

¹Hospital Universitário Polydoro Ernani de São Thiago, Universidade Federal de Santa Catarina - Florianópolis (SC), Brasil; ²Universidade Federal de Santa Catarina - Araranguá (SC), Brasil

Objective: To characterize clinical practice and identify the barriers related to early mobilization in an Intensive Care Unit.

Methods: An analytical observational and prospective study which included subjects over 18 years of age on mechanical ventilation for more than 24 hours. Incomplete records or brain death confirmed lead to exclusion. Clinical data, safety criteria, barriers and activities performed in physical therapy clinics were collected daily. Subsequently, the sample was divided according to bedside sedation. Comparison between groups was performed with a T-test while association was assessed through Chi-square test or Fischer's exact test when required.

Results: This study included 54 individuals with mean age 51.33 ± 14.85 years and mean SAPSIII of 63.47 ± 13.37 points. The mobilization was conducted in 1356 sessions, mostly with passive activities. No off-bed activities were performed with patients on mechanical ventilation. As major barriers were sedation, level of consciousness and medical procedures. The lack of bedside sedation was associated with the absence of safety criteria, which prevented mobilization,

and the occurrence of death ($p = 0,001$).

Conclusion: Mobilization was performed in most sessions, however few off-bed activities were carried out. During the period of mechanical ventilation there were no off-bed activities. Patients who did not perform bedside sedation were associated with higher death occurrence.

EP-004

Comparing the effect of adaptive support ventilation and synchronized intermittent mandatory ventilation on respiratory parameters in neurosurgical intensive care unit patients

Alireza Pournajafian¹, Mohammadreza Ghodrati¹, Faranak Rokhtabnak¹, Ali Khatibi¹

¹Firoozgar Hospital, Iran University of Medical Sciences - Tehran, Iran

Objective: Various modes of mechanical ventilation have different effects on respiratory variables. Lack of patients' neuroventilatory coordination and increasing the work of breathing are major disadvantages in mechanically ventilated patients. This study is conducted to compare the respiratory parameters differences in Adaptive support ventilation (ASV) and synchronized intermittent mandatory ventilation (SIMV) modes in neurosurgical ICU patients.

Methods: In a crossover study, patients under mechanical ventilation in neurosurgical ICU were enrolled. The patients alternatively experienced two types of ventilations for 30 minutes (adaptive support ventilation and synchronized intermittent mandatory ventilation). The respiratory parameters (tidal volume, respiratory rate, airway pressure, lung compliance, end-tidal carbon dioxide, peripheral oxygenation and respiratory dead space), hemodynamic variables, every 10 minutes and arterial blood gas analysis at the end of each 30 minutes were recorded. Results were compared and analyzed with SPSS v.19.

Results: Sixty patients were involved in this study. In ASV mode, values including peak airway pressure (P-peak), end-tidal carbon dioxide (EtCO₂), tidal volume and respiratory dead space were significantly lower than SIMV mode. Although the mean value for dynamic compliance had no significant difference in the two types of ventilation, it was better in ASV mode.

Conclusion: ASV mode compared with SIMV mode can lead to improve lung compliance and respiratory dead space.

EP-005

Decremental PEEP titration and behavior of variables of pulmonary mechanics and gas exchange in surviving and deceased patients with respiratory distress syndrome

Ariel Chena¹, Alfredo Perez Sarriguren¹, Gonzalo Pagella¹, Jose Luis Marengo¹, Federico Galiotti¹

¹Hospital Luis Carlos Lagomaggiore - Mendoza, Capital, Argentina

Objective: To study the behavior of variables of pulmonary mechanics and gas exchange during decremental PEEP setting maneuver and to compare those variables in surviving and deceased patients.

Methods: Prospective cross-sectional cohort study of 41 patients from 2015 to 2017. Kolmogorov-Smirnov, Fisher, Student and Mann-Whitney tests were used. The recruitment maneuver consists of baseline ventilation and its corresponding measurements according to service protocol.

Results: In both groups, after decremental PEEP titration according to compliance, we obtained the best compliance with 15 PEEP in both samples. The analysis of variables of pulmonary mechanics (Driving pressure-Compliance) and gas exchange (PaO₂/FiO₂) was performed in surviving and deceased patients. Concerning pulmonary mechanics and gas exchange on a same level of PEEP (15), we did not find significant difference in both groups; when we observed these variables in each group, we found significant difference after recruitment. After decremental PEEP titration, deceased patients had greater value of gas exchange to a same value of PEEP. APACHE II demonstrated to be an independent variable of mortality.

Conclusion: There is no significant difference regard to pulmonary mechanics and gas exchange between surviving and deceased patients after maneuver. When analyzing each group, there is significant difference of such variables after recruitment

EP-006

Do patients with obstructive sleep apnea has a worse outcome after cardiac revascularization?

Fábio Antonio Gomes¹, Laurelisa Franco de Oliveira², Monica Menezes², Evelyn Batista Lauredo Domingos², Patricia de Paiva Medeiros², Francisco Roberto Lello Santos¹

¹Universidade José do Rosário Vellano - Varginha (MG), Brasil; ²Hospital Regional do Sul de Minas - Varginha (MG), Brasil

Objective: STOP-BANG questionnaire is a screening tool to identify patients with high risk of obstructive sleep apnea (OSA). We hypothesized that patients submitted to cardiac revascularization would have a high prevalence of OSA and a worse outcome.

Methods: Patients submitted to cardiac revascularization from February 2012 to February 2013 answered STOP-BANG questionnaire after they were extubated in intensive critical care unit and prospectively observed during their staying in ICU, hospital and through a period of 62 months after discharge. The patients were divided: Group 1 STOP BANG < 5 e Group 2 STOP BANG > 4questionnaire positive responses. We used T-student and chi square tests for statistical analysis.

Results: A total of 89 patients were included: 51 (57 %) in group1 and 38 patients (43%) in group2. Days in ICU unit (2.6+1.1 vs 2.3+0.8) $p=0.12$ and hospital (5.2+1.4 vs 5.8+3.2) $p=0.24$ were similar. However, there was more time of non-invasive ventilation use in group2 (6.0 +19.5 hours) than in group1 (1.3 + 3.3 hours) $p<0.05$. After 62months, there were more obits, myocardial infarcts and cardiovascular interventions in group2 (39.5%) than in group1 (17.6%), $p<0.05$.

Conclusion: There is a high prevalence of OSA evaluated by STOP-BANG questionnaire in patients submitted to cardiac revascularization. They used more non-invasive ventilation, but this not influenced their staying in ICU or in hospital. After 62months, they had a worse outcome.

EP-007

Efeitos da insuflação-desinsuflação mecânica na remoção de secreções respiratórias em pacientes críticos ventilados invasivamente

Dilon Antonio Schmitt¹, Fernanda Machado Balzan¹, Augusto Savi¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objetivo: Comparar os efeitos da utilização de três diferentes níveis de pressões da técnica de Insuflação-Desinsuflação Mecânica (ID-M) na remoção de secreções respiratórias, mecânica pulmonar e hemodinâmica de pacientes críticos submetidos à ventilação mecânica invasiva (VMI) internados em um centro de tratamento intensivo (CTI).

Métodos: Estudo experimental de caráter quantitativo. O protocolo de ID-M consistiu em uma série de 10 ciclos com pressões +40/-40; +50/-50 e +60/-60 cmH₂O com ordem de execução aleatória, sendo realizada um nível de pressão a cada turno no mesmo paciente. Após o protocolo a secreção foi coletada e pesada. Foram coletados também variáveis hemodinâmicas e do ventilador mecânico pré e pós protocolo.

Resultados: Participaram do estudo 16 indivíduos com predomínio do gênero masculino com mediana de idade de 61 (56-69 IQ) e tempo de ventilação mecânica de 5,5 (3-8 IQ) dias. Verificou-se interação tempo (pré e pós) vs protocolo ID-M (40, 50, 60) significativas ($p = 0,022$) na variável Volume Minuto. A relação tempo (pré e pós) desta variável também foi significativa após o protocolo ID-M 40. Com relação à hemodinâmica, ocorreu aumento significativo na PAS ($p = 0,012$), PAD ($p = 0,002$) e diminuição na PAM ($p = 0,003$), bem como discreto aumento significativo na FC ($p = 0,036$) no protocolo ID-M 60. Quanto à secreção removida não houve diferença significativa entre os três protocolos.

Conclusão: A aplicação de três diferentes protocolos de ID-M promoveu eliminação de secreções brônquicas, porém sem diferenças estatísticas.

EP-008

Evaluation of functionality in patients after the application of noninvasive ventilation in intensive care unit

José Aires de Araújo Neto¹, Hilderlan Fernandes Martins¹, Janine Batista Andrade Botelho¹, Jessica Orlando Martins¹, Lara Borges Gullo Ramos Pereira¹, Lorraine Gomes Teixeira Nunes¹, Luciana de Lima Sousa¹, Saint-Clair Gomes Bernardes Neto¹

¹Hospital Santa Helena - Brasília (DF), Brasil

Objective: Analyze the functional progression of patients with acute respiratory failure that used noninvasive ventilation (NIV).

Methods: A longitudinal and descriptive study was carried out in three intensive care units (ICUs) of Hospital Santa Helena in Brasília-DF between April 2016 and April 2017. Patients included were aged 18 years old or more, of both genders, with clinical diagnosis of hypoxemic and/or hypercapnic acute respiratory failure. All patients that used NIV after extubation were excluded of the study. Functional progression was stratified based on an adaptation of the Johns Hopkins Highest Level of Mobility Scale, in which the level of activity varies between restricted to bed (Level 1) to Walking > 100 meters (Level 8). The NIV modality applied consisted of two pressure levels and oxygen supplementation was used when necessary. The sample distribution normality was assessed using the Kolmogorov-Smirnov test. After that, for the variables analysis was carried out by the Mann Whitney test.

Results: The sample consisted of 207 patients with mean age of 70.6 year (± 15.0). The mean time of NIV therapy application was 60 minutes. At discharge from the ICU, it was observed that patients who had successful NIV application achieved higher levels of functionality (6.0 ± 2.3) when compared to the ones that had failure application of NIV (3.3 ± 2.2), with a p value < 0.01 .

Conclusion: Patients who had successful application of NIV had a higher level of functionality when compared to patients who had failure in the therapy.

EP-009

Evaluation of the efficacy of a checklist of weaning and decannulation of mechanical ventilation and the correlation with clinical outcome

Maira J Maturana¹, Lucas Mariano Costa¹, Renata Lazzari¹, Tauane Gomes da Silva¹, Thais Grose Silva¹, Luiz Alberto Manfré Knaut¹, Philipe Aquim¹, Esperidião Elias Aquim¹

¹Faculdade Inspirar - Curitiba (PR), Brasil

Objective: To evaluate the effectiveness of a checklist for decannulation (G1) and weaning (G2) of mechanical ventilation (MV) and to correlate with clinical outcome, success or failure.

Methods: A prospective, observational study was performed in five intensive care units in the city of Curitiba between August 2014 and March 2015, with patients over 18 years of age using orotracheal tube. The check list was used with VM patients for less than 24h (G1) containing the items hemodynamic stability $180 \leq \text{SPAS} \leq 90$ mmHg, Glasgow =9, preserved cough reflex and swallowing, adequate oxygenation ($\text{FiO}_2 \leq 40\%$ and $\text{SatO}_2 > 90\%$), Adequate pulmonary ventilation with support pressure of 7cmH₂O, final positive expiratory pressure between 5 and 8 cmH₂O, tidal volume of 8ml / kg body weight, preserved muscle strength, compensated blood gases ($\text{pH} > 7.30$), in the last 12h and test of positive patency. Another check list was applied to patients mechanically ventilated for more than 24h (G2) containing the items already mentioned for group G1, plus, reason for intubation solved, $\text{PaO}_2 / \text{FiO}_2 > 200$ and $\text{PaO}_2 = 60$ mmHg ratio.

Results: Including 290 patients, 166 in G1 group with a success rate of 97% and 124 in G2 group with a success rate of 88%. Only the cough reflex and muscular strength preserved in the G2 group showed a moderate correlation between the check list application and the clinical outcome ($\rho = 0.78, 0.59$ respectively, $p = 0.05$ value).

Conclusion: The application of the check list was effective for the discontinuity of the MV, evidenced by the high success rate.

EP-010

High positive end-expiratory pressure reduces neuromechanical efficiency and favors protective assisted mechanical ventilation

Caio César Araújo Morais¹, Glauco Cabral Marinho Plens¹, Susimeire Gomes¹, Cristhiano Adkson Sales Lima¹, Sérgio Martins Pereira¹, Mauro Roberto Tucci¹, Marcelo Britto Passos Amato¹, Eduardo Leite Costa¹

¹Divisão de Pneumologia, Instituto do Coração, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Objective: To assess the effect of high positive end-expiratory pressure on neuromechanical efficiency.

Methods: We studied five assisted mechanically ventilated Landrace pigs, submitted to severe lung injury ($\text{PaO}_2/\text{FiO}_2 < 100$ mmHg), equipped with esophageal balloon and EAdi (electrical activity of the diaphragm) catheter. Airway pressure (Paw), esophageal pressure (Pes), and EAdi were measured at two levels of PEEP: first, adjusted according to ARDSNet PEEP/ FiO_2 table (Low PEEP), and then, according to electrical impedance tomography to avoid lung collapse $> 1\%$ (High PEEP). Neuromechanical efficiency was quantified by the ratio of the pressure developed by respiratory muscles (P_{mus}) and EAdi during end-expiratory occlusion. Transpulmonary pressure (PL) was calculated as the difference of Paw and Pes during tidal ventilation.

Results: PEEP was raised more than 2x at High PEEP when compared to the Low PEEP condition (16 ± 2 vs.

7 ± 2 cmH₂O), resulting in a higher end-expiratory PL (8 ± 2 vs. 2 ± 2 cmH₂O). This change in end-expiratory PL (variable directly correlated to lung aeration), was followed by a significant reduction in neuromechanical efficiency (2.1 ± 1.1 cmH₂O/ μV to 0.8 ± 0.2 cmH₂O/ μV ; $p = 0.04$) and peak delta PL (24.5 ± 2.5 cmH₂O to 18 ± 1.7 cmH₂O; $p < 0.001$) from Low PEEP to the High PEEP condition.

Conclusion: During assisted mechanical ventilation, high PEEP reduces neuromechanical efficiency and favors lung protection. This effect could be explained by changes in force-length properties of the diaphragm, which was likely flattened at high PEEP.

EP-011

Impact of renal function on the tracheal extubation success

Andrey Wirgues de Sousa¹, Flaubert Luiz Lopes Rocha¹

¹Hospital Samaritano de São Paulo - São Paulo (SP), Brasil

Objective: Research seeks to improve the success rate of tracheal extubation, however, little is known about the effects of renal dysfunction in the tracheal extubation process. The objective of this study is to evaluate renal function at the time of tracheal extubation.

Methods: A retrospective observational study of electronic medical records was performed. Patients admitted to the intensive care unit, between January 2015 and December 2016, age = 18 years, both genders, requiring invasive mechanical ventilation for a period = 48 hours had their electronic records evaluated. Patient data were reviewed from the time of tracheal intubation up to 48 hours after tracheal extubation. Patients who needed to return to invasive mechanical ventilation within 48 hours of tracheal extubation were classified as ventilatory weaning failure, otherwise they were classified as ventilatory weaning success. The renal function was assessed by creatinine clearance and water balance in two moments: day before and day of tracheal extubation.

Results: Total of 167 patients were evaluated and ventilatory weaning success was 84.4%. Creatinine clearance and water balance were similar between day before and day of tracheal extubation. Tracheal extubation failure group presented lower creatinine clearance when compared to the success group (42 mL/min vs. 100 mL/min respectively, $p = 0.01$). The water balance was higher in the tracheal extubation failure group compared to the success group (739mL vs. -189mL, $p = 0.01$).

Conclusion: Worsening renal function during invasive mechanical ventilation weaning may impair the success of tracheal extubation.

EP-012

Índices preditivos de desmame da ventilação mecânica: sensibilidade e especificidade

Bárbara Rezende Guarini¹, Ana Cristina Lage², Plínio dos Santos Ramos³

¹Hospital e Maternidade Therezinha de Jesus - Juiz de Fora (MG), Brasil; ²Universidade Federal de Juiz de Fora - Juiz de Fora (MG), Brasil; ³Faculdade de Ciências Médicas e da Saúde de Juiz de Fora - Suprema - Juiz de Fora (MG), Brasil

Objetivo: O desmame é a transição da ventilação artificial para a ventilação espontânea. A literatura demonstra uma ampla variedade de índices que predizem ou não o sucesso do desmame. **Objetivo:** verificar a sensibilidade e especificidade dos índices preditivos de desmame.

Métodos: Participaram do estudo 77 pacientes com idade $64,47 \pm 16,31$ anos (média \pm desvio padrão), ventilados mecanicamente com tempo superior a 24 horas. Quando aptos para o desmame, foram aplicados os seguintes testes: Pimáx, P0.1, PaO₂ /FiO₂, IRRS, IWI.

Resultados: Foram encontrados respectivamente os seguintes valores de sensibilidade, especificidade e área sobre a curva ROC de cada índice: Pimáx (0,290; 0,773; 0,59); P0.1 (0,880; 0,150; 0,54); PaO₂ /FiO₂ (0,640; 0,565; 0,61); IRRS (0,982; 0,174; 0,80) e IWI (0,997; 0; 0,73).

Conclusão: Os índices que apresentaram maiores valores de sensibilidade, foram o IWI e o IRRS. A Pimáx foi o único índice específico. Porém os únicos índices que obtiveram uma área sobre a curva ROC com resultado significativo foram o IRRS e o IWI.

EP-013

Modelo preditivo para o sucesso do desmame da ventilação mecânica invasiva

Camila Patricia Galvão Patricio Carvalho¹, Ana Maria Gondim Valença¹, Ulisses Umbelino dos Anjos¹, Danielle Conceição Costa Tavares²

¹Universidade Federal da Paraíba - João Pessoa (PB), Brasil; ²Hospital Alberto Urquiza Wanderley - João Pessoa (PB), Brasil

Objetivo: Propor um modelo para prever o sucesso do desmame da ventilação mecânica invasiva, para auxiliar na tomada de decisão para o desmame em pacientes internados na unidade de terapia intensiva.

Métodos: Estudo observacional, longitudinal, prospectivo, quantitativo, descritivo e inferencial. As variáveis foram coletadas: após 24 horas da instituição da ventilação mecânica, antes da realização do Teste de respiração espontânea (TRE) e após a retirada da ventilação mecânica, até a ocorrência do desfecho sucesso ou insucesso. O método estatístico de regressão logística foi usado para o ajuste do modelo, a partir das variáveis clínicas relacionadas à internação, diagnósticos, exames laboratoriais e gasométricos e parâmetros de monitorização respiratória e hemodinâmica.

Resultados: O modelo ajustado apresentou as variáveis índice de respiração rápida e superficial entre 50 e 105 irpm/L (odds ratio= 79,3); nível de sódio entre 135 e 145 mEq/L (odds ratio=20,3) e balanço hídrico equilibrado (odds ratio= 9,6) como preditivas para o sucesso do desmame.

Conclusão: Sabe-se que o TRE embora recomendado antes do desmame, não identifica aproximadamente 15% das falhas. Esta pesquisa propôs um modelo logístico válido, com taxa de acerto de 90,69% com as variáveis clínicas que mais se correlacionaram com o sucesso do desmame, orientando a utilização deste antes da realização do TRE, com o objetivo de avaliar diariamente os pacientes que se encontram aptos para o desmame da ventilação mecânica.

EP-014

Poor oral health conditions and increased mechanical ventilation odds in intensive care unit patients: a cross-sectional study

Davi Francisco Casa Blum¹, Tainá Decimo¹, Sabrina Frighetto Henrich², Cristine Pilati Pileggi Castro², Álvaro Della Bona¹

¹Universidade de Passo Fundo - Passo Fundo (RS), Brasil; ²Hospital São Vicente de Paulo - Passo Fundo (RS), Brasil

Objective: Oral health conditions deteriorate following ICU admission and this situation can weight in worsening systemic health outcomes. Our study aimed to evaluate oral health conditions on an ICU patients and associate it with systemic health outcomes.

Methods: We conducted a cross-sectional study analyzing ICU patients evaluated by the hospital dental service on a one year period. Oral exam was performed by a single professional utilizing a published protocol (bedside oral exam - BOE score) that includes evaluation of lips, tongue, saliva, mucosal membranes, gingiva and teeth. Systemic health data as days of hospitalization, days of mechanical ventilation (MV), pneumonia, mortality and morbidity were acquired through medical charts. Data was analyzed with SPSS statistics 20 software (IBM).

Results: We analyzed charts of 177 individuals with a median BOE score of 9,0 (Q1=8,0, Q3=11,00), with no statistical difference between genders (Mann Whitney U, P=0,976). Logistic regression analysis with MV as the binary outcome indicated that BOE score had the higher weight in the odds of MV outcome with a prevalence odds ratio (pOR) of 1,27 (p=0,038). The scores that appears to influence the results are the lips, tongue and saliva (p=0.005).

Conclusion: ICU patients' oral health profile can affect or be affected by systemic health outcomes. Our data suggests a relationship between saliva, lips and tongue oral health status and MV prescription odds. It is important to know this associations to better plan health care protocols and future research.

EP-015

Preventive non-invasive ventilation after extubation: effects on maximum inspiratory pressure, vital capacity and peak flow

Rodrigo Marques Tonella¹, Aline Maria Heidemann¹, Ana Paula Ragonete dos Anjos¹, Fernanda Diório Masi Galhardo¹, Desanka Dragosavac², Antonio Luis Eiras Falcão², Luciana Castilho de Figueiredo¹, Lígia dos Santos Roceto Ratti¹

¹Unidade de Terapia Intensiva Adulto, Hospital das Clínicas, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil; ²Departamento de Cirurgia, Faculdade de Ciências Médicas, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil

Objective: To evaluate the use of preventive non-invasive ventilation (NIV) in patients after endotracheal extubation in intensive care unit in University Hospital.

Methods: Prospective, randomized, and interventional study. Two groups were established. Group Conventional Physiotherapy (CP) and Group CP/NIV with CP with NIV. Characteristics of the population, MIP, VC and Peak Flow in the first 48 hours after extubation were analyzed.

Results: Thirty-one individuals with age of 51 year \pm 15, both genders and APACHE II of 13.7 \pm 7,1 were included. Seventeen individuals were in the CP Group and fourteen in the CP/NIV Group. There were no statistical differences between the characteristics of the groups. There were an improvement in CP group and CP/NIV group for MIP (67cmH₂O \pm 25 and 77cmH₂O \pm 27 versus 62cmH₂O \pm 37 and 68cmH₂O \pm 27), VC (1.7L \pm 0.7 and 2.3L \pm 1 versus 1.6L \pm 0.7 and 2.2L \pm 0.7) and Peak Flow (136L/min \pm 71 and 164L/Min \pm 79 versus 136L/min \pm 73 and 159L/min \pm 75) in both groups in relation to the 1st and 3rd intervention days, but with no significant statistical difference. The time of ICU stay and reintubation were not significant difference between the groups.

Conclusion: The use of NIV with CP, after extubation, analyzed in this study, provided an improvement in the values of MIP, VC and Peak Flow, as well as the use of Conventional Physiotherapy without NIV.

EP-016

Prophylactic non-invasive ventilation in the first 48 hours after extubation

Rodrigo Marques Tonella¹, Luciana Castilho de Figueiredo¹, Ana Paula Ragonete dos Anjos¹, Aline Maria Heidemann¹, Desanka Dragosavac², Antonio Luis Eiras Falcão², Fernanda Diório Masi Galhardo¹, Lígia dos Santos Roceto Ratti¹

¹Unidade de Terapia Intensiva Adulto, Hospital das Clínicas, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil; ²Departamento de Cirurgia, Faculdade de Ciências Médicas, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil

Objective: To compare the prophylactic of noninvasive ventilation (NIV) in the first 48 hours after extubation in patients of an Intensive Care Unit (ICU) of a University Hospital.

Methods: Prospective, randomized and interventional study, with patients randomly divided into two groups. Conventional Physiotherapy Group (CP) and CP group who also received NIV. The reintubation rate, length of ICU and hospital stay and mortality were compared between groups.

Results: Thirty-one patients were selected. The CP group had 17 patients aged 47.8 years \pm 16.8 and CP/NIV group with 14 patients aged 54.70 years \pm 14.5. APACHE II values were not statistically different between the groups, however, patients in the CP/NIV group had higher reintubation rate (11.8% versus 21.4%), days of ICU stay (19,3 days \pm 21 versus 22 days \pm 21) and hospital (26.3 days \pm 16.8 versus 30.2 \pm 27.4) and mortality (17.6% versus 21.4%), but with no statistical difference.

Conclusion: The use of prophylactic NIV in the first 48 hours after extubation, analyzed in this study, did not have an impact under the reduction of reintubation rate, length of ICU and hospital stay, as well as mortality. The CP/NIV group concentrated a larger number of patients older than 50 years and higher APACHE II values.

EP-017

Protective ventilation during CPR and lung transplantation, first observational results of an experimental study

Jose Ignacio Garrote Moreno¹, Joubin Keyhani Vahgefi², Joaquín Calatayud Gastardi³, Luis Barrado Muñoz⁴, Alfredo Carrillo Moya⁴, Santiago Barroso Matilla⁴

¹Gerencia de Urgencias Emergencias y Transporte Sanitario - Toledo Castilla La Mancha, Spain; ²Bendix Consulting - Madrid, Spain; ³Hospital Clínico San Carlos - Madrid, Spain; ⁴Servicio de Urgencia Médica de Madrid (Summa 112) - Madrid, Spain

Objective: Lungs of patients after prolonged CPR are not suitable for transplantation, because of damage sustained during compression. The goal here was to determine which ventilatory mode would achieve adequate gas exchange during prolonged CPR and maintain lungs in the best condition for transplantation.

Methods: We intubated 10 pigs and performed 5 experiments, with different ventilatory modes during CPR: 1 and 2, VC (Volume Control); 3, Boussignac tube; 4 and 5, CPV. In each experiment, donor hypoxic asystole was induced, mechanical CPR was performed for 30 minutes, lungs were subsequently extracted and the left lung was implanted in a recipient pig. Venous and central arterial catheters was placed. We performed hemodynamic and respiratory monitoring, femoral artery and superior vena cava pressure measurement, capnography, pulse oximetry, arterial blood gas measurements, X-Ray, echocardiography and external flow sensing.

Results: Experiments 1 and 2: saturation was between 20 and 80% with FiO₂ 1.0, and lungs obtained were extensively edematous. Experiment 3: saturation 96% and edematous lungs. Experiment 4: saturation 100% from minute 2

of CPR, FiO₂ 1.0; ABGs PaO₂ 170, PCO₂ 40, after 30 minutes of CPR; minimal pulmonary edema (area 10%). Experiment 5: 100% pulse oximetry with FiO₂ of 0.21 from minute 10 of CPR; external flow sensor confirmed synchronization between ventilation and compression; small area of pulmonary edema (<10%).

Conclusion: The CPV ventilatory mode seems to keep the lungs in optimal condition for transplantation during prolonged CPR while maintaining good gas exchange. It is now necessary to confirm these results through randomized trials.

EP-018

Use of BNP as a predictor of success extubation in non-cardiopathic patients

Luiz Antônio Gomes Osorio¹, Dora Mannarino¹

¹Hospital AmericanCor - Rio de Janeiro (RJ), Brasil

Objective: Failure to extubate increases morbidity and mortality in critically ill patients. The use of laboratory markers to predict success can be beneficial.

Methods: Fifty-eight adult patients were studied during the period from December 2014 to November 2016, who met criteria for extubation after a minimum period of five days in invasive mechanical ventilation. Patients with diagnoses of COPD and heart disease and patients with echocardiographic findings suggestive of heart disease were excluded. During the spontaneous ventilation test (tube T or low PSV) BNP was dosed. Extubation occurred as assessed by the attending team. Subsequently, clinical evolution and BNP values were compared. A period of more than 48 hours without extubation was considered successful. High BNP values greater than 100 pg / ml were considered.

Results: 51 patients (87%) were successful in extubation. BNP levels greater than 100 pg / ml occurred in 14 patients and greater than 200 pg / ml in eight patients. All seven patients who failed extubation had BNP greater than or equal to 200pg/ml. A patient with a BNP value greater than 200 pg / ml was successful in extubation and six patients with BNP values between 100 and 200 pg / ml were successful in extubation.

Conclusion: BNP prior to extubation in patients without heart disease, when used cutoff higher values correlates well to predict failure of the procedure.

EP-019

A importância da gasometria à beira leito em unidade de terapia intensiva

Leonardo dos Santos Pereira¹, Stephanie Barbara Dias dos Santos¹, Anna Carolina das Neves Timóteo¹, Ludimila Fontes de Moraes¹, Francisco Dieimes Alves Peixoto¹, Nickson Scarpine Malheiros¹, Karolina Porto Barreto¹

¹Universidade Veiga de Almeida (UVA) - Rio de Janeiro (RJ), Brasil

Objetivo: Identificar a existência de alteração do equilíbrio ácido básico de uma amostra de sangue arterial realizado em momentos diferentes.

Métodos: Trata-se de uma campo, do tipo qualitativa, descritiva, exploratória e experimental. A pesquisa foi realizada numa Unidade de Terapia Intensiva Adulto da Região Litorânea do Estado do Rio de Janeiro, onde foram colhidas quatro amostras de sangue arterial de 30 pacientes internados no período de julho a novembro de dois mil e dezesseis. As trinta amostras de sangue arterial foram divididas e identificadas seguindo a sequência: PH, PCo₂ e HCo₃ respectivamente. Cada amostra (contida em uma seringa) foi passada na máquina para leitura quatro vezes em momentos diferentes. Foram utilizados como método de seleção paciente que apresentavam punção arterial média (PAM). Análise dos dados foi realizada, através do método de Bardin.

Resultados: Houve uma pequena alteração dos valores da amostra de 0 minutos para a amostra de 15 minutos, mas após 60 minutos e 120 minutos esses resultados tiveram uma modificação significativa, principalmente após 120 minutos, que ao comparar com a amostra de 0 minutos, houve uma alteração de 7,4 para 7,34. Ao passar do tempo a uma tendência do resultado caminhar para acidose.

Conclusão: Amostras que foram avaliadas logo após a coleta e o de 15 minutos tem um resultado fidedigno, porém aqueles resultados que foram avaliados após 1 e 2 horas apresentaram um resultado bem longe da realidade comparando com as primeiras amostras e que não devem ser utilizadas como parâmetro para o tratamento do paciente gravemente enfermo.

EP-020

Accuracy of the new timed inspiratory effort index in prolonged weaning

Bruno Leonardo da Silva Guimaraes¹, Leonardo Cordeiro de Souza², Fernando Silva Guimarães³, Jocemir Ronaldo Lugon¹

¹Universidade Federal Fluminense - Niterói (RJ), Brasil; ²Universidade Estácio de Sá - Rio de Janeiro (RJ), Brasil; ³Departamento de Fisioterapia, Universidade Federal do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objective: To validate the accuracy of the timed inspiratory effort (TIE) index in patients in prolonged weaning.

Methods: This prospective observational study was approved by the hospital research ethics committee under the number CAAE: 50264415.2.000.5256. The exams were performed, evaluated and classified at the beginning and after weaning outcome. The area under the ROC curves was used to validate the accuracy of the TIE index, and the Youden method for calculating the cut-off point. The Med Calc version 12.1 program was used for statistical analysis.

Results: Sixty-five patients were selected, 33 men (51%), mean age 67 ± 16 years. All were tracheostomized, mean duration of mechanical ventilation was 22.7 ± 14.1 days, and APACHE II was 27.6 ± 5.4 , 41 (63%) were successfully weaned, but 31 (47.7%) had a fatal course. One hundred and thirty examinations were performed during the prolonged weaning process. The sensitivity was 87.8 and the specificity was 88.8. The cut-off point > 0.99 was established to predict success at weaning. More relevant to the purpose of the study was the area under the ROC curve of 0.93 ± 0.02 .

Conclusion: The performance of the TIE index as a predictor in prolonged weaning was consistent with previous publications reinforcing that it can be a precious tool in this setting.

EP-021

Acute effect of the greater pectoralis muscle stretching maneuver on the respiratory variables in patients submitted to mechanical ventilation

Suzane Cabrera de Oliveira¹, Sergio Luiz S. Marcos da C. Chermont², Ana Carolina Figueiredo³, Jorge da Costa Pereira³, Alexandre da Rocha Pereira³, Caio Tramont³, Monica Maria Pena Quintão¹

¹UNIFESO - Teresópolis (RJ), Brasil; ²Universidade Federal do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ³Hospital Santa Martha - Niterói (RJ), Brasil

Objective: Patients in mechanical ventilation (MV) effects of immobility. The aim of this study was to determine the acute effect of stretching of the pectoralis major muscle on the variables of flow, pressure and volume in patients submitted to MV.

Methods: Through a transverse protocol, 13 MV patients from two Intensive Care Units underwent stretching of the pectoral muscle, having their hemodynamic and respiratory variables evaluated before and after the intervention, including the measurement of the range of motion (ROM) of abduction of upper limbs (MMSS).

Results: Stretching of the pectoralis major muscle had a significant effect on the ventilatory parameters, decreasing mean airway pressure (MAP) $p = 0.027$, SpO₂ increase $p = 0.048$, plateau pressure increase (PPI) $p = 0.016$, and Peak pressure. (PP) $p = 0.035$. There was also an increase in ROM on right upper limb (MSD) $p = 0.031$ and in the upper left upper limb (MSE) $p = 0.006$. In patients > 65 years, there was an increase in static compliance (SC) $p = 0.016$ and in dynamic compliance (DC) $p = 0.048$. After the intervention, there was a negative correlation between DC and HR ($r = -0.69 / p < 0.005$), CD and respiratory rate (RR) ($r = -0.66 / p < 0.01$) and tidal volume TV) and HH ($r = -0.58 / p = 0.02$).

Conclusion: This study showed that the Stretching technique is easy to use and determined improvement in ventilatory parameters and patient safety under MV.

EP-022

Adherence of health professionals to a ventilator bundle for prevention of ventilator-associated pneumonia

Gilberto da Luz Barbosa¹, Larissa Bianchini¹, Jussara Gomez¹, Lidiane Riva Pagnussat¹, Bárbara Dias Barbosa¹, Dionara Schlichting¹, Ana Paula Vivan Duz¹, Fabrine Ceron¹

¹Hospital São Vicente de Paulo - Passo Fundo (RS), Brasil

Objective: To evaluate the adherence to a ventilator care bundle by health professionals in an intensive care unit (ICU).

Methods: A cross-sectional observation study was conducted at the ICU of Hospital São Vicente, Passo Fundo, from January 2015 to February 2017, using a ventilator bundle check-list, which consisted of following items: bed head elevation to 30-45°, chlorhexidine oral hygiene, aseptic tracheal aspiration technique, hand hygiene and cuff pressure.

Results: A total of 7247 evaluations were performed. The rate of adherence to the item chlorhexidine oral hygiene was 99.8%, followed by bed head elevation to 30-45° (77%), aseptic tracheal aspiration technique (60%) and hand hygiene (23%). The compliance rate for the verification of cuff pressure was 74%, although only in 34% of the assessments it was between 20-25mmHg. In the years of 2015 and 2016, an increase was observed in the following items: bed head elevation to 30-45° ($p < 0.001$), aseptic tracheal aspiration technique ($p = 0.018$) and cuff pressure within standard values ($p < 0.001$). Conversely, the assessment of cuff pressure presented an absolute decrease of 9.2% ($p < 0.001$) in 2016.

Conclusion: In this study, the implementation of a ventilator bundle rose the rate of adherence of ventilator-associated pneumonia prevention measures by health professionals in three out of five evaluated items. Continuous team training is crucial for adherence to these items and the decrease of hospital infections.

EP-023

Avaliação da segurança de um protocolo de mobilização precoce em doentes críticos

Henrique Luiz de Godoy¹, Daniela Cabral¹, Bruno Betelloni¹, Anderson Nascimento¹

¹Hospital Sancta Maggiore, Prevent Senior - São Paulo (SP), Brasil

Objetivo: A mobilização precoce de doentes críticos foi planejada com o objetivo de reduzir a fraqueza muscular, delirium, tempo de ventilação mecânica e de internação. Embora a segurança e eficácia desta estratégia já tenha sido comprovada em diferentes cenários, pacientes com idade > 65 anos foram sistematicamente excluídos da maioria destes estudos.

Métodos: O protocolo o estudo incluiu paciente com idade > 65 anos para sedação a beira leito ou poltrona e

deambulação. Foram excluídos pacientes com necessidade de droga vasoativa em altas doses, arritmias graves, necessidade de $\text{FIO}_2 > 60\%$ ou $\text{PEEP} > 8$, PIC elevada, fraturas instáveis, abdome aberto ou risco de evisceração, em uso de bloqueadores neuromusculares ou sedação para controle de PIC ou estado de mal epilético.

Resultados: 124 pacientes foram incluídos, com idade média de 76 anos ($\pm 7,9$). Observamos redução da pressão arterial sistólica de 15 mmHg ($p=0,032$) durante o procedimento e queda não significativa de pressão arterial diastólica de 8mmHg ($p=0,526$). Houve aumento significativo de frequência cardíaca de 85,6 bpm para 90,8 bpm ($p=0,032$). Não observamos alteração de saturação de O_2 (média do início 95,4%; média do menor valor 93,8%; $p=0,852$). Durante a execução do protocolo não houve acidentes como perda de drenos, tubos e cateteres. Não foi necessária intervenção em parâmetros ventilatórios em nenhum paciente. A hipotensão foi tratada somente com bolus de solução salina.

Conclusão: A mobilização precoce de doentes idosos críticos foi segura no protocolo adotado, embora tenham sido observados efeitos adversos em alguns pacientes.

EP-024

Barriers for lung protective ventilation

Sergio Nogueira Nemer¹, Jefferson Braga Caldeira², Leandro Miranda de Azeredo³, Bruno Leonardo da Silva Guimaraes⁴

¹Complexo Hospitalar de Niterói - Niterói (RJ), Brasil; ²Universidade do Grande Rio (UNIGRANRIO) - Duque de Caxias (RJ), Brasil; ³Hospital da Polícia Militar do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ⁴Hospital Naval Marçílio Dias - Rio de Janeiro (RJ), Brasil

Objective: Lung protective ventilation (LPV) is the main ventilatory strategy for acute respiratory distress syndrome (ARDS) patients and consists in to keep tidal volume = 6 ml/kg, plateau pressure < 30 cmH₂O and high positive end-expiratory pressure (PEEP) levels. The main objectives of this study were to observe and identify limitations for LPV in ARDS patients. Another objective was to observe mortality and its ratio with PEEP levels.

Methods: We observed 40 ARDS patients without brain injury and its respective data. Patients that presented plateau pressure > 30 cmH₂O were analyzed regarding the data that were associated to this reason. The ventilators used were: Vela - CareFusion, Bennet 840, Servo S and I - Maquet. Student t test, ANOVA, Fisher test and the Receiver Operating Characteristics Curves (ROC curve) were used as statistical analysis. A probability of less than 0.05 was considered statistically significant.

Results: Compliance of the respiratory system (Cst,rs) < 24 ml/cmH₂O was the main variable related to Plateau pressure > 30cmH₂O (sensitivity: 0.83; specificity: 0.94; area under the ROC curve: 0.90). Body weight > 78kg and tidal volume > 465 ml presented the area under the ROC curve of 0.78. Survivors were ventilated with higher PEEP levels than non survivors (14.8 ± 2.7 cmH₂O x 12.7 ± 1.3 cmH₂O; $p = 0,006$).

Conclusion: Patients with $\text{Cst,rs} < 24$ ml/cmH₂O, body weight > 78kg and tidal volume > 465 ml presented high risk to high plateau pressure and lung injury. Low Cst,rs is the main variable related to LPV failure.

EP-025

Características da ventilação mecânica em pós-operatório de cirurgia cardíaca em hospital de grande porte: volume corrente utilizado e desfecho

Claudia Cantagalli Soleo¹, Karen Azevedo Benevenuto¹, Patricia Baldisera Silvestre¹, Pyetra de Oliveira Santos¹, Mary Ellen Figueiredo Ruffato¹, Debora Barboza Guerra¹, Fernanda Lie Kurokawa¹, Luciana Dalla Torre¹, Carlos Alberto Gonnelli¹

¹Hospital Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objetivo: A ventilação mecânica inadequada em cirurgia cardíaca induz lesão pulmonar. Lesões são reduzidas com uso de volume corrente (VT) de 6 ml/kg de peso predito. O objetivo foi analisar o VT utilizado no intra e PO de cirurgia cardíaca, verificar se há relação entre altos VT e necessidade de uso de ventilação não invasiva por hipoxemia (HPx) no PO e se essa relação influencia na alta hospitalar.

Métodos: Análise descritiva de 273 prontuários de pacientes PO de Revascularização do Miocárdio. Foram coletados dados de altura, peso, gênero, VT utilizado no centro cirúrgico, VT utilizado em terapia intensiva, relação $\text{PaO}_2/\text{FiO}_2$, uso de ventilação não invasiva no PO por HPx, permanência hospitalar.

Resultados: No intra operatório somente 3% usaram até 6,5ml/Kg, a média foi de 9 ml/kg. Em terapia intensiva somente 5% utilizou VT até 6,5ml/kg, com média de 8,5 ml/kg. 25% dos pacientes admitidos estavam com a relação $\text{PaO}_2/\text{FiO}_2 = 200$, destes, 81% utilizaram VT > 8ml/kg ideal. Após extubação, 20% pacientes necessitaram de VNI por HPx. Com relação à alta hospitalar, somente 26% do grupo HPx teve alta até o 5ºPO contra 48% do grupo não-HPx. Alta após 10ºPO, 30% grupo HPx versus 9% não-HPx. 1% evoluiu a óbito.

Conclusão: Não podemos afirmar que VT elevado leva à hipoxemia e uso de ventilação não invasiva devido à baixa amostra com VT adequado para comparação entre populações. Faremos abordagem dos profissionais envolvidos para reduzir o VT utilizado e comparação de dados.

EP-026

Central venous saturation as a predictor of extubation success

Picón Xavier¹, Molina Mancero Guillermo¹, Rojas Balcázar Nicolas¹, Soloaga Elias¹, Ballester Florencia María¹, Sebastian P Chapela², Chertcoff Julio Felipe¹, Blasco Miguel Angel¹

¹Hospital Británico de Buenos Aires - Buenos Aires, Argentina; ²Cátedra de Bioquímica Humana, Facultad de Medicina, Universidad de Buenos Aires - Buenos Aires, Argentina

Objective: To determine whether changes in central venous saturation (CVSO₂) in weaning patients who tolerate the spontaneous breathing trial (SBT) enable the identification of extubation success.

Methods: Prospective, blind (the CVSO₂ did not influence the decision to extubate), intensive care unit (ICU) patients receiving mechanical ventilatory support (MVS) for 24 hours or more, with jugular or subclavian central venous catheter who meet weaning and extubation criteria were included. Patients with prior non-invasive ventilatory support (NIV), tracheostomies or neuromuscular diseases were excluded. CVSO₂ was measured at the beginning and at the end of a 30-minute SBT. Extubation failure was defined as the requirement of reintubation, the requirement of NIV or death within 48 hours of extubation. Initial CVSO₂ and delta CVSO₂ (ΔCVSO₂) were analyzed.

Results: 51 patients, 32 men (62.7%), age 61.8 (±15.9), APACHE II 16 (±5.3). Extubation failure occurred in 9 out of 51 patients (17.6%). The successful extubation group was similar to the extubation failure group in age, APACHE II, F/VT, ICU hospitalization period, MVS time and MVS cause. There was no significant difference in the initial ScvO₂ between the two groups. The ΔCVSO₂ was higher in the successful extubation group (+2.95 vs. +1.26; P=0.0017). A ΔCVSO₂≥2 had a sensitivity of 67% and a specificity of 69% in predicting successful extubation. (PPV 32%, NPV 91%, LR+ 2.16 and LR- 0.48.)

Conclusion: The ΔCVSO₂ could help predict successful extubation in patients who meet weaning criteria and pass an SBT.

EP-027

Clinical characteristics and outcomes in patients with acute respiratory distress syndrome: prospective analysis in a intensive care unit

Eliana Bernadete Caser¹, Betania Silva Sales¹, Daniela Correia Santos Bonomo¹, Karinne Rebelo de Jesus¹, Juliano Martins Arruda¹, Glaziela Sena Santana Dornela¹, Luiz Gustavo Favoreto Genelhu¹, Jansen Giesen Falcão¹

¹Hospital Unimed Vitoria - Vitória (ES), Brasil

Objective: To identify clinical characteristics and outcomes between two types of ventilatory strategy.

Methods: Subanalysis of a multicenter prospective randomized study in consecutive patients with ARDS receiving invasive ventilation over a 5-year period. Patients were randomly divided into: ARDSNet strategy (GARDSNet) or alveolar recruitment maneuver and PEEP titration strategy (GRM). Clinical characteristics, respiratory mechanics, gas exchange, ICU/hospital stay, complications and mortality at 28 days were analyzed.

Results: Of 40 randomized patients, 26 were male. Nineteen patients (47.5%) were assigned to GARDSNet and 21 (52.5%) to GRM. Pneumonia was diagnosed in 31 patients.

GARDSNet Invasive Ventilation time = 19.4 days, GRM = 23 days (NS); water balance 72h GARDSNet + 868 ml, GRM + 985 ml (NS); PaO₂/FIO₂ 138 GARDSNet, PaO₂ / FIO₂ 134 GRM (NS); distension pressure 14.7 GARDSNet, 12.6 GRM (NS) and plateau 25.2 cmH₂O GARDSNet, 25.6 cmH₂O GRM (NS). Length of ICU stay was 43.4 days GARDSNet, 30.1 days GRM and hospital 43.4 days GARDSNet and 53.6 days GRM (NS). Complications occurred in 4 patients (NS). Total mortality at 28 days was 40%, not significantly different between two groups. Length of ICU and hospital stay were associated with mortality at 28 days (p = 0.001 p = 0.002, respectively).

Conclusion: Mortality at 28 days remains high. Length of ICU / hospital stay were prolonged and associated with mortality. There was no difference in complications, length of hospital stay in the ICU, hospital and mortality at 28 days among the strategies used in this population.

EP-028

CO₂ coefficient of transmission: a new monitoring tool during cardiopulmonary resuscitation

Domenico Luca Grieco¹, Adrien Drouet², Emmanuel Charbonney³, Cecile Ricard², Stephane Delisle⁴, Irene Telias⁵, Paul Ouellet⁶, Marceau Rigolot², Bilal Badat², Gilles Bronchti⁷, Jordi Mancebo Cortes⁴, Alain Mercat⁸, Laurent Brochard⁹, Jean-Christophe M. Richard²

¹Catholic University of the Sacred Heart - Rome Lazio, Italy; ²Samu74, Emergency and Intensive Care Unit Department, General Hospital - Annecy, France; ³Hôpital du Sacré-Coeur de Montréal, Université de Montréal - Montreal, Quebec, Canada; ⁴Centre de Recherche, Centre Hospitalier Universitaire de Montréal (CHUM) - Quebec, Canada; ⁵Interdepartmental Division of Critical Care Medicine, University of Toronto, Keenan Centre For Biomedical Research, Li Ka Shing Knowledge Institute, St. Michael's Hospital - Toronto, Ontario, Canada; ⁶Vitalité Health Network - Zone 4, Edmunston New Brunswick, Canada; ⁷Anatomy Department of The Université du Québec à Trois-Rivières (UQTR) - Trois-Rivières, Quebec, Canada; ⁸Critical Care Department, Angers University Hospital - Angers, France; ⁹Interdepartmental Division Of Critical Care Medicine, University of Toronto - Toronto, Canada

Objective: In patients with cardiac arrest, end-tidal CO₂ (EtCO₂) has been proposed to monitor the efficacy of cardiopulmonary resuscitation (CPR) but uncertainty persists on its interpretation. We previously noticed that the airways are often closed during CPR possibly limiting oxygenation; analysis of the entire exhaled CO₂/time waveform-the capnogram- may give information on airways patency. We report preliminary results from a clinical and bench study aimed at describing the pattern of the capnogram during CPR.

Methods: Clinical study: Capnograms were recorded prospectively during CPR in patients with out-of-hospital cardiac arrest enrolled in a French registry. EtCO₂ was recorded at each breath and we calculated a coefficient of transmission (CTCO₂) describing the CO₂ swings induced by CPR: ratio of the change in exhaled CO₂ value induced by compression to the EtCO₂ value. Bench study: A constant CO₂ flow,

simulating CO₂ production, was added in the aveoli in a bench model including a simulation of airway closure. We obtained capnograms similar to patients' recordings and tested different ventilator settings.

Results: The capnograms from 54 patients were analysed (survivors after hospital admission 7(13%)). Qualitative assessment exhibited mainly 3 patterns that correlated with CtCO₂. CtCO₂ was independent from EtCO₂(fig.1). In the bench model, CtCO₂ was increased by PEEP, enhancing intrathoracic pressure transmission to airway opening.

Conclusion: During CPR, the capnogram provides information reflecting airway patency, and unrelated to EtCO₂. This can contribute to assess tidal ventilation generated by chest compressions and diffusion of oxygen to the alveoli.

EP-029

Combined evaluation of predictive indexes of weaning from invasive mechanical ventilation

Leandro Miranda de Azeredo¹, Sergio Nogueira Nemer², Jefferson Braga Caldeira², Bruno Leonardo da Silva Guimaraes³

¹Hospital Central da Polícia Militar - Rio de Janeiro (RJ), Brasil; ²Complexo Hospitalar de Niterói - Niterói (RJ), Brasil; ³Hospital Naval Marcílio Dias - Rio de Janeiro (RJ), Brasil

Objetive: To identify the importance of the performance of the predictive indexes of weaning from mechanical ventilation.

Methods: We analyzed the performance of the weaning indexes in a prospective cohort with 479 patients, in patients over 18 years of age and were more than 48 hours under mechanical ventilation. The chances of success of weaning were investigated through relative risk (RR) and by means of logistic regression of the main weaning indexes used. The Hosmer-Lemeshow goodness-of-fit test was used to test the calibration and the C-statistic was calculated to evaluate the association between the predicted probabilities and proportions observed in the logistic regression model. The research was approved by the ethics committee of the Pedro Ernesto University Hospital (2206-CEP).

Results: The prevalence of success at weaning in the study was 83.7%. The independent variables associated with weaning were APACHE II and integrative weaning index (IWI). Among the weaning indexes used, it was observed that only the IWI < 25 (p < 0.0001) and APACHE II < 17 (p = 0.003) were significant to predict success. The highest probability of success found in the joint analysis of these variables was 99.6% (95% CI 98.2-99.9) and their absence represented only 7.3% (95% CI 2.7-18.4) of success.

Conclusion: The combined evaluation of IWI and APACHE II as predictors indexes presented better performance and prognosis of successful weaning from mechanical ventilation.

EP-030

Comparative analysis between pulse oximetry and arterial blood gas in adult patients in a thoracic surgery recovery unit

Ana Carolina de Santana Vicente da Silva¹, Marcos Henrique Monteiro Camilo¹, Carmira Fernandes Jeronimo¹, Fábio de Melo Alves¹, Noberto Fernandes da Silva¹

¹PROCAPE - Recife (PE), Brasil

Objective: We hypothesized that partial pressure of oxygen / inspired oxygen fraction (PaO₂/FiO₂) ratio can be substituted for the pulse oximetry saturation / FiO₂ (SpO₂/FiO₂) ratio to evaluate the gas exchange of adult patients in the immediate postoperative period of thoracic surgery.

Methods: This is a descriptive, prospective and cross-sectional study. Were included: both sexes, admitted to the Thoracic Surgery Recovery Unit (TSRU) in the first 24 hours postoperative of thoracic surgery, with age greater than or equal to 18 years. Patients with clinical signs of hemodynamic instability (mean arterial pressure <60mmHg), who presented uncomfortable ventilatory pattern, bronchospasms, non-drained pneumothorax and auto-PEEP were excluded. Arterial blood gas and pulse oximetry were evaluated in all participants to obtain the PaO₂ / FiO₂ ratio and the SpO₂ / FiO₂ ratio, respectively. Values were shown as mean±standard deviation and, for statistical analysis, we used the Paired t-test and the kappa coefficient.

Results: The studied sample totaled 36 patients with mean age of 53.6 (±15.5) years, of which 20 (55.6%) were male. There was no significant difference between the PaO₂ / FiO₂ ratio and the SpO₂ / FiO₂ ratio (p = 0.175), as well as between SpO₂ and arterial oxygen saturation (SaO₂) (p = 0.078). Furthermore, the concordance between the PaO₂ / FiO₂ ratio and the SpO₂ / FiO₂ ratio was a statistically significant (p < 0.001).

Conclusion: The PaO₂ / FiO₂ ratio can be substituted for the SpO₂ / FiO₂ ratio for monitoring the gas exchange of patients in the postoperative thoracic surgery.

EP-031

Correlation between perfusional variables and respiratory variables in the immediate postoperative of cardiac surgery

Ana Carolina Figueiredo¹, Monica Maria Pena Quintão², Caio Tramont¹, Leonardo S Faria¹, Anderson M Campos¹, Lucilene Marmelo da Silva¹, Marcela R Nunes¹, Sergio Luiz S. Marcos da C. Chermont³

¹Hospital Santa Martha - Niterói (RJ), Brasil; ²Universidade Federal Fluminense - Rio de Janeiro (RJ), Brasil; ³Universidade Federal do Rio de Janeiro - Macaé (RJ), Brasil

Objective: Perfusion parameters during cardiac surgery (CC) are important data on cardiopulmonary and circulatory functions. Little is known about the interference of these parameters on the withdrawal from mechanical ventilation

(MV) Objective: to evaluate the association between perfusion data and withdrawal parameters of the MV in this patients.

Methods: Retrospective analysis of the first 15 complete records of CC. The perfusion data of CC and immediate ventilatory assistance to Pop. Were retrieved and recorded in a table. Statistical: Pearson correlation test were applied and p was significant if = 0.05.

Results: A total of 15 patients recorders were analyzed, (65±10 years, 81±16 kg, height=166±8cm. Total CPB time of 90±20mins and permanence in MV of 218±100mins. Weaning parameters was: VC=445±125ml, PSV = 9±1cmH₂O, PEEP = 6±1 cmH₂O, FR=11±5ipm with IRRS 51 ± 29 and P / F = 346±86 and 40%FiO₂. Pearson's correlation between: time of anoxia with IRRS, time of MV and VC at weaning (r=0.81, r -0.53 and r = -0.64, respectively); Total losses of diuresis with IRRS and CV (0.58 and 0.45); (R=0.60 and -0.44, respectively) p value<0.05.

Conclusion: There were significant correlations between the parameters of perfusion and ventilation, especially in the values referring to withdrawal of the MV. This result showed the importance of the perfusion values during the ventilatory assistance process in the immediate Pop of CC

EP-032

Desmame da ventilação mecânica prolongada: aplicabilidade de um protocolo

Stanley da Cunha Menezes¹, Natália Lúcia Lima de Oliveira¹, Carlos Henrique Oliveira de Freitas¹, Luiza Raira Viana Parrião², Mariana Lima Fernandes²

¹Hospital Geral Dr. Waldemar Alcântara - Fortaleza (CE), Brasil; ²Centro Universitário Christus (UNICHRISTUS) -Fortaleza (CE), Brasil

Objetivo: Avaliar a aplicabilidade de um protocolo de desmame da ventilação mecânica (VM) prolongada em pacientes procedentes da Unidade de Terapia Intensiva, internados na Unidade de Cuidados Especiais em Fortaleza-CE.

Métodos: Estudo documental, retrospectivo com abordagem quantitativa. Das 998 avaliações entre 2013 e 2016, foi realizada uma análise comparativa de desmames dos 18 meses anteriores ao protocolo e os posteriores até dezembro de 2016. Calculamos o percentual de desmame com o numerador da quantidade de protocolos concluídos e o denominador o número de protocolos abertos.

Resultados: 360 pacientes iniciaram o desmame antes do protocolo, no entanto somente 79, que equivale a 21% concluíram com sucesso. Após a implantação do protocolo houve uma melhor seletividade do tipo de paciente apto ao desmame, avaliação contínua multidisciplinar para estabelecer critérios de inclusão no protocolo e foi seguido rigorosamente os passos do fluxograma estabelecido, em caso de intolerância,

retornando o paciente a ventilação mecânica para repouso por 24 horas. Nos 30 meses seguintes ao protocolo houve 193 processos de desmames com 157 concluídos com sucesso, totalizando 81%. O destino dos pacientes que não obtiveram sucesso no protocolo dividiu-se entre: desospitalização pelo SAD (Serviço de Assistência Domiciliar), readmissão na UTI, transferências e óbito. **Conclusão:** A implantação de um protocolo voltado para o desmame prolongado da ventilação mecânica mostrou-se eficiente, com critérios de inclusão e exclusão bem definidos, reforçando a importância da padronização desse processo, podendo gerar impactos na redução do tempo de internação hospitalar, morbidade e mortalidade do paciente.

EP-033

Difficult weaning with proportional assist ventilation plus versus proportional assist ventilation plus associated with respiratory muscle training: randomized clinical trial

Mieko Claudia Miura¹, Maira Sgueglia de Salles Pereira¹, Marisa de Moraes Regenga¹, Luzia Noriko Takahashi Taniguchi¹, Edson Renato Romano¹, Regina Lumi Yassui Ishikawa¹

¹HCor-Hospital do Coração - São Paulo (SP), Brasil

Objective: Proportional assist ventilation plus (PAV+) is a spontaneous breathing mode and was developed to increase or decrease airway pressure in proportion to patient effort by amplifying airway pressure proportional to inspiratory flow and volume. The aim of this study was compare two types of weaning using the PAV+ mode: gradual weaning and gradual weaning associated with respiratory muscle training (MT) using lower levels of support percentage (SP).

Methods: 12 patients mechanically ventilated more than 48 hours were included and randomized to the PAV+ group control (G1) or to PAV+ associated with MT (G2) starting both with 70% SP. G1 weaning was progressively decreased, 10% one or two times a day with an eight-hour interval. The G2 performed training periods of up to 30 minutes twice a day with 30% SP and four-hour rest intervals between the training sessions. If the patient does not tolerate training with 30% SP, the assistance was increased to 40% SP. When performing two consecutive 30 minute training sessions, the SP was reduced 10%. Extubation when the patient was at 40% SP.

Results: There was no difference in the weaning process G1 59.5 [55.2 - 123] and G2 84 [63.8 - 112.5], p 0.0589. In the survival analysis during mechanical ventilation until beginning weaning and during the weaning process we did not find difference, p 0.51 and p 0.56 respectively. Five death not related to weaning.

Conclusion: We found no difference in the types of weaning in this population.'

EP-034

Does maximum effort combined with one-way valve change maximal inspiratory pressure, maximal expiratory pressure and hemodynamics in healthy individuals?

Tainã de Godoy Creace¹, Vinicius Augusto Travassos¹, Roberta Marques Lisboa¹, Luciana Castilho de Figueiredo¹, Desanka Dragosavac¹, Antonio Luis Eiras Falcão¹, Rodrigo Marques Tonella¹

¹Unidade de Terapia Intensiva, Hospital das Clínicas, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil

Objective: to measure maximal inspiratory pressure (MIP) and maximal expiratory pressure (MEP) in healthy patients with one-way valves with and without maximal voluntary effort, and to relate those to heart rate (HR), respiration rate (RR), peripheral oxygen saturation (SPO2) and mean arterial pressure (MAP).

Methods: 30 volunteers, men and women, between 20 and 50 years old, healthy and hemodynamically stable. A digital manovacuometer with a one-way valve and mask was used. Three MIP and MEP maneuvers were done without effort and three with maximum effort and the highest value was considered. HR, RR, SPO2 and MAP were checked before and after the tests. The Wilcoxon test was used to analyze the data.

Results: 30 volunteers were tested, 70% female and 30% male. Mean age was 27.9 ± 6.12 years and the body mass index (BMI), 23.93 ± 2.93 . There was no significant variation in HR, SPO2 and MAP ($p = 1.00$; $p = 0.163$; 0.143). There was a significant variation in RR ($p = 0.008$). There was a difference in MIP and MEP with and without maximum effort ($p < 0.0001$ for both).

Conclusion: Respiratory strength measurements with maximum effort yield higher values and do not bring significant hemodynamic changes.

EP-035

Does transcutaneous electrical diaphragmatic stimulation on cervical spinal cord injury reduce the time of ventilation weaning?

Gregory Lui Duarte¹, Aldrin Lucas Bethiol¹, Desanka Dragosavac¹, Antonio Luis Eiras Falcão¹, Luciana Castilho de Figueiredo¹, Lígia dos Santos Roceto Ratti¹, Rodrigo Marques Tonella¹

¹Hospital das Clínicas, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil

Objective: The objective of this study was to compare the ventilation weaning time and hospital stay time for patients with tracheostomy that have undergone transcutaneous electrical diaphragmatic stimulation (TEDS) with those conventionally weaned.

Methods: This is a retrospective study (January 2007 to December 2016) of patients with cervical spinal cord injury (SCI) above the sixth vertebra (C-6) under invasive

mechanical ventilation with tracheostomy. The TEDS group underwent electrical stimulation twice a day for twenty minutes. The Wilcoxon-Mann-Whitney test was used to compare orotracheal intubation and tracheostomy mechanical ventilation time; ventilation weaning time; total ventilation time; ICU stay; hospital stay; sepsis-related organ failure assessment (SOFA) and acute physiology and chronic health evaluation (APACHE II). Out of the 88 patients with SCI that were admitted, 29 had SCI, 13 of those with tracheostomy. Four underwent TEDS and nine were conventionally weaned.

Results: Within the TEDS group the total ventilation weaning time was $28,25 + 15,78$ days, ICU stay was $31,5 + 18,77$ and the hospital stay was $46,25 + 23,81$ days. Within the control group the total ventilation weaning time was $40,38 + 24,78$ days ($p = 0,4407$), the ICU stay was $55,75 + 40,9$ days ($p = 0,3065$) and the hospital stay was $70,88 + 38,67$ days ($p = 0,3065$).

Conclusion: The patients in the TEDS group had shorter ventilation weaning, ICU stay and hospital stay times.

EP-036

Early single-team experience with VV-ECMO for severe acute respiratory failure, predictors for weaning

Phillipe Pereira Travassos¹, Thais Kawagoe Alvarisa¹, Raquel Telles da Silva Vale¹, Natalia Fioravanti Postalli¹, Januário Manoel de Souza¹, Viviane Cordeiro Veiga¹, Rafael Otto Schneidwind¹, Salomon Soriano Ordinola Rojas¹

¹Unidade de Terapia Intensiva Neurológica, Hospital BP - A Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objective: To evaluate the Weaning Predictors from VV-ECMO in our Experience with ARDS Patients refractory.

Methods: We collect retrospectively Data from February 2014 to April 2017 from an ECMO Team experience with VV-ECMO to identified the clinical parameters associated with successful. ECMO Outcomes in patients with severe acute respiratory failure, there were 12 Man and 5 Woman with a mean age 56,6. The implants were all performed later that the ESLO Protocol for VV-ECMO indications. Among the cases who received ECMO for pneumonia, ARDS secondary to sepsis, postoperative ARDS, ARDS Post Chemotherapy, and H1N1. We considered as primary Outcomes weaning and survival to the Hospital Discharge.

Results: Six Patients was Hospital Discharged. The variables that showed statistical significance among the surviving groups among the 5 analyzed were: Murray Score 4,83 for the living and 7.73 (11 cases) for the deaths ($p=0.0035$). Platelets Count=150 000 at the time of implantation, (5 live cases= 150 000 vs 1 live case <150 000), (1 live case <150 000 vs 10 obtained <150 000) ($p=0.005414$) and ECMO implantation <72 h after intubation, (6 live <72 h vs 0 live> 72 h), (Death <72 hs vs 7 Death> 72 hs) the $p=0.017534$.

Conclusion: We found a difference of Outcomes in the 3 variables described Previously, the patients in whom the

implant was decided fast, with a high number of platelets and a low Murray score, showed a better evolution compared to the other group.

EP-037

Efeito da saída precoce do leito na ventilação mecânica e no tempo de internação na unidade de terapia intensiva

Patricia Rockenbach¹, Paulo Ricardo Marques Filho¹, Mariana Scorsatto Boeira¹, Cristiano dos Santos Rodrigues¹, Clarissa Garcia Leaes¹, Angelina Vessozi de Azevedo¹, Juliana Mara Stormovski de Andrade¹, Raquel da Silva Townsend¹

¹Hospital Ernesto Dornelles - Porto Alegre (RS), Brasil

Objetivo: Pacientes de UTI frequentemente apresentam fraqueza muscular que é agravada pela ventilação mecânica e o imobilismo. A saída precoce do leito pode proporcionar a recuperação funcional, diminuir a incidência de delírio que são desfechos que favorecem a desospitalização precoce do paciente. Avaliar o efeito da saída do leito precoce em pacientes submetidos à cirurgia cardiovascular no tempo de ventilação mecânica e internação hospitalar.

Métodos: Foram realizados 150 atendimentos, resultando em 50 pacientes divididos em 3 grupos: G1 (saída do leito 12-24), G2 (saída do leito 24-48) e G3 (saída do leito >48), foram realizadas 2 sessões diárias de fisioterapia durante a permanência na UTI e analisados o tempo de VM e internação na UTI. Os dados foram analisados pelo teste Kruskal Wallis para avaliar as diferenças entre os grupos, sendo expressos em mediana+- desvio padrão. Foi considerado estatisticamente significativo $p < 0,05$.

Resultados: 50,7% dos pacientes eram do sexo masculino. Não houve diferença significativa entre os grupos na idade $X^2(2) = 0,48$; $p = 0,05$ e no SAPS $X^2(2) = 0,30$; $p = 0,05$. O teste de Kruskal Wallis mostrou efeito do grupo no tempo VM $X^2(2) = 9,696$; $p < 0,05$ (G1 vs G3 e G2 vs G3) e no tempo de internação na UTI $X^2(2) = 15,429$; $p < 0,05$ (G1 vs G3).

Conclusão: Nosso estudo mostrou que a saída precoce do leito em pacientes que foram submetidos à cirurgias cardiovasculares apresentaram uma redução no tempo de VM e internação na UTI.

EP-038

Efeitos hemodinâmicos e ventilatórios de insuflador/exsuflador pulmonar mecânico em pacientes sob ventilação mecânica

Lais de Cássia Nunes¹, Douglas Neves¹, Danize Aparecida Rizzetti², Giulia Alessandra Wiggers Peçanha², Franck Maciel Peçanha², Fernanda Machado Kutchak³

¹Hospital Conceição, Grupo Hospitalar Conceição - Porto Alegre (RS), Brasil; ²Universidade Federal Dom Pampa - Uruguaiana (RS), Brasil; ³Universidade do Vale dos Sinos (UNISINOS) - Porto Alegre (RS), Brasil

Objetivo: Analisar os efeitos hemodinâmicos e ventilatórios da aplicação do insuflador/exsuflador (I/E) pulmonar mecânico, e compará-los aos provocados pela aspiração endotraqueal.

Métodos: A amostra foi composta por 16 pacientes ventilados mecanicamente através de tubo endotraqueal. Os sujeitos foram submetidos a três protocolos: I/E com pressão de $-30/+30$ cmH₂O (30S); I/E com pressão de $-50/+50$ cmH₂O (50S); e aspiração endotraqueal isolada (AEI). Os protocolos foram realizados na posição de decúbito dorsal, e aplicados com intervalo de 3 horas entre eles, sendo a ordem de aplicação randomizada entre os sujeitos. As variáveis avaliadas foram: frequência cardíaca (FC), pressão arterial sistólica (PAS) e diastólica (PAD), saturação periférica de oxigênio (SpO₂), pressão de pico (Ppico), pressão de platô (Pplatô), resistência de vias aéreas (Raw), complacência estática (Cst) e quantidade de secreção. As avaliações ocorreram em três momentos: antes da aplicação do protocolo (T0), imediatamente após (T1) e 10 minutos após a realização (T10).

Resultados: As principais diferenças ocorreram no protocolo 50S. Nas variáveis ventilatórias observou-se redução na Ppico e Rwa no T1, mantendo-se em T10, e aumento da Cst em T1. O protocolo de 50S foi o único que não gerou aumento na PAS, PAD e redução da SpO₂ no T1. Além disso, a quantidade de secreção traqueal aspirada foi maior quando comparado aos demais protocolos. FC e Pplatô mantiveram-se inalteradas nos protocolos.

Conclusão: O I/E pulmonar mecânico no protocolo 50S parece promover efeitos positivos na mecânica ventilatória sem gerar prejuízos hemodinâmicos. Além disso, como estratégia de higiene brônquica, mostrou-se superior à aspiração endotraqueal.

EP-039

Efficacy and safety of using noninvasive ventilation associated with recruitment maneuver in the postoperative period of coronary artery bypass grafting: a randomized controlled trial

Mieko Claudia Miura¹, Carlos Roberto Ribeiro de Carvalho², Marisa de Moraes Regenga¹, Luzia Noriko Takahashi Taniguchi¹, Edson Renato Romano¹, Carolina Fu²

¹HCor-Hospital do Coração - São Paulo (SP), Brasil; ²Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Objective: Postoperative pulmonary impairment is common in the early period after coronary artery bypass grafting (CABG) and noninvasive ventilation (NIV) has been used in postoperative care to prevent and treatment. Recruitment maneuver (RM) consists in a sustained raise of airway pressure with high level of positive end-expiratory pressure (PEEP) in hypoxemic subjects, insuring a homogeneous pulmonary ventilation and enhancing oxygenation. The aims of this

study were to evaluate if the use of NIV associated with RM could improve oxygenation and if it could be safely applied in CABG postoperative patients.

Methods: Were included 34 patients admitted to the intensive care unit (ICU) mechanically ventilated after CABG with arterial partial pressure of oxygen (PaO₂) to the fraction of inspired oxygen ratio < 300 and radiological atelectasis score (RAS) = 2. Patients were randomly allocated to control group (CG) or recruitment group (RG), after extubation NIV was applied for 30 minutes three times a day. RG was applied PEEP 15 cmH₂O and 20 cmH₂O for 2 minutes each during NIV. We analyzed PaO₂ from arterial blood gas at room air and RAS, hemodynamic stability and adverse event until discharged from the ICU.

Results: Increased of PaO₂ 12.6±6.8CG and 23.3±8.5RG p<0.001, RAS presented complete improvement for 94.4%RG, whereas in the CG87.5% presented some degree of atelectasis, p<0.001. There was no adverse event related.

Conclusion: The use of 30 minutes of NIV associated with RM was safe, improved oxygenation and reduced atelectasis.

EP-040

Epidemiology of weaning outcome according to a new definition at an intensive care unit of a university tertiary hospital

Alessandra Fabiane Lago¹, Amanda Alves Silva¹, Vanessa Braz Tanaka¹, Vivian Caroline Siansi¹, Ada Clarice Gastaldi², Anibal Basile Filho¹

¹Divisão de Medicina Intensiva, Departamento de Cirurgia e Anatomia, Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil; ²Departamento de Fisioterapia, Programa de Pós-Graduação em Reabilitação e Desempenho Funcional, Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil

Objective: To describe the epidemiology of weaning ventilation according to the new definition and classification, The WIND study (Béduneau et al., 2017).

Methods: This was a retrospective study over 6 months of all patients receiving mechanical ventilation at an intensive care unit. According to the new definition, the patients were divided into: Group no weaning: patients who never experienced any weaning attempt; Group 1- the first attempt of weaning was within one day; Group 2- the weaning process was after more than one day but less than one week after the first separation attempt from mechanical ventilation; Group 3- weaning process was not terminated 7 days after the first separation attempt.

Results: 155 patients were enrolled. Ninety of them received mechanical ventilation. 54% of these patients were unable to start a weaning process due to death or discharge. 5% were allocated in group 1, 27% were in the group 2, and 14% were in the group 3. The Simplified Acute Physiology Score 3 (SAPS 3) and death probability for these groups was respectively 78-79%, 59-49%, 62-57%, 73-61% (p>0.05). Duration of ventilation was 10, 3, 11, 14 days, respectively. The Intensive Care Unit length of stay was 10, 8, 12, 15 days, respectively.

Conclusion: Based on this new definition and classification of weaning, this study demonstrated that the worst is the SAPS 3 the more difficult is the separation attempt from mechanical ventilation.

EP-041

Functional approach with progressive and meta-directed mobility therapy and its impact on the functional independence of hospital discharge from intensive care patients undergoing mechanical ventilation

Antonio Carlos Magalhães Duarte¹, Renato Tavares¹, Fernanda Brum¹, Adriana Morais¹, Lisely Garcia¹, Marcelo Lacerda¹, Felipe Ribeiro Henriques¹, André Mansur de Carvalho Guanaes Gomes¹

¹Instituto Sócrates Guanaes, Hospital Estadual Azevedo Lima - Niterói (RJ), Brasil

Objective: To demonstrate the ambulatory ambulatory rate of patients from intensive care, as well as to modify the functional classification in response to the applied care line, to hospital discharge.

Methods: Observational method - sample 77 patients, 21 on mechanical ventilation (mv), mean age 57±21,29 years, gender 41 male 36 female.

Results: 76% of patients in mechanical ventilation has gait independence, 90% of patients achieved progression in mobility indexes. All patients were given independence for the task of sitting and getting up. Data from patients on spontaneous ventilation were similar.

Conclusion: Functional independence in gait at hospital discharge is associated with greater independence in performing activities of daily living and quality of life. The task of sitting to standing is crucial in achieving functional independence. Progression in the mobility of sitting and walking sitters and associated lower late mortality, after hospital discharge. In the three indicators analyzed the functional approach obtained a high success rate, suggesting a guarantee of functional independence and social reintegration of the population of the intensive care units.

EP-042

High flow nasal cannula oxygen therapy in acute respiratory failure from acute exacerbation of fibrotic interstitial lung disease: a series of cases

Eder Chaves Pacheco¹, Fernando Nataniel Vieira¹, Augusto Savi¹, Joares Luiz Moretti Junior¹, Fernanda Machado Balzan¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

High flow nasal cannula oxygen therapy (HFNC) has become common in the treatment of patients with acute hypoxemic respiratory failure. HFNC can deliver up to

100% heated and humidified oxygen at a maximum flow of 80 L/min of gas. Fibrotic interstitial lung diseases (ILD) constitute a pathologically-heterogenous group of diseases in which impaired tissue O₂ delivery occurs. Eight patients were included (5 women) median age of 62 years (range 58.5 - 65.7), BMI of 25.1 (range 23.4 - 28.4) kg/m². All patients had acute exacerbation of fibrotic (ILD) and were treated with HFNC after failure of conventional therapy (SatO₂ < 90% offering 100% FiO₂ by non-rebreathing mask and/or noninvasive ventilation) or if conventional therapy was not tolerated. Seven patients had success with HFNC therapy (not requiring orotracheal intubation) during emergency department admission. HFNC therapy improves respiratory variables after 2 hrs in all success patients: respiratory rate decreased from 32 (30 - 36) breaths/min to 23 (20 - 26) breaths/min; PaO₂ increased from 49.2 (38 - 59.5) mmHg to 84.3 (72.2 - 92.5) mmHg; PaO₂/FiO₂ ratio increased from 97.9 (65.5 - 133) to 128 (106.6 - 141.5); SatO₂ increased from 84.3 (72.9 - 89.9) % to 96.2 (93.7 - 96.9)%. Borg scale decrease from 7 (6 - 9) to 2 (2 - 7). These results suggest that HFNC could be an alternative in the treatment of acute respiratory failure from acute exacerbations of fibrotic ILD.

EP-043

Influence of amplitude and intensity of inspiratory efforts during pressure support ventilation: a bench study

Roberta Fittipaldi Palazzo¹, Juliana Carvalho Ferreira¹, Fátima Kiyoko Hayashi¹, Carmen Silvia Valente Barbas¹

¹Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Objective: Pressure support ventilation is an assisted ventilatory mode that is dependent of inspiratory efforts, inspiratory flow slope, compliance and resistance of respiratory system, level of pressure support and expiratory cycling off. The influence of the amplitude and intensity of inspiratory efforts in inspiratory time and tidal volume during pressure support ventilation is still a matter of debate.

Methods: A bench study that used the simulator AS 5000 and SERVOi in the Laboratory of Mechanical ventilation of the University of São Paulo Medical School analyzed the influence of three different amplitudes -3, -7 and -11 cmH₂O, three different percentages of delay of the inspiratory efforts 5%, 15% and 20% regarding the inspiratory time and expiratory tidal volume. Pressure support ventilation of 5 cmH₂O and PEEP of 5 cmH₂O, slope 0 seconds. Compliance of the simulator was set at 50 mL/cmH₂O and the resistance was set at 10 cmH₂O/L/seg.

Results: Inspiratory effort Inspiratory delay Ti/Ttot Tidal volume -3 cmH₂O 5% 0.12 156 mL -7 cmH₂O 5% 0.10 201 mL -11 cmH₂O 5% 0.09 256 mL -3 cmH₂O 10% 0.16 229 mL -7 cmH₂O 10% 0.17 347 mL -11 cmH₂O 10% 0.17 465 mL -3 cmH₂O 15% 0.19 260 mL -7 cmH₂O 15% 0.21 412 mL -11 cmH₂O 15% 0.21 545 mL.

Conclusion: The increase of inspiratory effort increases the tidal volume during pressure support ventilation. The increment of tidal volume was amplified by the inspiratory efforts delays during pressure support ventilation.

EP-044

Influência da aerossolterapia na resistência das vias aéreas em pacientes sob ventilação mecânica na unidade de terapia intensiva

Igor Almeida Silva¹, Nayla Raabe Venção de Moura¹, Ana Cláudia Medeiros Serra², Eric da Silva¹

¹Instituição Hospital Universitário, Universidade Federal do Piauí - Teresina (PI), Brasil; ²UNINOVAFAP - Teresina (PI), Brasil

Objetivo: Verificar as repercussões na resistência das vias aéreas (RVAs) dos pacientes sob ventilação mecânica internados em Unidade de Terapia Intensiva que foram submetidos à técnica de aerossolterapia.

Métodos: Estudo exploratório, prospectivo e descritivo de caráter intervencionista e com abordagem quantitativa e qualitativa, apresentando uma amostra de 15 pacientes de ambos os gêneros com idade entre 18 e 60 anos. A análise estatística foi com o teste de Shapiro Wilk, sendo significativo $p < 0,05$.

Resultados: Os principais achados indicam que a prevalência para o gênero foi maior nas mulheres 74%, o grupo de patologias de maior incidência foram neurológicas (60%) e a RVA sofreu uma redução significativa ($p < 0,0001$) imediatamente após a técnica (RVA 2) que se manteve após o 3º minuto- RVA 3 ($p > 0,05$). Não houve redução significativa entre as pressões de platô (PLATÔ 1, 2 e 3).

Conclusão: A partir destes dados foi possível avaliar o impacto da resistência de vias aéreas e comprovar a efetividade clínica da técnica sobre parâmetros de mecânica ventilatória, mesmo aplicando a aerossolterapia no Y do ventilador mecânico.

EP-045

Influenza A H1N1 pneumonia in intensive care units in Latin America. Multicentric study

Sebastian Ugarte Ubiergo¹, Israel Guerrero Izaguirre², Maria Luisa Del Valle Marocco³, Alfredo Alberto Matos Adames⁴, Jorge Sinclair⁴, Fernando Lipovestky⁵, Vanessa Alexandra Ramirez Sanmartin⁶, Angel Ricardo Arenas Villamizar³

¹Universidad Andres Bello - Santiago, Chile; ²Hospital San José Tecnológico de Monterrey - Nuevo León, Mexico; ³Clinica Indisa - Santiago, Chile; ⁴Complejo Hospitalario CSS - Panama, Panama; ⁵Hospital Universitario de la UAI - Buenos Aires, Argentina; ⁶Hospital Eugenio Espejo - Quito, Pichincha, Ecuador

Objective: The emergence of a new type of influenza A (H1N1) in April 2009 by genetic rearrangement triggered a pandemic of vast proportions. The proportion of patients

admitted to the ICU has been variable in the medical literature ranging from 22.6 to 43%.

Methods: We developed a network of 37 sentinel intensive care units in 11 Latin American countries to detect critically ill patients with H1N1 Influenza confirmed by RT PCR from November 2015 to September 2016. The data were collected in an electronic form on the web platform, and processed in STATA (11.0).

Results: 37 intensive care units from 11 Latin American countries participated. 139 patients admitted to study. 54 (39%) were female. The average age was 52 years. 36.2% had a history of smoking, 31.1% had comorbidities, and only 8.6% had a history of influenza vaccine. Ventilator failure was the main reason for ICU admission 119 (86%), 41% of patients entered the unit with an PAFI <200 and 35% even with PAFI <100 80% (n = 111) patients required non-invasive ventilation and 35.36% (n = 25) non-invasive ventilation, of which 44% were failed. The average length of stay in UCI was 15 days. The average APACHE at admission was 22. A mortality rate of 28% was reported.

Conclusion: Critically ill patients who require ICU admission with a diagnosis of H1N1 influenza pneumonia need to be adequately evaluated and should receive adequate ventilatory support. Mortality due to this disease was reported higher than expected.

EP-046

Late leptospirosis associated with weil syndrome

Cynthia Kanazawa Silveira¹, Rayssa Calzavara Ferneda², Gabriela da Rocha Branco Silveira¹, Paulo Sergio Brito Felix¹, Gladson Denny Siqueira³

¹Faculdades Integradas Aparício Carvalho - Porto Velho (RO), Brasil;

²Centro Universitário São Lucas - Porto Velho (RO), Brasil; ³Centro de Medicina Tropical de Rondônia - Porto Velho (RO), Brasil

Leptospirosis is a worldwide zoonosis with transmissible character. The contamination occurs due to the direct contact with the bacteria in the animal's urine contaminated, or through contaminated soil or food. Several environmental factors such as floods, high-level rainfall or even the rural environment are favorable ecosystems for *Leptospira* spp to proliferate and spread. Similarly, collective factors related to low socioeconomic status, poor infrastructure and lack of basic sanitation result in a predisposition for contact with the bacterium. The inhabitants of rural areas are more likely to experience a disease, because they are closer to direct and indirect risk factors. This study aims to report the case of a patient clinically suspected with leptospirosis, H1N1, brucellosis, pneumonia or hantavirus, who lives and works in rural area. The patient was referred from São Lucas Hospital in Cerejeiras-Ro to the Tropical Medicine Center of Rondonia/Cemetron where was admitted to the ICU, remained 6 days and had a confirmed diagnosis of leptospirosis with late stage presentation, which also characterizes Weil's Syndrome. The patient had jaundice, acute renal failure and pulmonary hemorrhage that

associated with the laboratory findings and the positive IgM-ELISA test allowed this clinical diagnosis. The reported case and published reports have confirmed that there are signs and symptoms that may coincide with clinical diagnosis of various diseases, mainly tropical ones. It is indispensable to develop treatment plans in appropriate institutions with trained practitioners in order to consider the specificities of the pathology and avoid diagnostic errors.

EP-047

Modalities of respiratory therapy, intra-abdominal pressure and renal function of critically ill patients

Ana Carolina dos Santos Demarchi¹, Jorge Luis dos Santos Valiatti², Ana Lúcia dos Anjos Ferreira³, Filipe Abdalla dos Reis¹, Meire Cristina Novelli E Castro⁴, Cibele Tais Puato de Almeida³, Ana Lúcia Gut³, Luis Cuadrado Martin³

¹Universidade Anhanguera UNIDERP - Campo Grande (MS), Brasil;

²Faculdades Integradas Padre Albino - Catanduva (SP), Brasil; ³Faculdade de Medicina de Botucatu, Universidade Estadual Paulista (UNESP) - Botucatu (SP), Brasil; ⁴Departamento de Enfermagem, Faculdade de Medicina de Botucatu, Universidade Estadual Paulista (UNESP) - Botucatu (SP), Brasil

Objective: Patients submitted mechanical ventilation are daily undergoing respiratory therapy techniques, however there aren't studies demonstrating the effects of the techniques on intra-abdominal pressure and renal function in these patients. **Objective:** To evaluate the influence of different techniques of respiratory physiotherapy on intra-abdominal pressure as well as the behavior of renal function and abdominal hemodynamic. **Methods:** Clinical trial randomized, controlled, crossover. Study were included intubated patients and excluded patients with contraindications to the procedures. Patients received three sequences of techniques: Chest Compression Expiratory, Hyperinflation and Manual Bag-Squeezing. Analysis of the technical data were grouped according to the measures carried out and compared among each other. Hemodynamic parameters, renal function were evaluated and intra-abdominal pressure before, after and within two hours after the intervention.

Results: Were evaluated 31 patients. Intra-abdominal pressure decreased in a statistically significant way with the use of three techniques and two different times that were evaluated (p<0,001). Immediately after the Manual Hyperinflation technique there was a statistically significant increase in glomerular filtration gradient and the Bag-Squeezing technique (<0,001), there was also an increase in glomerular filtration gradient immediately after and in two hours of intervention. There was an increase of abdominal perfusion pressure immediately at the end and two hours after application of this technique (0,012). The urea clearance showed an increase after Bag-Squeezing technique and increased sodium excretion fraction (<0,001).

Conclusion: Respiratory therapy techniques reduced pressure and improved intra-abdominal hemodynamic in critical care patients.

EP-048

Multidisciplinary team knowledge about pain in patients mechanically ventilated

Flavia Perassa de Faria¹, Bruno Sousa Lopes¹, Brenda Aguiar Rocha¹, Mariza da Costa Cruz¹, Carlos Alexandre Birnfeld de Arruda², Amanda de Araújo Bomfim¹, Hayandra Ferreira Dias¹, Thayrine Aparecida de Lima¹

¹Centro Universitário Euro-Americano - Brasília (DF), Brasil; ²Hospital Brasília - Brasília (DF), Brasil

Objective: When patients are in mechanical ventilation and sedated, they have difficulties to describe their pain, making its measure, such as its alleviation, difficult. Therefore, it's indispensable to evaluate the knowledge of the multidisciplinary team about these patients' pain.

Methods: Transversal and quantitative Study with graduated professionals in an Adult ICU in Distrito Federal, from both sexes, no age restriction. A questionnaire was elaborated about these professionals' knowledge about pain: identification, quantification, treatment and scale usage.

Results: 30 questionnaires were applied (15 physiotherapists, 13 nurses, 2 doctors). When questioned about what pain is: 35.14% answered that it is a neurological answer, 32.43% that it is an emotional sensitive experience associated to tissue damage, 18.92% affirmed that it's a genuinely subjective and personal experience and 10.81% answered that it's a peripheral symptom. In the question about whether the pain is or is not a vital sign, 62.07% answered yes. When questioned about the usage of scales to evaluate the pain in those patients: 28.57% marked the SAS scale, 26.19% the Ramsey scale, 4.76% the CPOT and 2.38% answered the BPS.

Conclusion: There is a deficit in the knowledge towards the evaluation of the pain. Nevertheless there is a satisfactory knowledge towards the methods used to the treatment of it.

EP-049

Patient safety: adherence rate of the nursing team to ventilator-associated pneumonia prevention

Aline Branco¹, Emerson Matheus Silva Lourenço¹, Ariane Baptista Monteiro², Jaqueline Petitembert Fonseca², Rita Catalina Aquino Caregnato¹

¹Universidade Federal de Ciências da Saúde de Porto Alegre - Porto Alegre (RS), Brasil; ²Irmandade Santa Casa de Misericórdia de Porto Alegre - Porto Alegre (RS), Brasil

Objective: To verify the adherence rate of the nursing team to ventilator-associated pneumonia (VAP) preventive actions after the restructuring of the protocol.

Methods: Descriptive, exploratory, retrospective study, carried out on the protocols of patients submitted to mechanical ventilation (MV) in an Intensive Care Unit (ICU) of a large general hospital, from July to September of 2016. Data collected in the restructured protocol and analyzed through descriptive statistics.

Results: 104 patients submitted to MV on the age range of 65,08±18 years. 1,166 preventive evaluations were performed on patients on MV. As for the evaluations carried out from the preventive measures of the VAP protocol, were identified as adequate: 83% (692) related to the mechanical ventilator filter's position; 92% (1031) related to the head elevated at a minimum of 30°; 89% (994) related to oral hygiene with clorexidine 0.12%; 90% (1107) related to teeth brushing at least twice a day; 69% (677) related to cuff pressure verified twice a day.

Conclusion: The protocol is a tool that supports the care and must be a continuous preventive action to guarantee patient safety. An increase in the adherence rates of the nursing teams to the preventive actions was observed, however, the verification of the balloon's pressure presented a low adherence rate compared to the other proposed protocol actions. The protocol's application for the prevention of the VAP proved itself important, given that a gradual increase in the adherence rates of the nursing team was identified.

EP-050

Pneumonia associada à ventilação: os fisioterapeutas conhecem e têm adesão ao bundle de prevenção?

Camila Patricia Galvão Patricio Carvalho¹, Camila Pereira Cardoso de Lima², Ana Maria Gondim Valença¹, Ulisses Umbelino dos Anjos¹, Larissa Gomes da Silva³

¹Universidade Federal da Paraíba - João Pessoa (PB), Brasil; ²Centro Universitário de João Pessoa - João Pessoa (PB), Brasil; ³Hospital Alberto Urquiza Wanderley - João Pessoa (PB), Brasil

Objetivo: Identificar se fisioterapeutas intensivistas conhecem e adotam as estratégias de prevenção da pneumonia associada à ventilação (PAV) preconizadas pelo Bundle de Ventilação nas UTI de três hospitais referência da cidade de João Pessoa-Paraíba.

Métodos: Estudo de campo, transversal, descritivo, exploratório e quantitativo, onde foram avaliados 36 fisioterapeutas, de acordo com os critérios de inclusão e exclusão. Os mesmos responderam um questionário elaborado pelos pesquisadores, contendo questões relacionadas ao conteúdo e estratégias presentes no Bundle de PAV e adoção das mesmas pelos profissionais na prática clínica.

Resultados: Observou-se que 100% (n=36) dos fisioterapeutas relataram adotar a elevação da cabeceira como estratégia de prevenção da PAV, porém apenas 83,3% (n=30) tinham conhecimento desta como medida do Bundle. Com relação à prevenção de TVP, 33,5% (n=12) dos sujeitos consideravam a prevenção de TVP uma medida do Bundle, apenas 30,5% (n=11) relataram adotar esta estratégia. Apenas 27,7% (n=10) dos entrevistados relataram que adotavam a suspensão da sedação diária, porém 47,2% (n=17) a consideravam como estratégia de prevenção preconizada pelo Bundle.

Conclusão: Os dados demonstram os fisioterapeutas aplicavam estratégias adequadas para prevenção da PAV. No entanto, quando questionados sobre as estratégias preconizadas pelo

Bundle, observou-se desconhecimento por parte dos indivíduos em relação aos itens constantes no Bundle, sendo necessário que os hospitais disponibilizem cursos de atualizações relacionadas à prevenção da PAV.

EP-051

Prevalence of delirium in mechanically ventilated adult patients

Emanoela Paz da Silva Brito do Amaral¹, Marco Paulo Souza Oliveira¹, Tamires Matos de Souza de Jesus¹, Andre Luiz Nunes Gobatto², Fabiane Costa Santos¹, Caroline Ferreira Guerreiro²

¹Faculdade de Tecnologia e Ciências - Feira de Santana (BA), Brasil;

²Hospital Geral Roberto Santos - Salvador (BA), Brasil

Objective: To describe the prevalence of delirium in adult patients undergoing mechanical ventilation and investigate their relationship with the length of stay in the ventilatory prosthesis.

Methods: This is a point prevalence study, with a strategy for quantitative analysis of the results. All hospitalized patients mechanically ventilated for more than 24 hours, of both sexes and with a minimum age of 18 years were included. Data were collected in the adult intensive care units of the Hospital Geral Roberto Santos, in Salvador, Bahia through an elaborate record composed of items related to the characteristics of the patients and clinical data of hospitalization. The diagnosis of delirium was defined through the Confusion Assessment Method for the Intensive Care Unit.

Results: The sample consisted of 14 mechanically ventilated patients with mean age of 59.8 ± 16.8 years, 8 (57.1%) of the male gender and the majority (57.1%) with a main surgical diagnosis. 78.6% (11) of the patients presented delirium, but the association with the length of stay in the ventilator prosthesis was not statistically significant ($p = 0.060$). 42.9% (6) of the patients used sedation and, although there was no statistically significant difference between the ventilatory modes used ($P = 0.192$), 100% (7) of the patients in assisted-pressure mode had delirium, whereas only 57% (4) of those in assisted mode.

Conclusion: Delirium occurred in the majority of patients using invasive mechanical ventilation, but the association with the length of stay in the ventilatory prosthesis was not statistically significant.

EP-052

Prevalência de complicações respiratórias em pós-operatório de cirurgia de revascularização do miocárdio em uma unidade de terapia intensiva privada do estado de São Paulo

Rosianne de Vasconcelos¹, Vinicius Avellar Werneck¹, Isabela Netto Macri Brotto¹, André Franz da Costa¹, Marcelo Luz Pereira Romano¹, Vivian de Biase¹, Jorge Alcantara Farran¹, Edson Renato Romano¹

¹HCor-Hospital do Coração - São Paulo (SP), Brasil

Objetivo: A cirurgia de revascularização do miocárdio é um procedimento complexo, com altas taxas de complicações cardíacas e não cardíacas. Estudos já demonstraram que dentre as complicações não cardíacas, insuficiência renal e patologias pulmonares são as mais prevalentes, gerando impacto na evolução do paciente. Como principais fatores de risco para o desenvolvimento das complicações, podemos citar fatores pré-operatórios, a presença de doença pulmonar obstrutiva crônica, hipertensão arterial, diabetes, obesidade, ou mal estado nutricional, tempo de ventilação mecânica, uso de droga vasoativa, e tempo de circulação extracorpórea. Este trabalho objetiva avaliar a prevalência das complicações respiratórias em pacientes submetidos à cirurgia de revascularização do miocárdio isolada.

Métodos: Análise retrospectiva de informações obtidas através de banco de dados do Hospital do Coração - SP, em relação à cirurgia de revascularização do miocárdio isolada durante o período de 1995 a 2015. Foram analisadas as incidências de complicações pulmonares de 7632 pacientes submetidos ao procedimento.

Resultados: Após análise do banco de dados em relação ao perfil de complicações pulmonares, as mais prevalentes foram insuficiência respiratória (4,8%), pneumotórax (1,99%), derrame pleural (1,92%), broncopneumonia (1,03%), SARA (0,89%), broncoespasmo (0,59%), embolia pulmonar (0,02%).

Conclusão: Insuficiência respiratória aparece como principal complicação pulmonar em pós-operatório de cirurgia de revascularização do miocárdio.

EP-053

Profile of patients in invasive mechanical ventilation in an intensive care unit of a university hospital in Salvador-BA

Beatriz Kelly Oliveira Silva¹, Raíza Barros Couto¹, Ícaro Sampaio Toutsis¹, Mariana Cecília E Silva de Oliveira Nery¹, Victor Hugo Ferreira E Léda¹, Pedro José Ramiro Muñoz¹, Larissa Bulhões Nogueira², Raquel Hermes Rosa Oliveira³

¹Faculdade de Medicina, Universidade Federal da Bahia - Salvador (BA), Brasil; ²Faculdade de Tecnologia e Ciências - Salvador (BA), Brasil;

³Hospital Universitário Professor Edgard Santos - Salvador (BA), Brasil

Objective: To describe epidemiological and clinical aspects of patients undergoing mechanical ventilation in the intensive care unit (ICU) of a university hospital.

Methods: This is a retrospective study undertaken in a teaching hospital ICU with medical and surgical patients undergoing invasive mechanical ventilation (MV) for at least twenty-four hours (24h), admitted between August 2016 and May 2017. Continuous variables were described by mean \pm standard deviation and categorical variables as proportions. Data was analysed using SPSS 21 software.

Results: 51 patients were evaluated, 52.9% male; the mean age was 58.6 ± 16 years. The main cause of ventilatory support was sepsis or sepsis shock (39.2%), hemodynamic instability (29.4%) and surgery (15.7%). The main

comorbidities were hepatic (17.6%), cardiologic (13.7%) and pulmonary diseases (11.8%). The PO₂/FIO₂ ratio was under 300 on admission in 66.7% of patients; the main ventilatory mode used was Pressure Controlled Ventilation (90.2%); 21.6% were ventilated with a drive pressure above 15cmH₂O and 19,6% used PEEP of 10 cmH₂O or more. The average time of mechanical ventilation was 8.8 ± 9.6 days and the mean length of stay in the intensive care unit was 18 ± 16.6 days. Weaning failure occurred in 13.7%. ICU mortality rate was 47.1%.

Conclusion: The study showed that the studied population submitted to mechanical ventilation was predominantly characterized by elderly and related to long ICU stay and high mortality. The orotracheal intubation procedures occurred, more frequently, motivated by hypoxemic respiratory failure.

EP-054

Relationships between respiratory muscle strength, peripheral muscle strength and functional capacity in critical patients non-intubated

Raissa Farias Correia¹, Maria Karoline de Franca Richtmoe¹, Wagner Soares Leite¹, Caio César Araújo Morais², Wildberg Alencar Lima³, Daniella Cunha Brandão¹, Armêla Dornelas de Andrade¹, Shirley Lima Campos¹

¹Universidade Federal de Pernambuco (UFPE) - Recife (PE), Brasil; ²Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil; ³Real Hospital Português de Beneficência em Pernambuco - Recife (PE), Brasil

Objective: Analyzing whether respiratory and peripheral muscle strength and the functionality of critical patients with clinical and surgical etiology are altered in the period 48h after admission to the intensive care unit (ICU), and whether there are correlations between these variables.

Methods: An observational study was carried out where respiratory muscle strengths were assessed through Maximum Inspiratory and Expiratory Pressure (MIP and MEP); peripheral muscle strength through the Medical Research Council (MRC) and the Handgrip Strength (HGS); and functionality by the Functional Independence Measure (FIM) and the Physical Function ICU Test Score (PFIT-s) in the period until 48 hours of hospitalization. Correlations were verified using the Pearson test at a significance level of p<0.05.

Results: Thirty-six patients (23 clinical and 13 surgical) were evaluated. The main findings were reduced MIP (43.9%) and MEP (54.1%), values in relation to the predicted values and correlation between MIP (r = 0.479, p = 0.006), MEP (r = 0.481, p = 0.005) with HGS. No changes in peripheral strength assessed by MRC and in functionality were found, with the values obtained being close to the maximum score.

Conclusion: Critical patients non-intubated, whether in clinical or surgical conditions, presented a reduction in the respiratory muscle strength which was positively correlated with HGS in the presence of clinical conditions. An

analysis of correlations involving respiratory, peripheral and functional strength were influenced by the ceiling effect in the performance of the MRC, FIM and PFIT-s tests up to 48h of admission in ICU.

EP-055

Relevant impact of sickle cell anaemia and main associated conditions to death in intensive care unit from Pernambuco, Brazil

Priscila Pereira Passos¹, João Ricardhis Saturnino de Oliveira², Ana Paula Costa de Oliveira³, Suene Barbosa dos Santos³, Aderson da Silva Araújo¹, Bianka Santana dos Santos²

¹HEMOPE - Recife (PE), Brasil; ²Universidade Federal de Pernambuco (UFPE) - Recife (PE), Brasil; ³UNINASSAU - Recife (PE), Brasil

Objective: To investigate conditions most associated to death in patients with sickle cell disease homozygous (Hemoglobina SS-HbSS), admitted in the intensive care unit of an hematological hospital in Pernambuco.

Methods: Retrospective study was conducted, after approval by research ethics committee (nº.050/2011). Files from the first and last day in ICU of HbSS patients admitted from January of 2016 to June of 2017 were analyzed. Test t Student e Logistic regression (p<0,05) were utilized, with adjust for gender and age.

Results: There was 124 admissions, of which 14,5% were caused by HbSS. 27% of HbSS patients died. Interestingly, at admission, patients who died had significantly higher number of red blood cells, Hematocrit, and Reticulocytes. But, during their permanence, they showed a significant reduction in these values, comparing to those who did not die. Number of platelets was also smaller in those who died. Some conditions played role significantly in this outcome: sepsis (Odds Ratio-OR = 3,5), in despite of leucocytes; and tracheostomy, and intubation showed higher OR to death (9,8 and 5,1, respectively). Kidney failure did not showed OR significant to death. Lactate Dehidrogenase values also did not showed difference between these groups, whether in admission, or outcome.

Conclusion: More than a quarter of HbSS patients evolved to death, showing the relevant negative impact of this disease; and the main associated conditions were respiratory conditions, such as intubation and tracheostomy, and an worst erythrocytic profile during hospitalization in ICU.

EP-056

Serial rapid-shallow-breathing index as a predictor of weaning in tracheostomized patients

Monica Rodrigues da Cruz¹, Tassiane Batista Souza¹, Ana Paula Pereira da Silva¹, Fernanda Rocha Rodrigues da Silva¹, Kelly Cortez Oliveira¹, Marcelo Dias¹, Giovanna Marcela Cavalcante Carvalho¹, Katia Silva Cavallaro Torres¹

¹Hospital Universitário Pedro Ernesto, Universidade Estadual do Rio de Janeiro (UERJ) - Rio de Janeiro (RJ), Brasil

Objective: To evaluate the ventilatory pattern and the variation of the IRRS as predictors of weaning in tracheostomized patients.

Methods: Tracheostomized patients mechanically ventilated for more than 14 days eligible to weaning were included. They were divided into two groups (<20 days and >21 days MV) and submitted to SBT (2h and 6h in T-tube). The RSBI <20 days MV, the RSBI in the beginning and after 30,60, 90, 120,180, 240 and 360 minutes in all subjects. This group was disconnected from ventilator and allowed to breathe unassisted if tolerated the first two hours. In the group >21 days MV, characterized as prolonged MV, there was a second period of 6 hours in T-tube in the same day, 12 hours on the 2nd day and 24 hours on 3rd day, reaching 48 hours on the 4th day. Differences in RSBI were assessed as percent change from baseline.

Results: We evaluated 25 patients. In the group <20 days (n=15), the patients who failed had reduction of tidal volume (V_t) ($p=0,003$), increase in respiratory rate ($p=0,009$) and RSBI ($p=0,0004$). In the group >21 days who failed, a reduction in V_t and an increase in RSBI also were observed ($p=0,0001$). The percentage of RSBI variation in the group <20 days was greater than 20% in the patients who failed.

Conclusion: The serial evaluation of the ventilatory pattern and the analysis of the RSBI variation can predict the failure of weaning in tracheostomized patients.

EP-057

Severe acute respiratory distress syndrome in young patient with tonsillitis: a case report

Mayara Cristina Sanches¹, Bruna Pereira Lima de Figueiredo¹, Anna Luiza de Araujo Neurauter¹, Renata Müller Couto¹, Juliana Vassalo Rodrigues Leal¹

¹Hospital Niterói D'Or - Niterói (RJ), Brasil

Acute respiratory distress syndrome (ARDS) is a condition with inflammatory pulmonary edema, resulting in severe hypoxemia and high morbimortality rates. It's extremely rare in young patients. Case report: D.M.R, male, 16 years old, came to emergency room with precordial pain, fever and odynophagia, no alterations in physical examination. Troponine and plasma brain natriuretic were elevated. Admitted in Intensive Care Unit due to tonsillitis and acute myopericarditis, starting antibiotics. After 72 hours, developed acute respiratory failure, requiring invasive mechanical ventilation. Computed tomography chest scans showed bibasal infiltrate and pulmonary consolidation pattern. Transthoracic echocardiography with normal function. Severe ARDS was diagnosed, presenting PaO_2/FiO_2 ratio = 70. Recruitment maneuver was established and patient was placed in prone position 2 hours after start of mechanical ventilation. After 4 hours in prone position,

his PaO_2/FiO_2 ratio was 300 and he was placed back in supine position in 24 hours. Patient presented clinical and ventilatory improvement and has been hospital discharged 10 days after admission. Microbiological cultures, antigens of Legionella and Pneumococcus and viral serologies research did not allow identification of etiological agent. Considerations: ARDS is a rare pulmonary pathology in patients under 20 years old. This case demonstrates the occurrence of ARDS in adolescents, after tonsillitis in association with myopericarditis. Negligence could occur due to the high prevalence of viral etiology for tonsillitis in this population. Therefore, SRDA should be remembered as an hypothesis even in pediatric patients in presence of benign infection.

EP-058

Transsphenoidal surgery could be a contraindication for non-invasive positive pressure ventilation

Clara H Gaspari¹, Anna Carolina Jaccoud¹, Leandro Kazuki¹, Pedro Kurtz¹, Mônica R Gadelha¹, André Guasti¹, Daniel Dutra Cavalcanti¹

¹Instituto Estadual do Cérebro Paulo Niemeyer - Rio de Janeiro (RJ), Brasil

Objective: Transsphenoidal surgery is the standard of care in the management of many neurosurgical approaches. One of the possible complications, includes cerebrospinal fluid leak and occasionally, pneumocephalus. Although not cited in guidelines, it has been reported that NPPV could be harmful following transsphenoidal surgery, increasing the risk for a tension pneumocephalus. Our objective was to identify the occurrence of pneumocephalus after the use of NPPV following transsphenoidal surgery cited in the literature, while showing the collected data from our institution.

Methods: Literature review using the following key words: CSF leak OR pneumocephalus AND transsphenoidal surgery AND positive pressure ventilation. We reviewed patients who had undergone transsphenoidal approach at our center during a 24-month period. We collected demographic data, information regarding use of NPPV and invasive ventilation, as well as the occurrence of CSF leak and pneumocephalus.

Results: Three case studies were found in the literature that correlated pneumocephalus and the use of NPPV in patients who had undergone transsphenoidal surgery. No randomized controlled trials were found regarding this topic. In our center, during a 24 month period, there were 260 transsphenoidal surgeries with occurrence of 3 (1.2%) pneumocephalus and 4 (1.5%) cases of CSF fistula. Two patients (0.8%) used NPPV in the postoperative period.

Conclusion: Case studies suggest that NPPV can increase the risk of pneumocephalus and its complications in patients with CSF fistulas following transsphenoidal surgery. NPPV guidelines should include this as a formal contraindication and caution against its use following transsphenoidal surgeries to guide safe clinical practice.

EP-059

Traumatismo cranioencefálico grave: como os pacientes são ventilados no transporte no atendimento pré-hospitalar?

Camila Patricia Galvão Patricio Carvalho¹, Kycia Hellen Cruz Marques de Oliveira², Fabrícia Fernanda Bezerra de Carvalho², Ana Maria Gondim Valença¹, Ulisses Umbelino dos Anjos¹

¹Universidade Federal da Paraíba - João Pessoa (PB), Brasil; ²Centro Universitário de João Pessoa - João Pessoa (PB), Brasil

Objetivo: Analisar como a ventilação mecânica de transporte é conduzida pelos profissionais no atendimento pré-hospitalar de pacientes com traumatismo cranioencefálico grave (TCE).

Métodos: Estudo de campo, transversal, descritivo e exploratório de caráter quantitativo, onde foram avaliados 33 profissionais médicos que trabalhavam do serviço de atendimento móvel de urgência (SAMU) em João Pessoa-Paraíba. Os mesmos responderam um questionário relacionado ao manejo da ventilação mecânica no transporte do paciente com TCE grave e se possuíam cursos de capacitação para a condução do paciente grave no atendimento pré-hospitalar.

Resultados: Observou-se que 55% (n=18) possuíam curso de capacitação em ventilação mecânica de emergência. Na abordagem do paciente com TCE grave no atendimento pré-hospitalar, 94% (n=31) relatam optar pela intubação orotraqueal, 12% (n=4) não utiliza sedação enquanto que 52% (n=17) instuam-na apenas para a intubação orotraqueal. A modalidade ventilatória preconizada por 58% (n=19) foi o modo assistido-controlado, seguidos por 18% (n=6) que relataram utilizar o reanimador manual.

Conclusão: Os resultados obtidos permitem-nos observar que a VM de transporte é manejada de forma coerente pela maioria dos profissionais do SAMU de João Pessoa - PB, porém, pôde-se constatar que alguns profissionais instituíam a VM sem levar em consideração a necessidade de neuroproteção do paciente com TCE grave, podendo aumentar o risco de complicações e de mortalidade.

EP-060

Use of a new isokinetic device oriented by software for inspiratory muscle training in prolonged weaning

Bruno Leonardo da Silva Guimaraes¹, Leonardo Cordeiro de Souza², Fernando Silva Guimarães³, Jocemir Ronaldo Lugon⁴

¹Hospital Naval Marcílio Dias - Rio de Janeiro (RJ), Brasil; ²Universidade Estácio de Sá - Rio de Janeiro (RJ), Brasil; ³Departamento de Fisioterapia, Universidade Federal do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ⁴Universidade Federal Fluminense - Niterói (RJ), Brasil

Objective: To evaluate the effects of inspiratory muscle training (IMT) program on patients in prolonged weaning.

Methods: Prospective randomized controlled trial. When the participants were judged apt for ventilator weaning, they

underwent IMT with a new device called POWERbreathe K-5, Intervention group, or were managed in a conventional way with a tracheal collar, Control group. The primary endpoint was successful weaning and 30 days after intervention survival in the ICU.

Results: Sixty-five patients were selected. Thirty-four patients comprised the Intervention group (20 male, age 65±17 years, APACHE II score 28.9±4.8). The weaning process duration was 13.7±8.8 days, and the initial and final TIE indexes were 0.8±0.3 and 1.7±0.9, respectively (P=0.0001). Thirty patients (88%) were successfully weaned, and 11 (31%) had a fatal course. The control group encompassed 31 patients (14 male, age 68±16 years, APACHE II score 26.1±5.5). The weaning process duration was 21.7±16.4 days, and the initial and final TIE indexes were 0.8±0.6 and 1.0±0.8 respectively (P=0,053). Thirteen cases (42%) were successfully weaned, and 22 (63%) had a fatal course. The 30 days after intervention survival rates for the intervention and control groups were 79% and 44%, respectively (P=0.025).

Conclusion: In support to our working hypothesis, the rate of weaning success and the survival rate 30 days after intervention were higher for patients undergoing inspiratory muscle training.

EP-061

Use of lung ultrasound to predict invasive mechanical ventilation requirement in patients with onco-hematology diseases: a pilot study

Cecilia Gómez Ravetti¹, Thiago Bragança Lana Silveira Ataíde², Lidia Miranda Barreto Mourão², Nathália Costa Almeida Pinho¹, Lucas Vieira Chagas¹, Renan Detoffol Bragança³, Vandack Alencar Nobre Jr¹, Núcleo Interdisciplinar de Investigação em Medicina Intensiva²

¹Departamento de Clínica Médica, Universidade Federal de Minas Gerais (UFMG) - Belo Horizonte, Brasil; ²Hospital das Clínicas, Universidade Federal de Minas Gerais (UFMG) - Belo Horizonte (MG), Brasil; ³Programa de Pós-Graduação em Infectologia e Medicina Tropical, Universidade Federal de Minas Gerais (UFMG) - Belo Horizonte (MG), Brasil

Objective: Determine in onco-hematology patients with respiratory insufficiency if the utilization of lung ultrasound (LUS) predict the requirement of invasive mechanical ventilation (IMV).

Methods: Observational, prospective study. LUS assessment in patients with more than 17 years old admitted to the intensive care unit (ICU) of an University hospital. Four windows were evaluated in each hemithorax, quantifying the aeration loss from 0 to 3 points, namely: 0: A lines; 1: well-defined B lines; 2: coalescent B lines; 3: pulmonary consolidation. The score ranged 0 to 22.

Results: Nine patients were included and 162 videos were performed. The median age was 47 (36-61) years and 55.5% were male. The mortality in ICU was 44.4% and at 28 days was 55.6%. The mean score of LUS at inclusion in patients who required IMV and in those who did not require was 11,4 (±6) and 2 (±2,8), respectively (p=0.07).

ROC curve for LUS to predict require IMV at inclusion was 0,96 ($p=0,05$; 95%CI 0,83-1,0). Six patients had LUS score at inclusion = 7 and all of them required IMV ($p=0,08$). C reactive protein levels, measured at days 1 and 2 after inclusion were significantly higher among patients requiring IMV ($p=0,04$).

Conclusion: LUS seems to be an useful tool to predict IMV requirement among oncohematological patients. These findings must be confirmed in a larger number of patients.

EP-062

Use of methadone in critically ill patients

Raquel Telles da Silva Vale¹, Thais Kawagoe Alvarisa¹, Phillipe Pereira Travassos¹, Natalia Fioravanti Postalli¹, Maria Eduarda Ferreira Pedrosa¹, Miguel Cenacchi Garcia Pereira¹, Viviane Cordeiro Veiga¹, Salomon Soriano Ordinola Rojas¹

¹Unidade de Terapia Intensiva Neurológica, Hospital BP - A Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objective: The objective of this study is to evaluate the safety of the use of methadone in critically ill patients in a large hospital.

Methods: The use of methadone as a potent analgesic has been gaining ground in the intensive care setting, such as where it is possible to properly select the group of patients who will benefit from the drug, as well as monitoring of possible complications. A retrospective analysis of all patients who used methadone in a neurological intensive care unit for a period of three months and the results were evaluated.

Results: In the three-month period, 37 patients used methadone during intensive care. 62% of the patients were male, with a medical age of 65.7 ± 17.5 years. The main indication for the use of the medication was for analgesia in patients who were weaned from mechanical ventilation. The mean time of use was 7.5 days. In all cases evaluated, analgesia was effective, with methadone being used alone or in combination with other drugs, according to an institutional protocol. Among the complications found, 15 patients presented hypotension (41%); 15 presented bradycardia (41%); 13 presented constipation (35%); 3 had excessive sedation (8%) and 7 had other complications. All complications were reversible. 6 patients of the studied population died, however, without correlation with the use of methadone.

Conclusion: The use of methadone, in the studied group, was effective in the control of analgesia, with no impact on patient safety when used in a monitored way.

EP-063

Usefulness of multipoint ultrasound in the diagnosis of pulmonary embolisms

Lucero Pablo¹, Sac Santiago¹, Picón Xavier¹, Gonzalez Florez Angela¹, Ballester Florencia María¹, Sebastian P Chapela², Descotte Emiliano¹, Chertcoff Julio Felipe¹

¹Hospital Británico de Buenos Aires - Buenos Aires, Argentina; ²Cátedra de Bioquímica Humana, Facultad de Medicina, Universidad de Buenos Aires - Buenos Aires, Argentina

Objective: To evaluate the sensitivity (S), specificity (E), positive predictive value (PPV) and negative predictive value (NPV) of multipoint ultrasound (MULTIULT) in the diagnosis of pulmonary embolism (PE).

Methods: Prospective, observational study. Patients admitted to the ICU for one year, with suspected PE. Pulmonary angiotomography (ANGIOTC), pulmonary ultrasound, echocardiography and vascular ultrasound were performed by trained intensivists (ECOFOR) on critical patient ultrasound and ICU residents (ECOENFOR).

Results: 26 patients with suspected PE, all had ANGIOTC, a positive result in 10 patients (38%). Score of Wells greater than 4 points in 14 patients (55.56%), 9 of whom had ANGIOTC positive. Interobserver agreement (ECOFOR - ECOENFOR) of 85% ($p = 0.005$). S, E, PPV and VPN were 30%, 93%, 75% and 68% with three positive components and 100%, 43%, 52% and 100% with one or more positive MULTIULT components. No difference was associated with Wells score.

Conclusion: MULTIULT with its three positive components is very specific but not very sensitive for the diagnosis of PE. In contrast, if only one of the components is taken, the sensitivity increases but the specificity decreases. There were no significant differences between the study conducted by ECOFOR and ECOENFOR. It is suggested to continue studying MULTIULT for the diagnosis of PE as its usefulness remains uncertain. The causes may be multifactorial, among them the statistical power of the study based on the N of the sample.

EP-064

A ventilação mecânica não invasiva no tratamento da insuficiência respiratória pulmonar aguda

Joyce Annenberg Araújo dos Santos¹, Rita de Cássia dos Santos Moreira¹, Ana Carolina do Nascimento Calles¹

¹Hospital do Coração de Alagoas - Maceió (AL), Brasil

Objetivo: Avaliar o prognóstico dos pacientes com diagnóstico de IRpA, submetidos a VMNI, atendidos na Unidade de Terapia Intensiva (UTI) do Hospital do Coração de Alagoas.

Métodos: Estudo observacional e prospectivo, atendendo aos critérios de inclusão e exclusão. A avaliação foi realizada através de um questionário elaborado para tal pesquisa para coleta de dados.

Resultados: Foram avaliados 36 pacientes, sendo 58% do gênero masculino e 42% do feminino, com uma média de idade de $74,4 \pm 12,2$ anos. Os diagnósticos clínicos encontrados foram: 14 (39%) casos de insuficiência

cardíaca congestiva, 08 (22%) síndrome coronariana aguda, 07 (20%) de revascularização do miocárdio e 07 (19%) outros casos. Quanto ao tipo de IRpA foi encontrado: hipoxêmica em 81% e hipercapnica em 19%. Os dias de uso da VMNI foram em média $3,5 \pm 3,4$ dias. Após o uso da VMNI 86% dos pacientes evoluíram para oxigenoterapia e para ar ambiente, 8% foram a óbito e 6% para intubação orotraqueal.

Conclusão: A VMNI constitui uma opção terapêutica segura e promissora no tratamento da IRpA, pois, reflete na diminuição do índice de intubação orotraqueal e do tempo de internamento em uma UTI.

EP-065

Análise da função pulmonar de pacientes com síndrome do desconforto respiratório agudo indicados para o tratamento de oxigenação por membrana extracorpórea

Luana de Almeida Gomes¹, Helmgton José Brito de Souza¹, Leonardo Jadyr Silva Rodrigues Alves¹, Thiago do Amaral Cavalcante¹, André Luiz Nascimento Souza¹

¹Centro Universitário de Brasília (Uniceub) - Brasília (DF), Brasil

Extracorporeal membrane oxygenation (ECMO) has demonstrated satisfactory results in patients with acute respiratory distress syndrome (ARDS). This modality allows an ultraprotective ventilation, with lower intrapulmonary pressures than the conventional. Thus, it is possible to minimize the lesions induced by the high pressures of the mechanical ventilation and to guarantee the gas exchange. The purpose of this series of cases is to analyze the pulmonary function profile of the patients indicated for the evaluation of this treatment modality. We observed the pulmonary function of six adult patients with ARDS indicated for ECMO. At the time of the evaluation plateau pressure was approximately 35cmH₂O and the fraction of inspired oxygen of 100% in all individuals. The positive expiratory pressure varied between 10 and 22cmH₂O, the ratio of partial pressure arterial oxygen and fraction of inspired oxygen (PaO₂/FiO₂) were between 55 and 97 and the alveolar-arterial gradient between [(G A-a)O₂] 425 and 507. We observed that most of the indications were performed at extreme levels of hypoxemia. Because it is a relatively new treatment, it is common to find weaknesses in intensive care teams in recognizing the ideal timing for indication of ECMO assessment. The prolongation of the indication leads to a longer period of hypoxemia and leads to increased severity and hemodynamic instability, contributing to the development of complications during implantation and ECMO follow-up. The literature reports increasingly significant benefits on ECMO therapy in patients with ARDS when the indication is timely, minimizing complications during treatment.

EP-066

Can we correlate the peripheral muscle strength and sarcopenia with ventilatory muscle strength and weaning time of mechanical ventilation?

Ana Luiza Ferreira Kogut Gelhoren¹, Arnaldo André Binhara¹, Andre Chevitaresh¹, Thais Dillinger Conway Santanna¹, Ana Beatriz de Athayde Neno Cortez¹, Gustavo Baptista Ferreira Braga¹, Palmiro Torrieri Júnior¹
¹Fisioterapia, Unidade de Terapia Intensiva, Hospital Copa D'Or - Rio de Janeiro (RJ), Brasil

Objective: In ICU patients, physical performance can be considered a predictor for morbidity, institutionalization and mortality. Being the time of mechanical ventilation imperative in the time of ICU, why do we not correlate both? Could we establish a direct relationship between sarcopenia and weaning time of mechanical ventilation?

Methods: Were included only adults, with over 48 hours using mechanical ventilation. As a parameter to evaluate sarcopenia, we used the MRC Muscle scale, the palmar grip test and the measurement of the calf diameter. The following ventilatory data were analyzed: exhaled minute volume, rapid and superficial respiratory rate, maximal inspiratory pressure, maximal expiratory pressure and mechanical ventilation data such as peak pressure, peep and inspired fraction of oxygen. Patients were classified into two groups: patients with weaning time <7 days and patients with prolonged weaning, with a total disconnection time >7 days.

Results: Of the 89 patients included, both MRC Muscle scale and palmar grip test indexes were significantly higher in the group with a weaning time less than 7 days (both with p value <0,001). Other predictors of successful weaning were maximum inspiratory pressure (p value <0,001) and peak pressure (p value <0,001), the last one directly extracted from the mechanical ventilator.

Conclusion: The results suggest a direct correlation between ventilatory markers with sarcopenia markers. Patients who were disconnected from the ventilator in less than 7 days, had higher MRC and palmar grip indexes along with lower peak pressure values in the ventilator and better performance at maximal inspiratory pressure.

EP-067

Check predicted tidal volume versus used in intensive care of university hospital

Roberta Bezerra de Moraes¹, Rodrigo Marques Tonella¹, Luciana Castilho de Figueiredo¹, Desanka Dragosavac¹, Antonio Luis Eiras Falcão¹, Aline Maria Heidemann¹, Ana Isabela Morsch Passos¹

¹Hospital de Clínicas, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil

Objective: Check relation between predicted tidal volume and used tidal volume in adult patients hospitalized in intensive care.

Methods: Descriptive, quantitative and prospective study, made in 2017 January in morning period in intensive care

unit of Hospital de Clinicas-Unicamp. For calculation predicted weight was used formula men: $50 + 0,97 \times (\text{height in cm} - 152,4)$ and for women: $45,5 + 0,91 \times (\text{height in cm} - 152,4)$, for calculation of patient height was setted up in supine with bed head 0° and used Lufkin Magnética® trena. It was considered with ideal tidal volume value of 6ml/Kg. The tidal volume used was calibrated for mechanical ventilation Newport E-360®, Drager Evita 4® e Hamilton Raphael®.

Results: It were available 35 patients, in 7 days of observation, 54,2% were male gender, 57,1% used of mechanical ventilation Newport e-360°. The median of ideal tidal volume was $356,8 \text{ml} \pm 27,6$ and used tidal volume was $566 \text{ml} \pm 129,6$, $p = 0,01$. That demonstrate used value were statistically larger of recommended.

Conclusion: This study demonstrate that value used tidal volume in patients mechanically ventilation, hospitalized in intensive care unit of HC/Unicamp. were above recommended ideal for guidelines national.

EP-068

Conhecimento sobre gasometria arterial de fisioterapeutas em uma unidade de terapia intensiva adulto de um hospital privado do Distrito Federal

Flavia Perassa de Faria¹, Marcela Dias Izuel Luth¹, Mariana Alves Robledo¹, Valéria Oliveira dos Santos¹, Bruno Sousa Lopes¹, Carlos Alexandre Birnfeld de Arruda²

¹Centro Universitário Euro-Americano - Brasília (DF), Brasil; ²Hospital Brasília - Brasília (DF), Brasil

Objetivo: O papel do fisioterapeuta nas UTI se estabeleceu mediante a sua eficiência, estando respaldado, no Brasil, desde 1998. Pacientes internados em UTI possuem alterações do padrão respiratório, tornando a obtenção dos dados da gasometria arterial (GA) essencial para determinar e/ou ajustar o tipo de suporte ventilatório a ser estabelecido. O objetivo foi verificar o conhecimento sobre GA dos fisioterapeutas de uma UTI adulto em um hospital privado do Distrito Federal.

Métodos: Estudo quantitativo, prospectivo, descritivo e transversal. A amostra foi composta por 33 fisioterapeutas voluntários que responderam um questionário, elaborado pelos pesquisadores, com 20 questões referentes à GA.

Resultados: Os fisioterapeutas têm entre 1 e 16 anos de experiência na UTI, com tempo médio de $6,8 \pm 3,7$ anos. Quando questionados sobre quem realiza os ajustes na ventilação mecânica após o resultado da GA, todos responderam que o fisioterapeuta realiza tais mudanças e 39% acrescentaram que a atividade também é exercida em conjunto com o médico. Quanto as discussões sobre as alterações gasométricas, 94% responderam que participam. Várias questões foram realizadas sobre os valores gasométricos descritos na literatura e as possíveis correções adequadas e a grande maioria respondeu de forma correta a elas. Os acertos para a PaO₂ foram de 91%; para os demais valores da GA obtivemos 100% de acertos.

Conclusão: A maioria dos fisioterapeutas responderam de forma correta os questionamentos sobre o exame. Podemos concluir que os fisioterapeutas participantes possuem um bom conhecimento técnico-científico sobre a GA.

EP-069

Crítérios e barreiras encontrados para realização da mobilização precoce do paciente crítico na unidade de terapia intensiva

Andressa Bonifácio Nunes¹, Verusca Najara de Carvalho Cunha Rodrigues¹, Maria do Horto Cardona Obes¹

¹Universidade Católica de Brasília - Brasília (DF), Brasil

Objetivo: Analisar critérios para iniciar mobilização precoce em pacientes críticos e definir quais são as barreiras encontradas por fisioterapeutas para a realização da mobilização.

Métodos: Estudo transversal quali-quantitativo, por meio de análise única de questionário online, perguntou-se sobre barreiras encontradas e critérios escolhidos que impossibilitassem a mobilização precoce do paciente crítico nas UTIs encontrados por fisioterapeutas de serviços públicos e/ou privados do DF. Indagações sobre o tipo de unidade, tempo de graduação/especialização e, de forma objetiva sobre critérios adotados para mobilizar o doente e as barreiras encontradas. CEP/UCB nº 60699216.7.0000.0029.

Resultados: 40 Fisioterapeutas responderam o questionário. 85% com especialização em terapia intensiva, 15% sem especialização. 75% trabalhando em hospitais privados, 27,5% em hospitais públicos. 55% em UTIs com perfil clínico, 45% com perfil cirúrgico. Profissionais dos hospitais públicos média maior com relação às barreiras para a mobilização, comparados aos particulares. Barreiras: Instabilidade Cardiovascular 79,5%, Morte Eminente 74,4%, Respiratória 61,5% e Neurológica 56,4%. Critérios para não mobilizar: 70% FR=40 ipm; 20% SpO₂ = 90%, 10% FiO₂ = 0.6, 65% FC = 130bpm; 62,5% FC = 40bpm; 60% PAM = 110 mmHg; 40% uso de Dopamina = 10mcg/Kg/min; 40% uso de Noradrenalina = 0,1mcg/Kg/min e 25% PAM = 60mmHg, 88% PIC = 20; 63% instabilidade neurológica; 20% redução do nível de consciência; 20% RAS -4, -5, 3 e 4 e, 13% ECG.

Conclusão: Profissionais ainda encontram barreiras que impedem a prática da mobilização em pacientes críticos e adotam critérios, nem sempre contraindicados.

EP-070

Cuidados com paciente em prona com síndrome do desconforto respiratório agudo

Priscila Canales da Cunha¹, Luciana da Costa Nogueira¹, Filipe da Silva Reis¹

¹Universidade Veiga de Almeida - Cabo Frio (RJ), Brasil

Objetivo: Buscar e avaliar as evidências científicas disponíveis na literatura sobre os cuidados com o paciente em prona com SDRA.

Métodos: Revisão integrativa. Utilizamos a internet para acessar as bases de dados: Literatura Latino-Americana e do Caribe em Ciências da Saúde. Tendo como descritores controlados: Prona; Cuidados de Enfermagem CTI. Critérios de exclusão dos artigos para a revisão integrativa determinante foram: Artigos publicados sem estar disponíveis na íntegra; Artigos publicados relacionados a neonatologia e pediatria; Artigos repetidos nas buscas com relação as bases de dados buscados.

Resultados: Foram identificados 706 artigos, com seleção de 7 em 10 anos. Encontramos importantes discussões acerca do cuidado com paciente com SDRA com ventilação em prona. Esta manobra terapêutica tem como propósito melhorar a relação ventilação/perfusão, tendo impacto em três aspectos terapêuticos: Reduzir o risco de barotrauma, pelo recrutamento alveolar; Reduzir a toxicidade do oxigênio e melhorar a drenagem de secreções brônquicas, minimizando o risco de infecções. Grande parte dos artigos selecionados são oriundos da área profissional de fisioterapia e medicina e uma menor por parte da enfermagem. Níveis de evidência disponíveis com predominância de níveis V e VI (fraco), seguido do nível I e IV. Não foram apresentados artigos com evidências II e III.

Conclusão: Salientamos, carência de produções científicas relacionadas ao assunto, pois esta temática ainda é pouco discutida e empregada na prática clínica, o crescimento de produções nesta área é necessário para que mais instituições e profissionais empreguem a prática, pois é uma técnica que necessita de conhecimento científico e treinamento de profissionais.

EP-071

Daily sedation interruption: a systematic review and meta-analysis

Paula Pitta de Resende Côrtes¹, Raimundo Marcial de Brito Neto¹

¹Universidade Severino Sombra - Vassouras (RJ), Brasil

Objective: The aim of this study was to systematically review studies that compared a mild target sedation protocol with daily sedation interruption and to perform a meta-analysis with the data presented in these studies.

Methods: Observational study. We searched Medline, Scopus and Web of Science databases to identify randomized clinical trials comparing sedation protocols with daily sedation interruption in critically ill patients requiring mechanical ventilation. The primary outcome was mortality in the intensive care unit.

Results: Seven studies were included, with a total of 892 patients. Mortality in the intensive care unit did not differ between the sedation protocol and daily sedation

interruption groups (odds ratio [OR] = 0.81; 95% confidence interval [CI] 0.60 - 1.10; I² = 0%). Hospital mortality, duration of mechanical ventilation, intensive care unit and hospital length of stay did not differ between the groups either. Sedation protocols were associated with an increase in the number of days free of mechanical ventilation (mean difference = 6.70 days; 95%CI 1.09 - 12.31 days; I² = 87.2%) and a shorter duration of hospital length of stay (mean difference = -5.05 days, 95%CI -9.98 - -0.11 days; I² = 69%). There were no differences in regard to accidental extubation, extubation failure and the occurrence of delirium.

Conclusion: Sedation protocols and daily sedation interruption do not appear to differ in regard to the majority of analyzed outcomes. The only differences found were small and had a high degree of heterogeneity.

EP-072

Dead space and mechanical ventilation weaning at high altitude

José Antonio Viruez Soto¹, Julián Cerezo Gonzáles¹

¹Hospital del Norte, Servicio Departamental de Salud de La Paz - La Paz, Bolivia

Objective: El Alto" city is located at 4 150 meters above sea level, is the highest major metropolis over the World with 960 767 inhabitants. Frankenfield's equation estimates dead space adjusted to tidal volume ratio (VD/VT) in mechanically ventilated patients. Study objective was to describe the experience in VD/VT ratio measurement and its predictive value in weaning of mechanical ventilation at Critical Care Unit of "Hospital del Norte" in El Alto during period November 01, 2016 to March 31, 2017.

Methods: VD/VT ratio was determined before weaning of mechanical ventilation and extubation through Frankenfield's equation, dividing patients in two groups depending the need of reintubation and reconnection to mechanical ventilation within 72 hours.

Results: Twenty one patients were included, 7 (33%) women and 14 men (67%), the mean age was 41 years with range of 64, (maximum 78 and minimum 14 years), standard deviation 22.38 and variance 500.9 years. 18 patients (86%) were successfully extubated and only 3 (14%) needed reintubation and reconnection to mechanical ventilation. The VD/VT ratio in "successful" group was 0.43 vs 0.53 of "failure group" (p = 0.011109, student T test), with sensitivity of 0.61, specificity of 1, positive predictive value of 1 and negative predictive value of 0.3.

Conclusion: The VD/VT ratio estimated with Frankenfield's equation predicts success during weaning of mechanical ventilation and extubation in critically ill patients at high altitude, with lower values than other studies performed at lower levels of altitude.

EP-073

Effectiveness of education in mechanical ventilation in a central polyclinicRoberto Adrian Villa¹, Natalia Nora Clocchiatti¹¹Osplad - Caba 1425, Argentina

Objective: To evaluate the knowledge acquired about the teaching and training received in Mechanical Ventilation (VM) by resident physicians.

Methods: During a two calendar year, a questionnaire was administered at the end of each rotation, based on 4 clinical cases that covered 19 questions with usual items and validated in the treatment of acute respiratory insufficiency requiring MV; adapted from that previously used by Cox et al. and used as a model, including the most common pathologies leading to respiratory failure such as chronic obstructive pulmonary disease (COPD), asthma, acute respiratory distress syndrome (ARDS), and pneumonia. The test consisted of multiple choice questions with a single possible answer in each case, answered without a time limit.

Results: A total of 47 residents were evaluated, 25 of Internal Medicine, 12 of Intensive Care, 4 of Kinesiology and 6 of Pneumology. The total number of residents completed the form. The mean of correct answers was 70% (with a range of 30 to 100%). A total of 63% did not appropriately choose the current volume (6ml / kg) to ventilate a patient with ARDS, 47% failed to identify a patient in the weaning initiation condition, and 13% did not recognize the appropriate indication for ventilation initiation. Noninvasive therapy in a patient with COPD who had been reactivated with acute respiratory failure. 100% of respondents expect to ventilate patients within the next 12 months.

Conclusion: Objetivos.

EP-074

Efficacy of noninvasive mechanical ventilation in chest trauma: a systematic review and meta-analysisGabriel Gomes Maia¹, Tiago Eduardo dos Santos², Diego Eduardo dos Santos¹, George Veras Barbosa³, Laís Liane Paineiras Domingos⁴

¹Sanatório Naval de Nova Friburgo - Nova Friburgo (RJ), Brasil; ²Hospital Municipal Albert Schweitzer - Rio de Janeiro (RJ), Brasil; ³Hospital Independência da Congregação Divina Providência - Porto Alegre (RS), Brasil; ⁴Policlínica Militar do Rio de Janeiro (PMRJ), Exército Brasileiro - Rio de Janeiro (RJ), Brasil

Objective: To verify the effectiveness of NIMV in chest trauma, determining: the mortality rate, length of hospital stay, failure of NIMV and the ventilatory complications after chest trauma, through continuous positive airway pressure (CPAP) and ventilation at two levels pressure (BIPAP).

Methods: Following the criteria established by the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA), the search strategy included four electronic databases (SciELO, PubMed, LILACS and PEDro), with

only randomized clinical trials that used noninvasive mechanical ventilation as first conduct in chest trauma.

Results: 172 articles were identified and after exclusion of 168 articles according to the exclusion criteria, only 4 articles were selected, with 267 patients. The length of hospital stay was statistically significant ($p=0.05$) when compared to noninvasive mechanical ventilation with a high flow rate of O₂. The mortality rate was not significant for one of the studies. The intubation rate was statistically significant ($p=0.05$) for BIPAP when compared to high O₂ flow.

Conclusion: Studies have shown that noninvasive mechanical ventilation significantly reduces the outcomes proposed in this review, and reinforce the indication of early use of this well-known physiotherapy tool specializing in intensive care as a proposal for effective management of acute respiratory failure in patients with chest trauma.

EP-075

Estimulação elétrica nervosa transcutânea associada à terapia pulmonar melhora parâmetros ventilatórios em pacientes no pós-operatório de cirurgias abdominaisGabriel Matos dos Santos¹, Fernanda Lemos do Prado Boechat Muniz¹, Verusca Najara de Carvalho Cunha Rodrigues¹, Maria do Horto Cardona Obes¹¹Universidade Católica de Brasília - Brasília (DF), Brasil

Objetivo: Investigar o efeito da corrente TENS associada à Terapia de Expansão Pulmonar (TEP), na recuperação dos volumes e capacidades pulmonares de pacientes em pós-operatório (PO) de cirurgias abdominais altas (CAA) e dreno de tórax (DT).

Métodos: Trata-se de um ensaio clínico, com amostra de conveniência em hospital público de Brasília- DF. Aprovado pelo CEP/FEPECS sob número 1689119 de 2016. As coletas foram realizadas entre setembro e novembro de 2016 em pacientes submetidos à CAA e/ou DT, com idade superior a 18 anos, do sexo masculino e que estivessem internados por mais de 24 horas na enfermagem hospitalar. Os pacientes selecionados receberam aplicação de TENS por 20 minutos seguido de TEP. Foram avaliados, antes da intervenção (P1) e imediatamente após o término da intervenção (P2), a intensidade da dor, frequência cardíaca (FC), saturação periférica de oxigênio (SpO₂), frequência respiratória (FR), pressão arterial (PA), volume minuto (VM), capacidade vital (CV) e volume corrente (VC).

Resultados: O Teste t- student rejeitou a hipótese nula para os seguintes parâmetros: dor, VC, CV, FR e SpO₂, inferindo que a associação de TENS e TEP no PO diminuiu a intensidade da dor, aumenta os volumes pulmonares e diminuiu a FR. Para as variáveis FC e PA não houveram diferenças significativas, aceitando-se, então, a hipótese nula.

Conclusão: O estudo infere que a corrente TENS associada à TEP, ao aliviar a dor nos pacientes de PO de CAA e/ou DT, promove recuperação dos volumes e capacidades pulmonares, diminuindo FR, SpO₂, CV e VC.

EP-076

Evolução clínica de pacientes vítimas de traumatismo crânio encefálico internados na unidade de terapia intensiva

Márcia Maria Pinheiro Dantas¹, Maria Luzinete Lima de Carvalho¹, Marcia Cardinale Correia Viana², Andréa Stopiglia Guedes Braide²

¹Instituto Dr. José Frota - Fortaleza (CE), Brasil; ²Centro Universitário Christus (UNICHRISTUS) - Fortaleza (CE), Brasil

Objetivo: Analisar a evolução clínica e a assistência fisioterapêutica de pacientes vítimas de TCE internados na UTI.

Métodos: Trata-se de um estudo prospectivo e longitudinal, com uma abordagem quantitativa, realizado no período de março a abril de 2015, na UTI do Instituto José Frota (IJF) caracterizado como um serviço terciário de urgência e emergência no estado do Ceará, referência no atendimento a pacientes traumatizados.

Resultados: Verificou-se que a maioria dos pacientes era do sexo masculino com uma idade média entre 42,3 anos, traqueostomizados e mantidos sedados sob ventilação mecânica no modo assistido/controlado. A maioria destes apresentou padrão respiratório torácico, sem desconforto respiratório e com secreção amarelada, com fraturas em membros superiores e inferiores, mas sem uso de fixador externo, sendo todos atendidos pela fisioterapia através de manobras de remoção de secreção e de expansão pulmonar, além da mobilização de MMSS e MMII.

Conclusão: Conclui-se que as vítimas de TCE internados na UTI, apresentaram boa evolução clínica com reduzido número de pacientes que evoluíram ao óbito. Revelando que a assistência prestada na UTI por toda a equipe multidisciplinar, especialmente a fisioterapia contribuiu para a recuperação destes pacientes.

EP-077

Funcionalidade do paciente crítico em ventilação mecânica: avaliação de marcadores respiratórios e sistema muscular

Camila Patricia Galvão Patricio Carvalho¹, Francisco de Assis Duarte Miguel², Ana Maria Gondim Valença¹, Ulisses Umbelino dos Anjos¹

¹Universidade Federal da Paraíba - João Pessoa (PB), Brasil; ²Centro Universitário de João Pessoa - João Pessoa (PB), Brasil

Objetivo: Avaliar o sistema respiratório e muscular do paciente crítico em ventilação mecânica; verificar se houveram alterações funcionais significativas no sistema respiratório e muscular do paciente crítico.

Métodos: Foram incluídos no estudo pacientes que preencheram os critérios de inclusão e que não apresentaram conformidade com os critérios de exclusão. Desta forma procedeu-se a coleta de variáveis de identificação, diagnóstico, complicações da internação dos prontuários e parâmetros de avaliação respiratória e motora, sendo estas coletadas em dois

momentos: a primeira no 2º dia de instituição da ventilação mecânica e a segunda no 5º dia desta.

Resultados: No sistema respiratório percebeu-se a predominância de IRpA. Na avaliação da gasometria os pacientes exibiram tendência a desenvolver acidose metabólica. Na avaliação do sistema muscular entre o 2º e 5º dia foi constatado uma hipotrofia muscular com declínio de pelo menos 0,5 centímetros na perimetria nos membros superiores e/ou inferiores durante o período que o paciente esteve sob avaliação.

Conclusão: Embora diante de limitações, este trabalho vem contribuir com a comunidade científica, direcionando-se a um tema que é de suma importância na atualidade quando se fala em terapia intensiva que é a funcionalidade. Espera-se que a partir das análises desta pesquisa, se possa traçar protocolos de intervenções objetivando a reversão do declínio funcional juntamente com a equipe multiprofissional.

EP-078

High altitude oxygen saturation/fraction of inspired oxygen index characterization

José Antonio Viruez Soto¹, Fernando Jiménez Torres¹

¹Hospital del Norte, Servicio Departamental de Salud de La Paz - La Paz, Bolivia

Objective: Describe the SaO₂/FiO₂ (oxygen saturation / fraction of inspired oxygen) index in healthy dwellers, patients with different pathologies and pregnant women at high altitude.

Methods: Case series in "Hospital del Norte" of El Alto city, La Paz (Bolivia) located at 4 150 meters above sea level in the period October 1 of 2016 to January 31 of 2017. 119 participants were recruited. The SAO₂/FIO₂ index was calculated with FiO₂ 0.21.

Results: The average of SAO₂/FIO₂ index in healthy dwellers is 426, in non-respiratory patients 376, in respiratory-patients 312 and healthy pregnant women is 423. A high negative correlation is observed between pregnancy evolution and Sao₂/Fio₂ index.

Conclusion: This study offers novel data about SAO₂/FIO₂ index in healthy dwellers, non-respiratory, respiratory patients and pregnant women at high altitude.

EP-079

Information technology as a tool for updating mechanical ventilation in Brazil

Lilian Prates Behring¹, Mayra Wilbert Rocha¹

¹Universidade do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objective: To identify the subjects of mechanical ventilation most contemplated in the Special Interest Group on Intensive Therapy and High Complexity of the Telemedicine

University Network (RUTE), in recent years. To characterize the geographical participation of the regions, states and cities, in the themes most contemplated in the group of High Complexity. To discuss the use of information technology as a tool in the process of permanent education in health, in the context of Mechanical Ventilation in Brazil.

Methods: A descriptive and exploratory study with a quantitative approach, performed through documentary analysis.

Results: The theme of Mechanical Ventilation, in a temporal analysis from 2011 to 2014, was addressed as a subject in all the years of presentation of the Interest Group, being voted by the state coordinators as the second most important issue for national discussion. Thus, in 2011 by web and videoconference, had the theme titled "Mechanical ventilation and gasometry" in 2012: "Nursing interventions to the client in mechanical ventilation", in 2013: "Mechanical ventilation: interventions, in 2014: " Ventilation Mechanics and patient safety "; With the participation of all Brazilian regions and the issuance of more than 6,000 certificates via the National Program.

Conclusion: There is a greater need to update health services on "mechanical ventilation". Web-based videoconferencing technology is an important tool for advancing health education, ensures benefits and can overcome geographical barriers and improve The professional updating of intensive care in Brazil.

EP-080

Intensive care management of pregnant patient with severe pulmonary hypertension

Burak Ayan¹, Oktay Demirkiran¹, Suha Bozbay¹

¹Hospital Emergency ICU, Cerrahpasa Medical School, Istanbul University - Istanbul Fatih, Turkey

Pulmonary hypertension has associated with very high maternal mortality during pregnancy and pregnancy is contraindicated for such patients. In this case report, we documented the management of pulmonary hypertension and ARDS in a pregnant patient who was admitted to the intensive care unit following to an urgent cesarean operation at 37th gestational week. Case: 41 year old, G1P1, 37 weeks 4 days pregnant female admitted to the hospital with swelling in the lower extremities and shortness of breath. An ecocardiography showed severe pulmonary hypertension (peak pulmonary artery pressure: 110 mmHg, ejection fraction: 60% and pulmonary artery systolic pressure: 80 mmHg). Because of fetal distress, the patient had to taken urgent cesarean section operation under regional anesthesia. After the operation patient had transferred to ICU and in a short period of admittance, she became hemodynamically unstable and requires mechanical ventilation support. She has been arrested and resuscitated. Due to ARDS, Airway pressure release ventilation (APRV) started. At the 7th

day the patient was extubated, and 23rd day transferred to the pulmonology clinic without any complications. Discussion: Despite all modern treatment, mortality rates of pulmonary hypertension in pregnancy are still high. According to the multidisciplinary approach shown in the diagnosis and treatment of the patient, this rate will be lower.

EP-081

Kinesioterapia respiratória reduzindo mortalidade, dias de hospitalização e tipo de ventilação mecânica

Alex Tamayo¹

¹Merlo Hospital - Merlo, Buenos Aires, Argentina

Objective: To analyze the effect of applying a protocol of respiratory physiotherapy physiotherapists with availability of 6 hours / d versus 24 hours / d, on the ICU stay, days of ARM and mortality.

Methods: Cohort study, retrospective and observational. medical records were reviewed two similar periods; June-August 2014 (kinesiólogos 6 hours / day - Group A) versus June to August 2015 (24 hours / day - Group B). Industrial equipment number of doctors and nurses per bed and medications used was similar in both periods. Exclusion criteria: <18 years, postpartum women, terminal illness, ARM <24 hours and refusal of consent. APACHE II, SOFA, ICU stay (days), ARM stay (days), survival (number of patients discharged from the ICU and / or transferred to another center) was recorded.

Results: 123 medical records, 90 (73%) were studied were reviewed. Group A versus Group B: 66.6% vs 57.7% men, average age 57 years (SD: 16.82) vs 54 (SD: 11.1) years, APACHE II 24.91 (SD: 8.71) vs 26.76 (SD: 9.4), SOFA average: 8.44 (4.17) vs 9.11 (3.79). ICU stay Group A; 15.36 days (SD 11.3) vs Group B 16.49 days (SD: 15.72); ARM 14.18 days (SD 11.1) vs 12.02 (SD: 10.39), mortality 37% vs. 25%, respectively. The availability of physiotherapists / 24 hours had no effect on the retention of patients in ICUs (H: 0.1: p = 0.75), nor in the days of ARM (H: 1.24: p = 0.26), whether in reducing mortality, 37 versus 25% (p <0.01).

Conclusion: Significant reduction in mortality was demonstrated 25%.

EP-082

Mobilização precoce no paciente com oxigenação por membrana extracorpórea: relato de caso

Livia Marie Kubagawa¹, Suelaine Aparecida Ghenov de Souza¹, Gustavo Henrique Pascoal¹, Aline Amorim Amaral Cardoso¹, Ana Lúcia das Graças¹

¹Hospital São Camilo - São Paulo (SP), Brasil

GZP, 16 anos, sexo masculino, nega antecedentes, previamente hígido. Em 10/02/17 paciente deu entrada no hospital em tratamento de foliculite por 18 dias, há 5 dias da internação apresentou rush cutâneo associado a febre. Suspenso antibiótico e iniciado investigação para dengue (no momento raio-x sem alterações). Sem melhora dos sintomas paciente esteve 2 vezes no pronto socorro com quadro de febre, inapetência, queda do estado geral, taquipnéia, taquicardia, agora com raio-x sugestivo de pneumonia confirmado pela tomografia de tórax. Iniciado medidas clínicas e ventilação não invasiva. Em 13/02/17 evolui com insuficiência respiratória hipoxêmica e hipercápnica com necessidade de intubação ortotraqueal por síndrome do desconforto respiratório grave. Após manobras de recrutamento alveolar apresentou pneumotórax sendo drenado. Em 17/02/17 instalada oxigenação por membrana extracorpórea (ECMO) veno venosa (veia jugular e femoral direitas) por hipoxemia e hipercapnia grave. Ao todo foram: 87 dias de internação, 51 dias de ventilação mecânica, 40 dias de ECMO, 48 dias com sedação, 7 dias com bloqueador neuromuscular contínuo, 8 dias com DVA, 80 dias de corticoide, 44 dias em repouso no leito. Previamente a internação, o Medical Research Council (MRC) inicial era 60, chegou a 20 e no momento da alta hospitalar era 48. O objetivo deste relato de caso é demonstrar os resultados da mobilização precoce na reabilitação e desmame difícil da ventilação mecânica em um paciente grave.

EP-083

Monitoring of tidal volume in mechanical ventilated patients of an intensive care unit from a public university hospital in Brazil

Teresa Cristina Francischetto Travaglia¹, Maria Helena Buarque Souza de Lima², Cleonice de Fátima Vechi¹, Ricardo Batista Simão¹, Paula Frizera Vassallo²

¹Hospital Universitário Cassiano Antonio de Moraes - Vitória (ES), Brasil;

²Universidade Federal do Espírito Santo (UFES) - Vitória (ES), Brasil

Objective: Monitor the mechanical ventilation (MV) with respect to the control of target tidal volume (Vt) in patients hospitalized in a 16 beds clinical/surgical ICU with multiprofessional visit and 12 hours of daily physiotherapeutic care.

Methods: Prospective longitudinal study, including 836 attendance of patients in MV from September 2016 to April 2017. Data was collected daily by physiotherapy team at the beginning and the end of 12 hours shift. Adjustments were made during the period of care aiming Vt <6ml/kg.

Results: Average age of patients was 59.5 years. MV adjustment was effective in reducing Vt but did not reach target Vt of 6 ml/kg (Vt_{beg}: 8.0 ± 1.6, Vt_{end}: 7.3 ± 1.3, ml/kg, p = 0.001). After adjustment, there was a reduction in 13% of patients with Vt > 8ml/kg. Among

patients with Vt > 8ml/kg, 69.7% were not sedated. The pressure controlled (PCV) and pressure spontaneous (PSV) ventilation modes did not interfere in the average Vt found and adjusted (PCV: Vt_{beg}: 8.03; Vt_{end}: 7.59 and PSV: Vt_{beg}: 8.01; Vt_{end}: 7.74, ml/kg, p = 0.15).

Conclusion: This work suggests that control of target Vt in all patients of MV is still a challenge. Since PCV or PSV not allowed control over tidal volume, its seems hard reaching target Vt. Spontaneous ventilation by itself was not a limiting factor for reaching target Vt. These data suggest the need to search for new strategies in the control of the target tidal volume.

EP-084

Multi-professional team involvement on the prevention of ventilator-associated pneumonia

Aline Branco¹, Emerson Matheus Silva Lourenço¹, Ariane Baptista Monteiro², Jaqueline Petitembert Fonseca², Rita Catalina Aquino Caregnato¹

¹Universidade Federal de Ciências da Saúde de Porto Alegre - Porto Alegre (RS), Brasil; ²Irmãdade Santa Casa de Misericórdia de Porto Alegre - Porto Alegre (RS), Brasil

Objective: To evaluate the involvement of the multi-professional team on the prevention of ventilator-associated pneumonia (VAP) after the restructuring of the protocol.

Methods: Descriptive exploratory study, done with patients submitted to mechanical ventilation (MV) in an Intensive Care Unit (ICU) of a large general hospital in Porto Alegre, from July to September 2016. The data was obtained through daily application of the restructured protocol.

Results: 104 patients with an average age of 65,08±18 years were evaluated on MV. 1,166 preventive evaluations were performed on patients on MV. After the restructuring of the protocol, besides the nursing personnel, were included: doctors to evaluate matters such as patients' sedation and hemodynamic; nutritionists to evaluate the patients' diets daily, to provide their nutritional needs; physiotherapists to evaluate precocious mobility and the number of daily physiotherapies; phonoaudiologists to evaluate the patients' deglutition capacity; and pharmacists to evaluate the prescribed medications. A gradual increase on the adherence rates was observed both on the nursing team and the on the rest of the professionals on preventive actions.

Conclusion: The multi-professional evaluation contributed to the improvement on adherence to preventive actions, providing the patient more safety with the purpose of avoiding the VAP on the ICU. The restructuring of the protocol with the involvement of multiple health sciences professionals demonstrated to be positive, however, it must continue to guarantee patient safety.

EP-085

PEEP-ZEEP versus mechanical hyperinflation in ventilatory mechanics in patients under invasive ventilation: a randomized preliminary study

Fabiana Coelho Couto Rocha Corrêa¹, Bárbara Rezende Guarini², Plínio dos Santos Ramos¹

¹Faculdade de Ciências Médicas e da Saúde de Juiz de Fora - Suprema - Juiz de Fora (MG), Brasil; ²Hospital e Maternidade Therezinha de Jesus - Juiz de Fora (MG), Brasil

Objective: To compare the therapeutic effects of HAMV, PEEP-ZEEP in patients under use of invasive MV.

Methods: It's a clinical trial/preliminary study settled in a Intensive care unity (ICU) with three adult patients under use of at least of 24 hours of invasive MV, by the Engström Pro mechanical ventilation. The patients was aspirated in a close sistem about na hour before all the procedures, they remain in rest and in supine position until the accomplishment of the maneuvers PEEP-ZEEP + tracheal suction and HAMV + tracheal suction and control (tracheal suction in a closed sistem). The maneuvers was made randomly three times a day with a six hours wash out. The mechanical variables Static Compliance (Scp), Dynamic Compliance (Dcp), Airway resistance (AR) was evaluates before, imediatly after, 15 minutes and 30 minutes after the accomplishment of the technique.

Results: Analyzing Scp it's seen an increase in the graphic for the techniques HAMV + tracheal suction in a closed system and in the control group, the same happened in the Dcp variable. When AR is analyzed only the HAMV + tracheal suction in a closed system technique declines in the graphic, None of the datas had a statistical significance ($p < 0,05$).

Conclusion: The technique HAMV and tracheal suction in a closed system are superior then the PEEP-ZEEP for increasing in Scp and Dcp and reduction in AR. The HAMV + tracheal suction in a closed system technique is superior then the others, for improving the patient's ventilatory mechanics.

EP-086

Perfil epidemiológico da utilização da ventilação não-invasiva em unidade de terapia intensiva oncológica

Jéssyca Michelson Barbosa¹, Luís Henrique Simões Covello¹, Felipe Campos Ferreira¹

¹Hospital de Câncer de Barretos, Fundação Pio XII - Barretos (SP), Brasil

Objetivo: Verificar o perfil de pacientes que receberam a ventilação não invasiva de acordo com suas especialidades e as principais indicações da terapia em pacientes admitidos em unidade de terapia intensiva oncológica.

Métodos: Estudo retrospectivo com 575 pacientes admitidos em uma unidade de terapia intensiva oncológica - Hospital de

Câncer de Barretos - SP referente ao ano de 2014/2015 sendo clínicos ou cirúrgicos de diversas especialidades submetidos à aplicação de ventilação não invasiva, independentes da indicação.

Resultados: Verificou-se através da análise estatística o uso da ventilação não invasiva em 575 admitidos na UTI. As especialidades com maior uso da mesma foram: digestivo alto (112 pacientes/19,47%), urologia (83 pacientes/ 14,43%) e digestivo baixo (67 pacientes/11,65%). As maiores indicações para a realização foram: Pós - extubação (150 pacientes/ 26,08%), Aumento do trabalho respiratório (127 pacientes/ 22,08%) e Insuficiência respiratória hipoxêmica (88 pacientes/ 15,3%).

Conclusão: A especialidade digestivo alto obteve maior porcentagem de utilização da ventilação não invasiva, como já demonstra a literatura, principalmente nas complicações respiratórias no pós-operatório. Quanto às indicações a categoria pós-extubação apresentou maior porcentagem, corroborando ao grande número de trabalhos científicos indicando que o uso da ventilação não invasiva pós-extubação gera bons resultados e é amplamente utilizada em unidades de terapia intensiva.

EP-087

Pneumonia combined with mechanical ventilation is prevented by drainage of subglottic secretion: systematic review and meta-analysis

Raimundo Marcial de Brito Neto¹

¹Universidade Severino Sombra - Vassouras (RJ), Brasil

Objective: Aspiration of secretions containing bacterial pathogens into the lower respiratory tract is the main cause of ventilator-associated pneumonia. Endotracheal tubes with subglottic secretion drainage can potentially reduce this and, therefore, the incidence of ventilator-associated pneumonia. New evidence on subglottic secretion drainage as a preventive measure for ventilator-associated pneumonia has been recently published and to consider the evidence in totality, we conducted an updated systematic review and meta-analysis.

Methods: Observational study. We searched computerized databases, reference lists, and personal files. We included randomized clinical trials of mechanically ventilated patients comparing standard endotracheal tubes to those with subglottic secretion drainage and reporting on the occurrence of ventilator-associated pneumonia. Studies were meta-analyzed for the primary outcome of ventilator-associated pneumonia and secondary clinical outcomes.

Results: We identified 13 randomized clinical trials that met the inclusion criteria with a total of 2442 randomized patients. Of the 13 studies, 12 reported a reduction in ventilator-associated pneumonia rates in the subglottic secretion drainage arm; in meta-analysis, the overall risk ratio for ventilator-associated

pneumonia was 0.55 with no heterogeneity. The use of subglottic secretion drainage was associated with reduced intensive care unit length of stay; decreased duration of mechanically ventilated, and increased time to first episode of ventilator-associated pneumonia. There was no effect on adverse events or on hospital or intensive care unit mortality.

Conclusion: Is effective for the prevention of ventilator-associated pneumonia and may be associated with reduced duration unit length of stay.

EP-088

Postoperative pulmonary complications in patients admitted to an intensive care unit at a university hospital in Salvador-Bahia

Carolina Machado Lemos¹, Luciana Carla Belém dos Santos², Raissa Borges Peixoto², Virna Mendonça Sampaio Lima², Lara Freire Bezerril Soares², Louise Medeiros Porto², Rafael Viana dos Santos Coutinho², Raquel Hermes Rosa Oliveira³

¹Escola Bahiana de Medicina e Saúde Pública - Salvador (BA), Brasil; ²Faculdade de Medicina da Bahia, Universidade Federal da Bahia (UFBA) - Salvador (BA), Brasil; ³Unidade de Terapia Intensiva, Hospital Universitário Professor Edgard Santos - Salvador (BA), Brasil

Objective: To determine the frequency of postoperative pulmonary complications (PPC) and describe the epidemiological profile of surgical patients admitted in an intensive care unit (ICU) of a university hospital.

Methods: This is a retrospective study undertaken in a teaching hospital ICU between August 2016 and May 2017. The characteristics of the surgical patients and of their procedures were analysed from medical records as well as PPC occurrence. Exclusion criteria: age = 18yo.

Results: 121 surgical patients with the mean age 57 ± 16 years were studied. 43.3 % were male, average APACHE II was 16.2 ± 6.9 with mortality risk of $29.4\% \pm 20$. The main surgeries were neurosurgery (31.2%), upper abdominal (22.2%) and thoracic surgery (22%). Sixteen (13.2%) patients presented PPC and needed mechanical ventilation. PPC occurrence was frequent after abdominal and thoracic surgeries. The main complications were hypoxemia including one ARDS (37.5%), hypercapnia (25%) and pneumothorax (18.75%). The ICU stay was 11.2 ± 10.6 days and length of mechanical ventilation was 6.1 ± 9 and median 2.1 days. ICU stay was higher in patients with PPC ($p=0,04$) so as mechanical ventilation time ($p=0,01$). The ICU mortality rate of the studied population was 12.4%; mortality rate was higher in patients with PPC was 31.3% ($p=0,03$).

Conclusion: The present study showed that PPC is common in ICU surgical patients, mainly in abdominal and thoracic surgeries and is associated with long ICU stay and mechanical ventilation days, and higher mortality.

EP-089

Preventive actions related to pneumonia associated with mechanical ventilation: application of bundle in adult intensive therapy unit

Carolina Fraga Paiva¹, Patrícia Fraga Paiva², Emanuel Guimarães Paiva³, Camylla Santos de Souza⁴, Marcelo dos Santos Cruz Júnior⁵, Yngrid Souza Luz⁶, Érika Bicalho de Almeida¹, João David de Souza Neto⁷

¹Programa de Pós-Graduação em Enfermagem, Universidade Federal do Estado do Rio De Janeiro - Rio de Janeiro (RJ), Brasil; ²Faculdade de Ciências Médicas e da Saúde de Juiz de Fora - Suprema - Juiz de Fora (MG), Brasil; ³Santa Casa de Misericórdia de Juiz de Fora - Juiz de Fora (MG), Brasil; ⁴Faculdade de Medicina, Universidade Federal do Ceará - Fortaleza (CE), Brasil; ⁵Universidade do Grande Rio - Duque de Caxias (RJ), Brasil; ⁶Instituto Tocantinense Presidente Antônio Carlos - Araguaína (TO), Brasil; ⁷Hospital de Messejana Dr. Carlos Alberto Studart - Fortaleza (CE), Brasil

Objective: Systematically apply the main preventive actions of ventilator-associated pneumonia (VAP), in the form of a bundle, to assist patients dependent on mechanical ventilation (MV) and to analyze the VAP indicators before and after the application.

Methods: Retrospective descriptive study, evaluating the effectiveness of an adapted bundle. A systematic review was conducted from 2014 to 2016, indexed in MEDLINE on actions to prevent VAP. An ICU of a hospital in Minas Gerais was set up, previously approved by the institutional ethics committee under opinion nr. 1,575,329 and members of the multidisciplinary team participated between August/September/October 2016.

Results: The results obtained in the present investigation showed similarity In the analyzed records of previous months. In the months following the implementation of the protocol, we observed four cases of VAP with 306 devices/day, totaling 1.3% in August, four cases with 282 devices/day in September, totaling a percentage of 1.4% and two cases with 270 devices/day in October. When we analyzed the application months and compared with the previous period, we found that although the number of VAPs was similar, the number of VMs used per day was higher in the months prior to the application of the instrument and did not imply a percentage increase of PAV.

Conclusion: The package of measures contained in the bundle can be effective in clinical practice and may also contribute to the reduction of the incidence of VAP, if there is commitment and continuous training of the multidisciplinary team involved.

EP-090

Protocol of ventilatory assistance in patients with oncohematological diseases and acute respiratory dysfunction: preliminary results

Lídia Miranda Barreto Mourão¹, Nathália Costa Almeida Pinho², Lucas Vieira Chagas², Thiago Bragança Lana Silveira Ataíde¹, Cecília Gómez Ravetti², Núcleo Interdisciplinar de Investigação em Medicina Intensiva¹, Vandack Alencar Nobre Jr²

¹Hospital das Clínicas, Universidade Federal de Minas Gerais (UFMG) - Belo Horizonte (MG), Brasil; ²Departamento de Clínica Médica, Universidade Federal de Minas Gerais (UFMG) - Belo Horizonte (MG), Brasil

Objective: Evaluate a protocol of ventilatory assistance in oncohematological patients admitted to the ICU with ARF. **Methods:** Interventional study, protocol based on the oxygenation index (OI) as a decision tool for institution of noninvasive (NIMV) or invasive mechanical ventilation (IMV) or oxygen therapy according to predetermined values. The following variables were analyzed: severity scores, antibiotic therapy, respiratory rate (RR), IMV or NIMV, vasopressors, chemotherapy, condition of hospital discharge and others.

Results: Seventy-three patients were included. Mean age was 51% ($\pm 16\%$), 46.5% were female. Thirty-nine (53.4%) required vasopressors. During the first 12h, 17 (23.3%) underwent only supplemental O₂, 24 (33%) underwent NIMV, 27 (37%) underwent NIMV followed by IMV, and 5 (7%) were intubated without previous NIMV. Among the 51 (70%) patients that underwent NIMV as the initial ventilatory support, 27 (53%) failed and needed NIMV following intubation. SAPS 3, APACHE II, OI and total leukocyte count were similar between those who failed and those who did not failed at NIMV, even though hospital mortality was significantly higher in the former group ($p=0.04$). However, patients who failed at NIMV received vasopressors more commonly ($p=0.0002$), had more use of chemotherapy during hospitalization ($p=0.04$), higher C-reactive protein (CRP) ($p=0.006$), SOFA ($p=0.02$), and RR ($p=0.03$).

Conclusion: Patients who failed at NIMV had worse prognosis. Chemotherapy, CRP, SOFA, RR can be helpful to predict failure. Identification candidates to NIMV among oncohematological patients of utmost importance to avoid inappropriate delay in intubation.

EP-091

Relationship between sedation and mechanical ventilation in patients admitted to an intensive care unit

Carolina da Silveira dos Santos¹, Alessandra Emmanouilidis¹, Lisiane Lisboa Carvalho¹

¹Universidade de Santa Cruz do Sul - Santa Cruz do Sul (RS), Brasil

Objective: Hospitals are too committed to health care, especially if they are holders of an Adult Intensive Care Unit (ICU), and the use of sedative drugs is an integral part of patient care. This study aims to relate the patient's time spent in mechanical ventilation (MV) to the type of sedation prescribed and administered to the inmates of an ICU of a teaching hospital.

Methods: A quantitative descriptive cohort study with an intentional sample composed of 377 medical records of patients submitted to MV who were admitted to the ICU A

of a Teaching Hospital in a city in the interior of Rio Grande do Sul. Patients were divided into 9 groups, according to the International Classification of Diseases (ICD).

Results: Sample ($n = 336$ medical records), of which 204 (60.7%) were male and 132 (39.2%) were females, with a mean age of 60.2 ± 16.75 , divided into groups Diseases. Significant results were found in the Respiratory Diseases groups: the association of sedatives, potent and fast-acting drugs was used to avoid pulmonary hyperinflation and consequently self-PEEP. And in the Heart Diseases group: patients hospitalized in the ICU with residual sedation after surgery and stay in the MV only until they reestablish the state of consciousness, and the cardiovascular, respiratory, renal and metabolic conditions.

Conclusion: The results presented in the study show that the duration of MV is significantly related to the type of sedative being administered, generating a prolongation of the ICU stay and more costs to the institution.

EP-092

Responsabilidades e competências do fisioterapeuta em uma unidade de terapia intensiva adulto do Distrito Federal

Flavia Perassa de Faria¹, Ítala Martins Souza Marques¹, Sílvia Tâmilis Marques de Oliveira Lopes¹

¹Centro Universitário Euro-Americano - Brasília (DF), Brasil

Objetivo: O fisioterapeuta está adquirindo cada vez mais o seu espaço no mercado de trabalho, entretanto, ainda há muito o que ser conquistado para conseguir sua autonomia referente à tomada de decisões quanto à retirada do paciente da ventilação mecânica. A pesquisa teve como objetivo avaliar a autonomia do fisioterapeuta quanto à retirada do paciente da ventilação mecânica invasiva (VMI) em uma Unidade de Terapia Intensiva (UTI) adulto do Distrito Federal.

Métodos: Foi realizado um estudo transversal e quantitativo, desenvolvido com fisioterapeutas voluntários, que trabalhavam em uma UTI adulto. Estudo aprovado pelo comitê de ética. Foi elaborado pelas pesquisadoras um questionário autoaplicável e composto por 20 questões relacionadas à autonomia e conhecimento específico do fisioterapeuta sobre: desmame e extubação, alteração de parâmetros ventilatórios, participação no processo de intubação, protocolos de desmame e realização de teste de ventilação espontânea. Após a aplicação do questionário foi realizada a análise descritiva dos dados com média e desvio padrão.

Resultados: Dos 42 fisioterapeutas que responderam os questionários, 61,9% eram mulheres e 38,1% homens, com média de idade de $30,7 \pm 4,1$ anos. No desmame 90,2% dos voluntários fazem o teste de ventilação rápida e superficial antes da extubação. Nessa UTI 95,2% dos fisioterapeutas asseguraram serem os responsáveis pelo desmame dos pacientes e 97,6% seguem o protocolo definido na unidade para o desmame.

Conclusão: Os fisioterapeutas possuem autonomia para a retirada do paciente da ventilação mecânica.

EP-093

The effects of the alveolar recruitment maneuvers in acute respiratory distress syndrome

Ellis Regina Penteado¹, Maynara Nayara Neves¹, Pablo Daniel Santos Quadros¹, Mayara Manzoni¹, Claudia Rejane Lima de Macedo Costa¹, Erica Fernanda Osaku¹, Itamar Regazzo Pedreschi Porto¹, Pêrcles Almeida Delfino Duarte¹

¹UNIOESTE - Cascavel (PR), Brasil

Objective: Analyzing the effect of the alveolar recruitment maneuvers (RM) in respiratory variables in patients with Acute Respiratory Distress Syndrome (ARDS).

Methods: Retrospective study, from July to December 2015, in an intensive care unit (ICU) in a university hospital in Parana state, Brazil. It was included patients with moderate and severe ARDS submitted to RM.

Results: It was included 28 patients, 68% were male, aged 48 ± 14.8 , APACHE II was 27. The length of time in the ICU in days was 25 ± 16.8 and in hospital 41 ± 2.4 . The length of the sedation and of the mechanical ventilation (hours) were 328 ± 301.9 and 446 ± 321.8 respectively. The most common cause of ARDS was pulmonary 54% and moderate 61%. The RM variables were: maximum PEEP 25 ± 4.7 , PEEP 13 ± 2.9 , plateau airway pressure 29 ± 4.3 . Before and after RM: FiO₂ was 59 ± 16.1 vs 58 ± 14.4 ($p = 0,65$), the PaO₂/FiO₂ ratio were 102 ± 2.9 vs 338 ± 98 ($p = 0,00$) and the static pulmonary complacency (Cst) was $30 \pm 10,3$ vs 35 ± 14.5 ($p = 0,01$). The ARDS classification had association with the maximum PEEP and PEEP. The prone position was used as a rescue therapy in 25% of the cases. The mortality in the ICU and in hospital was 43% e 12% respectively.

Conclusion: The RM was most effective in Cst and in the PaO₂/FiO₂ ratio. In addition, the ARDS classification influenced the PEEP values during the RM.

EP-094

The impact of the respiratory insufficiency diagnosis at the moment of patient admission in intensive care unit from a university hospital in Fortaleza

Natália Linhares Ponte Aragão¹, Arnaldo Aires Peixoto Júnior¹, Lara Matos Rodrigues², Karla Pinheiro Afonso², Ana Tallita de Oliveira Xavier², Matheus Couto Furtado Albuquerque², Lia de Oliveira Domingues², Vitor Carneiro de Vasconcelos Gama²

¹Hospital Universitário Walter Cantídio, Universidade Federal do Ceará - Fortaleza (CE), Brasil; ²Faculdade de Medicina, Universidade Federal do Ceará - Fortaleza (CE), Brasil

Objective: To correlate respiratory insufficiency with severity and outcome of patients at an intensive care unit and associate it to the need of tracheostomy.

Methods: Retrospective and analytic study on patients admitted to the Coronary Intensive Care Unit (CICU) of the Walter Cantídio University Hospital, from February 2016 until June 2017. Only adult patients who had respiratory dysfunction, according to SOFA score, were included in the study. Patients who did not have an outcome (medical release or death) until June 2017 were excluded.

Results: 90 admissions were analysed. Out of which, 8 (8.9%) presented isolated respiratory dysfunction (G1), 70 (77.8%) had respiratory dysfunction associated to other organic dysfunction (G2) and a number of 12 did not show any respiratory issue, what was a criteria of exclusion. At the moment of admission at CICU, the oxygen index was analysed. 75% of patients in G1 group scored between 200-300, and none of them marked lower than 200. While in G2 group, 38.5% scored > 300 , 32.3% between 200-300 and 29.2% < 200 . Comparing G1 and G2, 33.3% and 41.4% needed tracheostomy, respectively. Regarding the outcome, G2 presented a higher mortality at CICU, 68.6% years than G1 group, 25.0%.

Conclusion: The prevalence of pulmonary dysfunction at the time of admission is high among the patients' evaluation of this study. The association with other organ dysfunction, drives to lower oxygen index and worse prognosis, giving an alert sign to health professionals.

EP-095

The use of noninvasive mechanical ventilation in the treatment of acute respiratory failure in the emergency room: a case report

Mariana Pereira Varela de Souza¹

¹Hospital Geral de Pedreira - São Paulo (SP), Brasil

The patient, S.A.P.O., is 60 years old, asthmatic, former smoker, hypertensive and diabetic. Her last hospitalization was due to a fractured right ankle. She was received in the emergency room (ER) of the General Hospital of Pedreira with Acute Respiratory Failure. Her respective vital signs at the entrance were: SatO₂: 72%; BP: 16x9; RR: 32; HR: 132. GAA: Ph:7.40 PaCo₂: 33.6 PaO₂:186.4 HCO₃:20.7 SatO₂:99% A BIPAP was performed on the mechanical ventilator Inter 5 with PS: 15; Peep: 8; FiO₂: 40% for 3 hours. Chest tomography: negative for pulmonary thromboembolism. The patient stays for 3 days in ER and was treated with NIV 4 times a day, 3 hours at a time. X-ray with ARDS suggestion + bilateral pleural effusion. On the third day of hospitalization, there is a need for orotracheal intubation due to psychomotor agitation and she is taken to the ICU. She was extubated 24 hours after. In this case, the patient required invasive mechanical ventilation due to psychomotor alteration, indicating that non-invasive treatment may be an option for Non-hypercapnic and Hypoxic Acute Respiratory Failure. The use of NIV for

Acute Respiratory Failure in the ER can reduce the need for intubation, mechanical ventilation time and its deleterious effects, besides hospitalization time. New studies are needed to evaluate the effects and what would be a better indication of NIV in the cases of Acute Respiratory Failure that enter the ER.

EP-096

Use of botulinum toxin for drooling treatment in intensive care unit patients: case series

Érika de Paula da Cruz¹, Diogo Toledo Matias¹, Edwin Koterba², Maria Paula Siqueira de Melo Peres¹

¹Divisão de Odontologia, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil; ²Unidade de Terapia Intensiva, Departamento de Neurocirurgia, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Patients admitted in the Intensive Care Units (ICU) often present a significant lowering on the consciousness level requiring devices such as orotracheal intubation or tracheostomy to maintain the airways open. These devices may be associated with changes in the salivation pattern and aspiration of its content, which negatively interfere in the prognosis and hospital stay's length, increasing hospital's costs and mortality. The topical and systemic medications is widely used, however, the use of botulinum toxin (BTx) has become an alternative in the drooling control, avoiding consequences such as nosocomial pneumonia. Therefore, the present study aims to demonstrate, through a series of clinical cases, the efficacy of the use of BTx to control drooling in this group of patients. Five patients admitted into a neurological ICU underwent the use of type A BTx (Dysport®) in the parotid and submandibular glands, bilateral and ultrasound guided. The patients were evaluated qualitatively and quantitatively to determine the treatment outcome. On the average, the action of BTx was observed at the first week after its application and showed a good response on the drooling control. Based on the results observed in this case series and the literature presented, it can be concluded that the BTx ultrasound guided application in bilateral parotid and submandibular glands is an effective, easy and safe treatment that can be performed by the responsible Dentist in the ICU to control drooling.

EP-097

Weaning from mechanical ventilation determines change in heart rate variability in patients with heart failure

Christiane Rodrigues Alves¹, Marcela Ribeiro¹, Isabela Christina Venancio², Jorge da Costa Pereira¹, Sergio SM Chermont²

¹Hospital Santa Martha - Niterói (RJ), Brasil; ²Universidade Federal Fluminense - Niterói (RJ), Brasil

Objective: Weaning from Mechanical Ventilation may determine changes in the cardiovascular repercussions. To determine the repercussions of MV weaning on HRV, the heart rhythm in patients critical to HF by dynamic electrocardiography (ED).

Methods: Fifteen patients with age (75±5^a), weight 72 ± 8kg (4M; 6H), in MV for more than 24 hours. The withdrawal of the MV was done following consensual parameters (PSV=10cmH₂O mode, IRRS<100). HRV in the time domain was recorded and evaluated by ED in addition to measuring HRmin, HRmed, HRmax, number of extraventricular systoles (ESV) and recording of blood pressure, respiratory rate (FR) and SpO₂ at 30 min. pre-Withdrawal from the MV and for the subsequent 2 hours. Statistical analysis: Student t test and p significant <0.05.

Results: There were important variations in the pre and post weaning from MV. By means of HRV recording by ED, there was an increase in the following variables: NNs (pre 1425±409 vs 3170±1764 post, p=0.0009), SDANN (pre 5.25±2 vs 28.4±14 ms post, P=0.0001) and the NNNs (pre 909±631 vs 2980±1645ms post, p=0.0001) RR (pre 25 ± 6 vs 29±9 p<0.05), there was no change in pNN50 (p = 0.44) and SpO₂ (97±1%). There was a increase in ESV (pre 141±25 vs 363±29, p<0.0001).

Conclusion: Weaning from MV showed an association between the change from hemodynamic to positive and negative pressure with changes in autonomic tonus.

EP-098

Incidência de extubação acidental

Juliana Aguiar Chencchi¹, Lia Mara de Lara Favero Ferreira¹, José Mario Camelo Nunes¹, Marcia Rosangela Bertin¹, Vanilton de Jesus Chagas¹, Deise Gomes da Silva Melo¹, Michele Cristina de Araujo Negrão¹, Isabel Cristina de Oliveira¹

¹Hospital Modelo - Sorocaba (SP), Brasil

Objetivo: Conhecer a incidência de extubação acidental em uma unidade de terapia intensiva (UTI).

Métodos: Trata se de um estudo exploratório descritivo retrospectivo, realizado em uma UTI com nove leitos, em um Hospital de médio porte na cidade de Sorocaba, no período de janeiro a junho de 2017, através do livro de coleta de dados do setor, preenchido pelos enfermeiros.

Resultados: Foram admitidos 316 pacientes no período de janeiro a junho de 2017 a, conforme o indicador de qualidade tivemos 574 ventilação mecânica/ dia com risco de extubação acidental, com incidência de 1,04.

Conclusão: A partir dos dados obtidos no período de seis meses, evidenciou se a importância de trabalhar com a utilização de protocolos clínicos, assim focamos nas necessidades, aumentamos a vigilância beira leito, com isso proporcionamos mudanças nos resultados. O reforço em relação aos protocolos de sedação/analgesia e delirium existentes na instituição, e a reeducação são aliados juntamente com a equipe

multiprofissional, após análise dos indicadores, melhoramos a incidência de extubação no setor, garantindo a segurança na qualidade da assistência.

Sepse

EP-099

Predictive factors for sepsis by carbapenem-resistant Gram-negative bacilli in critical patients in Rio de Janeiro

Elisangela Martins de Lima¹, Patrícia Aqueen Cid¹, Débora Souza Beck¹, Luiz Henrique Zanata Pinheiro¹, Paulo Cesar Mendes Barros², Caio Augusto Santos Rodrigues², Saint Clair dos Santos Gomes Junior³, Marisa Zenaide Ribeiro Gomes¹

¹Laboratório de Pesquisa em Infecção Hospitalar, Instituto Oswaldo Cruz, Fundação Oswaldo Cruz - Rio de Janeiro (RJ), Brasil; ²Hospital Federal dos Servidores do Estado - Rio de Janeiro (RJ), Brasil; ³Instituto Fernandes Figueira - Rio de Janeiro (RJ), Brasil

Objective: We aimed to determine the predictive factors for sepsis by carbapenem-resistant Gram-negative bacilli (CR-GNB) in a Brazilian public ICU.

Methods: We conducted a case-control study from a prospective cohort of patients with SIRS/sepsis-2/sepsis-3 criteria in which blood cultures were collected and antimicrobial therapy instituted at an adult medical-surgical ICU in a tertiary federal hospital in Rio de Janeiro, from August-2015 through December-2016. Case-group comprise all patients with CR-GNB sepsis (n=34) and Control-group unselected patients with non-GNB sepsis (n=60).

Results: Previous infection was the most common comorbidity condition found in 53% of cases and 38% controls (p=0.18). Ventilator-associated pneumonia dominated as source of sepsis in cases (47%, 16/34) than in controls (7%, 4/60) (p<0.001). *Acinetobacter baumannii* (42%;16/38), *Pseudomonas aeruginosa* (18%;7/38) and *Klebsiella pneumoniae* (16%;6/38) prevailed as the etiologies of CR-GNB sepsis. In multivariate analysis, SOFA score at ICU admission (OR, 1.30; 95% CI, 1.04-1.62; P=0.017) and duration of mechanical ventilation (MV) (OR, 1.29, 95% CI, 1.09-1.53; P=0.002) proved to be independent risk factors.

Conclusion: Severity of baseline condition with organ dysfunction and prolonged use of MV were associated with CR-GNB sepsis in this population where previous nosocomial infection is frequent. Multicenter study is required to extrapolate the impact of such study to other Brazilian centers.

EP-100

Terapia extracorpórea de purificação sanguínea en la disfunción múltiple de órganos por sepsis

Maykel Lazel Rocha Quintana¹, Anselmo Abdo Cuza¹, Oliver German Pérez Martín², Miriam de San Juan Bosco Lastre González², Andy Rocha Quintana³

¹Centro de Investigaciones Médico Quirúrgicas - Habana, Cuba; ²Instituto "Carlos J. Finlay", Vicepresidencia de Investigaciones y Desarrollo - Habana, Cuba; ³Hospital Gustavo Aldereguía Lima - Cienfuegos, Cuba

Objetivo: En la fisiopatología de la sepsis juega un rol fundamental las toxinas bacterianas y/o los mediadores inflamatorios, los cuales participan en la generación de diferentes desórdenes en el síndrome de disfunción múltiple de órganos (SDMO). Las terapias de reemplazo renal se han desarrollado con el fin de brindar mayores posibilidades a la "purificación" de la sangre. **Objetivo:** comparar los niveles de lipopolisacáridos (LPS) en suero de los pacientes con SDMO, durante el uso de hemodiafiltración venovenosa continua (HDFVVC).

Métodos: Estudio prospectivo, descriptivo y observacional de los pacientes ingresados en la unidad de cuidados intensivos del Centro de Investigaciones Médico Quirúrgicas, entre octubre de 2009 y marzo de 2010, con diagnóstico de SDMO por sepsis, a los cuales se les aplicó HDFVVC por más de 12 horas (n=5). Se tomaron muestras diarias de suero de sangre periférica para determinar LPS circulantes, previo y hasta finalizar el proceder.

Resultados: La variación de los niveles de LPS en sangre de los 5 pacientes estudiados mostró una reducción entre 72.2% y 100% de la intensidad de banda con el uso de HDFVVC. La media de reducción resultó estadísticamente significativa a las 24 horas del inicio de HDFVVC (p=0.036) y al finalizar la terapia (p=0.01).

Conclusão: Los niveles de LPS en sangre periférica disminuyeron de manera significativa, luego de la aplicación de HDFVVC en pacientes con SDMO por sepsis.

EP-101

Accuracy of Sepsis-3 and Sepsis-2 definitions to predict 28-day mortality in a general intensive care unit

Jaqueline Lima de Souza¹, Bárbara Nunes Terol¹, Gabriel de Oliveira Araújo¹, Paula de Souza Pereira¹, Juliana Regis de Almeida¹, Lucas Barbosa Bezerra¹, Fabricio Duarte Caires², Fábio Ferreira Amorim¹

¹Escola Superior de Ciências da Saúde - Brasília (DF), Brasil; ²Hospital Regional de Taguatinga - Brasília (DF), Brasil

Objective: The aim of this study was to assess the accuracy of Sepsis-3 and Sepsis-2 definition in stratifying 28-day mortality in a general intensive care unit.

Methods: Retrospective cohort study conducted on patients admitted to the ICU of Hospital Regional de Taguatinga, Brasília, DF, Brazil, during 24 months. Patients transferred to another ICU were excluded. 28-day mortality was compared among Sepsis-3 and Sepsis-2 definitions in patients admitted with diagnostic of infection. Area under the receiving

operator characteristic (ROC) curve was used to assess the accuracy of sepsis definitions.

Results: Of 273 patients included, mean age was 56 ± 19 years, median SOFA was 10 (IQR:7-14), respiratory tract infection was the most common cause of infection ($n=137, 50.2\%$), and 28-day mortality was 44.7% ($n=311$). Sepsis was presented in 271 patients (97.8%) according to Sepsis-3 definition and 237 patients (86.8%) according to Sepsis-2 definition. 28-day mortality was 45.9% in patients with sepsis according to Sepsis-3 definition and 45.7% in patients with sepsis according to Sepsis-2 definition. Area under ROC curve was 0.530 (0.462-0.599) for Sepsis-3 definition and 0.548 (0.480-0.616) for Sepsis-2 definition. The Cohen's kappa coefficient among Sepsis-2 and Sepsis-3 definitions was 0.560 ($p=0.00$).

Conclusion: Sepsis-3 and Sepsis-2 definitions showed similar accuracy for 28-day mortality in patients admitted to ICU with diagnostic of infection.

EP-102

Balanço hídrico positivo e lesão renal aguda em pacientes com sepse internados em unidades de terapia intensiva no município de João Pessoa: problemas frequentes e com impacto na mortalidade

Paulo Cesar Gottardo¹, Ciro Leite Mendes¹, Igor Mendonça do Nascimento¹, Mamede Moura dos Santos Neto¹, Elbia Assis Wanderley¹, Katyúcia Egito de Araújo Urquiza¹, Fabiana Fernandes de Araújo², Ana Beatriz Nepomuceno Cunha³

¹Hospital Nossa Senhora das Neves - João Pessoa (PB), Brasil;

²Complexo Hospitalar de Mangabeira Governador Tarcísio de Miranda Burity - João Pessoa (PB), Brasil; ³FAMENE - João Pessoa (PB), Brasil

Objetivo: Avaliar o impacto do balanço hídrico (BH) e da lesão renal aguda (LRA) em pacientes sépticos internados em UTIs do município de João Pessoa.

Métodos: Estudo observacional, prospectivo, com seguimento de 07 dias; foram incluídos os pacientes >18 anos internados no dia de início do seguimento (excluídos os com <48h internamento). Foram classificados como sépticos: pacientes com relato de infecção, em curso de antibioticoterapia e SOFA > 2.

Resultados: 11 UTIs, 108 pacientes, dos quais 86 permaneceram > 48 horas, 77,3% evoluiu com LRA (12% AKIN I 21,2% AKIN II e 43,9% AKIN III), com BH acumulado de 5398,67 mL (995,93mL/dia), com 75,66% dos dias com BH positivo. Os pacientes que evoluíram para óbito, em relação aos sobreviventes: AKIN III 63,6% vs 39,1% ($p=0,145$), menos dias de BH negativo (01 dia 18,2% vs 74%, $p<0,001$; >02 dias 8,25 vs 45,1%, $p=0,019$, >03 dias 8,3% vs 27,5%, $p=0,165$). BH acumulado de 8342,18mL vs 4695,53mL ($p=0,184$) e por dia 995,93mL vs 890,97mL; $p=0,009$, 93,08% dos dias com BH positivo, vs 70,70% ($p=0,001$). OR para óbito: AKIN III 3,29 IC95% 1,239-8,735; e BH positivo todos os dias 7,955 IC95% 1,913-33,078.

Conclusão: O BH e a LRA apresentaram relevância nessa amostra, sendo um possível fator determinante de pior desfecho no período estudado.

EP-103

Central venous catheter-related bloodstream infections in adult intensive care unit: is there an impact on the outcome?

Kássia Pinho da Silva¹, Sany Aparecida Sant Ana Teixeira¹, Leandro Fefacio¹, Regia Damous Fontenele Feijó¹, José Albani de Carvalho Junior¹, Mariza Silva Ramos Loesch¹, Bruna Felix Fernandes Souza¹, Anary Isis Rossi Martins Moreira²

¹Hospital e Maternidade São Luiz Itaim - São Paulo (SP), Brasil;

²Universidade Municipal de São Caetano do Sul - Campo Bela Vista, São Caetano do Sul (SP), Brasil

Objective: To compare the time of hospitalization and outcome of patients who developed CRBSIs in comparison to those with central venous catheters (CVCs) without bloodstream infections (BSIs).

Methods: This is a retrospective study in patients using CVCs in the AICU from 01/2016 to 06/2017 in a private hospital of 398 beds, tertiary in the city of São Paulo, with AICU of 62 beds. The study compared hospitalization time and outcome of patients who used CVC (non-CRBSIs) vs. patients with a diagnosis of CRBSIs. Data were collected through the Magma® system and the CRBSIs diagnosis met ANVISA criteria (2013) reported by the hospital infection control service. Fischer's test was used for statistical analysis.

Results: In total, 654 patients used CVC in the period, of these 13 developed CRBSIs. Regarding gender, 54% x 23.1% were female, respectively in the non- CRBSIs and CRBSIs groups. The average of hospital stay was 13.8 x 34.6 days (non-CRBSIs and CRBSIs groups). The death outcome was seen in 76.9% in the CRBSIs group x 24% in the non-CRBSIs group ($p < 0.001$).

Conclusion: We observed a 2.5-fold increase in hospitalization time when the patient developed CRBSIs and an unfavorable outcome in this population. We showed that we prevented CRBSIs in 98% of the patients who used this central device.

EP-104

Clinical profile and outcomes of patients with community-acquired pneumonia in Brazilian public intensive care units

Rodolfo Eduardo de Andrade Espinoza¹, Flávio Elias Callil², Robson Correa Santos³, Ulisses de Oliveira Melo⁴, Anke Bergmann¹, Jorge Ibrain Figueira Salluh⁵

¹Instituto Nacional do Câncer - Rio de Janeiro (RJ), Brasil; ²Hospital Estadual Getúlio Vargas - Rio de Janeiro (RJ), Brasil; ³Hospital Estadual Adão Pereira Nunes - Rio de Janeiro (RJ), Brasil; ⁴Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil; ⁵Instituto D'Or de Pesquisa e Educação - Rio de Janeiro (RJ), Brasil

Objective: Describe characteristics and outcomes of community-acquired pneumonia (CAP) admitted to public ICUs in Brazil.

Methods: Retrospective cohort study in 4 Tertiary Public Hospitals in Rio de Janeiro, Brazil during 2016. Patients

admitted to ICUs with a diagnosis of community-acquired pneumonia were included. Clinical and outcomes data were collected from Epimed Monitor System.

Results: From 7902 admissions, 802 patients (10,1%) were included and analyzed. Main source of admission was the emergency department (78,3%). Median age was 66 (54-77) years, SAPS3 71(58-83) and SOFA D1 9(5-12) points. 67% of patients needed invasive mechanical ventilation, 12% hemodialysis. 47% required vasopressors. ICU and hospital mortality were 55.9% and 66.5% respectively. In a multivariate analysis, malnutrition [OR 2.28(1.21-4.3)], septic shock at admission [OR 1.95(1.39-2.75)], AIDS [3.04(1.16-7.93)], invasive mechanical ventilation [5.07(5.54-7.27)], age > 65 years [2.07(1.48-2.90)] and LOS >1 day before ICU admission [1.90(1.34-2.71)] were associated with increased mortality.

Conclusion: CAP is associated with high mortality in patients admitted to public ICUs in Brazil. The current findings may help improve resource allocation and should aim at improving access to ICU care since delayed admission was associated with increased hospital mortality.

EP-105

Death due to sepsis in Brazil from 1996 to 2015 - Analyzing 20 years of Brazil Government Database (Datusus) information

Rogério Gomes Fleury¹, Vania Maria Carneiro da Silva¹

¹Hospital Universitário Clementino Fraga Filho - Rio de Janeiro (RJ), Brasil

Objective: Sepsis is a leading cause of death worldwide and a serious public health challenge with a increase incidence. We analyzed Datusus information of sepsis in death declarations in Brazil from 1996 to 2015.

Methods: Data from Datusus (www.datusus.gov.br), government database for health information, about deaths by sepsis from 1996 to 2015 in Brazil, in patients over 15 years old. Mortality was analyzed by gender and age.

Results: According to Datusus, from 1996 to 2015, 217.046 patients died of septicemia in Brazil, 107265 males (49.4%), 109720 females (50.5%) and 61 patients (0.03%) had no informed gender. Analyzing age, 154639 patients (71.2%) were over 60 years. Age group with highest number of deaths was over 80 years old, with 67942 cases (31.3%). Cases of sepsis more than doubled from 1996 to 2015, from 7521 to 17657 cases (2.3 times), while Brazilian population increased by 40%. Most cases of death due to sepsis is in Southeast of Brazil, with 114201 cases (52.6%), also the most populous region of the country, while the center-west region, least populous, has least cases with 8545 (3.9%).

Conclusion: Mortality of septicemia is high worldwide. Advanced age is at highest risk, mostly over 80 years old. Number of deaths by sepsis has been increasing every year despite modern therapies and advanced technology. Studys based only on the death certificate is often inaccurate and underestimated, but gives an idea of the profile of the deaths.

EP-106

Desempenho do Quick SOFA na predição de mortalidade por sepse e choque séptico

Sabrina Sabino da Silva¹, Sílvia Pedrosa Soares¹, Ana Paula Amestoy de Oliveira¹, Talissa Bianchini¹, Mirian Silveira Moretti¹, Fabiano Ramos¹, Maria Helena da Silva Pitombeira Rigatto¹

¹Hospital São Lucas, Pontifícia Universidade Católica do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objetivo: Analisar o desempenho do Quick SOFA como preditor de mortalidade em coorte de pacientes com sepse e choque séptico baseada nos critérios de SIRS.

Métodos: Coorte retrospectiva realizada em hospital terciário de Porto Alegre. Avaliaram-se casos de sepse grave e choque séptico de novembro de 2013 até fevereiro de 2015 definidos pela presença de pelo menos 2 critérios de SIRS, foco de infecção e disfunção orgânica. Analisaram-se pontuação nos critérios de qSOFA na identificação da sepse, escore de Charlson e mortalidade em 14 e 30 dias. Usaram-se os testes de t-student e Fisher para avaliação de variáveis contínuas e categóricas, respectivamente. Considerou-se P=0,05 estatisticamente significativo.

Resultados: De 863 pacientes, 417(48,3%) eram do sexo masculino, com idade média de 63,5 anos \pm 17,2. A mediana do escore de Charlson foi 3. A mortalidade em 14 e 30 dias foi de 204(23,6%) e 295(34,2%) pacientes. Nenhum critério do qSOFA estava presente em 84(9,7%), 336(38,9%) apresentaram 1, 308(35,7%) 2 e 135(15,6%) 3 critérios. Dos óbitos em 14 dias, 44(21,6%) ocorreram em pacientes com 0 ou 1 critérios, 108(52,9%) com 2 critérios e 52(25,5%) com 3 critérios no qSOFA (P<0,01). Dos óbitos em 30 dias, 77(26,1%) ocorreram em pacientes com 0 ou 1 critérios, 149(50,5%) com 2 critérios e 69(23,4%) com 3 critérios no qSOFA (P<0,01).

Conclusão: Os critérios do qSOFA na chegada se correlacionaram com mortalidade em 14 e 30 dias, 1/4 dos óbitos em 30 dias preencheram menos de dois critérios. Esse escore não deve substituir os critérios de SIRS na avaliação da SEPSE como preditor de mortalidade.

EP-107

Distribuição espacial da mortalidade por sepse no Estado de Sergipe, nordeste do Brasil

Damião da Conceição Araújo¹, Carolina Santos Souza Tavares¹, Fernanda G M Soares Pinheiro¹, Andreia Centenaro Vaez¹, Caio Lopes Pinheiro de Paula², Adriano Sousa Tavares²

¹Universidade Federal de Sergipe - Aracaju (SE), Brasil; ²Hospital de Urgência de Sergipe Governador João Alves Filho - Aracaju (SE), Brasil

Objetivo: Descrever a distribuição espacial da mortalidade por sepse no Estado de Sergipe durante o período de 2008 a 2016.

Métodos: Estudo ecológico com o uso de dados secundários dos óbitos por sepse, disponíveis no Sistema de Informação

em Saúde do Sistema Único de Saúde (DATA-SUS). As unidades de análise foram os 75 municípios do Estado de Sergipe. Para a análise da distribuição espacial, foi efetuado o cálculo do coeficiente de mortalidade do período considerando como numerador o total dos óbitos de 2008 a 2016, o denominador a população central do período (2012) e multiplicado pela constante de 1.000. As técnicas de análise espacial utilizadas foram: 1) o método Bayesiano Empírico Local para suavizar as taxas; 2) a estatística espacial; e 3) a interpolação de Kernel. Utilizou-se a autocorrelação espacial significativa ($p < 0,05$) para identificação de áreas críticas com a formação de aglomerados espaciais.

Resultados: No período de 2008 a 2016 foram registrados o total de 1.477 óbitos por sepse. O coeficiente de mortalidade variou de 1% a 3%, sendo que a maior taxa se concentrou na região centro-sul do estado. O índice de Moran foi significativo (IM: 0.78 p-valor: 0.02) e revelou duas áreas críticas principais formadas pelos municípios distribuídos na região oeste, centro e norte. Na interpolação de kernel verificou-se heterogeneidade da taxa com uma tendência centroide para todo o período.

Conclusão: O estudo demonstrou que a maior taxa de mortalidade por sepse ocorre na região central do Estado de Sergipe.

EP-108

Epidemiological profile of sepsis mortality in adults, in Bahia, from 2008 to 2015

Gabriela Santos Menezes¹, Lucélia Batista Neves Cunha Magalhães¹

¹Faculdade de Tecnologia e Ciências - Feira de Santana (BA), Brasil

Objective: Sepsis is a life-threatening condition. This study aimed to estimate the hospital mortality rates for sepsis in adults, in Bahia, from 2008 to 2015, according to sociodemographic characteristics, type of hospital care and health region; To evaluate declension in mortality rate in Bahia after Surviving 2012.

Methods: This is an ecological, exploratory, spatiotemporal study with data aggregated by health regions, obtained from the SIH-SUS database (Hospital Information System of Brazil's Unified Health System), with the state of Bahia as the analysis unit, from 2008 to 2015. The following variables were used: total hospitalizations, total hospital deaths and hospital mortality rate, grouped according to sociodemographic characteristics, hospital status; type of service; and health regions. Hospital mortality rate was the ratio between number of deaths and number of approved hospital admission, multiplied by 100.

Results: 38.5% increase in hospitalizations for sepsis from 2012 to 2015 compared to the period from 2008 to 2011. Regarding deaths, there was an increase of 61.8% compared to the previous period. The hospital mortality rate in the first period was 47.7% and in the second 45.4%. In all health regions the hospital mortality rate varied positively between the periods. The sociodemographic profile revealed higher

mortality rates in females, a public regime in an emergency and a direct relationship with age.

Conclusion: Sepsis mortality remained high in Bahia after Surviving 2012 and maintained a similar sociodemographic profile.

EP-109

Hospital admission for septicemia and mortality in a university hospital in Rio de Janeiro, Brazil - Analysis 7 years Datasus information

Rogério Gomes Fleury¹, Aureo do Carmo Filho¹, Alessandro Rocha Milan de Souza¹, Alexandre Bussinger Lopes¹

¹Hospital Universitário Gaffrée e Guinle - Rio de Janeiro (RJ), Brasil

Objective: Sepsis is a leading cause of death in intensive care units in Brazil and worldwide. Mortality varies from 20% to 80%. Many studies have shown an increase incidence over time. We studied hospitalizations for sepsis and death in a university hospital of Rio de Janeiro (RJ), through data from Datasus.

Methods: Data from Datasus (www.datasus.gov.br), government database for health information, about septicemia hospitalizations and mortality from 2008 to 2014 in patients over 15 years old, in Hospital Universitário Gaffrée e Guinle, RJ, Brazil. We analyzed length of hospital stay and mortality by gender and age.

Results: From 2008 to 2014, 477 patients with diagnosis of septicemia were hospitalized, 246 males (51.6%) and 231 females (48.4%). Annual mortality rate was above 80%, with minimum 84.48% in 2011 and maximum 94.83% in 2010. Total mortality was 88.68%. Analyzing age group, 316 patients (66.2%) were over 60 years with highest number of deaths among those older than 80 years with 89 cases (18.6%). Mean length of stay was 21.33 days, with minimum 16.9 in 2008 and maximum 25.6 days in 2011.

Conclusion: Mortality of septicemia at hospital admission is high worldwide. Our hospital had rates of almost 90%. Advanced age are at highest risk. The length of hospital stay is high, averaging 21 days. Signs and symptoms of septicemia should be quickly identified so that appropriate treatment has a better chance of success.

EP-110

Initial care and evolution of the patient with sepsis in an emergency unit of a university hospital

Isadora Carvalho Grion¹, Caroline Tolentino Sanches², Cintia Magalhães Carvalho Grion², Gilselena Kerbauy², Elma Mathias Dessunti²

¹UNICESUMAR - Maringá (PR), Brasil; ²Universidade Estadual de Londrina - Londrina (PR), Brasil

Objective: To analyze the initial care and evolution of patients with sepsis in an emergency unit of a university hospital.

Methods: A longitudinal, prospective study including patients aged 18 years or over, who were admitted with or developed severe sepsis or septic shock at the emergency unit between August 2013 and November 2014. Data were collected from the records of notification of sepsis and medical records.

Results: Of the total of 139 patients, 67.6% presented sepsis and 32.4% septic shock. The mean age was 64.2 years and 91.4% presented comorbidities. Pneumonia was the most common focus of infectious. The principal organ dysfunctions were respiratory (84.9%) and hemodynamic (56.1%). Regarding the risk factors for death, patients with hemodynamic dysfunction, three or more organ dysfunctions, high scores on the APACHE II and SOFA, high lactate levels, and mechanical ventilation presented significant associations. Lactate collection was performed in the first hour in 50.4% of patients and cultures in 55.3% of cases, while 49.6% received antimicrobial therapy, as recommended. In 69.8% of cases, there was no adherence to the treatment of hypotension or hyperlactatemia. Overall mortality was 61.2%; 53.2% in sepsis and 77.8% in septic shock.

Conclusion: Sepsis presented high mortality rates, it is necessary to enhance the implantation of protocols that aid in this process, in order to improve the prognosis of patients.

EP-111

Isoelectric focusing as a method to measure albumin nonesterified fatty acid saturation in septic patients. A new tool for clinical practice

Marcos Roberto Colombo Barnese¹, Cassiano Felipe Gonçalves de Albuquerque², Patrícia Burth³, Mauro Velho Castro Faria¹, Maurício Younes-Ibrahim¹

¹Hospital Universitário Pedro Ernesto, Universidade do Estado do Rio de Janeiro (UERJ) - Rio de Janeiro (RJ), Brasil; ²Instituto de Pesquisa Clínica Evandro Chagas, Fiocruz - Rio de Janeiro (RJ), Brasil; ³Universidade Federal Fluminense (UFF) - Niterói (RJ), Brasil

Objective: Our aim is to evaluate the nonesterified fatty acids (NEFA) profile in patients by a degree of albumin saturation. Fatty acids are transported in blood bound to albumin (AB). NEFA are lipotoxic and they are increased in diseases such as sepsis and renal failure. Our patient's group are sepsis with acute renal failure (ARF) and chronic renal failure (CRF) before and after hemodialysis (HD).

Methods: Serum samples were collected pre and post HD from 20 patients in each group. Basal NEFA/AB molar ratios were compared to healthy control group (n=15). with AB and NEFA measured in same samples. Total and fractions of serum NEFA (myristic (C14:0), palmitic(C16:0), stearic(C18:0), palmitoleic(C18:1), oleic(C18:1) and linoleic(C18:2)) were quantified by HPLC. Conventional hemodialysis and/or extended hemodialysis with polysulfone membranes were employed. The isoelectric focusing (IF) was used to assay AB NEFA saturation.

Results: Total NEFA levels were high and albumin were

low in pré-HD of both groups ARF and CRF compared to the control group. Thus NEFAs/AB ratio was elevated compared to control (3.91 ± 0.32 , 2.99 ± 0.27 and 0.38 ± 0.03 respectively). After HD total NEFA down sized about 30% in both groups ARF and CRF. The pH post HD were increased in both groups ARF and CRF compared to pre HD. The densitometry analysis of IF showed a reduction around 30% in post HD.

Conclusion: IF exhibited a good correlation with HPLC analysis and it could be used as a method to measure AGNE/AB saturation in chronic and critical patient, and is potentially a new biomarker for AGNE lipotoxicity.

EP-112

Multi-organ point of care ultrasound (MO-POCUS) clarifies the diagnosis, eliminates uncertainties, and identifies the source of infection more accurately than the traditional approach in patients diagnosed with sepsis. A case series

Otto Villa¹, Shannon Lasorsa², Matthew Posada³

¹Alta Bates Summit Medical Center - Berkley, California, United States;

²Henry Mayo Newhall Hospital - Valencia, California, United States;

³Campbell University School of Osteopathic Medicine - Lillington, North Carolina, United States

Objective: Prompt initiation of antibiotics has been identified as a key step in the chain of survival from sepsis. We hypothesized that using multi-organ point of care ultrasonography in patients diagnosed with sepsis would eliminate diagnostic uncertainties, identify the source of infection, improve treatments and perhaps save lives.

Methods: A retrospective chart review of 457 consecutive studies was done with IRB approval. Multi-organ point of care ultrasound (MO-POCUS) was done using an ultrasound machine equipped with three probes (Sonosite, Xport). For analysis, the clinical diagnosis and management made by the consulting team was recorded and compared with the post-MOPOCUS diagnosis and management. MO-POCUS was done by examining the heart in detail using: subcostal, parasternal long & short, apical four and five chamber views. The chest and abdomen were examined in depth with a curvilinear array probe. MO-POCUS diagnosis was verified by comparison with alternative tests performed during the same hospitalization (CT-SCAN/MRI/TTE/TEE etc).

Results: MO-POCUS eliminated diagnostic uncertainties and provided confidence to change the treatment in nearly all patients. MO-POCUS identified the septic source with more accuracy than that traditional approach, and alternative tests validated the sources of infection in nearly all patients. MO-POCUS yielded clinically relevant conclusions much faster than the traditional approach.

Conclusion: MO-POCUS eliminated diagnosis uncertainties in the vast majority of patients diagnosed with sepsis, identified the source of sepsis and facilitated antibiotic

selection more accurately than the traditional approach. MO-POCUS helped to perform and/or cancel procedures which in some patients were lifesaving.

EP-113

Outcomes of patients with viral pneumonia and respiratory sepsis

Suzana Margareth Ajeje Lobo¹, Inara Cristina Marciano Frini¹, Estela Silva Simões¹

¹Divisão de Terapia Intensiva, Hospital de Base, Faculdade de Medicina de São José do Rio Preto (FAMERP) - São José do Rio Preto (SP), Brasil

Objective: To evaluate epidemiology, clinical characteristics and outcomes of patients with viral pneumonia and respiratory sepsis.

Methods: Retrospective study in patients admitted with sepsis of viral origin to a 17-bed ICU (Hospital de Base, São José do Rio Preto - SP - Brazil) during the flu season 2016. Sepsis was defined according to sepsis 3.0. Tests for viral detection (Multiplex qPCR) were performed in all patients. Moderate or severe Acute Respiratory Distress Syndrome (ARDS) was defined as the presence of bilateral lung infiltrates and PaO₂/FiO₂ ratios lower than 200.

Results: From 84 patients admitted in the hospital with viral infection, 25 patients (30%) developed sepsis (2 cases of respiratory syncytial virus (RSV) A and B, 2 Influenza B and 21 cases of Influenza A H1N1. 19 patients (76%) had moderate or severe ARDS. Increase in fluid balance was observed with a median daily gain of 533 ml. Mortality rate was 64%. The median PaO₂/FiO₂ at admission was 131. Non-survivors had a higher median SOFA score in the 1st day of ICU stay (11.0 [9.5-10] vs. 3.0 [2.5-10], p= 0.019). Serum C-reactive protein was significantly higher in 1st and 2nd days in non-survivors (22 mg/dl [11-37] vs. 7 mg/dl [4-14], p= 0.041) and (31 mg/dl [13-47] vs. 8 mg/dl [3-20], p= 0.014) respectively.

Conclusion: Prevalence of ARDS and mortality rate was very high in patients with viral respiratory sepsis.

EP-114

Parenteral succinate reduces reactive oxygen species production in septic rats

Sebastian P Chapela¹, Burgos Hilda Isabel¹, Canzonieri Romina², Ballester Florencia Maria², Blasco Miguel Angel², Murryan Alexis², Alonso Manuel³, Stella Carlos Alberto¹

¹Cátedra de Bioquímica Humana, Facultad de Medicina, Universidad de Buenos Aires - Buenos Aires, Argentina; ²Hospital Británico de Buenos Aires - Buenos Aires, Argentina; ³Universidad de Buenos Aires - Buenos Aires, Argentina

Objective: To observe if administration of succinate reduces Reactive Oxygen Species (ROS) production and creatinine levels.

Methods: Sprague Dawley rats were used. 4 groups were formed, with 5 rats each. Group1: control. Group2: 5mmol/kg of intraperitoneal (IP) succinate solution were administered. Group3: The caecum was ligated and punctured and 20 ml/kg of intraperitoneal 0.9% NaCl and antibiotics were administered. Group4: Cecal Ligation and punction as group3 with 5mmol/kg of IP succinate solution, and 5mmol/kg of IP succinate solution were administered 2 hours before taking the sample. ROS levels were measured using the Dichlorofluorescein-Diacetate (DCFH) technique.

Results: Average DCFH emissions: group1 = 0.0332 (SD=0.008), group2 = 0.0352 (SD=0.011), group3 = 0.0759 (SD=0.037) and group4 = 0.0598 (SD=0.006). There was significant differences in the 4 groups (p=0.016), and no differences between groups 1 and 2 (p=0.3), and 1 and 4 (p=0.3), with significant differences between 1 and 3 (p=0.007) and 3 and 4 (p=0.007). Creatinine values (mg/dl): group1 = 0.396 (SD=0.0713), group2 = 0.400 (SD=0.0707), group3 = 0.54 (SD=0.0894) and group4 = 0.6 (SD=0.2). There was a significant difference among the 4 groups (p=0.0353). no correlation between DCFH and creatinine levels (rho=0.24; p=0.3).

Conclusion: Administration of succinate reduced ROS production in septic rats, with no decrease in creatinine levels. There isn't correlation between ROS and creatinine

EP-115

Sepsis mortality among physicians in Rio de Janeiro from 2006 to 2015 - Analyzing 10 years of Government Database (Datasus) information

Rogrio Gomes Fleury¹, Vania Maria Carneiro da Silva¹

¹Hospital Universitário Clementino Fraga Filho - Rio de Janeiro (RJ), Brasil

Objective: The increased incidence of sepsis worldwide requires special attention and adoption of urgent measures. Physicians are also exposed to this pathology. Our objective was to study mortality attributed to sepsis as cause of death among physicians in Rio de Janeiro (RJ), Brazil.

Methods: Data from Datasus (www.datasus.gov.br), government Database for health information, was used. We described sepsis mortality in physicians, from 2006 to 2015 in RJ, Brazil, according to gender and age.

Results: From 2006 to 2015, 2384 physicians died in RJ, 1916 men (80.4%) and 468 women (19.6%). Among them, there were 73 attributed to sepsis (3.1%): 66 males (90.4%) and 7 females (9.6%). In general population, for the same period, there were 22.740 deaths (2.1%) attributed to sepsis (p=0.001 IC=2.4-3.8). Mean age of medical deaths from sepsis was 79.3 ± 12.9 and from other causes 73.1 ± 14.6 (p<0.001). Among physicians 93.1% (68 patients) were over 60 years. Age group with highest number of deaths was over 80 years, with 44 cases (60.3%).

Conclusion: Sepsis mortality is high worldwide and physicians are no exception. Over 90% of deaths attributed to sepsis

occurred among men physicians. Advanced age was at a higher risk, mostly over 80 years. The median age of physicians who died from sepsis was higher than those who died of other causes. Analysis of death certificates maybe underestimated, however, it helps to explore factors for further studies.

EP-116

Sepsis protocol management impact on hospital mortality reduction

Alex Junior Ferreira¹, Taisa Melo Monteiro Chenci¹, Yara Pedroso Zen¹, Lucilena Françolin¹, Luiz Fernando Baqueiro Freitas¹, Wilson José Lovato¹

¹Hospital São Lucas - Ribeirão Preto (SP), Brasil

Objective: Sepsis is a serious disease with high morbidity and mortality rates, and its early identification is important for a effective treatment. The objective of this study was to demonstrate, with the implementation and management of a sepsis protocol, the efficacy of the early identification of this condition in the reduction of the mortality of hospitalized patients.

Methods: It is a descriptive, retrospective and quantitative study between 2015 and 2016 in the Adult and Cardiovascular ICUs, in a general, tertiary, private hospital in the interior of the State of São Paulo.

Results: In 2015, 84 patients were included in the protocol, and 83.3% (70) of the cases were confirmed, with the numbers in 2016 being 142 included and 77%(109) confirmed. The early identification of patients classified as sepsis became more effective in 2016 (55%) compared to 2015 (28.6%), thus reducing the evolution of patients classified as sepsis for septic shock of 55.7%(39) In 2015 to 31%(35) by 2016. Early administration of antimicrobial within 1 hour in confirmed cases in 2015 was 72.9%(51), while in 2016 it was 87%(95), which impacted in a higher survival rate of patients, and the percentage of this evolution in the years compared was 54.3%(38) to 69%(75), respectively.

Conclusion: It was concluded that the implementation of this protocol in the ICUs made possible the early identification of patients with sepsis, thus making them more effective in the administration of antimicrobials and, consequently, reducing the morbidity and mortality rate.

EP-117

Use of predictive performance of Quick Sequential Organ Failure Assessment score in an Argentine hospital

Javier Osatnik¹, Folco Juan Jose¹, Sosa Fernando Ariel¹, Kleinert Maria Mercedes¹

¹Hospital Alemán - Buenos Aires, Argentina

Objective: Quick-SOFA is a recent algorithm to predict sepsis. Validation of the score in diverse settings has been recommended. We evaluated performance and discriminatory capacity of qSOFA versus SIRS for predicting sepsis and in-hospital mortality in emergency department.

Methods: Observational prospective study. Comparisons performed using Student-t, Mann-Whitney's, chi2 and Fisher exact tests.

Results: 158 patients were admitted to emergency department. 22(13.9%) died in hospital and 69(43.7%) developed sepsis. At admission, 58(36.7%) patients presented positive-qSOFA (=2 signs) and 120(76%) showed positive-SIRS (=2 signs). Mean APACHE scores: negative-qSOFA: 7.0±6.3 vs. positive-qSOFA: 11.1±7.7, (P=0.0005); in negative-SIRS: 5.7±6.0 vs. positive-SIRS groups: 9.5±7.2, (P=0.0046). In-hospital mortality in qSOFA score groups were 0=5%, 1=10%, 2=14.3% and 3=39%. In positive-qSOFA vs. negative-qSOFA groups, incidences of sepsis were 42(72.4%) vs. 27(27%) (P=0.000), and of septic shock were 24(41.4%) vs. 8(8%), P=0.000, respectively. In-hospital mortality and sepsis incidences in positive-SIRS vs. negative-SIRS groups were 18/120(15%) vs. 4/38(10.5%) (P>0.05) and 63/120(52.5%) vs. 6/38(15.8%) (P=0.000). The discrimination of in-hospital mortality and sepsis using qSOFA (AUC, 71, 95%CI 0.59-0.83, AUC, 0.76; 95%CI, 0.69-0.84; respectively).

Conclusion: qSOFA showed acceptable accuracy for predicting sepsis or in hospital death. Further research is necessary to gain confidence in using qSOFA.

EP-118

A incidência e prevalência da sepse em pacientes críticos de uma unidade de terapia intensiva em um hospital do Oeste Paulista

Ana Carolina de Faccio Azevedo¹, Andreia Fogarolli Marinho², Lígia Maria da Silva Brito², Ana Maria Silva Camargo²

¹Hospital Regional de Presidente Prudente - Presidente Prudente (SP), Brasil; ²Universidade do Oeste Paulista (UNOESTE) - Presidente Prudente (SP), Brasil

Objetivo: Identificar a incidência de sepse e choque séptico em pacientes provenientes de outros setores do hospital e que foram admitidos posteriormente na unidade de terapia intensiva (UTI).

Métodos: Trata-se de uma pesquisa de caráter transversal, retrospectivo que ocorreu no período de Julho à Dezembro de 2016. Os dados coletados foram oriundos de prontuários de pacientes que estiveram internados na UTI neste período. Foi utilizado um instrumento específico com variáveis relacionadas às características e diagnósticos do paciente.

Resultados: O total de pacientes que entraram com sepse/choque séptico na UTI corresponde à 74 pessoas, dividindo-se em 39 pacientes com sepse, sendo 17 do sexo feminino e 22 do sexo masculino e 35 indivíduos com choque séptico

se dividindo em 13 e 22 sucessivamente. O sexo feminino possui uma média de idade de 61,27 anos e o sexo masculino de 61,07. Foram provenientes da Clínica Médica, Clínica Cirúrgica, Pronto Socorro, Ortopedia, Semi Intensiva, Clínica Especialidades e Ginecologia e Obstetrícia. O número de pacientes que desenvolveram a sepse dentro da UTI foi de 43 indivíduos, 18 do sexo feminino e 25 do sexo masculino, e 37 com choque séptico, se dividindo em 14 e 23 sucessivamente, totalizando em 80 pacientes, sendo a média de idade feminina de 61,94 anos e masculino de 61,69 anos.

Conclusão: Se faz necessário a implementação adequada de protocolos para identificar e tratar precocemente a sepse, contribuindo para um cuidado contínuo e mais seguro.

EP-119

Analysis of fluid balance on prediction of sepsis mortality in an university hospital of Curitiba, Brazil

Álvaro Réa-Neto¹, Paula Geraldine David João², Luana Alves Tannous², Cyntia Woitexen Campos¹, Anderson Vilela de Freitas³, Carolina Kowalczyk Cioffi⁴, Flaviane Leite Bortoli³, Niels Vinicius Padua Carvalho³

¹Centro de Estudos e Pesquisa em Emergências Médicas e Terapia Intensiva (Cepeti) - Curitiba (PR), Brasil; ²Hospital Universitário Cajuru - Curitiba (PR), Brasil; ³Universidade Positivo - Curitiba (PR), Brasil; ⁴Pontifícia Universidade Católica do Paraná - Curitiba (PR), Brasil

Objective: To evaluate mortality in patients with sepsis or septic shock admitted to Intensive Care Units (ICUs) at a University Hospital in Curitiba, Brazil and to correlate their fluid balance of the first 72 hours of the diagnosis of sepsis.

Methods: Retrospective analysis of medical records of patients admitted to the ICUs of the Hospital Universitário Cajuru in Curitiba, Brazil, who developed sepsis or septic shock during ICU period from December 2016 to May 2017, totalizing 80 patients.

Results: The mean APACHE II score was 22, the mean SOFA score was 6.85 and the mean lactate was 2.1 in the first 72 hours. The causes of admission were: polytrauma (43.7%), infections (30%) and acute neurological events (26.25%). Regarding the site of infection, the groups were: respiratory (36.25%), abdominal (21.25%), meningitis (16.25%), skin and soft parts (12.5%), urinary (8.75%) and bloodstream in 5% of the cases. The sample was composed by 57.5% of patients with septic shock and 42.5% with sepsis. Concerning the clinical outcome, ICU mortality rate was 30%. The analysis of the mean fluid balance amount on the first 72 hours of the diagnosis of sepsis showed that the balance was higher (6021 mililiters) in those who died, than in those who were discharged (4032 mililiters) ($p < 0.02$). Moreover, patients with septic shock presented higher fluid balance than sepsis, with statistic difference ($p < 0.05$).

Conclusion: Positive fluid balance is related with higher mortality rates in septic shock patients.

EP-120

Applicability of strict criteria for determination of the source and plausibility of infection in sepsis among intensive care patients from Rio de Janeiro

João Pedro Silva Tonhá¹, Patrícia Aqueen Cid¹, Débora Souza Beck¹, Amanda Aparecida da Silva Machado², Thaisa Medeiros Tozo², Elisângela Martins de Lima³, Saint Clair dos Santos Gomes Junior⁴, Marisa Zenaide Ribeiro Gomes¹

¹Laboratório de Pesquisa em Infecção Hospitalar, Instituto Oswaldo Cruz, Fundação Oswaldo Cruz - Rio de Janeiro (RJ), Brazil; ²Hospital Federal dos Servidores do Estado - Rio de Janeiro (RJ), Brazil; ³Fundação Oswaldo Cruz - Rio de Janeiro (RJ), Brazil; ⁴Instituto Fernandes Figueira - Rio de Janeiro (RJ), Brazil

Objective: To evaluate the applicability of strict criteria for determination of source and plausibility of infection in sepsis, established for the reality of developed countries, in critical patients of a public institution in Rio de Janeiro.

Methods: Prospective cohort study of patients admitted in a 19-bed medical-surgical ICU of a tertiary federal hospital with SIRS/sepsis-2/sepsis-3 criteria, whose blood and other samples' cultures were collected and treated with antimicrobials, between August-2015 to December-2016. For the determination of source and plausibility of infection, we applied Klein Klouwenberg et al (2013) criteria. Plausibility of infection was classified as definite, probable and possible; or not documented source.

Results: Among 474 admitted patients, 176 episodes in 154 patients were aleatory selected for this preliminary analysis. The most frequent sources were non-ventilator-associated pneumonia (VAP) 19%, VAP 17%, catheter-related bloodstream infection (CRBSI) 14% and surgical-site infection 11%. After post-hoc analysis in 166 episodes, possible, probable and definite probability was 20%, 36% and 17%, while in 26% the source was not determined. We detected none or lower probability of definitive CRBSI (0%), non-VAP (13%, 4/32) and VAP (15%, 4/26) comparing to other infections (48%) ($p < 0.01$).

Conclusion: Although the criteria were applicable to the studied institution, the lower likelihood of definite infections, compared to data from developed countries, may suggest the need to improve access to clinical, microbiological and radiological information. A multicenter study is warranty to evaluate the standardized criteria in Brazilian health system.

EP-121

Avaliação do protocolo de sepse em um hospital privado

Antonio Gonçalves de Oliveira¹, Martha Maria Romeiro F F Fonseca¹, Rita de Cássia Berenguer de Almeida¹, Livia Roberta Paiva¹

¹Hospital Unimed Recife - Recife (PE), Brasil

Objetivo: Analisar retrospectivamente o prontuário de todos os pacientes internados no hospital no em que disparou o protocolo de sepse.

Métodos: Avaliamos com a ferramenta do business intelligence (BI), todos os pacientes em foi acionado eletronicamente o protocolo de sepsis no período de julho de 2016 a dezembro de 2017.

Resultados: Com a análise do prontuário encontramos no período de julho a dezembro de 2016 taxa de 47,33% de início de antibiótico menor que 60 minutos, taxa de coleta de hemocultura antes do início do antibiótico de 72,50%, taxa de resultado de lactato menor que 45 minutos de 60%, com efetividade clínica de 87,50% e letalidade de 25,60%. Em relação ao período de janeiro a maio de 2017 encontramos taxa de 64,40% de início de antibiótico menor que 60 minutos, taxa de coleta de hemocultura antes do início do antibiótico de 62,20%, taxa de resultado de lactato menor que 45 minutos de 54,2%, com efetividade clínica de 93,2% e letalidade de 3%.

Conclusão: Após 6 meses de implantação do protocolo de sepsis realizamos reunião com equipe envolvida no gerenciamento do mesmo e após análise dos dados identificamos alguns pontos críticos que foram reformulados, o que resultou em melhora significativa nos nossos índices de taxa de administração dos antibióticos que se elevou de 47,33% para 64,40%. Com esta medida melhoramos a efetividade clínica de 87,5% para 93,2% e que se refletiu na taxa de letalidade que caiu de 25,60% para 3%.

EP-122

Bradycardia induced by use of oseltamivir in patient with suspected H1N1 influenza: case report

Laise Locks Stahlhofer¹, Samantha Brandes¹, Vanessa Bordin¹, Silvia Maria Fachin¹

¹Hospital Regional Hans Dieter Schmidt - Joinville (SC), Brasil

Objective: Report a clinical case of a patient affected by bradycardia and junctional heart rhythm after started oseltamivir phosphate during his hospitalization.

Methods: Observational study - case report.

Results: M.A.N, 38 years old, was hospitalized due to fever, chills, productive cough, dyspnea, hypotension and ventilator-dependent chest pain. Healthy anteriorly, with sporadic use of antibiotic therapy for urinary tract infection in the last 6 months. He was hospitalized, respiratory isolated, starting piperacillin-tazobactam and oseltamivir. Patient evolved with acute respiratory insufficiency, requiring oro-tracheal intubation. He was transferred to Intensive Care Unit. The admission presented serology tests non-reactive for HIV, Hepatitis B and C, and syphilis; 16,300 leukocytes with 4% of rods. Chest x-ray demonstrated consolidation in the left pulmonary base. Patient had favorable clinical evolution, was extubated on the third day. After 5 days presented bradycardia with junctional rhythm to the electrocardiogram. A thoracic echocardiography was performed, which was within normal limits. After suspension of oseltamivir, patient

returned to sinus rhythm the next day. A 24-hour Holter test was performed: sinus rhythm, with no alterations. The RT-PCR performed using nasopharyngeal swabs for influenza A was negative.

Conclusions: Oseltamivir phosphate induced junctional bradycardia is rare and there are few reports associate with junctional rhythm. Therefore, one must be aware of the adverse event of this medication.

EP-123

Carbapenems and polymyxins usage in critical patients with sepsis in Rio de Janeiro

Patrícia Aqueen Cid¹, Elisângela Martins de Lima², Luiz Henrique Zanata Pinheiro¹, Karen Yumi Miyashiro³, Lucas Lameirão Pinto de Abreu Rosas³, Scyla Maria de Sant'Anna Reis Di Chiara Salgado³, Saint Clair dos Santos Gomes Junior⁴, Marisa Zenaide Ribeiro Gomes¹

¹Laboratório de Pesquisa em Infecção Hospitalar, Instituto Oswaldo Cruz, Fundação Oswaldo Cruz - Rio de Janeiro (RJ), Brazil; ²Instituto de Pesquisa Clínica Evandro Chagas, Fiocruz, - Rio de Janeiro (RJ), Brasil;

³Hospital Federal dos Servidores do Estado - Rio de Janeiro (RJ), Brasil;

⁴Instituto Fernandes Figueira - Rio de Janeiro (RJ), Brasil

Objective: Investigate antimicrobial usage and explore the value of blood culture to down-regulate broad-spectrum antibiotic treatment in septic patients in Rio de Janeiro.

Methods: Prospective investigation of SIRS/sepsis-2/sepsis-3 criteria episodes in patients admitted in an adult medical-surgical ICU at a tertiary, federal hospital, whose blood and other cultures were collected and episodes treated with antimicrobials, during July/2015-August/2016. Antimicrobial therapy was classified as Empirical 1 (E1) whenever used for sepsis until three days before initial blood culture; Empirical 2 (E2), comprising the period between blood cultures and results; Final treatment (FT), after blood cultures results. Daily therapy per 100 patient-days represents the sum of all antimicrobial drugs administered daily normalized to 100 patient-days.

Results: Among 148 aleatory episodes, the median duration of drugs used alone or in combination was 13 days (range 1-70). Carbapenems were implemented in 58% (70/121) of episodes during E1, 82% (122/148) in E2 and 67% (74/111) in FT ($p < 0.0001$), while polymyxins were given in 31% (37/121), 60% (89/148) and 58% (64/111) in E1, E2 and FT ($p < 0.00001$), respectively. Daily therapy with carbapenems and polymyxins were 1.5 and 1.3/100 patient-day, respectively.

Conclusion: Although preliminary, blood-culture results demonstrated little influence to de-escalate broad-spectrum antibiotics, as polymyxins, which represents substantial days of consumption, even before suspicion of new sepsis episode. This population would benefit of the introduction of a biomarker to guide antimicrobial therapy.

EP-124

Clinical impact of the implementation of the sepsis protocol: the intervention education as a strategy to improve adherence to the protocol

Edgar de Brito Sobrinho¹, Adriana de Oliveira Lameira Veríssimo¹, Markus Barcellos de Albuquerque¹, Hellen Karinna Monteiro¹, Milce Ellen Barros de Oliveira¹, Marcelo Araújo de Oliveira², Shirley Helena dos Santos Henriques da Silva¹, Jackson Freire¹

¹Hospital Adventista de Belém - Belém (PA), Brasil; ²Universidad Adventista Del Plata - Entre Ríos, Libertador San Martín, Argentina

Objective: To analyze the clinical impact of the implementation of the sepsis protocol and the use of an education tool in the adherence of this protocol.

Methods: This is a quasi-experimental study, conducted in a high complexity reference center. Case group: patients admitted from August 2015 to December 2016, during which time a letter of feedback was used on the opening of the protocol. Control group: patients admitted from March to July 2015, prior to the implementation of the protocol.

Results: Severity classification showed that 12.8% of patients had septic shock, 5 months later, 59%, and 8 months later 28.2% ($p = 0.014$). Place of care, patients who arrived at the emergency room and did not go to the Intensive Care Unit (ICU) prior to the 0% protocol, after 42.9% and 57.1%, respectively. ($P = 0.00001$). Length of hospital stay on days before 22.9, then 19.7 and 11.3 respectively ($p = 0.04$). Adherence to the 6-hour pack before 1.7%, then 12.1% and 86.2% respectively ($p = 0.00001$). The overall mortality stratified by period was before 33.3%, then 32.6% and 19.5% ($p = 0.028$).

Conclusion: The implantation of the care protocol and the use of improvement strategies with the letter-feed intervention showed a decrease in the transference of patients with sepsis to the ICU, improved the detection of the first organ dysfunctions and the initial administration of antibiotics, greater adherence to the Measures of greater patient prognosis.

EP-125

Comparison between oxygen consumption and resting energy expenditure between septic and non-septic critically ill patients: an observational transversal study

Mayra Gonçalves Meneguetti¹, Thamiris Ricci de Araújo², Aline Nassiff², Edson Antônio Nicolini¹, Ana Maria Laus², Olindo Assis Martins-Filho¹, Anibal Basile-Filho¹, Maria Auxiliadora Martins¹

¹Hospital das Clínicas, Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil; ²Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil

Objective: To compare the oxygen consumption (VO₂, in mL.min⁻¹) and the resting energy expenditure (REE, in kcal.kg.day⁻¹) measured by indirect calorimetry (IC) between septic and non-septic critically ill patients.

Methods: This observational transversal study was conducted in an adult Intensive Care Unit (ICU) of a tertiary university hospital. All patients were evaluated within the first 48 h of admission, under mechanical ventilation. Demographic and clinical data were collected such as age, body mass index (BMI, in kg.m⁻²) and REE was measured by IC for 30 min. Data were compared between groups using Mann-Whitney test.

Results: 205 patients were included in the study, 91 (44%) males in septic group and 114 (56%) males in non-septic group. The median of the variables studied in the septic and non-septic patients were respectively: age (58 vs. 52; $p = 0.64$); body mass index (BMI) (26 vs 25; $p = 0.58$); Acute Physiology and Chronic Health Evaluation II (APACHE II) score (25 vs. 24; $p = 0.86$); death risk (62% vs. 47%; $p = 0.08$); VO₂ (210 vs. 213; $p = 0.71$) and REE (1473 vs. 1465; $P = 0.73$). The mortality rate was 55% in the septic and 11% in the non-septic group.

Conclusion: The data demonstrate no statistical difference in VO₂ and REE between septic and non-septic patients.

EP-126

Comparison of diagnostic methods for sepsis

João Felipe Hermann Costa Scheidt¹, José Guilherme Frediani Oliveira², Jean Carlos Bofi Rodrigues², José Alaor da Veiga Júnior², Vanessa Yummy Nishi², Beatriz Medeiros Gurgel¹, Alisson Rodrigo Belini¹, Jair Francisco Pestana Biatto²

¹Departamento de Medicina, Centro de Ciências da Saúde, Universidade Estadual de Maringá - Maringá (PR), Brasil; ²UNICESUMAR - Maringá (PR), Brasil

Objective: Comparing the diagnostic criteria for sepsis in the context of intensive therapy presented at The Third International Consensus Definitions for Sepsis and Sepsis Shock (Sepsis-3) to the criteria recommended by the Latin American Sepsis Institute (LASI), and analyzing the obtained data relating to mortality rates between the two above criteria.

Methods: Retrospective study, based on analysis of medical records, applying the SIRS and criteria. Adult patients on antibiotics due to suspected infection were included, admitted to Intensive Care Unit. The criteria were applied 48 hours before the start of therapy until 24h after. From then on, there was analysis regarding the mortality rate within 30 days after suspected infection in each method and a comparison between them was made.

Results: 89 patients were included, of which 42 came to death within 30 days after suspected infection. Among those featured in at least one of the diagnosis recommended by the Latin American Sepsis Institute, 51% came to death, within each diagnostic classification, the mortality rate was found as follows: 25% of the patients with sepsis, 48% with severe sepsis, and 100% with septic shock. On the other hand, the death percentage by the method recommended by the Sepsis-3 was 49%. Within each diagnostic classification, the following rates were obtained: 38% of mortality in patients with sepsis and 85% in those with septic shock.

Conclusion: The mortality rates in patients with sepsis are bigger when the criteria proposed by the Sepsis-3 are used as opposed to the method recommended by LASI.

EP-127

Evaluation of neutrophil activity in patients with sepsis admitted to the intensive care unit

Carolina Braga de Resende¹, Vandack Alencar Nobre Jr¹, Isabela Nascimento Borges¹, Barbara Maximino Rezende², Núcleo Interdisciplinar de Investigação em Medicina Intensiva³, José Carlos Alves Filho⁴, Vanessa Pinho², Mauro Martins Teixeira²

¹Faculdade de Medicina, Universidade Federal de Minas Gerais - Belo Horizonte (MG), Brasil; ²Instituto de Ciências Biológicas, Universidade Federal de Minas Gerais - Belo Horizonte (MG), Brasil; ³Hospital das Clínicas, Universidade Federal de Minas Gerais - Belo Horizonte (MG), Brasil; ⁴Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil

Objective: To evaluate the neutrophil migration capability in cells humans by chemotaxis expression of CXCR1, CXCR2, GRK2, GRK5 and pAKT, and cell survival of human neutrophil in a subgroup of septic patients (defined according to Sepsis 3 Consensus) screened from a Brazilian cohort.

Methods: Cohort study underway since October 2014 at January 2017 in the Intensive Care Unit of a university hospital.

Results: Classification sepsis 3: 43 patients. Neutrophil chemotaxis and flow cytometry assays were performed in six patients. Considering the total of 43 patients in the cohort, APACHE II, SAPS3 and baseline SOFA were respectively, 19.5, 62.8 and 9.35. The average age was 58 (18-97); 55.8% (24) were female. Most patients (90.7%) had septic shock, and 83% of the included patients survived at 28 days. There was a reduction of 40% of neutrophil chemotaxis in patients with sepsis or septic shock compared to health individuals. The CXCR1, GRK2 and GRK5 were increased in these patients. Higher cf-DNA concentrations were detected in septic patients in comparison with healthy controls and low expression of annexin V in neutrophils of patients.

Conclusion: The CXCR1, GRK2 and GRK5 was increased and low expression of annexin V in neutrophils of patients. In addition, increased NETs demonstrated maintenance of bacterial clearance activity despite the clinical severity of patients. Altogether, these results corroborate with the our hypothesis that the GRK2 and GRK5 pathway may be related with the neutrophil chemotaxis reduction but neutrophils survive for long periods without losing the ability of bacterial clearance.

EP-128

Evaluation of prognostic factors in septic patients from a public university hospital in Brazil

Rebeca Caldeira Machado Berger¹, Livia Maria de Araujo Maia Cláudio¹, Rosemeire Andreatta¹, Valério Garrone Barauna¹, Rafael de Oliveira Alvim¹, Edilamar Menezes de Oliveira², José Eduardo Krieger³, Paula Frizzera Vassallo¹

¹Universidade Federal do Espírito Santo - Vitória (ES), Brasil; ²Universidade de São Paulo - São Paulo (SP), Brasil; ³Instituto do Coração, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Objective: Evaluate factors that influence hospital lethality and severity in septic patients.

Methods: Studied population was patients included in sepsis protocol from all sectors of the hospital between March 2016 and Jun 2017. Sepsis diagnosis followed ILAS - Instituto Latino Americano da Sepse definitions. Data was collected at the time of diagnosis and included: comorbidities, laboratory parameters and SOFA score. Based on hospital lethality, patients were divided into survivors and non-survivors and between groups with different severity of infection.

Results: Among 436 patients analyzed 29.6% were infection, 34% sepsis, 18% septic shock and 1.6% was excluded from diagnosis. Lethality rate was 59% in septic shock, 39% in sepsis and 11% in infection. Comorbidities were found in 81% of patients, being most frequent: hypertension (34.6%), diabetes (16.1%) and heart disease (11.7%). Overall lethality was 30.2%, of which 85.8% with comorbidities and 14.2% without comorbidities ($p < 0.05$). SOFA was higher in septic shock, sepsis and infection patients (7.79 ± 0.7 , 4.23 ± 0.4 and 1.82 ± 0.3 , $p < 0.05$), respectively. Lactate and INR were higher in septic shock and sepsis compared to infection ($p < 0.05$), higher levels were observed in non survivors (Lac: 4.3 ± 0.5 mmol/L; INR: 1.5 ± 0.1) compared to survivors (Lac: 2.6 ± 0.2 mmol/L; INR: 1.2 ± 0.0 , $p < 0.05$).

Conclusion: Higher hospital septic patients severity and lethality were associated with comorbidities, higher SOFA score and higher lactate and INR levels.

EP-129

Fasceíte necrotizante e sepse por amigdalite - a importância do diagnóstico e tratamento precoce

Daiana Terra Nacer¹, Zizar Melo², Regina Márcia Cardoso de Sousa³, Sandra Maria do Valle Leone de Oliveira²

¹Universidade de São Paulo - Ribeirão Preto (SP), Brasil; ²Universidade Federal de Mato Grosso do Sul - Três Lagoas (MS), Brasil; ³Universidade Federal de São Paulo - São Paulo (SP), Brasil

B.S.J, 59 anos, sexo feminino, diabética, hipertensa, portadora de artrite reumatoide, deu entrada na unidade de saúde com edema em região maxilo-cervical direita, dor de forte intensidade irradiada para região precordial, hiporexia, calafrios e vômitos. Diagnóstico inicial de caxumba, sendo liberada para a residência. Em novo retorno ao serviço de saúde, recebeu o diagnóstico de parotidite, iniciado tratamento com Cefalexina + Metronidazol, após 4 dias de tratamento sem melhora, foi encaminhada ao

hospital de referência, taquicárdica, hipotensa, taquipneica, hiperglicêmica (glicemia: HI), oligúrica, sendo realizada tomografia, e diagnosticada fascite necrotizante secundária a amigdalite, e realizado debridamento da região em centro cirúrgico, além de drenagem de tórax a D, devido a derrame pleural importante. Após o procedimento, foi encaminhada a UTI, onde deu entrada entubada, em ventilação mecânica, modo PCV, FiO₂ 60%, PEEP 6, FR:14irpm, sedada com Midazolam e Fentanil, com Noradrenalina 0,2mcg/kg/min, taquicárdica, hipotensa, apresentando acidose metabólica, hemograma: 14300 leucócitos, 45% de bastões. Lesão após debridamento apresentando 20cm da região maxilar direita até o terço médio do esterno, com grande quantidade de fibrina, e exposição óssea da região mandibular, sendo realizado curativo com malha de prata nanocristalina (Acticoat), a lesão evolui com hiperemia em bordas, necrose da pele ao redor e saída de secreção purulenta em região maxilar. Após cultura foi isolado no material o microorganismo *Streptococcus anginosus*, sensível a todos os antimicrobianos testados. Paciente evoluiu com insuficiência renal dialítica, piora hemodinâmica e ventilatória, e óbito no 9º dia de internação na UTI.

EP-130

Fatores associados ao óbito em pacientes sépticos de uma unidade de terapia intensiva

Fernanda Cajuhy dos Santos¹, Alice Araujo Cunha², Luíze da Silva Rezende da Mota², Fernanda Fernandes Costa², Rebeca Alves Santos Brito², Ana Carla Carvalho Coelho², Márcia Maria Carneiro Oliveira², Elieusa E Silva Sampaio²

¹Hospital da Cidade - Salvador (BA), Brasil; ²Escola de Enfermagem, Universidade Federal da Bahia - Salvador (BA), Brasil

Objetivo: Analisar os fatores associados ao óbito em pacientes sépticos de uma unidade de terapia intensiva (UTI).

Métodos: Avaliação retrospectiva de prontuários de pacientes com sepse e choque séptico internados na UTI de um hospital privado da cidade de Salvador/Bahia no período de fevereiro a dezembro de 2016. Foi utilizado o teste Qui-quadrado para análise de associação sendo considerado significativo estatisticamente $p < 0,05$. A análise multivariada foi realizada por regressão logística com Odds Ratio (OR) e respectivo intervalo de confiança de 95% (IC 95%).

Resultados: Do total de 82 pacientes, 40 (48,8%) tiveram óbito como desfecho. A média de idade foi 73,7 \pm 17,7 anos. No momento da admissão, 34,1% foram classificados como sepse e 11% choque séptico. A mediana de permanência na UTI foi 13 dias, variando entre 01 a 120 dias. Prevaleceu a infecção do Trato respiratório (52,4%) e 59,8% fizeram uso de ventilação mecânica (VM). A mediana de tempo de VM foi 4 dias, variando de 1 a 93 dias. A droga mais utilizada foi a noradrenalina (62,2%). Na análise univariada, verificou-se associação de óbito com idade > 60 anos ($P = 0,006$), uso de noradrenalina ($P = 0,001$) e uso de VM ($p < 0,0001$). No modelo final, as variáveis que se associaram ao óbito foram idade > 60 anos (OR 7,63; IC 95%: 1,10 - 29,20) e uso de VM (OR 9,26; IC 95%: 3,04 - 28,19).

Conclusão: A idade > 60 anos, o uso da noradrenalina e VM foram fatores associados ao óbito na amostra.

EP-131

Granulomatosis with polyangiitis as a differential diagnosis in intensive care unit: a case report

Anna Luíza de Araujo Neurauter¹, Karen de Abreu Lima¹, Maitê Domingos Almeida¹, Mateus Freitas Teixeira¹, Rodrigo Marins Féres¹

¹Niterói D'Or - Niterói (RJ), Brasil

Granulomatosis with polyangiitis, a small vessels vasculitis, involves mostly upper respiratory tract, lungs and kidneys. It's a multisystemic pathology, with no sex predominance, affecting adults over 40 years old. Case report: K.S.D, 64 years, female, with chronic obstructive pulmonary disease and hypothyroidism, former smoker, came to emergency room with dyspnea, asthenia, cough and coryza, 15 days after a recurrent acute otitis media surgical treatment. Computed tomography chest scans showed bilateral pleural effusion, consolidation and a lung mass to be investigated. Admitted in Intensive Care Unit, treated for pulmonary sepsis. Subsequently, developed mastoiditis and conjunctival hyperemia and used several antibiotic therapies. A bronchoscopy with biopsy was realized, which showed an acute and chronic inflammatory infiltrate. She was discharged 40 days later, with clinical improvement. One month after discharge, was admitted again with pulmonary septic shock, in addition to sinusitis, polyarthralgia, purpura and acute renal injury, requiring hemodialysis during hospitalization. Lung mass was no longer present at chest scans. Biomarkers were requested, such as c-ANCA, p-ANCA and rheumatoid factor, with positive result and antinuclear factor, with negative result. A renal biopsy also has been solicited. The diagnosis was granulomatosis with polyangiitis, treated with methylprednisone pulse therapy and cyclophosphamide, progressing to clinical stability and receiving discharge with outpatient follow-up. Conclusion: Granulomatosis with polyangiitis is a rare condition, with a difficult diagnosis, that should be considered when patient presents upper respiratory tract, lungs and kidneys symptoms. Early diagnosis and immunosuppressive therapy are essential to reduce its morbimortality.

EP-132

Impacto da utilização de protocolo de sepse no tempo de administração de antibióticos

Fernando Bourscheit¹, Ana Flávia Gallas Leivas¹, José Pettine¹, Tiago Almeida Ramos¹, Moreno Calcagnotto dos Santos¹, Márcio Manozzo Boniatti²

¹Hospital Montenegro - Montenegro (RS), Brasil; ²Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objetivo: Avaliar o impacto da implementação de um protocolo de identificação e tratamento de pacientes com sepse na emergência de um hospital.

Métodos: Criação de um protocolo de atendimento com critérios bem estabelecidos de identificação precoce de sinais sugestivos de sepse na emergência com elaboração de fluxo facilitador para a prescrição precoce de antibiótico. Para tanto, seguindo diretrizes atuais, foi criado um kit de fácil liberação para pacientes com sinais clínicos da síndrome da resposta inflamatória sistêmica associados a suspeita de foco de infecção que apresentassem alguma disfunção orgânica. A liberação do kit, composto por frascos de hemocultura, tubo de coleta para lactato e dose de antibiótico conforme definições da comissão de controle de infecção hospitalar institucional, foi realizada através do preenchimento de checklist do protocolo, de simples preenchimento, que funciona como prescrição da primeira dose de ATB.

Resultados: A amostra composta por 58 paciente com idade média de 67 anos, apresentou pneumonia comunitária como principal foco infeccioso. Em relação as internações, 50% ocorreram em UTI com mortalidade de 27% (mortalidade hospitalar 29%), com media de permanência de 6 dias. Houve adequação de esquema antibiótico em 79% dos casos. Em relação ao tempo entre prescrição e administração de antibióticos, 84,2% dos pacientes receberam antibiótico em menos de uma hora com mediana de 25 minutos (14,0 - 42,0).

Conclusão: Protocolo de sepse implementado na emergência minimiza os atrasos entre a prescrição e administração de ATB. Amostras maiores são necessárias para avaliar modificação em tempo de internação e mortalidade.

EP-133

Implementação de protocolo informatizado de sepse

Rosane Barreto Cardoso¹, Ana Carolina Rodrigues Fortes¹, Debora Mayane de Carvalho Pestana Miguel¹, Ana Lucia Cascardo Marins¹, Luiz Fernando Nogueira Simvoulidis¹, Monica Sequeira Lopes Teixeira¹, Shirlene Barbosa Simas¹

¹Hospital Unimed Rio - Rio de Janeiro (RJ), Brasil

Objetivo: Relatar a implementação de um protocolo de sepse agregado ao Prontuário Eletrônico do Paciente (PEP).

Métodos: Estudo descritivo e exploratório.

Resultados: Pela combinação da alteração de sinais vitais e resultados de exames laboratoriais o sistema apresenta um alerta ao acionar o PEP, sinalizando as alterações e indicando abertura de uma ficha eletrônica "triagem de sepse". O enfermeiro ou o médico abrem o protocolo assinalando as alterações na ficha. Se duas ou mais alterações indicando o seguimento do protocolo. Na sequência do protocolo o médico preenche a ficha eletrônica "Pacote de Medidas de 3 Horas", esta contém perguntas que auxiliam na condução do protocolo, tais

como: confirmação de solicitação de hemoculturas, indicação de exames complementares, confirmação da prescrição e administração da primeira dose de antibióticos e estratégias de estabilização hemodinâmica. Foi criada uma tela com a rotina de prescrição de exames laboratoriais, de imagem e antibióticos com sinalização específica para que todos os profissionais envolvidos no processo providenciem as medidas a serem conduzidas ao paciente com sepse. No caso provável infecção o médico dará continuidade e encerramento ao protocolo com o preenchimento da ficha "Pacote de Medidas de 6 horas". Esta ficha foi elaborada com questões que auxiliam a equipe na condução de medidas para reavaliação do estado hemodinâmico, registro das disfunções orgânicas e classificação final do quadro do paciente.

Conclusão: O protocolo informatizado possibilitou a disseminação da cultura institucional de identificação precoce da sepse, assim como a melhora dos indicadores de letalidade (maio 16, 41%, junho 15,73%).

EP-134

Increased hospitalization time of septic patients: main clinical and biochemical changes

Raquel Dominoni Sogaia¹, Jacqueline Staniszewski Ladeia¹, Marcos da Costa Melo Silva¹, Leticia Tramontin Mendes¹, Guilherme Kriger¹, Ana Cristina Martins Dal Santo Debiassi¹

¹Universidade do Vale do Itajaí - Itajaí (SC), Brasil

Objective: To describe the main clinical and biochemical alterations of septic patients and to evaluate correlation with an increase in the meantime of hospitalization in intensive care units.

Methods: Prospective analysis, cohort type, performed in 2016 during a period of 165 days. Patients who presented sepsis or septic shock were included in the study and the main clinical and biochemical changes were evaluated. The data were stored and the variables were analyzed by the Statistical Package for Social Sciences (SPSS) program: mean, median and standard deviation, as well as correlation tests.

Results: From the 100 patients included in the study, there was no correlation with sex, antibiotic administration in the first 6 hours and presence of septic shock. The most prevalent clinical criteria were tachypnea (27%) and temperature above 38.5°C (42%). Of the chemical markers, the highest incidence was leukocytosis (67%) and hyperlactatemia (lactate > 4mmol / L) (45%). There was a correlation (p < 0.001) between increased length of hospital stay and PaO₂/FiO₂ < 300, hypotension and hyperlactatemia.

Conclusion: The changes that showed a correlation with the increase in hospitalization time are related with hypoperfusion of tissues and increased complexity in the management of septic patients, corroborating the already existing data in literature.

EP-135

Índice de respiração rápida e superficial no desmame ventilatório de pacientes com sepseNaira Helena Bohrer Scherer¹, Clarissa Netto Blattner²¹Universidade Federal de Ciências da Saúde de Porto Alegre - Porto Alegre (RS), Brasil; ²Hospital São Lucas, Pontifícia Universidade Católica do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objetivo: O Índice de Respiração Rápida e Superficial (IRRS) apresenta alta acurácia em prever o sucesso no desmame ventilatório de pacientes críticos. Porém, se faz necessário avaliar sua aplicabilidade em uma população específica. Com isso, o objetivo deste estudo foi verificar se o IRRS é capaz de prever o sucesso no desmame ventilatório de pacientes sépticos internados em uma Unidade de Terapia Intensiva (UTI).

Métodos: Estudo prospectivo do tipo quase-experimental com amostra consecutiva por conveniência, composta por indivíduos sépticos e não sépticos internados em uma UTI Adulto Geral, submetidos a VMI e em condições clínicas favoráveis de início do processo de desmame. Foram incluídos pacientes em VMI por mais de 24 horas, com idade > 18 anos, de ambos os sexos, que apresentassem uma melhora ou resolução da causa de base da insuficiência respiratória. Excluiu-se pacientes traqueostomizados, com broncoespasmo, extrema agitação, secreção pulmonar abundante e sinais de esforço ventilatório. O IRRS foi calculado através de um ventilômetro e foi considerado sucesso no desmame um IRRS <105.

Resultados: Fizeram parte do estudo 75 pacientes com uma média de idade de 57,9±18 anos e destes 50,7% eram sépticos. Houve uma associação significativa entre sepse e insucesso no desmame ($p=0,015$), porém, não houve resultado significativo entre os valores do IRRS com o sucesso no desmame ($p=0,640$).

Conclusão: O IRRS não é capaz de prever sucesso no desmame de pacientes sépticos, porém, suas medidas são úteis na identificação daqueles que possam não tolerá-lo e apresentar elevado risco de falha.

Methods: Retrospective analysis of a prospective cohort study in two general ICUs in Brazil. All adult patients admitted to the ICUs of both institutions during one year and whose stay lasted longer than 24 hours were included in the study. Degree of dependence (or physical condition) was measured using the Karnofsky Performance Status and Lawton Instrumental Activities of Daily Living scales. Data was collected at admission and all survivors were interviewed through telephone two years after ICU discharge to make comparisons.

Results: Mortality rate was greater for septic than for non-septic patients (57% vs. 34; $p < 0.001$) after 2 years of ICU discharge. The mortality rate was 42% for septic patients within three months of ICU discharge. The most frequent ICU admission causes among septic patients were respiratory-related, while for non-septic patients were cardiovascular-related. Septic patients had higher APACHE II scores (XX vs. XX, $p=XX$). Both Karnofsky and Lawton Scales showed that septic patients were more dependent than non-septic patients ($p<0.05$). Septic patients were 1.34 times more likely to die than non-septic patients after adjustment for age and APACHE II score.

Conclusion: Consequences of sepsis last beyond hospital discharge. ICU patients admitted for sepsis are more likely to die and have greater degree of dependence after two years of hospital discharge compared to patients admitted for other causes.

EP-137

Mortality in patients admitted with infection according to the Sepsis-3 definitions in two Brazilian intensive care unitsPaula de Souza Pereira¹, Jaqueline Lima de Souza¹, Bárbara Magalhães Menezes¹, Fernanda Vilas Bôas Araújo¹, Gabriel de Oliveira Araújo¹, Lucas Barbosa Bezerra¹, Dilson Palhares Ferreira¹, Fábio Ferreira Amorim¹¹Escola Superior de Ciências da Saúde - Brasília (DF), Brasil

Objective: The aim of this study was to compare the 4-day and 28-day mortalities across categories according to the Sepsis-3 definitions in patients admitted with diagnostic of infection in two Brazilian intensive care units.

Methods: Retrospective cohort study conducted on patients admitted to the ICUs of Hospital Regional de Taguatinga and Hospital Regional de Sobradinho, Brasília, DF, Brazil, during 12 months. 4-day and 28-day mortalities were compared among categories of Sepsis-3 definition (infection with no organ dysfunction, sepsis and septic shock).

Results: Of 252 patients included, mean age was 58±20 years, median SOFA: 9 (IQR:5-12), respiratory tract infection was the most common cause of infection (42.5%), 4-day mortality was 19.1%(n=61) and 28-day mortality was 42.1%(n=106). Infection with no organ dysfunction was presented in 10 patients (4.0%), sepsis in 242 patients (96.0%) and septic shock in 120 patients (47.6%). The

EP-136

Mortality and degree of dependence after two years for critically ill septic and non- septic patientsLivia Biason¹, Gilberto Friedman², Cassiano Teixeira³, Roselaine Pinheiro de Oliveira³, Jaqueline Sangiogo Hass², Augusto Savi³, Claudia da Rocha Cabral³¹Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil;²Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil; ³Hospital Moinhos de Vento - Porto Alegre (RS), Brasil

Objective: To evaluate mortality rate and degree of dependence of septic patients after two years of ICU discharge.

4-day and 28-day mortalities were progressively higher across categories of Sepsis-3 definitions: infection with no organ dysfunction (9.0% and 20.5%), sepsis (22.3% and 43.8) and septic shock (28.9% and 54.4), $p < 0.01$ for both. Regarding the 28-day Kaplan-Meier survival curves, time to death was shorter with the progression with the severity of Sepsis-3 definition.

Conclusion: The Sepsis-3 definition was able to stratify mortality in patients admitted with diagnostic of infection. The mortality was progressively higher across the Sepsis-3 categories.

EP-138

O manejo de dispositivos intravenosos periféricos: competências do enfermeiro para a prática assistencial no combate à sepse

Ana Maria Marcondes Fiorano¹, Rebeca Santana de Oliveira¹, Flavia Rodrigues Guerra¹

¹Faculdade de Medicina do ABC - Santo André (SP), Brasil

Objetivo: Analisar os cuidados de enfermagem ao paciente portador de dispositivos intravenosos periféricos para a prevenção e manejo da sepse relacionada à infecção de corrente sanguínea.

Métodos: Estudo descritivo, coleta de dados com enfermeiros lotados em unidades críticas e de internação, mediante formulário para registro de suas respostas e apoiado em protocolos referenciados para nortear os cuidados ao paciente portador de dispositivos intravenosos periféricos. Para o processamento dos dados utilizou-se o software epiinfo 7.0[®].

Resultados: A idade média dos 67 enfermeiros foi de 35,9 anos e 52,3% estão formados entre 3 e 8 anos. Foram construídos scores de assertividade às respostas apresentadas pelos enfermeiros de unidades de internação (UI) e unidades críticas (UC). À execução da técnica de punção venosa periférica, foi obtido o score médio de 4. Obteve-se score 3,9 (UI) e 3,6 (UC) para as ações realizadas mediante observação de infecção no local de inserção do cateter venoso periférico; 2,5(UI) e 2,3(UC) para o reconhecimento dos sinais de sepse; 4,2(UI) e 3,7(UC) para ações referentes ao pacote de 3 horas do protocolo de sepse. Para interpretação de resultados de exames laboratoriais, percebeu-se que enfermeiros pouco os relacionam aos sinais de sepse, independentemente do setor. **Conclusão:** Os enfermeiros apresentam algumas dificuldades técnico-operacionais, uma vez que o score médio de assertividade de ações de enfermagem relatadas acerca de todas as categorias estudadas foi de 3,56 (0-10), independentemente da unidade hospitalar onde atuam.

EP-139

Platelet changes and septic shock: an early marker of prognosis?

Jacqueline Staniszewski Ladeia¹, Raquel Dominoni Sogaia¹, Marcos da Costa Melo Silva¹, Leticia Tramontin Mendes¹, Guilherme Kriger¹, Ana Cristina Martins Dal Santo Debiasi¹

¹Universidade do Vale do Itajaí - Itajaí (SC), Brasil

Objective: Sepsis may lead changes in platelet counts, there is evidence that thrombocytopenia is associated with greater severity of sepsis progression, however, the impact of thrombocytosis remains controversial. Thus, this study wants to identify the correlation between changes in platelet count and increase in hospital mortality in patients with septic shock.

Methods: A prospective, cohort-type study was conducted in 2016. The population diagnosed with septic shock was divided into three groups according to platelet count in the first 72 hours of the diagnosis: platelet thrombocytosis group ($> 450,000$ platelets /L), group of regular platelet count defined between $>100,000$ platelets/L and $<450,000$ platelets /L and platelet thrombocytopenia group, defined as $<100,000$ platelets /L.

Results: From the 60 patients analyzed with septic shock, 18% presented thrombocytopenia while 11.6% presented thrombocytosis in the first 72 hours. Thrombocytosis was associated with a lower SOFA score, while thrombocytopenia was associated with higher SOFA ($p < 0.05$), compared to normal platelet count. The intrahospital mortality rate was higher in the group with thrombocytosis and thrombocytopenia when compared to the group with normal platelet count. Statistical evaluation showed that thrombocytosis and thrombocytopenia are associated with increased mortality ($p < 0.05$).

Conclusion: Thrombocytopenia and thrombocytosis were associated with increased hospital mortality. Further studies are necessary in order to provide epidemiological comparisons. Thus, early observation of platelet levels may become a routine and favorable measure in the evolution of sepsis.

EP-140

Relationship between focus and origin of infection with lethality in septic patients of a public university hospital from Brazil

Livia Maria de Araujo Maia Cláudio¹, Rebeca Caldeira Machado Berger¹, Hilmara Aparecida Jesus Maioli², Rosemeire Andreatta², Valério Garrone Barauna¹, Rafael de Oliveira Alvim¹, José Eduardo Krieger³, Paula Frizera Vassallo¹

¹Universidade Federal do Espírito Santo - Vitória (ES), Brasil; ²Hospital Universitário Cassiano Antonio de Moraes - Vitória (ES), Brasil; ³Instituto do Coração, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Objective: Describe the frequency of infection focus and origin and their relationship with hospital lethality in septic patients.

Methods: Studied population was patients included in sepsis protocol from all sectors of the hospital between March 2016 and Jun 2017. Diagnosis of sepsis followed ILAS -

Instituto Latino Americano da Sepse definitions. Based on hospital lethality, patients were divided into survivors and non-survivors. It was calculated SOFA score at diagnosis, focus and origin of infection (hospital or community). Data were compared between groups of patients with different severity of infection.

Results: Among 436 patients analyzed, 29.6% were infection, 34% sepsis, 18% septic shock and 1.6% was excluded from diagnosis. The lethality was 59% in septic shock, 39% in sepsis and 11% in infection. SOFA score was higher in non-survivors compared to survivors (6.8 ± 0.7 and 3.50 ± 0.4 , $p < 0.05$). It was identified that 51.9% of the infections origins were hospital, 39.5% community and 8.8% there was loss of data. Additionally, among non-survivors, 59.3% had hospital while 24.1% had community infection. Regarding infectious focus, 22.4% were pulmonary, 30.9% abdominal, 15.2% urinary, 7.0% blood and 23.7% others. The highest lethality was found in patients with abdominal, followed by pulmonary and blood infection focus (33.3%; 30.7% and 7.0%, $p < 0.05$), respectively.

Conclusion: Higher hospital septic patients lethality was associated with abdominal and pulmonary sepsis, hospital infection and higher SOFA score.

EP-141

Sepsis grave en cuidados intensivos

Juan Francisco Rocha Hernandez¹, Moisés Aramis Santos Peña¹, Maykel Lazel Rocha Quintana¹, Andy Rocha Quintana¹, Maria Luisa Quintana Galende²

¹Hospital Gustavo Aldereguía Lima - Cienfuegos, Cuba; ²Escuela Nacional de Salud Pública - La Habana, Cuba

Objetivo: Determinar si el Síndrome de Respuesta Inflamatoria Sistémica (SRIS) es capaz de predecir el desarrollo de sepsis más avanzada.

Métodos: Estudio descriptivo, prospectivo realizado en la Unidad de Cuidados Intensivos Polivalente del Hospital Dr. Gustavo Aldereguía Lima de Cienfuegos. El total de casos fue de 213 pacientes admitidos con el diagnóstico de SRIS o sepsis en algunos de sus estadios entre el periodo que corresponde desde el 1 de enero de 2015 al 31 de diciembre de 2016. Se definieron los pacientes con SRIS, sepsis, sepsis severa, shock séptico y disfunción orgánica múltiple, siendo evaluados al ingreso, a las 24 horas, 48 horas, 72 horas y 96 horas. Se relacionaron variables como edad, sexo, tipo de pacientes, estado al egreso y a los 28 días.

Resultados: En los cinco cortes evaluativos el diagnóstico de SRIS siempre predominó desde el ingreso hasta la evolución a las 96 horas. La disfunción cardiovascular fue la de mayor incidencia en las primeras 24 horas seguido por la respiratoria y la renal. La mortalidad aumentó en dirección proporcional al número de órganos en fallo.

Conclusão: A pesar de que el SRIS es un marcador poco específico de afecciones infecciosas, este estudio encontró que el diagnóstico precoz es importante para evitar la

evolución a estadios que inevitablemente comprometen la vida de los pacientes. La prevención y el diagnóstico precoz de la disfunción y fallos orgánicos constituyeron un posible punto de mejora en la atención de pacientes sépticos críticos

EP-142

Sepsis protocol: experience of implantation in a university hospital

Karine dos Santos Silva¹, Helânia do Prado Cruz¹, Kamylla Veras Teixeira¹, Sabrina Pinheiro Marques¹

¹Hospital Universitário Walter Cantídio, Universidade Federal do Ceará - Fortaleza (CE), Brasil

Objective: To describe the experience of implantation of the sepsis protocol in a unit of medical clinic of the University Hospital.

Methods: It is an experience of implantation of the sepsis protocol in a clinical ward of Walter Cantídio University Hospital of the Federal University of Ceará. The process began in May 2016, triggered by the CCIH team with the support of a doctor of the institution. The flow of the protocol and the attendance sheet, which would be used by the team, were elaborated, as well as the definition of which units would be pilot in this project, with the choice of the 2A and 2B wards, for admitting more serious patients with risk for sepsis. The definition of flows of the laboratory and pharmacy was carried out, with an exposition of the objectives of the protocol and its relevance in the sense of optimizing care for patients with sepsis. After all the defined flows, the training phase of the multidisciplinary team was started.

Results: From June to December 2016, 80 screenings of suspected sepsis were performed, with 36 protocols. It was observed an early and systematized care of the medical team, as well as a greater autonomy and empowerment of the nurse for the suspected cases, since it is responsible for the screening of the suspects, vigilance and effective communication with the health team in addition to the timely beginning of the antibiotic.

Conclusion: The implantation made possible an adequate management of sepsis, in addition to early care.

EP-143

Sepsis-1 and Sepsis-3: clinical comparison in a Brazilian intensive care unit

Jacqueline Staniszewski Ladeia¹, Raquel Dominoni Sogaia¹, Letícia Tramontin Mendes¹, Guilherme Kriger¹, Marcos da Costa Melo Silva¹, Ana Cristina Martins Dal Santo Debiasi¹

¹Universidade do Vale do Itajaí- Itajaí (SC), Brasil

Objective: Since publication with new definitions in Sepsis-3 there is a considerable controversy in hospitals around the

world. The objective of this study is to establish a clinical comparison between the criteria used by Sepsis-1 and Sepsis-3, in addition to evaluate the mortality in up to 28 days of evolution.

Methods: Patients with SIRS higher than or equal to 2 (Sepsis-1) or SOFA higher than or equal to 2 (Sepsis-3) criteria were included in a prospective data analysis and their results were compared using mortality up to 28 days.

Results: From the 100 patients included in the study, 26% of the patients met criteria for Sepsis-1 and 9.43% of them did not meet criteria for Sepsis-3 and this population had a 14.5% mortality rate in 28 days of evolution. On the other hand, 18% represented the group that met criteria for Sepsis-3 and of these, 7.78% did not meet criteria for Sepsis-1 and presented a mortality rate of 8.63% in 28 days of evolution.

Conclusion: Sepsis-1 criteria encompass a greater number of patients, while the Sepsis-3 criteria select the population diagnosed with sepsis with greater sensitivity. However, false negatives through Sepsis-3 may delay early management for sepsis. Still, it seems inappropriate to compare performance between the two versions as there are different benefits in both criteria.

EP-144

The use of a conical cuff cannula in intubated patients versus the incidence of ventilator-associated pneumonia and cost reduction: experience of the intensive care unit of an oncology hospital

Carla Regina Worliczeck Martins¹, Gilian Grazielle Tomporoski¹, Jakeline Marie Servilha Brotto¹, Lorena Macedo Araujo Miranda¹, Mara Albonei Dudeque Pianovski¹, Marcieli Nascimento da Silva¹, Sandra Mara Lima¹
¹Hospital Erasto Gaertner - Curitiba (PR), Brasil

Objective: To carry out a survey of the effectiveness, referring to the costs and the reduction of ventilator-associated pneumonia (VAP) with the use of cannula with conical cuff in adult patients intubated for a period superior to 24 hours in the Hospital Erasto Gaertner.

Methods: A prospective, retrospective study, with quantitative approach to the analysis of the use of a cannula with conical cuff for intubated patients within 90-days period (01/01/17 to 03/31/17). The data was collected through the Clinical Record developed to quantify the participant's profile. Based on the surveys, a comparative analysis was performed for the same retrospective period, 90 days (01/01/16 to 03/31/16), where the patients used the conventional cylindrical cuff cannula.

Results: During the prospective study period, 38 patients were intubated for more than 24 hours and there were 4 (10%) cases of VAP identified, median incidence density in the period 18 %. In the retrospective period, 31 intubated patients being a total of 10 (32%) and median incidence density in the 36% period. The average cost of R\$29.440,00 per patient with VAP is estimated at the institution,

so comparing the periods, there was an economy of approximately R\$176.640,00 in the total costs necessary for treatment and life support of the patients affected by VAP.

Conclusion: In the analysis of the results, the hospital medical material conical cuff cannula was standardized in the institution, ensuring cost and hospital infection reduction as evidenced in the aforementioned study.

EP-145

Think sepsis! Think intraosseous!

Tim Collins¹

¹Clinical & Medical Affairs, Teleflex Medical - Buckinghamshire, England

This presentation will use an interactive case study approach to discuss the use of delivering evidence based sepsis interventions through intraosseous (IO) access. The presentation will evaluate the evidence behind the use of achieving fluid resuscitation, antibiotic administration and IO sampling in a hypotensive difficult vascular access critically ill sepsis patient. Published literature will be innovatively evaluated and woven into the clinical case study. This will refer to the recently published 2016 revised International sepsis guidelines that recommend the use of IO in providing an alternative route for administering antibiotics and fluids that achieves comparable antibiotic plasma concentrations compared to IV. Originality: Originality will focus on the use of achieving sepsis management through the IO route where conference papers nearly exclusively concentrates upon IV or central venous approaches in sepsis management. IO vascular access is traditionally viewed as an intervention reserved for cardiac arrest however this presentation will challenge this concept in providing novel approaches to delivering time critical sepsis treatment through the IO route. Applicability to Critical & Emergency Care: Sepsis is one of the most frequent causes of clinical deterioration that often requires critical care intervention and admission. Sepsis patients require early vascular access and treatment and this presentation will share with practitioners that the IO route is an effective alternative to IV use in the critically ill. Impact for improving patient care: Globally Sepsis is one of the major avoidable deaths. Evidence shows that delays in antibiotic administration & fluid therapy increase mortality. In difficult vascular access situations, the IO route can provide a timely alternative to IV access. The presentation will challenge practitioner's perceptions that IO can provide an effective alternative to IV access in the critically ill.

EP-146

Which variable determines the greatest reduction in sepsis mortality in the managed sepsis protocol?

Marília Teixeira de Gois Alcoforado¹, Mozart Bellas Rodrigues¹, Camila Barbio Velasco¹, Flavia Ribeiro Machado², Moyzes Pinto Coelho Duarte Damasceno¹

¹Complexo Hospitalar de Niterói - Niterói (RJ), Brasil; ²Instituto Latino Americano de Sepsis - São Paulo (SP), Brasil

Objective: To determine among the variables of the managed sepsis protocol (MSP) the one with the greatest impact on mortality reduction.

Methods: Retrospective analysis of data generated from the MSP, evaluated quarterly, between January/2013-June/2017, in an ICU of a quaternary hospital. The following variables were tested: lactate collection; blood culture collection; administration of antibiotics; administration of vasoactive amine and intravenous volume expansion; revaluation with the 6-hour bundle (6HB) and protocol opening (PO). Pearson's correlations were applied with these variables and in-hospital mortality rate (MR).

Results: There was a progressive decline in the MR in the 19 quarters analyzed, according to the mean and standard deviation of the 4 annual quarters: 1st year: 33.3±3.5%; 2nd: 22.2±2.5%; 3rd: 24.9±11.5%; 4th: 15.8±7.6% and 5th: 14.2±2.6%. Concomitantly there was an increase in the PO: 1st year: 40.5±16.9 included/quarter; and 5th: 108.7±37.6%. There was also a progressive increase in the rate of revaluation of 6HB: 1st year: 38.2±18.4%; and 5th: 85.1±7.3%. The Pearson correlations were obtained: mortality rate versus sepsis protocol ($r = -0.269$); and mortality rate versus adherence to the 6HB ($r = -0.494$). The remaining variables presented weak correlations.

Conclusion: Throughout the 19 comparative quarters it was possible to observe that the revaluation of the 6HB presented a higher statistical correlation with the decrease in mortality when compared to the inclusion of the patient in the protocol.

EP-147

Higher prevalence of periodontal pockets, an anaerobic oral environment, in intensive care unit patients who developed an infection

Fernanda de Brito Silva Campos¹, Gabriela Néto Caetano², Karina Alvitos Pereira², Patricia Gusmão Leite², Raquel Moreira dos Santos², Luis Claudio Campos³

¹Universidade do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ²Hospital Público Municipal de Macaé - Rio de Janeiro (RJ), Brasil; ³Universidade Veiga de Almeida (UVA) - Rio de Janeiro (RJ), Brasil

Objective: To compare the oral health of intensive care patients hospitalized in an intensive care unit (ICU) who developed an infection to the ICU patients who did not develop an infection.

Methods: Dental records of 161 patients (56 ± 29 years) admitted between June 2016 and April 2017 were evaluated in relation to the decayed, missing and filled teeth (DMFT) index, periodontal diagnosis, presence of supragingival calculus and periodontal pockets. Fully edentulous patients were excluded from the analysis (n=37, 23%). Among the dentulous patients (n=124) during ICU stay, 38 patients developed an infection

and 86 patients did not develop an infection: ventilator-associated pneumonia (n=25); bloodstream infection (n=13), and urinary tract infections (n=9).

Results: The presence of periodontal pockets was significantly higher in ICU patients who developed an infection (52.6% vs 32.6%, $p=0.033$). There was no difference regarding the other oral parameters analyzed. Infected patients had significantly longer length of stay in ICU (21 vs 12 days, $p<0.0001$) and significantly longer time of antibiotic usage (18 vs 9 days, $p<0.0001$) than non-infected patients.

Conclusion: Periodontal treatment might be an important strategy not only to reduce the risk but also to aid in the resolution of infection UCI patients, and might be cost-effective. Oral decontamination is important, but it is not sufficient to avoid sepsis. If dental treatment is not performed, anaerobic oral niches will persist.

EP-148

Organic dysfunction in sepsis: does mortality increase?

Kássia Pinho da Silva¹, Aline Andrea Martins Moreira², José Albani de Carvalho Junior², João Paulo Venturelli Martins², Anary Isis Rossi Martins Moreira³, Anamelia Menezes Gouveia Gama², Liliane Nunes da Silva²

¹Hospital e Maternidade São Luiz Itaim - São Paulo (SP), Brasil; ²Hospital Geral de Itapeverica da Serra - São Paulo (SP), Brasil; ³Universidade Municipal de São Caetano do Sul - Campo Bela Vista - São Caetano do Sul (SP), Brasil

Objective: To demonstrate the mortality observed due to the number of sepsis dysfunctions.

Methods: Retrospective, descriptive study performed in four public ICUs from the metropolitan region of São Paulo from June/2004 to June/2017. The quantities of dysfunction were categorized in: categ.1-one dysfunction, categ.2-two dysfunctions, categ.3-three dysfunctions, and categ.4-four or more dysfunctions. SEPSIS-2 was used to define sepsis. Data collection was performed using Magma® management software. For the data analysis, t-test was used.

Results: 2121 patients were included, 16.8% were categ.1, 22.1% categ.2, 20.9% categ.3 and 40.2% categ.4. The prediction by Apache II in the groups was 25.7, 37.2, 45.4, 57.7 and the mortality observed in the sequence was 25.1%, 37.8%, 49.9% and 69.3% ($P < 0.05\%$).

Conclusion: Organic dysfunctions are associated with higher mortality. The study showed a high mortality of sepsis in ICUs. It is noteworthy that the largest number of patients is in categ.4, makes us think of delay in access to the public service as well as in the diagnosis and late interventions. New health policies can be adopted to reduce this pathology that has this high mortality rate.

EP-149

Prevalence of sepsis in patients admitted in the intensive care unitFernanda Alberici¹, Livia Krever de Souza¹, Steice da Silva Inácio¹¹Universidade Feevale - Novo Hamburgo (RS), Brasil

Objective: Verify the prevalence of sepsis in admitted patients in the Intensive Care Unit, the sociodemographic profile, the associated comorbidities and clinical outcomes.

Methods: A quantitative, cross-sectorial and descriptive study was performed, with a documental and retrospective character in patients older than 18 years old in the ICU diagnosed with sepsis.

Results: The prevalence of sepsis was of 43,28%, being prevalent in 258 evaluated male patients (138 - 53,5%) and with a bigger associated age (60,83 ± 15,92). The Internship was made through an initial clinical diagnosis (227 - 88%) linked to pathologies of the respiratory system (95 - 36,82%), with cardiovascular associated comorbidities (218 - 84,5%). It was observed that the sepsis (158 - 61,2%) and septic shock (105 - 40,7%) diagnosis, with the infection site more prevalent was the lungs (155 - 60,1%) and there was no recurrence in the most evaluated patients (230 - 89,1%). The average stay was of 4,9 days, therefore the hospital discharge of the Intensive Care Unit were the ones that spent more time admitted (18,60 ± 19,17 - p = 0,01). The patients deriving from the emergency were more susceptible to death (66 - 47,8% - p=0,05), as well as the an average age more elevated was linked to this outcome (65,30 ± 15,13 - p= 0,05).

Conclusion: The research reinforced the high prevalence of sepsis in the ICU, with focus in the respiratory system, setting that elderly patients are more susceptible to the pathology by adding a greater number of comorbidities and are also predisposed to unfavorable outcomes.

EP-150

Sepsis from the emergency unit for intensive care unit: epidemiologyKássia Pinho da Silva¹, Aline Andrea Martins Moreira², José Albani de Carvalho Junior², Anamelia Menezes Gouveia Gama², Liliene Nunes da Silva², Anary Isis Rossi Martins Moreira³, João Paulo Venturelli Martins²¹Hospital e Maternidade São Luiz Itaim - São Paulo (SP), Brasil; ²Hospital Geral de Itapeverica da Serra - Itapeverica da Serra (SP), Brasil;³Universidade Municipal de São Caetano do Sul - Campo Bela Vista - São Caetano do Sul (SP), Brasil

Objective: To analyze the epidemiological profile and outcome of patients admitted for sepsis from the Emergency Unit.

Methods: Retrospective, descriptive study, carried out in four public ICUs in the metropolitan area of São Paulo, from July/2014 to June/2017. Patients with final destination of transfer and elderly individuals above 65 years were excluded.

Magma® management software was used as the database. For the data analysis, t-test was used.

Results: A total of 703 patients were included. 58.3% severe sepsis and 41.6% septic shock. Regarding the gender 58% male (p < 0.05), average age 46.9 years, length of ICU hospitalization 12.4 days and hospital 21.6 days with prediction Apache II 40.2 and lethality 41.6%. Mortality among patients with severe sepsis was 30.8% and septic shock 53.3% (p < 0.05).

Conclusion: Regarding the gender, there was a predominance of males, and with relation to lethality, higher than expected. However, when compared to data from the ILAS 2015 of public ICUs and attended through emergency unit, a better outcome was observed. The need for measures to reduce the high lethality rates associated with this pathology is reinforced.

EP-151

The implementation of a protocol for the early detection and treatment of severe sepsis in a private hospital and the economic impactEdgar de Brito Sobrinho¹, Adriana de Oliveira Lameira Veríssimo¹, Jackson Freire¹, Markus Barcellos de Albuquerque¹, Isis Jaspe Reis da Silva², Milce Ellen Barros de Oliveira¹, Hellen Karinna Monteiro¹¹Hospital Adventista de Belém - Belém (PA), Brasil; ²Universidade do Estado do Pará - Belém (PA), Brasil

Objective: To analyze the economic impact of a protocol for the early detection of sepsis in a private hospital.

Methods: A prospective study in septic patients before and after implantation of the protocol for the early detection of severe sepsis. Was performed a cost analysis comparing: mortality rate and cost of sepsis treatment. The following were calculated: the total cost of hospitalizations, the cost of ICU stays and the average cost per day. Diagnostic procedures and surgical procedures were calculated based on the Brazilian Hierarchical Classification of Medical Procedures, while the costs of the medications were calculated based on the national pharmaceutical index known.

Results: 454 patients were included, divided by Quarters for better follow-up. Mortality rates fell from 40.4% to 18.8%. Time of detection of sepsis in days increased from 18.38 ± 22.10 to 9.10 ± 11.30. Time of organic dysfunction (days) from 25.59 ± 108.01 to 0.68 ± 4.74. Stay in the ICU (days) 19.63 ± 90.43 for 1.99 ± 4.52. Hospital stay (days) 72.29 ± 147.64 for 11.87 ± 10.23 (P = 0.012). Total Hospital Expense from 79510.80 ± 147745.48 to 18951.06 ± 37052.90 and the Total ICU Cost from 37373.38 ± 62604.65 to 7171.89 ± 19033.51 (p = 0.0782).

Conclusion: The implantation of a protocol for the detection and early treatment of severe sepsis in hospitalized patients is a low cost, easily adopted measure that presents an effective reduction of hospital costs.

Infecção no paciente grave

EP-152

Alcohol reduces infections and mortality in trauma patients

Priscilla de Aquino Martins¹, Cláudio Piras², Rafael Melo Silva¹

¹Hospital Evangélico de Vila Velha - Vila Velha (ES), Brasil; ²Universidade Federal do Espírito Santo (UFES) - Vitória (ES), Brasil

Objective: The association of alcohol and trauma is widely recognized. Alcohol is present in up to 13% of the trauma victims in Brazilian cities. Studies have confirmed the alcohol effects on the inflammatory response and its correlation with infection development and mortality mostly in animals models. We propose to evaluate the correlation between alcohol and infection development and mortality in trauma patients with positive blood alcohol.

Methods: Observational prospective study in which were included severe trauma victims on the last 12 hours before arriving the emergency service in the Jayme dos Santos Neves Hospital with more than 18 years old and after consentment term signature. Blood alcohol was dosed. Were considered positive blood alcohol levels higher than 5mg/dl. The patients were followed for seven days and observed for infection development and mortality. The Revised Score Trauma was calculated for each patient in the study.

Results: 114 patients were included, of which 21 women and 93 men, that were divided in Alcohol Group (n=32) and Control Group (n=82). Infection development occurred in 10 individuals on Alcohol Group and in 37 on Control Group. Death was observed in 04 individuals on Alcohol Group and in 14 on Control Group. Contingency table was applied considering the alcohol exposure and infection development and the Risk Relative (RR) was 0,68. When considering death and alcohol exposure the RR was 0,73.

Conclusion: Alcohol exposure seems to protect from infections development and reduced mortality in trauma victims.

EP-153

Análise da relação da taxa de adesão ao bundle de prevenção de infecção do trato urinário associado à sonda vesical de demora (ITU-SVD) com a densidade de incidência de ITU-SVD e com a taxa de utilização desse dispositivo invasivo em uma unidade de terapia intensiva geral privada de Recife-PE

Odin Barbosa da Silva¹, Rossana Saboya Leitão¹, Marcos Antônio Cavalcanti Gallindo¹, Arthur Henrique Ribeiro do Valle de Faria¹, Maria Eduarda Gurgel da Trindade Meira Henriques², Maria Alice Gurgel Henriques³, Bruno Trindade da Costa Henriques⁴, Ana Cecília Silveira Quintella¹

¹Centro de Terapia Intensiva, Hospital Santa Joana Recife - Recife (PE), Brasil; ²Faculdade Pernambucana de Saúde - Recife (PE), Brasil; ³Faculdade Maurício de Nassau - Recife (PE), Brasil; ⁴Faculdade de Medicina de Olinda - Olinda (PE), Brasil

Objetivo: A infecção do trato urinário (ITU) nosocomial é frequente, sendo associada ao uso de sonda vesical de demora (SVD) e responsável pelo aumento do tempo de internamento e custos hospitalares. O objetivo deste estudo é analisar a relação da taxa de adesão ao pacote de medidas (bundle) de prevenção de ITU associada à SVD, com a densidade de incidência de ITU e com a taxa de utilização desse dispositivo.

Métodos: Estudo retrospectivo em uma UTI geral privada de Recife-PE no período de 2010 a 2016, que avaliou a relação entre a taxa de adesão média ao bundle de ITU-SVD (TAB) e a densidade de incidência média de ITU-SVD (DI-ITU), bem como com a taxa de utilização da SVD (TU-SVD).

Resultados: Comparando as médias anuais de 2010 e de 2016, foram encontrados aumento de 53,26% na TAB (65,25% em 2010 e 94,12% em 2016), redução de 44,27% na TU-SVD (64,6% versus 33,62%) e redução de 65,83% na DI-ITU (12 versus 2,79/1000 pacientes cateterizados-dia). Com isso, observa-se uma relação inversamente proporcional entre a TAB e a TU-SVD, com consequente redução da DI-PAV.

Conclusão: O aumento da taxa de adesão ao bundle de prevenção de ITU explica a menor densidade de incidência dessa infecção por redução na utilização de SVD. Necessita-se de análise estatística para confirmar essa correlação e instituir o bundle utilizado como custo-efetivo na prevenção de ITU-SVD.

EP-154

Colonization, infection and mortality by ESBL bacteria

Dora Mannarino¹, Luiz Antônio Gomes Osorio¹

¹Hospital AmericanCor - Rio de Janeiro (RJ), Brasil

Objective: Bacteria with high antimicrobial resistance are increasingly common in intensive care settings. And the bacteria producing ESBL (extended spectrum beta lactamases) more. Our study evaluates the relationship between colonization by ESBL bacteria, degree of infection and their impact on patient mortality.

Methods: Retrospective, observational study in general adult ICU. Between August 2011 and December 2016, the results of rectal swabs and related cultures of patients admitted to the unit, as well as weekly, of the patients who were hospitalized were collected. Patients who presented ESBL-positive swabs were followed up clinically and laboratorially for ESBL infections and were followed up to final outcome (hospital discharge or death).

Results: A total of 2,276 swabs were collected from 867 patients. They were positive for ESBL 473 swabs (20%). These 473 swabs represented 215 patients, in which 25 ESBL (11%) infections were documented. Overall mortality of 215 patients with positive swabs was 14% (n = 31). When the 25 patients with ESBL infection were evaluated, the mortality was 32% (n = 8).

Conclusion: ESBL colonization documented by rectal swabs is not related to increased ESBL infection. However, ESBL infection has a negative impact on patient survival

EP-155

Epidemiology of invasive candidiasis in cancer patients in an intensive care unit in Bogotá, Colombia

Diana Paola Diaz Aya¹, Alejandro Duran Crane¹, Yenny Rocio Cardenas¹, Paola Calvachi Prieto¹, Angela Cardona¹, Johan Fernando Devia Alvira¹, Edgar Cellis¹, Joseph Nates²

¹Fundación Santa Fe de Bogotá - Bogotá, Colombia; ²The University of Texas M. D. Anderson Cancer Center – Houston, Texas, United States

Objective: To describe the clinical characteristics of the oncologic population with *Candida* sp infection in an intensive care unit (ICU) in the Fundación Santa Fe de Bogotá Hospital in Bogotá, Colombia, and compare them to those of patients with *Candida* sp infection without malignancy.

Methods: An observational study was done reviewing all patients with culture positive *Candida* sp infection in an ICU between 1/2012 and 11/2016. A descriptive analysis was made, focusing on demographic characteristics, risk factors for developing fungal infection, *Candida* culture isolates, average length of stay and supportive therapies. Primary site of tumor were evaluated for those patients with malignancy.

Results: Among 7,365 patients admitted to the ICU during the study period, 130 patients (1.7%) developed invasive candidiasis; 14 had a diagnosis of malignancy (50% female). Mean age was 60 years. The most common isolated strains in patients with malignancy were *C. albicans* (n=3, 35,7%) and *C. parapsilosis* (n=3, 35,7%). Patients with cancer and candidiasis had higher rates of hemodynamic (92,85% vs. 80.17%, p=NS) and ventilatory support than those without malignancy (85,71% vs. 82,75%, p=NS). Mortality rate was higher in patients with cancer than in those without malignancy (64,28% vs. 51,72%, p=NS).

Conclusion: In this study, we found a very low incidence of invasive candidiasis (17.8/1,000 patients) compared to some developed countries (44/1,000 patients in the Danish Collaborative Bacteremia Network). The presence of cancer did not affect mortality significantly.

EP-156

Hand hygiene: adherence among health care workers from an adult intensive care unit

Jeanne Cristine de Souza da Silveira¹, Cristini Klein¹, Rodrigo Pires dos Santos¹, Aline Valli de Leão¹, Gisele Baldez Piccoli¹, Débora Feijó Villas Bôas Vieira²

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil; ²Escola de Enfermagem, Universidade Federal do Rio Grande do Sul- Porto Alegre (RS), Brasil

Objective: Considering the hands the main route of transmission of microorganisms during the health care of patients, we aimed to assess the hand hygiene practice of the health care workers in an adult intensive care unit.

Methods: Observacional, quantitative, retrospective study conducted in one intensive care unit of an University Hospital from South of Brazil, from January to June 2014. Adherence of hand hygiene was measured by direct observation. Observations were made by four nurses who were trained and validated by an infection control nurse, in the morning and afternoon shifts, one hour session, at least three times a week. Indication specific opportunities and hand hygiene compliance were analyzed in this study.

Results: During the study period were evaluated 1500 opportunities to hand hygiene with adherence rate of 57.4%. Among the indications to hand hygiene practice, adherence in the different 5 times indication by World Health Organization were: 35.8% before patient contact (moments = M1); 39.5% before aseptic task (M2); 79.7% after body fluid exposure risk (M3); 73.9% after patient contact (M4) and 55.4% after contact with patient surroundings (M5).

Conclusion: Hand hygiene adherence was reasonably low in intensive care unit, as measured by direct observation. It is necessary to improve adherence to hand hygiene mainly in the moments that precede the contact with the patients (M1 and M2), ensuring their safety.

EP-157

Persistent inflammation, immunosuppression, and catabolism syndrome: a new phenotype in patients with multiple organ failure

Suzana Margareth Ajeje Lobo¹, Estela Silva Simões¹, Inara Cristina Marciano Frini¹

¹Divisão de Medicina Intensiva, Faculdade de Medicina de São José do Rio Preto - São José do Rio Preto (SP), Brasil

Objective: Evaluate the characteristics and outcomes of patients with persistent inflammation, immunosuppression and catabolism syndrome (PICS).

Methods: Prospective collection of data from 12 consecutive patients admitted to the ICU between April and June with length of ICU stay higher than 10 days, multiple organ failure and signs of persistent inflammation. Clinical and laboratory data were

collected after informed consent was obtained from the next-of-kin.

Results: Median age was 59 years-old, 60% were male and mainly surgical patients. All patients needed vasopressors (median: 13 days). Length-of-time on ventilator was 16 days [12-23 days] and in ICU was 19 days [Q1-12, Q2-47 days]. Mortality rate was 67%. Non survivors had significant higher levels of CRP in 1st and 7th days (25.0 mg/dl vs. 5.1 mg/dl and 22.6mg/dl vs. 5.5mg/dl, $p < 0.05$ for both, respectively). At admission, lower levels of serum albumin (2.3mg/dl vs. 3.5 mg/dl, $p=0.08$) was present in patients who died. CRP/albumin and Leucocytes/Lymphocytes ratios were higher in non-survivors (9.0 vs. 1.4, $p=0.13$ and 18.6 vs. 5.3, $p=0.05$, respectively). As second hits of inflammation we registered 6 reoperations in 3 patients, a median of 2 episodes of reinfection per patient [1 -2.3 episodes] and, multiple transfusions.

Conclusion: We recognized the signs of the new described phenotype for critically ill patients with multiple organ failure.

EP-158

Physiotherapy treatment in patients with fever in an adult intensive care unit

Flavia Perassa de Faria¹, Bruno Sousa Lopes¹, Amanda de Araújo Bomfim¹, Hayandra Ferreira Dias¹, Brenda Aguiar Rocha¹, Mariza da Costa Cruz¹, Carlos Alexandre Birnfeld de Arruda²

¹Centro Universitário Euro-Americano - Brasília (DF), Brasil; ²Hospital Brasília - Brasília (DF), Brasil

Objective: The body temperature is defined as the amount of heat existing in a body and in the Intensive Care Units (ICU) the incidence of fever is approximately of 90% in patients with sepsis. Knowing that some of motor activities are not performed frequently by these patients, our objective was to analyze the knowledge of the physiotherapists about fever and verify their behavior facing it.

Methods: A transversal and quantitative research was performed with physiotherapists that work for more than 6 months in an Adult ICU in Distrito Federal. A questionnaire was elaborated with objective questions about fever and about the physiotherapist routine with patients presenting that symptom.

Results: 19 physiotherapists work in this ICU and 16 of them answered the questionnaire, 9 women and 7 men. All of the volunteers affirm to verify the life signs before the beginning of the treatment but not all of them verify or confirm the temperature before the attendance. They generally get the information from the nursing team. More than a half of the physiotherapists answered correctly the questions about the hemoglobin dissociation curve deviation (75%) and its affinity to oxygen (68,75%). About the application of motor physiotherapy, 75% do not perform it in patients with fever and 87% affirm there's no specific protocol for these cases.

Conclusion: Most of the volunteers prefer not to perform any kind of physiotherapy treatment until the fever is lower, even if they don't know the reason that justifies not performing it.

EP-159

Prognostic factors for mortality due to carbapenem-resistant Enterobacteriaceae are not related to previous admissions but to the use of carbapenems

Wania Vasconcelos de Freitas¹, Leonardo Passos de Souza¹, Ana Angélica de Souza Couto¹, Ricardo José Eiras de Souza¹, Vitor Hugo da Silva Silveira¹, Cristiane Silva de Souza¹, Helio Cesar Telles Primo¹, José Antônio Matos Paramo¹

¹Hospital Casa de Portugal - Rio de Janeiro (RJ), Brasil

Objective: Carbapenem-resistant Enterobacteria are ubiquitous in intensive care. The purpose was to analyze independent factors for death in patients with carbapenem resistant to enterobacteriaceae in our unit.

Methods: From 05/18/2016 to 06/08/2017, It was analyzed surveillance swabs and biological materials in patients with central venous catheters, urinary catheters, mechanical ventilation and pressure ulcers present within 48 hours, in addition to previous use of carbapenems (up to 1 month), and hospitalization within one year. It was considered hospitalization at any time in the ICU and excluded age below 18 years and prior colonization by carbapenem-resistant Enterobacteria. It was used the SPSS 20 software to Cox multivariate analysis and Forward StepWise model to evaluate independent factors related to death.

Results: It was observed 101 patients positively for carbapenem-resistant Enterobacteria, and at the time of hospitalization for death the variables venous catheterization, urinary catheterization, mechanical ventilation, pressure ulcer and carbapenem use and previous hospitalizations. The independent factor related to death was the previous use of carbapenems HR 2.99 [95% CI: 1.52-5.89 $p = 0.001$ and previous hospitalizations HR 0.52 [95% CI 0.28- 0.96] $p = 0.037$ and bladder catheterization HR 0.12 [95% CI: 0.049-0.31] $p < 0.001$ were protective.

Conclusion: By Cox multivariate analysis, the variable associated overtime with death in the ICU were considered risk factor: the previous use of carbapenems and protective factor: previous hospitalizations. These data confirm the quality of the assistance provided by hospital.

EP-160

Restrospective cohort study for Klebsiella pneumoniae carbapenemase outbreak in intensive care unit in university hospital in Rio de Janeiro

Elisa Gouvêa Bogossian¹, Diamantino Ribeiro Salgado¹, Simone Aranha Nouér¹

¹Universidade Federal do Rio de Janeiro - Macaé (RJ), Brasil

Objective: The emergence and dissemination of multiresistant bacteria related to health care, especially Klebsiella producing carbapenemases (KPC), is of great concern. In Brazil, there have been reports of KPC since 2006. The aim of this study is to analyse the differences between patients who acquired from those who did not

acquired KPC during their stay in the ICU, focusing in risk factors and outcomes.

Methods: A retrospective cohort study during the KPC outbreak in the ICU (May 2014 -June 2015). All patients admitted in the ICU were included and classified as case (KPC yielded from any biological material) or control (all other patients who did not have KPC isolation). Both groups were compared according to demographic data, severity scores, sepsis, type and time of life support requirements, length of stay (LOS) at ICU and hospital, ICU and hospital mortality.

Results: 377 patients were admitted in the ICU during the studied period. 35 patients acquired KPC after admission in ICU. Patients KPC+ had greater ICU (35 [12-55] vs 3 [1-8] days, $p<0.001$) and hospital LOS than control (56 [38-80] vs 17 [9-30] days, $p<0.001$, respectively), KPC patients had more life-organ support requirements. Hospital mortality rate was higher in KPC than in control group (62.9% vs 36.8% $p=0.01$). Previous use of antibiotics (OR: 22.6 CI:3-169) was the most important risk factor for acquiring KPC.

Conclusion: The primary risk factor for colonization observed in this study was antibiotic use.

EP-161

Risk factors associated with bloodstream infections due to multiresistant bacteria in burnt patients

Alfonsina Ruiz Spinelli¹, Giudici P¹, Aramendi I¹, Cabrera J¹, Gastón Burghi¹
¹National Burn Center - Montevideo, Uruguay

Objective: The objective was to identify risk factors associated with bloodstream infections (BSI) due to multiresistant bacteria (MR).

Methods: We conducted a retrospective, descriptive study, among burn patients who developed BSI, between January 2006 and December 2016. Data are presented as frequencies (percentage) for qualitative variables and medians (25th - 75th percentiles) for quantitative variables. Variables associated with MR in the univariate analysis were introduced in a multivariate model. We considered significant a p (value) $< 0,05$.

Results: We analyzed 125 documented episodes of BSI in 94 patients. The mean age was 43,5 (25,75 - 62,25) years, and the total burned surface area (TBSA) was 26% (12% - 40%). Univariate analysis shows that TBSA [38% (26% - 55%) vs 19% (9,75% - 40%), $p<0,001$]; time to BSI from admission to hospital [19 days (11-31) vs 9,5 days (5-26), $p=0,018$]; prior use of beta-lactams (90% vs 74%, $p=0,027$), quinolones (76% vs 43%, $p<0,001$) and 3rd generation cephalosporins (41% vs 23%, $p=0,03$) were associated with BSI due to MR. Independent factors associated with MR by multivariate analysis were: TBSA [OR 1,035; IC 95% (1,013 - 1,057); $p=0,001$], time to BSI from admission to hospital [OR 1,025; IC 95% (1,004 - 1,047); $p=0,021$] and prior use of quinolones [OR 3,56; IC 95% (1,39 - 9,06); $p=0,008$].

Conclusion: It is imperative to generate a policy of optimization in the use of antibiotics.

EP-162

Utilização da vancomicina em um hospital de Porto Alegre

Lucia Collares Meirelles¹, Bianca de Moraes Fracasso¹, Fernanda Cardoso Chies¹, Fabiana Wahl Hennigen², Vanessa Hegele¹

¹Hospital Cristo Redentor - Porto Alegre (RS), Brasil; ²Hospital Conceição, Grupo Hospitalar Conceição - Porto Alegre (RS), Brasil

Objetivo: Avaliar a utilização da vancomicina em uma unidade de terapia intensiva (UTI) de um hospital de Porto Alegre.

Métodos: Estudo observacional longitudinal. Foram incluídos todos pacientes que iniciaram o uso da vancomicina na UTI entre maio e julho de 2017. Aprovação no CEP/GHC nº 16297.

Resultados: A média etária dos pacientes que utilizaram a vancomicina foi de $54,3 \pm 19,2$ anos. 82% estavam internados pelo serviço de neurocirurgia, 4,5% pela cirurgia geral, 4,5% pela cirurgia vascular e 9% pela cirurgia de queimados. O tempo médio de tratamento foi de $10 \pm 6,8$ dias. As principais indicações de uso foram ventriculite, presença de cocos gram-positivos em hemocultura e sepse. A dose de ataque foi realizada em apenas 14% dos casos, sendo nenhuma realizada conforme preconizado na literatura. 59% dos pacientes utilizaram a dose inicial calculada pelo peso corporal atual. 9% utilizaram doses maiores e 32% menores. Foram realizadas 53 dosagens séricas, sendo 33 coletadas corretamente. Os principais motivos de erro foram: coleta com tempo superior a 1 hora antes da próxima dose; coleta após administração da dose; coleta após o horário aprazado; e coleta após a suspensão do tratamento. Realizaram-se 7 intervenções farmacêuticas relacionadas à vancomicina, principalmente sugerindo o acompanhamento sérico.

Conclusão: O farmacêutico é um profissional que pode auxiliar no manejo dos pacientes utilizando vancomicina, fazendo o monitoramento e sugerindo ações. Considerando o largo uso da vancomicina na terapia intensiva e o seu minucioso processo de utilização, o seu uso racional e correto é de extrema importância.

EP-163

Ventilator-associated pneumonia by Enterobacteriaceae: outcomes and costs

Martina Cassol Turcato¹, Priscila de Arruda Trindade¹, Rhuan de Moura Severo¹, Filipe Boeira Schedler², Alexandre Vargas Schwarzbald³, Liliane Souto Pacheco³

¹Universidade Federal de Santa Maria - Santa Maria (RS), Brasil; ²Universidade Federal de Ciências da Saúde de Porto Alegre - Porto Alegre (RS), Brasil; ³Hospital Universitário de Santa Maria - Santa Maria (RS), Brasil

Objective: To know the outcomes and costs of antimicrobial treatment attributed to Enterobacteriaceae ventilator-associated pneumonia (VAP) of patients in a tertiary hospital.

Methods: Retrospective cohort conducted between January 2014 and July 2015. Adult patients with diagnosis of VAP were included. Data was collected through medical records. Mortality prognosis and morbidity were measured by APACHE II and SOFA scores, respectively. Statistical analysis was carried out by SPSS. Values are presented as median and interquartile interval.

Results: 28 patients were included and allocated into two different groups: Carbapenem Susceptible (SC) (N=17) and Carbapenem Resistant (RC) (N=11). 14 of 28 (50%) died during hospital stay and 18 (64,3%) were infected by *Klebsiella pneumoniae*. RC group presented values statistically significant ($p < 0,05$) higher than SC for hospital length of stay [RC=52 (32-120); SC=30 (12-75); $p=0,004$], ICU length of stay [RC=38 (12-116); SC=15 (0-47); $p=0,003$], mechanical ventilator days [RC=35 (3-104); SC=15 (5-52); $p=0,021$] and cost of antimicrobial treatment [RC=R\$4128,21 (R\$477,85-R\$19172,83); SC=R\$1949,11 (R\$2288-R\$13673,24); $p=0,012$]. No significant differences were found for the values of SOFA and APACHE II.

Conclusion: Patients with carbapenem resistant Enterobacteriaceae presented longer hospital and ICU length of stay, spent more days mechanically ventilated and had higher costs for treating pneumonia, however differences for mortality and morbidity were not found in comparison to carbapenem susceptible Enterobacteriaceae.

EP-164

AIDS in intensive care: 13-year experience of a university hospital of reference

Rogério Gomes Fleury¹, Aureo do Carmo Filho¹, Alessandro Rocha Milan de Souza¹, Alexandre Bussinger Lopes¹

¹Hospital Universitário Gaffrée e Guinle - Rio de Janeiro (RJ), Brasil

Objective: Approximately 40 million people live with the HIV virus in the world and annually about 2 million die from the disease. The AIDS epidemic is one of the main public health problems in Brazil and worldwide. The Intensive Care Unit (ICU) plays an important role in the support and treatment of this type of patient. To describe the outcome of AIDS patients admitted to a ICU of a public university hospital in the state of Rio de Janeiro, Brazil.

Methods: Descriptive, retrospective, observational study with all patients diagnosed with AIDS hospitalized at the ICU of the Hospital Universitário Gaffrée e Guinle from January 2004 to January 2017.

Results: 207 patients, ranging from 13 to 87 years (40.14 ± 13.8 years), of which 66 female (31.9%) and 141 male (68.1%). Overall mortality was 75.4% and mean length of stay was 10.5 ± 14.5 days. There was no difference in mortality when the gender was analyzed ($p = 0.605$). The mean age of the deaths was 40.38 ± 13.2 when compared with the survivors 39.44 ± 15.6 ($p = 0.685$). The length of

stay was 10.13 ± 14.8 in those who died and 11.68 ± 13.4 in the survivors ($p = 0.513$).

Conclusion: Our patients have a high overall mortality rate (75.4%), being similar for both gender. The ICU hospitalization time was about 10 days. There was no difference in mortality when analyzed gender, age and length of stay in the ICU.

EP-165

Bacteriemia asociada a cateter

Adriana Karina Feldman¹, Ariel Pasquini¹, Dario Quaranta¹, Natalia Gumiel¹, Carina Pino¹, Cristian Pozo¹, Aldo Perazzi¹, Maria Guaymas¹

¹Complejo Medico Policia Federal - Buenos Aires, Argentina

Objetivo: Evaluar el índice de utilización de catéteres venosos centrales (ICVC) y la densidad de incidencia de las bacteriemias asociadas a catéter (BAC).

Métodos: Se realizó un estudio retrospectivo, ingresando a todos los pacientes que requirieron CVC desde el 1/02/2015 hasta el 30/05/2016. Se consideraron variables epidemiológicas y escores de gravedad, mortalidad y días de estadía. Se utilizaron las definiciones del CDC para BAC. Los datos se presentan como media \pm DS, mediana y RI y porcentaje.

Resultados: Ingresaron 800 pacientes, edad 67 ± 19 años, masculinos 71%, clínicos 34%, quirúrgicos 58% y trauma 7%, APACHE II 15 ± 7 , mortalidad predicha 34%, días de UTI 10 [2-12] y la mortalidad 18,4%. Tasa de utilización de CVC 40 %, días de CVC 766 días, tiempo de permanencia 5.5 días, densidad de infección por catéter 3.2/ 1000 días CVC, contaminación de catéter 4.1/1000 días CVC.

Conclusão: La tasa de utilización de CVC y el tiempo de permanencia fueron cortos. La densidad de incidencia fue similar a la media nacional comparada con el programa VIHDA. Es importante implementar protocolos para la colocación de catéteres para mejorar la calidad de atención en UTI.

EP-166

Blood infection by central venous catheter and the impact on hospital cost in an adult intensive care unit

Nadja Roberta Melo dos Santos Warrak¹, Camila Lima¹, Cristiane Bertoldo Duarte¹, Daniela de Paula Coelho¹, Edésio Vieira da Silva Filho¹, Firmino Haag Ferreira Junior¹

¹Hospital Geral de São Mateus - São Paulo (SP), Brasil

Objective: To demonstrate a central venous catheter-related infection (CVD) -related blood infection rate (CVS), the hospital cost average for length of hospital stay in the Intensive Care Unit.

Methods: The data were obtained through management meetings, data collection of SCIH of patients hospitalized

in Intensive Care Unit from January to December 2016, undergoing deep venous catheterization by percutaneous puncture, for more than 24 hours.

Results: Fifteen cases of central venous catheterization were observed, mean infection rate was 5.43%, with a higher rate 11.62%, in May, July, November and December. The prevalence was male 73.3%, mean age 61 years. The ICU mortality rate was 26.2% and the median hospitalization time was 4 (2 - 7) days in patients without ICS, patients with ICS had a mortality rate of 66.7% $P = 0.003$, and the median length of hospital stay was 18 (7-25) days $p < 0.0001$.

Conclusion: Taking into account the average length of hospital stay, these patients have 4.5 times longer ICU admission, without taking into account other inputs used and broad-spectrum antibiotic therapy, in addition to the increase in morbidity and mortality. Educational policies related to the prevention and prophylaxis of blood infections caused by the use of a central venous catheter seem to be the best approach taken to reduce the negative impact of this adverse event on intensive care.

EP-167

Epidemiological profile of critical patients with endotracheal tube in adult intensive care unit: analysis of incidence of pneumonia associated with mechanical ventilation

David Dias Durães¹, Jéssica Marques Oliveira¹, Marcia Cristina da Silva Magro¹, Denise de Andrade², Evandro Watanabe², Paula Regina de Souza Hermann¹

¹Faculdade de Ceilândia, Universidade de Brasília - Brasília (DF), Brasil;

²Universidade de São Paulo - Ribeirão Preto (SP), Brasil

Objective: To identify the epidemiological profile of critical patients with endotracheal tube in the Intensive Care Unit (ICU) of a regional hospital in the Federal District, in 2015, submitted to mechanical ventilation (MV) and correlate with the diagnosis of VAP.

Methods: This is an observational performed in the ICU of a regional hospital in the Federal District. Data were obtained from electronic files and records of constant patients in Hospital Infection Control Centre (HICC) of the hospital.

Results: We evaluated the electronic medical records of 121 patients, with a median age of 61 years, predominantly male (58.7%), average variable APACHE II of 21.9 points, and a median of 16 days of hospitalization period. The main reason admission were pulmonary diseases (33.9%). Comorbidities in 81% of patients. The average patient in the ICU intubation period was 11.2 days (± 6.3), and 15.7% of these had some complications about the intubation in the period. 99.2% of patients made use of invasive devices during the intubation period, and 63.6% died. They were carried out tests of culture, especially the blood culture, with 39.74% of the positive samples, with a predominance of *Staphylococcus epidermidis* (21.9%). The incidence of VAP was 3.3%. APACHE II was correlated with mortality ($p=0.001$).

Conclusion: There was a predominance of elderly men and diseases of the respiratory system, with high mortality. The APACHEII index was related to death.

EP-168

Healthcare-associated infections: epidemiological analysis

Carina Marinho Picanço¹, Kamayura Pestana da Silva Melo², Giselle Simões Rocha Ferreira²

¹Hospital Geral Roberto Santos - Salvador (BA), Brasil; ²Centro Universitário Estácio - Salvador (BA), Brasil

Objective: Healthcare-associated infection is considered a public health problem that brings economic and social costs, as well as increasing mortality rates in the country's hospitals. Within this context, the Intensive Care Unit (ICU), considered a critical unit, concentrates high indices related to the prevalence of infections. In view of the above, this research aims to describe the epidemiological factors of infection related to health care in an ICU.

Methods: It is a cross-sectional retrospective study of quantitative analysis. As inclusion criteria, individuals who underwent catheter-tip culture, tracheal secretion culture, uroculture and blood cultures with positive results for microorganisms were established. Being the exclusion criteria, individuals who were admitted to the ICU with diagnosis of infections and stay in the unit for less than 72 hours. The variables considered were demographic and clinical data. For the quantitative variable, the measures of central tendency and dispersion were calculated.

Results: Infection was present in 14.4% of patients. The main blood infection site was characterized as 47.4%. The main microorganisms were *Staphylococcus* spp (29.4%), *Acinetobacter baumannii* (26.5%), *Pseudomonas aeruginosa* (23.5%), *Klebsiella pneumoniae*, *Enterobacter* (14.7%) and *Proteus mirabilis*.

Conclusion: However, the data demonstrate that the etiology of the infections of the hospital comes from invasive procedures characterizing critical points in what refers to the actions of the care provided to clients. Prophylactic and control measures for infections are needed to be developed by the multiprofessional team and CCIH members to ensure iatrogenic-free healthcare.

EP-169

Impact of dental care on the incidence of ventilator-associated pneumonia in an intensive care unit

Ismário Silva Meneses¹, Flaviani Alves Santana Alfano¹, José Augusto Santos da Silva¹, Helga Lucy Feitosa Santos Melo¹, Deisy Irene Silva de Moraes¹

¹Fundação de Beneficência Hospital de Cirurgia - Aracaju (SE), Brasil

Objective: The purpose of this research was to assess the incidence of ventilator-associated pneumonias (VAP) after

starting dental care and assistance services in one of the UCI from the Beneficence Foundation of the Hospital Cirurgia in Aracaju/SE.

Methods: This is a retrospective cohort study using the database of the Hospital Infection Control Committee (HICC). Descriptive analysis of the VAP incidence from March 2013 to February 2014, with dental care and assistance, was compared to the period ranging from March 2012 to February 2013, with no dentist assistance.

Results: Despite the 40% increase in the use of mechanical ventilation/day between first and second periods, the incidence density was 39 and 20, respectively. There was a protector effect on the patients under dental care ($p=0.0052$, RR 0.5373, IC95% 0.3476 - 0.8307).

Conclusion: Dental care programs, aiming at preventing diseases and health issues, might result in health practices capable of reducing mortality rates and provide available beds in UCI more quickly, as well as reducing hospital costs, due to the shorter periods of hospitalization to treat secondary infections.

EP-170

Incidência de úlcera por pressão na unidade de terapia intensiva adulto de um hospital público

Camila Lima¹, Lidiane Meira Benevides¹, Nadja Roberta Melo dos Santos Warrak¹, Cristiane Bertoldo Duarte¹, Leila Harumi Fukuhara¹, Edésio Vieira da Silva Filho¹, Firmino Haag Ferreira Junior¹

¹Hospital Geral de São Mateus - São Paulo (SP), Brasil

Objetivo: Avaliar a incidência de úlcera por pressão (UPP) de uma unidade de terapia intensiva adulto (UTI).

Métodos: Estudo transversal retrospectivo, realizado através de dados das UPP notificadas no período de Maio de 2014 à Maio de 2016.

Resultados: Foram internados 1480 pacientes no período. Houve 53 casos de UPP (3,58%), sendo 43 casos desenvolvidos durante a estadia na UTI. A mediana na Escala de Braden de admissão e o atual (no momento da notificação) foram 09 (8-14). Quanto a faixa etária, a mediana foi de 68 anos (58-75), o tempo médio de internação foi de 06 dias (3-13), a taxa de mortalidade no grupo com UPP foi de 44,4 % (24), e a taxa de mortalidade global foi de 20%. Os locais de maior prevalência foram: região sacra 42 (79,2%), calcâneo 06 (11,3%), glúteo 4 (7,5%) e orelha 1 (1,9%). Os principais fatores de risco associados ao desenvolvimento de UPP foram: imobilidade (16), edema (10), idade (10), doença de base (09), comprometimento vascular (8), uso de medicação (7), peso (5) e fator nutricional (5). O estadiamento da UPP no momento da notificação: I 10 (18,6%), II 31 (57,4%), III 9 (16,7%) e IV 04 (7,4). Foram realizadas intervenção nutricional, além dos cuidados de enfermagem (mudança de decúbito, curativos cutâneos, ...).

Conclusão: O investimento em promoção primária e a notificação precoce pode ser considerado um fator coibitivo para o surgimento de UPP em pacientes de longa permanência em unidade de terapia intensiva.

EP-171

Infecção de corrente sanguínea relacionada a cateter: comparação entre cateter venoso central e cateter central de inserção periférica em uma unidade de terapia intensiva privada do Estado de São Paulo

Rosianne de Vasconcelos¹, Vinicius Avellar Werneck¹, Isabela Netto Macri Brotto¹, Marcelo Luz Pereira Romano¹, André Franz da Costa¹, Jorge Alcantara Farran¹, Edson Renato Romano¹

¹HCor-Hospital do Coração - São Paulo (SP), Brasil

Objetivo: A presença de infecção na unidade de terapia intensiva (UTI) continua sendo um desafio para a equipe multidisciplinar que presta cuidado direto ao paciente crítico. Os cuidados desses profissionais devem visar à prevenção, uma vez que os cateteres venosos centrais são importantes fontes de infecção de corrente sanguínea. Este trabalho tem como objetivo analisar as infecções de corrente sanguínea ocorridas na UTI de um hospital privado no ano de 2016 comparando as taxas referentes ao uso cateter venoso central (CVC) e cateter central de inserção periférica (CCIP).

Métodos: Análise retrospectiva de todas as infecções de corrente sanguínea associada a cateter através do banco de dados da UTI no ano de 2016, o qual inclui informações como idade, sexo, diagnósticos de internação, tipo de cateter, tempo de permanência, utilização do bundle de prevenção de infecção e principais desfechos.

Resultados: Foram passados na UTI 456 cateteres no período supracitado, sendo 49,7 % cateter central de inserção periférica e 50,21% outros cateteres venosos como duplo lúmen, triplo lúmen e shiley. Doze pacientes evoluíram com infecção de corrente sanguínea relacionada a cateter, dos quais, oito tiveram os dispositivos inseridos dentro da UTI com acompanhamento do bundle de prevenção de corrente sanguínea, sem quebra de barreiras durante o procedimento. Sendo eles 5 CVC (2,2%) e 3 CCIP (1,31%).

Conclusão: Revelamos, com nossos resultados, superioridade do cateter venoso central, em relação à presença de infecção dentro da UTI quando comparando ao cateter central de inserção periférica.

EP-172

Infecção hospitalar em unidades clínicas de um hospital universitário: uma análise de sobrevida

Aloir Paschoal Junior¹, Raphael Mendonça Guimarães², Karla Biancha Silva de Andrade³, Karinna Aparecida Moreira Manhães⁴

¹Hospital Naval Marcílio Dias - Rio de Janeiro (RJ), Brasil; ²Universidade Federal do Rio de Janeiro - Macaé (RJ), Brasil; ³Faculdade de Enfermagem, Universidade do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ⁴Hospital Universitário Antonio Pedro - Niterói (RJ), Brasil

Objetivo: Descrever o perfil das infecções hospitalares em Unidades clínicas abertas e fechadas de um hospital universitário; Comparar o perfil das infecções hospitalares multirresistentes nas unidades clínicas abertas e fechadas

de um hospital universitário segundo microorganismo; Comparar o perfil das infecções hospitalares multirresistentes nas unidades clínicas abertas e fechadas de um hospital universitário segundo sítio de infecção.

Métodos: Trata-se de um estudo coorte, retrospectivo, que utilizou a técnica de análise de sobrevivência. Foram analisados 1232 casos de infecção hospitalar em unidades clínicas abertas e fechadas de um hospital universitário.

Resultados: Observa-se que as infecções ocorrem, em sua maioria, em setores abertos, representando 58,7% das infecções, sem gerar multirresistência, óbitos e por microrganismos diversos. Entretanto, ao analisar a ocorrência entre estas infecções, observamos uma relação diferente ao comparar as amostras segundo setor ou segundo sensibilidade antimicrobiana, com 51,9% das infecções por multirresistentes. Os gráficos de sobrevivência permitem dizer que existe uma diferença estatisticamente significativa entre o tempo de ocorrência por infecção multirresistente ao se comparar os setores clínicos abertos. As curvas também apontam os sítios onde há diferença significativa para a ocorrência de infecção multirresistente, são as culturas de secreção traqueal e sangue.

Conclusão: Conclui-se que é necessária a utilização racional de antimicrobianos, de modo a reduzir mecanismos de multirresistência, garantindo assistência segura na UTI, bem como a utilização das boas práticas de prevenção e controle de infecção.

EP-173

Infecção na unidade de terapia intensiva: principais sítios e mortalidade

Caterine Maria Redondo de Sousa Pereira¹, Tâmara Rúbia Cavalcante Guimarães Coutinho¹, Akemy Carvalho do Rosário¹, Dandara Melo Lima Costa¹, Larissa Fernandes Sales Gomes¹, Tânia Carla Sousa Nogueira¹, Selmira Nunes de Oliveira¹, Ana Maria Figueiredo dos Santos¹

¹Udi Hospital - São Luís (MA), Brasil

Objetivo: Analisar a principais causas de infecção em uma unidade de terapia intensiva em hospital privado.

Métodos: Estudo retrospectivo, com análise do banco de dados de um hospital privado em São Luís (MA). A amostra foi constituída por todos os pacientes clínicos, internados na Unidade de Terapia Intensiva (UTI) cujo motivo de internação era infecção/seps, procedentes da emergência no período de janeiro a junho de 2017.

Resultados: Foram analisados 124 pacientes, a média de idade foi de 65 anos, sendo 38,7% homens e 61,3 mulheres. Os principais sítios de infecção foram o sistema respiratório (66%), aparelho urinário (19,3) e abdome (4%). A mortalidade foi de 13,7% e naqueles que foram a óbito, 82,3% o foco era respiratório. Houve apenas uma infecção no sistema cardiovascular em que a mortalidade foi de 100%.

Conclusão: Os dados revelam maior incidência de infecção no sistema respiratório seguido do sistema urinário com mortalidade significativa, principalmente quando acomete sistema cardiovascular.

EP-174

Microbiological results: experience in an obstetric critical care unit

José Antonio Viruez Soto¹, Carla Maria Vallejo Narvaez¹, Ricardo Emanuel Vargas Arias¹, Rcardo Ortiz Bolaños¹, Jesus Carlos Briones Garduño¹

¹Hospital General de México "Dr. Eduardo Liceaga" - Mexico City, Mexico

Objective: The objective is describing the microbiological profile since cultures obtained in Critical Care in Obstetrics of "Hospital General de México Dr. Eduardo Liceaga" during June 01-January 01 2015 period.

Methods: 180 patients were admitted, age media of 29 years, 93 (52%) with severe preeclampsia, 37 (21%) obstetric haemorrhage, 36 (20%) obstetric sepsis and 14 (7%) with other diagnoses.

Results: 323 cultures were requested, 221 (68%) without microbiological growth. The main isolation site was the urinary tract (33%), with *Escherichia coli* (64%), on its behalf *Staphylococcus aureus* was related to one third to respiratory infections and bacteremias. The administration of cephalosporins, quinolones, aminoglycosides and even piperacillin/tazobactam is not recommended as first choice due to the high resistance (all of them higher than 50%).

Conclusion: This study contributes novel information about the microbiological profile in an Obstetric Critical Care Unit, scarce information nowadays.

EP-175

Neurological complications of chikungunya - a fatal case

Leonardo Carvalho Guerreiro¹, Giulio Cesare Longo Neto¹, Ricardo José Eiras de Souza¹, Marian Pereira Faxas¹

¹Hospital Casa Evangélico - Rio de Janeiro (RJ), Brasil

Chikungunya virus is a member of the genus Alphavirus, isolated after an epidemic in Tanzania in 1952-1953. It is an arbovirus transmitted by the female *Aedes aegypti* and *Aedes albopictus* mosquitoes. The most common symptoms are fever and joint pain. In Brazil, the autochthonous transmission was confirmed in 2014 in the states of Bahia and Amapá. Neurological manifestations are atypical, and they range from neuropathies, paresthesias, seizures and encephalitis. We report a 24-year-old male patient living in Rio de Janeiro who presented continuing hiccups, anterograde amnesia and fever. At admission, 10 days after symptom onset, he presented generalized tonic-clonic seizures interspersed with postictal periods. It progressed to a refractory epileptic syndrome and it was necessary to perform tracheal intubation and to administer midazolam and propofol for adequate control of seizures. A cranial tomography did not demonstrate severe alterations and chest tomography suggested

aspiration bronchopneumonia. Cerebrospinal fluid with signs of viral encephalitis and electroencephalogram with no evidence of non-convulsive state. Chikungunya diagnosis was confirmed by a positive anti-chikungunya virus IgM result, however, the patient developed refractory and pulmonary septic shock. The objective of this case is to demonstrate the neurotropic nature of chikungunya fever and its different manifestations, and it should be remembered as a differential diagnosis in endemic areas.

EP-176

Nursing technologies in the handling of the central venous catheter: importance in the infection prevention

Elizabeth Mesquita Melo¹, Violeta Frota Lima², Lanese Medeiros de Figueirêdo¹, Andreza Moura Magalhães Ferreira², Felícia Maria Matias Silveira², Rhanna Emanuela Fontenele Lima de Carvalho³, Sirleia Lucy Aragão da Silva², Thiago Santos Garces³

¹Hospital Distrital Dr. Evandro Ayres de Moura - Fortaleza (CE), Brasil;

²Curso de Enfermagem, Centro de Ciências da Saúde, Universidade de Fortaleza (UNIFOR) - Fortaleza (CE), Brasil; ³Universidade Estadual do Ceará - Fortaleza (CE), Brasil

Objective: To investigate the main nursing technologies in the handling of CVC with the purpose of preventing infection.

Methods: This is an exploratory, descriptive and prospective study, with a quantitative approach, developed at the Intensive Care Unit (ICU) of a public hospital, located in Fortaleza - Ceará, with a sample of 45 professionals from the nursing team. The data were collected from February to May 2016 by using a structured script. The results were organized in Excel, exposed in tables, and then analyzed by means of descriptive statistics. The ethical principles were respected.

Results: Most professionals (86.6%) were women, with a predominance of the age group from 35 to 49 years (48.8%). The nursing technicians were prevalent (64.4%). Nearly all the professionals (91.1%) cleaned their hands before handling the catheter, which is an essential action for preventing infection. The act of cleaning hands after handling CVC had a greater adhesion (97.8%). The disinfection of the connectors with 70% alcohol was always performed by 44.4% of the surveyed participants, while 42.2% performed and 13.4% never performed. More than half of the participants (53.3%) inspected the place of catheter insertion every day, thus looking for failures in its operation or signs of infection; 51.1% always protected CVC during bathing.

Conclusion: One should highlight the need to draw up handbooks with measures and care to be considered by the whole multiprofessional team, during the handling of CVC, in order to prevent complications associated with it.

EP-177

Perfil dos agentes etiológicos causadores de infecção

Tâmara Rúbia Cavalcante Guimarães Coutinho¹, Caterine Maria Redondo de Sousa Pereira¹, Dandara Melo Lima Costa¹, Akemy Carvalho do Rosário¹, Ana Cláudia Pinho de Carvalho¹, José Ronaldo Mesquita¹, Larissa Fernandes Sales Gomes¹

¹Udi Hospital - São Luís (MA), Brasil

Objetivo: Comparar os principais agentes etiológicos causadores de infecção entre uma UTI geral e a clínica médica de um hospital privado.

Métodos: Estudo retrospectivo, com análise do banco de dados do Serviço de Controle de Infecção Hospitalar de um hospital privado em São Luís (MA). A amostra foi de pacientes internados na Unidade de Terapia Intensiva (UTI) e Clínica Médica (CM) no período de janeiro a dezembro de 2016.

Resultados: No período analisado, o número de casos de infecção no hospital foi de 102, sendo 74,5% (76) ocorridas na UTI e 25,5% (26) ocorridas na clínica médica. Os agentes etiológicos mais prevalentes na UTI e na CM foram semelhantes, sendo os mais frequentes: *Pseudomonas aeruginosa*, bacilos gram-negativos e estafilococos coagulase negativo. No entanto na UTI os agentes mais frequentes foram *Klebsiella pneumoniae* (25%) seguido de *Pseudomonas aeruginosa* (21%) e na CM o estafilococos coagulase negativo (19,2%) foi o que predominou.

Conclusão: A incidência de infecções nos estabelecimentos de saúde é comum, predominando na UTI em decorrência do alto índice de dispositivos invasivos como sonda vesical demora, ventilação mecânica, cateter venoso, sendo a características dos patógenos dentro do esperado na UTI.

EP-178

Polymyxin B induced mydriasis in intensive care unit: a report of 7 cases

Thalita Bento Talizin¹, Sarah Kalley César Jerônimo de Campos¹, Josiane Festti¹, Maria Carolina Bertan Barutta¹, Lucienne Tibery Queiroz Cardoso¹, Cintia Magalhães Carvalho Grion¹, Cláudia Maria Dantas de Maio Carrilho¹, Marcos Toshiyuki Tanita¹

¹Universidade Estadual de Londrina - Londrina (PR), Brasil

Objective: The objective of the study is to describe an unusual adverse effect of polymyxin B administration.

Methods: Report of seven cases of critically ill patients, sedated, receiving mechanical ventilation, using PB. All patients were admitted with isochoric, photo reagent pupils. In all cases there was dilation of the pupil, without photoreaction, after prescription of PB. The condition was reversed after managing medications in use. Other causes of mydriasis were ruled out. PB was used from two different pharmaceutical companies.

Results: All seven patients were admitted to the intensive care unit due to infection caused by a carbapenem resistant microorganism. Mean age was 33.5 ± 8.3 years and six of them were male. Diagnosis at admission

were sepsis due to pneumonia in three cases, infections complications of elective surgeries in two cases and two trauma patients, one of them being due to electrical burn. Mydriasis developed within the first day after the first dose of polymyxin B which was reversible after withdrawing. In three cases patients were also using neuromuscular blocking agents.

Conclusion: Neurological symptoms must be observed in patients using PB. PB should be considered in the differential diagnosis of mydriasis in critical care, especially in sedated patient.

EP-179

Prevalence of carbapenem-resistant gram-negative bacteria in an intensive care unit of a tertiary care hospital

Charles Maroly Lessa Mantovani¹, Lucas Ambrosio Rosa Costa¹, Marco Aurélio Ferrari Sant'Anna¹, Guilherme Vilela Machado João¹, Lucas Rodrigo Oliveira Viana², Alessandra Franco², Cinara Silva Feliciano¹

¹Centro Universitário Barão de Mauá - Ribeirão Preto (SP), Brasil; ²Centro de Terapia Intensiva, Santa Casa de Misericórdia de Ribeirão Preto - Ribeirão Preto (SP), Brasil

Objective: The infections caused by carbapenem-resistant Enterobacteriaceae and non-fermenting gram-negative bacteria are a public health problem worldwide, increasing patient's morbidity and mortality. In this context, the aim of this study was to determine the frequency of carbapenem-resistant gram-negative bacteria in an intensive care unit (ICU) of a public hospital in Ribeirão Preto, Brazil.

Methods: A cross-sectional descriptive study was designed to evaluate the sensitivity profile of Enterobacteriaceae and non-fermenting gram-negative bacteria obtained from clinical samples of the ICU adult patients of Santa Casa de Misericórdia in Ribeirão Preto during the years of 2015 and 2017.

Results: A total of 118 gram-negative isolates were detected. 61 (51.7%) of this total were resistant to carbapenem. *Acinetobacter baumannii* was identified in 39 (63.9%) of these isolates, followed by *Klebsiella pneumoniae*, detected in 17 (27.9%) and *Pseudomonas aeruginosa* in 5 (8.2%). There was not any colistin resistant isolate detected in this period. 20 (32.8%) of the 61 carbapenem-resistant isolates were detected in broncho-alveolar lavage (BAL); 18 (29.5%) in blood culture and/or central venous catheter; 11 (18%) in rectal swab; 6 (9.8%) in urine samples; 4 (6.6%) in surgical wound and 2 (3.3%) in cerebrospinal fluid.

Conclusion: A high prevalence of carbapenem-resistant gram-negative bacteria was found in this ICU. These results are important for guiding the empirical therapy, the rational use of antimicrobials and planning appropriate measures of infection control.

EP-180

Prevenção de infecção do trato urinário, ao uso do cateter vesical

Juliana Aguiar Chencchi¹, Lia Mara de Lara Favero Ferreira¹, José Mario Camelo Nunes¹, Vanilton de Jesus Chagas¹, Michele Cristina de Araujo Negrão¹, Deise Gomes da Silva Melo¹, Isabel Cristina de Oliveira¹, Aline Avila Cordeiro¹

¹Hospital Modelo - Sorocaba (SP), Brasil

Objetivo: Avaliar os dados de infecção do Trato Urinário relacionado ao uso de cateter vesical de demora, em uma UTI (Unidade de Terapia Intensiva).

Métodos: Realizado estudo descritivo, retrospectivo dos dados de infecção do trato urinário, relacionado ao uso do cateter vesical em uma unidade de terapia intensiva. Os dados foram obtidos através da busca ativa realizada diariamente pelos enfermeiros através dos registros efetuados nos prontuários.

Resultados: No período de Janeiro a Junho de 2015, houve apenas o desenvolvimento de um caso de infecção do trato urinário relacionado a cateter vesical, obtendo se uma densidade de infecção de 6,32 %, com uma população elegível de 654 paciente/dia, um ano após em 2016, no mesmo período, tivemos duas infecções de ITU com densidade de incidência de 15,95%, 1111 paciente/dia. Em 2017 tivemos uma infecção de trato urinário, com 912 paciente/dia, densidade de 5,35%, conseguimos diminuir a densidade de incidência de ITU, um ano após.

Conclusão: A partir dos dados obtidos no período evidenciou se a importância de trabalhar com protocolos clínicos, assim conseguimos planejar e realizar intervenções focados nas necessidades que agregam valor terapêuticos, proporcionando mudanças no resultado. Observou se uma adesão por parte da equipe multiprofissional, focada com o objetivo de buscar a diminuição das infecções do trato urinário relacionados ao uso de cateter vesical de demora. Implantando Bundles no controle dos sinais vitais, onde a cada duas horas, o colaborador evidencia se os Bundles estão sendo aplicados corretamente, assim conseguimos envolver toda a equipe na prevenção de ITU.

EP-181

Profile on a mixed bacteriological of an intensive care unit in Santa Rita city, Paraíba

George Robson Ibiapina¹, Nara Percília da Silva Sena¹, Ana Beatriz Nepomuceno Cunha¹, Juliana Maria da Silva¹, Sarah Moreira E Silva Alves², André Luiz Santos de Moraes¹, Laís Henriques de Oliveira¹, Crislanny Regina Santos da Silva¹

¹FAMENE - João Pessoa (PB), Brasil; ²Faculdade de Ciências Médicas da Paraíba - João Pessoa (PB), Brasil

Objective: This study aims to characterize the bacterial profile, degree of antimicrobial resistance, the most common sites of infection, and mortality in the intensive care unit of

the Governador Flavio Ribeiro Coutinho Hospital, in Santa Rita-Paraíba.

Methods: Between 2011 to 2012, 72 patients underwent collection of material for culture, antibiogram and collected variables.

Results: The mean age was 65.58 observed, males consisted of 52.8% of all patients, the respiratory system was the most affected with 46.2%, the most commonly found bacteria were *Pseudomonas aeruginosa* (16.5%) and *Klebsiella pneumoniae* (12.1%). The sensitivity of the bacteria *Escherichia coli* shown was 63.6% to amikacin, *Klebsiella pneumoniae* showed 36.4%, *Pseudomonas* showed 66.7% to amikacin and cefepime, *Staphylococcus aureus* showed 77.8% to both sulfamethoxazole-trimethoprim and tetracycline, and *Staphylococcus epidermidis* showed 100% sensitivity to tetracycline. The obtained resistant bacteria: *Escherichia coli* showed 36.4% in resistance to levofloxacin and ciprofloxacin, *Klebsiella pneumoniae* showed 45.5% resistance to sulfamethoxazole-trimethoprim, levofloxacin and ciprofloxacin, *Pseudomonas* showed 40% to ceftriaxone, *Staphylococcus aureus* showed 55.6% to both clindamycin and erythromycin, levofloxacin and ciprofloxacin, *Staphylococcus epidermidis* showed 88.9% resistance to erythromycin, gentamicin, levofloxacin and ciprofloxacin.

Conclusion: Note that we have a clear prevalence of respiratory diseases, bacteria that dominate our environment are the gram negative *Pseudomonas aeruginosa* and *Klebsiella pneumoniae*, the most associated microbial resistance to antibiotics are the third generation cephalosporin (ceftriaxone), ciprofloxacin and levofloxacin (quinolones) and also trimethoprim-sulfamethoxazole, clindamycin and erythromycin.

EP-182

Pulmonary nocardiosis: a microbiological surprise!

Caroline Bastos Cyrino¹, Marianne Monteiro Garrido¹, Lorena Martel Uruçu¹

¹Instituto Nacional de Câncer - Rio de Janeiro (RJ), Brasil

The disease by *Nocardia* spp. occurs as opportunistic infection, mainly in pulmonary form in immunocompromised individuals. We describe the case of a 33-years-old man with a history of pulmonary tuberculosis in 2012, and testicular tumor with left lung metastasis resected in April 2017. In May of the same year, he returned to the hospital with respiratory symptoms, continuous fever and sweating, then amoxicillin/clavulanate was started. After 14 days of antibiotic, he returned without clinical improvement. Chest tomography showed pleural effusion (PE) and left pneumonia. Admitted to the intensive care unit, PE was punctured and showed empyema. Initiated piperacillin-tazobactam and a thoracotomy was performed. Bacterioscopy of the PE evidenced Gram-positive rods (GPR) suggestive of *Actinomyces* spp. Crystalline penicillin was initiated for treatment. After 5 days, a mass spectrometry

(MALDI-TOF) was performed and the final identification was *Nocardia* spp. Antibiotic therapy was changed for imipenem and trimethoprim-sulfamethoxazole. 15 days after starting the correct treatment, tomography showed improvement but still with pulmonary consolidation. He was discharged from hospital with moxifloxacin prescribed for 3-6 months to be evaluated at the outpatient clinic. GPR in bacterioscopy leads to the differential diagnosis of mycobacterial disease, *Actinomyces* spp. and nocardiosis. They are agents of difficult growth and identification by conventional methods. The morphological similarity can lead to incorrect treatment. This case shows the importance of molecular biology exams for the diagnosis and antimicrobial therapy of some healthcare-related infections.

Choque e monitorização hemodinâmica

EP-183

Lactate: a fatal, metabolic, experimental hemorrhagic shock model

Simone Alves Santos Ferreira¹

¹Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil

Objective: A prerequisite to evaluate resuscitation of hemorrhagic shock are reproducible experimental models, leading to predictable outcome. In both fixed pressure and fixed volume protocols, metabolic response is heterogeneous. Blood lactate has been shown to be an excellent marker of low perfusion states.

Methods: Fourteen immature swine were anesthetized, intubated and maintained in spontaneous breathing with atmospheric air and halothane. A #5 Swan-Ganz pulmonary artery catheter as well as femoral artery and jugular vein catheters were inserted in order to measure cardiac output and mean arterial pressure. Blood gases and lactate were measured in arterial and mixed venous blood in all animals after catheter insertion and stabilization. Group I (n=7) were submitted to anesthesia and instrumentation but were not bled. Hemodynamic and metabolic data were recorded at Baseline, at 30, 60 and 120 minutes after Baseline. Animals in Group II (n=7) were bled to a MAP of 30mmHg in thirty minutes. Thereafter, arterial blood lactate was measured at short intervals.

Results: All animals in group I survived. All animals in group II died. However, no mortality occurred before reaching a blood lactate level above 10mM/L. Without treatment all animals died within 70.43 ± 24.51 minutes of hypotension shortly after reaching an average level of blood lactate of 17.01 ± 3.20mM/L.

Conclusion: Metabolic markers should be preferred as variables indicative of the end-point to initiate different regimes of volume resuscitation in experimental models of volume resuscitation in hemorrhagic shock. It is concluded

that in swines in hemorrhagic shock not treated, a blood lactate over 10mM/L results fatal. The predictable outcome of this shock model is expected to produce consistent information based on possible different metabolic and hemodynamic patterns as far as the type of fluid and the timing of resuscitation in near fatal hemorrhagic shock.

EP-184

The impact of teaching institutions on usage of vasopressors in the United States during a decade

Shaadi Abughazaleh¹, Ali Seifi¹

¹University of Texas Health at San Antonio - San Antonio, Texas, United States

Objective: The purpose of this study is to determine the impact of teaching (T) versus non-teaching (NT) institutions on the use of Vasopressors in the United States.

Methods: Data from the Healthcare Cost and Utilization Project queried from 2004-2014 for inpatient admissions of patients who received an Infusion of Vasopressor anytime during their hospital course in all United States. Z-tests were performed using statistical analysis to assess for significant differences.

Results: During study period NIS reported 763,788 vasopressor infusions with a 1,093% increase during a decade. The numbers of Vasopressor usage were not significantly different between the T and NT institutions during 2004 to 2011 (p-value =0.6). However, from 2012 onwards, there was a significant difference between the numbers of Vasopressor Infusions between T and NT hospitals with a higher increase in the T institutions (p-value =0.001).

Conclusion: Our data show that Vasopressor Infusion was more used in the United States during recent years. However, in the T hospitals, the use has increased at a faster rate compared to the NT hospitals. Further studies are needed to determine the factors that explain the significant differences in vasopressor usage between T and NT hospitals.

EP-185

Use of ultrasonography for hemodynamic monitoring of the critically ill patient - An international survey

Amanda Quintairos E Silva¹, Carlos Andres Santacruz Herrera²

¹Hospital Adventista de Belém - Belém (PA), Brasil; ²Fundación Santa Fé de Bogota - Bogota, Colombia

Objective: Hemodynamic monitoring with ultrasound (US) has been well-studied with regards its application in the Intensive Care Unit (ICU), Emergency Department (ED) and operating room settings. This survey aimed to identify the compliance with the existing evidence-based recommendations.

Methods: Online questionnaire regarding common practices during non-invasive hemodynamic monitoring with ultrasound.

Results: In total, 49 professionals answered the survey. Of these, 33 (67,35%) were intensivists, followed by 6 (12,24%) emergency doctors, 3 (6,12%) anesthesiologists, 2 (4,08%) cardiologists and 5 of others specialties (10,20%). The transthoracic US probe was not available in 59,18%, whereas the trans-esophageal probe was not available in 95,92% of ICUs. Thirty-six specialists (73,47%) said they use ultrasound to monitor the hemodynamic status of patients in the ICU. Twenty-six (53,06%) answered they do not have an ultrasound-based hemodynamic monitoring as part of a formal training program during residency or fellowship. The Inferior Vena Cava (IVC) collapsibility index was considered the most used parameter to assess fluid responsiveness (55,10%). Velocity-Time Integral (VTI) to monitor cardiac output or diastolic parameters to evaluate the risk of a fluid challenge are not used by 22 (44,90%) and 29 (59,18%) of the responders, respectively.

Conclusion: A moderate to low awareness of the use of US-based hemodynamic monitoring was found. Many ICUs do not have an US machine and advance US-techniques for cardiac output estimation are seldom used.

EP-186

Hemodynamic repercussions from the change of position in the intensive care unit

Ana Paula Dias Soares¹, Allan Peixoto de Assis², Camila Mendonça de Moraes²

¹Universidade Federal do Rio de Janeiro - Campus Macaé - Macaé (RJ), Brasil; ²Enfermagem Médico-Cirúrgica, Universidade Federal do Rio de Janeiro - Campus Macaé - Macaé (RJ), Brasil

Objective: To analyze and compare the hemodynamic parameters of heart rate, systolic blood pressure, diastolic blood pressure, mean arterial pressure, respiratory rate, peripheral oxygen saturation and temperature before and after the change of decubitus.

Methods: An observational, analytical, cross-sectional and quantitative approach was performed in a ten-bed intensive care unit of a medium-sized philanthropic hospital performed with patients under continuous hemodynamic monitoring with indication of change of decubitus. Patients whose monitoring equipment had no evidence of maintenance were excluded from the sample. The hemodynamic parameters were observed before and after the change of decubitus. For the analysis of the values obtained, the student's t test was used for paired samples, considering statistical significance when the probability was lower than 0.05. The study obtained a favorable opinion from the Ethics and Research Committee.

Results: Twenty-seven patients undergoing continuous hemodynamic monitoring with indication of change of decubitus were inserted in the study, being the majority (44%) of cardiological conditions. The analyzed variables had the following p values: Heart rate (0.4404); Systolic blood pressure (0.7384); Diastolic blood pressure (0.5834); Mean arterial pressure (0.8902); Respiratory rate (0.9449); Peripheral oxygen saturation (0.4518) and temperature (0.9068).

Conclusion: No clinically and statistically significant differences ($p > 0.05$) were observed in hemodynamic parameters when compared at pre and post-change moments. It is concluded that the patients analyzed in the sample did not present hemodynamic repercussions after the change of decubitus.

EP-187

Influência da pressão positiva contínua nas vias aéreas sobre a gasometria arterial em pacientes submetidos à troca de válvula cardíaca

Cleidiane da Silva Andrade¹, Bárbara Begot de Freitas Rosa¹, Carlos Diego Lisboa Carneiro², Thays de Paula Barbosa Machado², Larissa Salgado de Oliveira Rocha³, Rodrigo Santiago Barbosa Rocha²

¹Universidade Federal do Pará - Belém (PA), Brasil; ²Universidade do Estado do Pará - Belém (PA), Brasil; ³Universidade da Amazônia (UNAMA) - Belém (PA), Brasil

Objetivo: Investigar a influência da Pressão Positiva Contínua nas Vias Aéreas (CPAP) no equilíbrio ácido básico e gasometria arterial em pacientes submetidos à cirurgia cardíaca de troca valvar.

Métodos: Estudo quantitativo e prospectivo, realizado em um hospital em Belém-Pará. Foram incluídos apenas os pacientes conscientes, com idade entre 30 a 60 anos, do sexo masculino, respirando espontaneamente e que tenham sido extubados dentro das primeiras 24 horas após cirurgia de troca de valva cardíaca, internados na Unidade de Terapia Intensiva (UTI), sendo coletada e comparada a gasometria arterial antes e após realização de CPAP. A análise estatística foi realizada no programa Biostat 5.0, sendo usado o teste de Shapiro-wilk seguido de teste Qui quadrado. Nível de significância $p < 0.05$.

Resultados: A amostra foi composta de 9 voluntários com idade média de $45 \pm 7,3$. Todos os pacientes estavam realizando a primeira troca de valva cardíaca e as doenças envolvidas eram diversas, 3 pacientes apresentavam estenose de valva mitral, 5 casos de estenose aórtica e 1 paciente de prolapso de valva mitral. Foi observada uma diferença estatística significativa para os valores gasométricos de PaO_2 ($P = 0.0003$).

Conclusão: A aplicação de CPAP sugere melhorar a oxigenação de pacientes no pós-operatório de troca de valva cardíaca.

EP-188

Medición del índice de agua extravascular pulmonar y del índice de permeabilidad vascular pulmonar en pacientes con síndrome de distress respiratorio en la terapia intensiva del Complejo Medico de la Policia Federal Churruca Visca

Adriana Karina Feldman¹, Sebastian Fredes¹, Cristian Pozo¹, Daniel Varela¹, Norberto Tiribelli¹, Vanesa Nunes¹, Natalia Gumiel¹, Maria Guaymas¹

¹Complejo Medico Policia Federal - Buenos Aires, Argentina

Objetivo: Conocer el índice de agua extra-vascular pulmonar y el índice de permeabilidad vascular pulmonar en pacientes con SDRA.

Métodos: Estudio descriptivo, retrospectivo y observacional en el que se incluyeron los pacientes ingresados a (UTI) con distress respiratorio desde el 1/01/2015 hasta el 1/03/2017 que requirieron monitoreo PICCO. Las variables registradas fueron edad, sexo, presión positiva espiratoria final (PEEP), duración de ARM, APACHE II, motivo de ingreso, variación del volumen sistólico (VVS), fracción de eyección global (FEG), Índice de permeabilidad pulmonar (PVPI), Agua pulmonar extravascular (EVLW), balance acumulativo, días de ARM, estadía y mortalidad. Los datos se expresaron como media y DS, mediana, RI y %.

Resultados: Ingresaron a UTI 1300 pacientes, 40 pacientes fueron monitorizados con PICCO. La edad fue de 52 ± 16 y el 60% eran hombres. El APACHE II 15 ± 8 con un riesgo de mortalidad del 53%. De los pacientes con SDRA 40 % eran post-quirúrgicos y 60% clínicos. Fueron ventilados con modo controlado por volumen con un VT 6 ± 3 ml/kg PEEP fue de 15 ± 3 cmH₂O, fracción inspiratoria de oxígeno 60 ± 4 . El 60% tenían SDRA severo y el 40% moderado. Los días de ARM 4 [1-6] en los fallecidos y de 8 (4-9) en vivos, la estadía en UTI 14 [5-16] días y la mortalidad del 46%.

Conclusão: El único dato que tuvo correlato con la mortalidad fue un IP ($p < 0,03147$) promedio 3.5 de los fallecidos con respecto a los sobrevivientes 2.4. El balance acumulativo en estos pacientes fue mayor (8 litros) que en los que sobrevivieron.

EP-189

Parameters of right ventricular systolic function as a predictor of mortality and outcome in septic shock

Tatiana Rosario Cruz Aranibar¹, Giovany Inchauste¹, Ivonne Nina Orellana¹

¹Instituto Nacional de Torax - La Paz, Bolivia

Objective: The hemodynamic parameters of right ventricular systolic function (HPRVSF) constitute a predictor of mortality and outcome of patients with septic shock in the intensive care unit (ICU), from the national chest institute (NCT) in La Paz - Bolivia. To determine the association of HPRVSF with mortality and outcome in patients with septic shock. To analyze the risk of mortality of HPRVF in septic shock.

Methods: A descriptive, retrospective observational study was performed. The data were collected from the electronic clinical records of the patients, the instrument were apache 4 score and echocardiography reports between February 2015 to February 2017, the analysis was performed of variables by the Pearson chi-square method and processed in SPSS version 24.

Results: A total of 48 patients submitted, APACHE 4 Score was obtained between 70 and 150 points, Pulmonary Arterial Hypertension (PAH) in 4% of the cases. With Pulmonary Vascular Resistance (PVR) between 7 and 9

(UW), 32% with PVR between 4 and 6 UW and 64% with normal PVR. The ratio between the APACHE score 4 and HPRVSF: (PVR), (PAH), Tricuspid Annular Plane Systolic Excursion (TAPSE), obtained a value of P: 0, 0017 positive association between both. Risk estimation has a 2-fold greater risk of death in cases with PAH and APACHE 4 score greater than 70 points.

Conclusion: The HPRVSF (PASP, RA, TAPSE, PVR) are related to mortality and outcome showing greater strength of association with TAPSE and PVR, constituting an additional factor of Risk of mortality in septic shock.

EP-190

Professionals' knowledge about arterial blood gas analysis from a private hospital's adult intensive care unit in Distrito Federal

Flavia Perassa de Faria¹, Bruno Sousa Lopes¹, Marcela Dias Izuel Luth¹, Jeniane Santos da Rocha¹, Mariana Alves Robledo¹, Valéria Oliveira dos Santos¹, Carlos Alexandre Birnfeld de Arruda²

¹Centro Universitário Euro-Americano - Brasília (DF), Brasil; ²Hospital Brasília - Brasília (DF), Brasil

Objective: Arterial blood gas analysis is a routine procedure for patients submitted to anesthesia or Intensive-Care patients. Our objective was to evaluate the doctors', physiotherapists' and nurses' technical-scientific knowledge about the arterial blood analysis within an Adult IC-unit from a private hospital in Brasilia.

Methods: A quantitative, descriptive and transversal Study was performed with the application of a questionnaire developed by the researchers, composed by 20 questions. The Study was approved by the Ethics Committee. The statistics analysis was performed with average and standard deviation, ANOVA, Shapiro-Wilk test, Levene's Test, Kruskal-Wallis e Mann-Whitney.

Results: The analysis of 84 questionnaires presents a percentage of hits different between the professionals. The sample was formed by 33 physiotherapists, 27 nurses, 24 doctors that work at the ICU. The Shapiro-Wilk test rejected the hypothesis that the performance was normally shared by the three categories of the Study ($p < 0,05$). The homogeneity of the variance was certified by the Levene's test and the hypothesis that the variances were constant between the groups wasn't rejected ($p = 0,09$). As the obtained p-value was lower than the established significance level (5%), hence there are evidences that the performance of at least one of the professionals differs from the others'.

Conclusion: According to the evaluated criteria and the research results, the doctors have a wider technical-scientific knowledge about arterial blood gas analysis in comparison to the other professionals and the performance of the physiotherapists are higher than the nurses'.

EP-191

Reanimacion con fluidos guiada por monitoreo PICCO en pacientes post operatorios con shock séptico

Adriana Karina Feldman¹, Sebastian Fredes¹, Norberto Tiribelli¹, Vanesa Nunes¹, Daniel Varela¹, Gabriela Sibila¹, Dario Quaranta¹, Maria Guaymas¹

¹Complejo Medico Policial Churrua Visca - Buenos Airesm, Argentina

Objetivo: La resucitación temprana dirigida es imprescindible para mantener la circulación del paciente con shock séptico. **Objetivo:** medición de la precarga (volumen global telediastólico indexado, GEDI) y del (índice de agua extravascular pulmonar, EVLWI) a través del sistema de monitoreo PICCO como guía para la administración de fluidos en las primeras 48 horas de ingreso a UTI de pacientes post operatorios con shock séptico. **Métodos:** Se realizó un estudio descriptivo, retrospectivo y observacional en pacientes post operatorios ingresados a UTI con Shock séptico desde el 1/01/2014 hasta el 1/03/2017 que requirieron (ARM) por más de 24 hs. Las variables registradas fueron edad, sexo, modo ventilatorio, volumen corriente (Vt), presión positiva espiratoria final (PEEP), duración de ARM, APACHE II, motivo de ingreso, días de ARM, estadía y mortalidad. Los datos se expresaron como media y DS, mediana, RI y %.

Resultados: Ingresaron a UTI 60 pacientes postoperatorios con Shock séptico. Se realizó reanimación con líquidos a pacientes con hipovolemia (GEDVI). El 60% hombres con una edad media de 66 ± 16 años. Presentaron Shock séptico de origen abdominal 58 pacientes (94,11%) y 2 (5,99%) de origen torácico. De los 60 pacientes con sepsis de origen abdominal, 50 fueron por peritonitis extrahospitalaria y 10 fueron por peritonitis intrahospitalaria (fallo de sutura). Los días de ARM 7 [3-9], la estadía en UTI 14 [5-16] días y la mortalidad fue del 33%.

Conclusão: los pacientes con un EVLWI inicial alto (EVLWI > 10mL/Kg) se asociaron a más días de estancia hospitalaria, presentaron mayor mortalidad (33%) que los enfermos con un EVLWI inicial bajo (EVLWI < 10mL/Kg) (22%), no hallamos diferencias significativas entre ambos grupos.

EP-192

Veno-arterial-venous extracorporeal membrane oxygenation for life-threatening respiratory and circulatory failure due to hypercalcemic crisis

Morio Suzuki¹, Keiki Shimizu¹, Hitoshi Kaneko¹, Yoshihiro Hagiwara¹, Kentaro Morikawa¹

¹Tokyo Metropolitan Tama Medical Center - Fuchu, Japan

Hypercalcemic crisis is a rare but life-threatening condition that can lead to arrhythmia and renal failure, but vascular hyperpermeability has caused fatal pulmonary edema in a few cases. A woman in her 60s with no previous history was seen at this Hospital for weakness. The patient's Ca level was 20.3 mg/

dl and parathyroid hormone (PTH) level was 2,846 pg/ml. CT revealed an enlarged parathyroid gland. Despite treatment with fluids, medications, and hemodialysis, hypercalcemia persisted. Severe vascular hyperpermeability was evident, and large volumes of fluids and noradrenaline at a dose of 1 µg/kg/min were required to maintain circulation. Next day, the patient had a Murray score of 3.5, and veno-venous (VV) ECMO was initiated. Despite ECMO and administration of noradrenaline at a dose of 2 µg/kg/min along with vasopressin, the patient's lactic acid level increased. Cardiac function was maintained, and VV-ECMO was switched to VAV ECMO. On day 6 of hospitalization, a parathyroidectomy was performed with VAV-ECMO support. The patient's PTH level peaked at 4,700 pg/ml. After surgery, circulation and respiration were stable, and the patient was weaned from ECMO. In the current case, hypercalcemic crisis was life-threatening, and such abnormally high PTH levels have seldom been reported in the literature. In the event of a life-threatening condition such as severe vascular hyperpermeability or distributive shock, circulatory and respiratory support with VAV-ECMO can be a useful bridge to definitive treatment.

EP-193

Comparison of minimally invasive devices invasive and non-invasive for the measurement of cardiac output: systematic review and meta-analysis

Rafael da Mota Mariano¹, Andreza Werli-Alvarenga²

¹Hospital das Clínicas, Universidade Federal de Minas Gerais - Belo Horizonte (MG), Brasil; ²Escola de Enfermagem, Universidade Federal de Minas Gerais - Belo Horizonte (MG), Brasil

Objective: Compare the measurement of cardiac output among the devices measured so minimally invasive and non-invasive with the invasive thermodilution method.

Methods: This is systematic literature review and meta-analysis. The articles were searched in electronic databases PUBMED/MEDLINE, BDENF, DATASUS, EMBASE, LILACS, and CINALH in the period from 2007 to 2017 using terms related to hemodynamic monitoring in critically ill adults. Review articles were excluded and those who have not turned on the subject. The articles included compared the methods of measurement of cardiac output of way invasive, minimally invasive and non-invasive. The studies found in the search have been evaluated and validated for inclusion, by researchers. After the evaluation of the studies and inclusion were extracted the results and statistical analysis 6.

Results: 1938 studies were evaluated in relation to methodological quality and relevance with the theme, of which 101 were included. All with significant methodological heterogeneity. It was observed that the minimally invasive monitoring and present non-invasive measurement of cardiac output comparable with invasive monitoring (RR 0.57 95% confidence interval (CI 95%) -0.75 0.56, p = 0.001).

Conclusion: Minimally invasive devices and non-invasive measure the cardiac output with values comparable to invasive device thermodilution.

EP-194

Study of medical care and prognostic statistics of Brazilian patients with cardiogenic shock compared to anaphylactic and hypovolemic shock indices

Camylla Santos de Souza¹, Caio Teixeira dos Santos², Williamina Oliveira Dias Pinto³, Paulo Brandão Sakr Khouri⁴, David Freire Maia Vieira⁴, José Linhares Vasconcelos Filho⁴, Helena Gracielli de Carvalho Almeida⁵, João David de Souza Neto⁶

¹Faculdade de Medicina, Universidade Federal do Ceará - Fortaleza (CE), Brasil; ²Universidade Severino Sombra - Vassouras (RJ), Brasil; ³Faculdade Nacional de Rosario - Rosario, Argentina; ⁴Centro Universitário Christus (UNICHRISTUS) - Fortaleza (CE), Brasil; ⁵Faculdade de Medicina, Universidade de Fortaleza (UNIFOR) - Fortaleza (CE), Brasil; ⁶Hospital de Messejana Dr. Carlos Alberto Studart - Fortaleza (CE), Brasil

Objective: To analyze the statistics of Brazilian patients with cardiogenic shock, comparing to the anaphylactic and hypovolemic ones.

Methods: A descriptive analysis of DATASUS/TABNET lists on cardiogenic, hypovolemic and anaphylactic shock between 2008 and 2015 in Brazil.

Results: Circulatory shock is a severe clinical condition divided in three types: cardiogenic, hypovolemic and distributive. Cardiogenic shock is characterized by low cardiac output with hypoxia of tissues, even with adequate intravascular blood volume. Mortality reaches 40 to 70%. There were 34,400 patients hospitalized between 2008 and 2015 to treat cardiogenic shock, of which 4,189 were attended in 2008 and 4,337 in 2015. Hemorrhagic shock is a clinical state in which serum volume and tissue diffusion of oxygen are affected. The number of hospitalizations for hypovolemic shock was 21,926. In 2008, 1,972 were interned, while in 2015 there were 3,374 people. Mortality remain high: 56,326 were hospitalized for cardiogenic and hypovolemic shock, of whom 9,659 died. Anaphylactic shock is a kind of distributive one and consists in an hypersensitivity reaction with sudden start and life risk. 4,705 cases were registered from 2008 to 2015 (769 patients in 2008 and 548 in 2015). The spent on these three hospitalization profiles is R\$ 135,803,295.43.

Conclusion: This study approaches a common scenario in Brazil that requires massive public health expenditures. In descending order of prevalence, cardiogenic shock is succeeded by hypovolemic, which is succeeded by anaphylactic. The prognosis is not good for all three of them.

Gestão, qualidade e segurança

EP-195

Improvement of quality indicators after the implementation of a management plan in intensive care units of three hospitals: analysis of 14,004 admissions from 2013 through 2017

Ulisses de Oliveira Melo¹, Rogerio Ribeiro da Silveira¹, Herika Lucia da Costa Silva¹, Valquiria de Abreu Ramos Queiroz¹, Cláudio Heitor Tavares Gress², José Hipólito de Godoy E Oliveira³, Sergio Henrique da Silva Tristão³, Humberto Villacorta Junior⁴

¹Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil; ²Hospital Estadual João Batista Caffaro - São Gonçalo (RJ), Brasil; ³Hospital Estadual Azevedo Lima - Niterói (RJ), Brasil; ⁴Universidade Federal Fluminense - Niterói (RJ), Brasil

Objective: To assess mortality rates and length of stay (LOS) in the intensive care unit (ICU) after the implementation of a management plan.

Methods: Between July 2013 and June 2017, 14,004 admissions in the ICU of three hospitals were analyzed using data from a multicenter electronic database. The expected mortality rate was calculated using the SAPS3 score. Standardized mortality ratio (SMR) was calculated by the formula [observed mortality rate / expected mortality rate]. To assess LOS we calculated the S-PLOS indicator, by the formula [observed rate of patients with long LOS / predicted rate of long LOS]. These rates were compared to those of 156,843 patients (pts) from the remaining hospitals in the multicenter database.

Results: Mean age was 58±21.3 years and 8,252 (59.2%) were male. SAPS3 for the entire population was 58.4±22.4 and the expected mortality rate was 36.2%. SMR was reduced from 1.87 to 1.09 (2013 versus 2017). LOS in the ICU was reduced from 11.7±17 to 6.7±8.4 days, $p<0.00001$. In 2017, SMR was lower than that observed in the remaining hospitals (1.09 vs 1.43). The predicted risk for long LOS was 38.7%, but the observed long LOS rate was 6.64%, with a S-PLOS of 0.17, which was lower than the rate of the remaining hospitals from the database (0.31).

Conclusion: Quality indicators were improved after the implementation of a management plan.

EP-196

Incidence of pressure lesion and profile of patients admitted to an adult intensive care center

Aline Fantin Cervelin¹, Daniela de Oliveira Cardozo¹, Roberta Manfro Lopes¹, Daiana Barbosa da Silva¹

¹Hospital Moinhos de Vento - Porto Alegre (RS), Brasil

Objective: To verify the profile of patients who developed pressure lesion (PL) at an Adult Intensive Care Center (AICC) and to obtain their incidence in the year 2016.

Methods: Retrospective observational study conducted from January to December 2016, involving patients hospitalized at the AICC who developed PL. Data collection was done through a database of AICC.

Results: During the year of 2016, 1714 patients were admitted to the AICC, and 41 of these developed some type of PL, totalizing an incidence of 2,4%. There was a prevalence of males (71%). The average age of the patients was 71 (±15) years, with an average of 14 days to develop PL. The average of the Braden Scale on the day PL was developed was 9,8. The main reason for hospitalization at the AICC was ventilatory failure (34%). The main comorbidities were hypertension (34%) and diabetes (30%). Most of the patients were transferred from the emergency room (39%) and the hospitalization unit (32%). The predominance of PLs were stage 2 (85%) and on the sacral region (64%). Regarding the therapies used: 90% with vasopressor, 93% with sedation, 93% with invasive ventilation, and 59% with continuous renal replacement therapy. 37% of these patients died. A protocol of prevention and treatment of injuries based on international guidelines is used since 2013.

Conclusion: It is observed that patients who developed PL presented a high risk of developing PL, with the use of therapies that compromised their repositioning, even in the use of protocol for lesions prevention.

EP-197

The critic patient's sleep quality and the correlation with functionality

Maira J Maturana¹, Lidia D P Siqueira¹, Guilherme Mincewicz¹, Sara Juliana de Oliveira¹, Valmir Neves Vidal¹, Gabriela Santa Maria Lucin¹, Leandro Franco de Meira¹, Esperidião Elias Aquim¹

¹Faculdade Inspirar - Curitiba (PR), Brasil

Objective: To correlate the quality of sleep through the Pittsburgh questionnaire and the functionality degree through the Barthel index.

Methods: Patients in a Glasgow Scale coma of 15, with at least 3 days of admittance in intensive care unit (ICU) who answered the Pittsburgh questionnaire and were evaluated by the Barthel index in three domains.

Results: Sample composed by 22 patients, 7 women (31,8%) e 15 men (68,2%), with an average age of 38,40 (±13,55) years old, admitted in Hospital do Trabalhador and in Hospital Vita Curitiba both in the city of de Curitiba. The average score in the Barthel index was 8,59 (±3,08), which indicates bad sleep quality. The Barthel index had a maximum score of 40 points, and the average was of 31,81 (±8,09) points. The Pearson correlation coefficient (r) between sleep quality and the functionality was considered to be too low, with an r of 0,13 and $p = 0,546$. The average of two days of admittance was of 4,68 (±3,55) days and its correlation with sleep was considered as too low, with an r of 0,15 e and = 0,500. Anxiety, temperature and the use of medications had moderate correlations, with an r of 0,53, 0,55 and 0,46 with a significant p of 0,011, 0,007 and 0,028 respectively.

Conclusion: Even in inadequate conditions of sleep, the patients kept their functional state during their admittance in the ICU.

EP-198

A comparison of two automated pupillometers in critically ill patients

Bedrana Moro Salihovic¹, Selene Pozzebon¹, Ilaria Alice Crippa¹, Jean-Louis Vincent¹, Jacques Creteur¹, Fabio Silvio Taccone¹

¹Department of Intensive Care, Erasme Hospital, Université Libre de Bruxelles - Brussels, Belgium

Objective: Automated pupillometers (APs) are widely used in critically ill patients because of the poor inter-observer reliability to assess pupillary light reflexes. Nevertheless, no data are available on the comparison of different APs in this setting.

Methods: We prospectively enrolled patients admitted to the Dpt of Intensive Care over a period of 3 weeks. One examiner performed the pupillometer assessment using the NPi-200 pupillometer (NeuroOptics Inc, Irvine, CA, USA; AP1) and the NeuroLight (IDMed, Marseille, France; AP2) in a random order. Pupillary size, percentage of contraction at light stimulation (CH), contraction velocity (CV) and latency (Lat) were collected from both left and right eye.

Results: A total of 112 patients were included over the study period. Pupillary size were similar in the left (3.8 [2.7-4.5]mm for AP1 vs. 3.7 [2.9-4.7]mm for AP2; $p=0.57$) and right eye (3.8 [2.8-4.8]mm for AP1 3.9 [2.9-4.7]mm for AP2; $p=0.39$). The correlation between the pupillary size values from the two APs was significant for both left ($r=0.90$; $p<0.001$) and right size ($r=0.89$; $p<0.001$). The mean bias was -0.17mm (limits of agreement, LoA -1.23 to 0.88 mm) and -0.07mm (LoA -1.2 to 1.0mm) for the left and right eye, respectively. Similar results were found for other variables.

Conclusion: APs are inter-changeable to assess pupillary function in critically ill patients.

EP-199

Análise das complicações mais frequentes em cirurgia de revascularização do miocárdio

André Luis Valera Gasparoto¹, Carlos Alberto Gonnelli¹, Mauro Sérgio Vieira Machado¹, Thomaz Braga Ceglie¹, Rodrigo Olynto de Almeida¹, Danilo Stabile Gonnelli¹, Rafaela Winter Gasparoto¹

¹Hospital da Real e Benemerita Associação Portuguesa de Beneficência - São Paulo (SP), Brasil

Objetivo: A revascularização cirúrgica do miocárdio (CRM) foi introduzida como tratamento da doença isquêmica aterosclerótica coronariana há aproximadamente meio século. No entanto, em face da constante evolução

tecnológica desse procedimento e das mudanças no tratamento clínico da doença, há necessidade de contínua avaliação dos resultados, pela observação e análise crítica para minimizar as complicações através de plano de ações. **Objetivos:** Avaliar e estratificar as complicações mais frequentes em pós-operatório de (CRM).

Métodos: Foi avaliado o banco de dados da UTI cardiológica, composta por 61 leitos para adultos. Foram analisados retrospectivamente 3010 pacientes submetidos à CRM (65,9% do sexo masculino, idade média de 61,2 anos, 74,6% com IMC médio de 24,9).

Resultados: Entre todos os pacientes avaliados deste banco de dados, 39% ($n=1173$) apresentaram alguma complicação. As complicações mais frequentes foram arritmias, correspondendo a 18,7% do total das complicações ($n=564$). As complicações pulmonares corresponderam a 15% ($n=452$) e terceira complicação mais frequente foi neurológica 8,2% ($n=247$). A imensa maioria das arritmias foi Fibrilação atrial 85% ($n=480$), que é a arritmia mais frequente e possui fácil manejo clínico.

Conclusão: As arritmias, em especial a Fibrilação atrial permanece sendo a principal complicação do pós operatório da cirurgia cardíaca em geral, variando sua incidência conforme o centro e o autor de 30 a 60% dos pacientes.

EP-200

Analysis of patient safety culture in intensive care: cross study

Mabel Duarte Alves Gomides¹, Geraldo Sadoyama²

¹Universidade Federal de Uberlândia - Uberlândia (MG), Brasil;

²Universidade Federal de Goiás - Goiânia (GO), Brasil

Objective: Patient safety culture has been the subject of much concern in the scientific community because of the large number of failures resulting from health care provision. This study aimed to evaluate the characteristics and perception of the patient safety culture among the teams of professionals of the adult intensive care.

Methods: A cross-sectional study was conducted to evaluate the patient's safety culture in the adult intensive care at a teaching hospital of the Uberlândia, Brazil. The Safety Attitude Questionnaire (SAQ) was used as an instrument to evaluate the patient safety culture and a descriptive analysis and variance analysis with significance (α) of 5% were performed.

Results: This research had the participation of 138 employees from the specific areas of medical, psychology, nutrition, physiotherapy, nursing and administration. There was a predominance of nursing technicians (N 67, 76.8%) and of the participants (62.3%) with greater than or equal to 5 years time of professional experience. The overall mean safety culture was less than 75 points (57.80 ± 23.39) demonstrating a weakened team safety attitude. The domains of better and worse perceptions were satisfaction at work (72.38 ± 19.63) and perception of hospital management (42.69 ± 22.81), respectively. No statistical difference was detected between

the category of professionals for the safety climate and perception of worker. The professional who demonstrated the best safety attitude was the physiotherapist.

Conclusion: Physicians and physiotherapists presented a better perception of the patient's safety culture, probably because the work met their expectations and satisfaction.

EP-201

Applicability of Fugulin in patients of a maternal intensive care unit of a school maternity state of Rio Grande do Norte

Adriana Batista Resende de Lima¹, Luzia Clara Cunha de Menezes¹, Tatiana Maria Nóbrega Elias², Marlúzia da Cunha Batista dos Santos¹, Maria Anakarine de Souza Medeiros¹

¹Maternidade Escola Januário Cicco, Universidade Federal do Rio Grande do Norte - Natal (RN), Brasil; ²Hospital Universitário Onofre Lopes, Universidade Federal do Rio Grande do Norte - Natal (RN), Brasil

Objective: To evaluate the applicability of the FUGULIN instrument in a maternal intensive care unit of a maternity school in Rio Grande do Norte, as a way to determine the degree of dependence of these patients in relation to the nursing team.

Methods: An instrument composed of nine critical indicators: mental state; Oxygenation; Vital signs; Motility; Ambulation; feeding; Body care; Eliminations; Therapeutic use, applied daily in patients hospitalized in the maternal ICU, from January 2017 to June 2017.

Results: A total of 219 patients were admitted to the Maternal ICU during the period: 122 pregnant, 70 postpartum and 27 gynecological and general surgery patients. It was observed that the majority of the patients were classified in minimal care, according to the FUGULIN instrument, being stable, clinically and nursing patients and self sufficient to meet basic human needs. Which often did not match the actual situation in which the patient was.

Conclusion: The classification system of patients determines the degree of dependence in relation to the nursing team, the degree of complexity assistance; Establishes the time spent in direct and indirect care, as well as the amount of personnel to meet the bio-psycho-socio-spiritual needs of the patient. The FUGULIN instrument is not yet the best suited to internal patients in the Maternal ICU, and it is necessary to elaborate a specific instrument, focused on the particularities of these patients.

EP-202

Avaliação da eficácia da implantação de um conjunto de medidas para prevenção de infecção de corrente sanguínea relacionada ao cateter venoso central

Cristiane dos Santos Manoel Resende da Silva¹, Gilmaikon Pereira Roela¹

¹Hospital Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objetivo: As infecções hospitalares estão entre os eventos adversos mais frequentes e preveníveis associado ao cuidado assistencial, ações de prevenção são fundamentais para a segurança do paciente. Este trabalho tem o objetivo de avaliar a eficácia da implantação de ações de prevenção de infecção de corrente sanguínea relacionada ao cateter venoso central (CVC) em unidade de terapia intensiva adulto de um hospital de grande porte, filantrópico do município de São Paulo.

Métodos: O estudo trata-se de uma coorte retrospectiva de natureza quantitativa realizada nas unidades de terapia intensiva adulto através da comparação da densidade de incidência da infecção de corrente sanguínea relacionada ao CVC antes e após a implantação das ações de prevenção.

Resultados: As novas ações foram implantadas durante todo o ano de 2016 e englobaram a criação do comitê multidisciplinar, revisão dos protocolos, ações educativas focadas na adesão às boas práticas e implantação de novas tecnologias. Em 2015 a média de incidência de infecção de corrente sanguínea relacionada ao CVC foi de 3,3/1000 cateteres-dia, já em 2016 a média incidência da infecção de corrente sanguínea relacionada ao CVC foi de 2,17/1000 cateteres-dia, totalizando uma redução na densidade de incidência de 35,99% após a implantação das ações.

Conclusão: Apesar da complexidade, a implantação e manutenção de ações preventivas, apresenta resultados satisfatórios para redução da densidade de incidência da infecção de corrente sanguínea realizada ao uso de cateter venoso central, tendo como fator decisivo para o sucesso, o envolvimento e comprometimento de toda a equipe multidisciplinar.

EP-203

Can muscle strength to predict walking ability at intensive care unit discharge?

José Aires de Araújo Neto¹, Fernando Beserra Lima¹, Roberta Fernandes Bomfim¹, Aline Carvalho Gouveia¹, Alda Silva Lopes¹, Sara Caetano Albergaria¹, Raíssa Maria Rocha dos Santos¹, Marcelo de Oliveira Maia¹
¹Hospital Santa Luzia - Brasília (DF), Brasil

Objective: To verify if the muscle strength can predict the capacity of ambulation at the moment of discharge in the Intensive Care Unit.

Methods: Prospective, analytical and descriptive study performed at the adult ICU of Santa Luzia Hospital, Brasília-DF, from January 2016 to May 2017. Patients aged > 18 years admitted to the ICU were included. Muscle strength was assessed in the first 24 hours after admission to the ICU, and the Medical Research Council - MRC scale was used for this evaluation. The outcome evaluated was the ability to walk at the time of ICU discharge. Sample distribution normality was assessed using the Kolmogorov-Smirnov test. The Mann-Whitney test was used to analyze the variables.

Results: The sample consisted of 2483 patients, 314 patients who died, and 343 patients excluded due to incomplete data. The mean age was 59.2 years (± 19.3). Regarding the assessment of muscle strength, there was no statistical difference between the group of patients who ambulated in comparison to the group that was not able to walk at the time of discharge (MRC-admission: 40.7 ± 7.9 and 41.5 ± 7.5 ; $= 0.72$, respectively).

Conclusion: The measurement of muscle strength, as measured by the MRC, was not able to predict the ability to ambulate at the time of ICU discharge.

EP-204

Central venous catheter bundle: knowledge and behavior of health professionals of the intensive care unit of a large hospital

Camila Adriana Barbosa Costa¹, Bruna Figueiredo Manzo², Allana dos Reis Correa², Fernanda Machado Assunção², Adriana Cristina de Oliveira²

¹Grupo Santa Casa de Belo Horizonte - Belo Horizonte (MG), Brasil;

²Escola de Enfermagem, Universidade Federal de Minas Gerais (UFMG) - Belo Horizonte (MG), Brasil

Objective: To evaluate the knowledge and behavior of professionals from an adult Intensive Care Unit (ICU) of a large hospital about the recommendations of insertion and maintenance bundles of the central venous catheter (CVC bundle).

Methods: Cross-sectional study in an adult ICU of a large hospital in Minas Gerais, Brazil. Questionnaires were applied to 292 health professionals (physicians, nurses and nurse technicians). Statistical analysis used descriptive statistics.

Results: Women were 77% of our subjects, with a median age of 32 years. 61.3% were nurse technicians, 20.5% physicians and 18.2% nurses. 52.4% of the interviewees reported to know well the CVC bundle. Reported factors related to a higher infection risk during insertion were: incorrect hand hygiene (58.6%) and incorrect skin antisepsis (58.6%). Reported factors related to a higher infection risk during maintenance were: lack of hand hygiene (97.6%) and failure to change dressings when wet or with losing edges (96.6%). 84.3% of the professionals reported always using full barrier precautions for insertion of the catheter, followed by hand hygiene (80.5%). The lowest agreements with the CVC bundle were the use of chlorhexidine gluconate followed by alcoholic chlorhexidine (47.9%), date on the hub and connectors (19.9%), waiting for the antiseptic to dry before inserting the CVC (25.3%) and cleaning the hub /connectors with 70% alcohol (23.9%).

Conclusion: The evaluation of knowledge and behaviors may help planning interventions to improve safety and quality of care provided to patients in the ICU.

EP-205

Clinical pharmacist contribution to critically ill patient safety

Bruna Laranjeira Alves¹, Kise Carvalho Guimarães Sapucaia¹, Larissa Almeida Oliveira Aragao¹, Ibera Catarina da Silva Bispo¹, Verena Pinheiro Meira Oliveira¹, Marcela Ferreira Matos Barros Cotrim¹, Mônica de Jesus Silva Barreto¹

¹Hospital Cardiopulmonar - Salvador (BA), Brasil

Objective: To analyze the frequency and types of Medication-related problems (MRP) identified by clinical pharmacists, as well as the acceptability of interventions performed in Intensive Care Units (ICU).

Methods: A retrospective analysis of MRPs identified during multidisciplinary team meetings and pharmacist evaluations of medical prescriptions was conducted from January to May in 2017, in a private hospital in Salvador/BA. These MRPs were classified according to these following types: indication, effectiveness, safety and adherence. Pharmacist interventions were performed to solve or prevent these MRPs.

Results: 698 interventions were performed in all the Institution, being 59% (n=414) made in ICUs. Regarding indication problem, the MRP "necessity of additional treatment", corresponded to the most frequent one (48.1%), which can be justified by the practice of medication reconciliation done by pharmacist during patient admission; "unnecessary/inappropriate drug", corresponded to 24.6% and "drug dilution adjustment" corresponded to 3.6%. Concerning effectiveness, "drug dose/dosage regimen too low" corresponded to 12.3%. "Drug dose too high/dosage regimen too frequent", "unwanted side effects" and "drug infusion rate adjustments", related to safety, corresponded to 7.7%, 0.5% and 0.5%, respectively. Regarding adherence, "convenience" corresponded to 2.7%. Pharmacist interventions performed to solve or prevent these MRPs had 98% of acceptability among multidisciplinary team.

Conclusion: Pharmacists play an important role in Intensive Care Unit contributing to improve quality and safety on critically ill patient care, by identifying, preventing and solving MRPs. The acceptability rate of pharmacist interventions reveals the importance of pharmacist insertion in multidisciplinary teams.

EP-206

Complications due to overdose or incorrect anesthetics in the intensive care unit and operating rooms in the United States

America Revere¹, Eden Sirak¹, Ali Seifi¹

¹University of Texas Health at San Antonio - San Antonio, Texas, United States

Objective: Although anesthesia is routine during most surgical procedures and ICU sedations, fear of complications

during anesthesia due to improper administration remains. However, limited information exists in the literature regarding rates of complications due to anesthesia medication errors. The purpose of this study is to determine the impact of teaching institutions on complications from overdose or incorrect anesthesia medications using a robust database.

Methods: Data was collected from the Healthcare Cost and Utilization Project (HCUP) database in the United States between 2007 and 2014. The cohort was dichotomized into teaching versus non-teaching hospitals and the data was analyzed using Z-Test.

Results: Between 2007 and 2014, there was a total of 2778 complications from overdose or incorrect anesthetics. Of the total cases, 66.8% were male and 76.3% were between 18 to 44 years of age. Among these, 1622 (58.3%) took place in teaching institutions showing a significant 200% increase from 2007 to 2014 ($p < 0.001$) (Figure 1). Conversely, the complication rates in non-teaching institutions have demonstrated a steady decline since 2009. The discrepancy between both hospital types was the highest in 2014 in which the 255 incidents from teaching institutions made up 73.4% of the total anesthesia-related complications ($p < 0.001$).

Conclusion: In recent years, there have been significantly higher incidences of adverse effects related to anesthesia overdose or incorrect anesthesia medication administration in teaching institutions compared to non-teaching. Incidences gradually decreased in non-teaching hospitals during this 8-year study. Furthermore, prospective research is warranted to ascertain the causes for anesthesia administration errors.

EP-207

Complications during intra-hospital transportation of critical patients

Thais Kawagoe Alvarisa¹, Raquel Telles da Silva Vale¹, Phillipe Pereira Travassos¹, Natalia Fioravanti Postalli¹, Viviane Cordeiro Veiga¹, Salomon Soriano Ordinola Rojas¹

¹Unidade de Terapia Intensiva Neurológica, Hospital BP - A Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objective: Intra-hospital transport is a routine procedure in the hospital environment, however, related to the high rate of adverse events, especially in the context of critical patients. The objective of this study is to evaluate the events related to intra-hospital transport of critical patients.

Methods: All critical patient transports performed by a dedicated multidisciplinary team from October 2016 to June 2017 in a large hospital were evaluated and all clinical and nonclinical events that had an impact on health care security were considered.

Results: During the study period, 1626 patients underwent in-hospital transport, to perform complementary exams, to transfer the emergency room to the ICU or to perform invasive procedures. In all cases, the patients were followed. Of these, 191 events were observed (11.74%), and communication failures were the most prevalent, with

85 occurrences (44.5%). Among the non-clinical events, failures were observed in the multiparametric monitor, infusion pump, transport ventilator or pressure cuff in 13 cases. The clinical occurrences represented 32.9% of the cases, with hypotension being the most prevalent in 19 patients; Psychomotor agitation occurred in 18 patients and respiratory failure in 15. No deaths or cardiorespiratory arrest occurred during transport.

Conclusion: Intra-hospital transport is associated with a high potential for complications, which may have an impact on patients' outcomes. Skilled teams and adequate monitoring are essential to ensure the early identification of clinical instability as well as non-clinical events, ensuring patient safety.

EP-208

Consistency and responsiveness to assessment of corneal injury in critically ill patients

Cleydson Rodrigues de Oliveira¹, José Aloísio Dias Massote Mourão Oliveira¹, Karine Letícia de Araujo Costa¹, Rafael da Mota Mariano¹, Tábata Passos Ferreira¹, Thais Oliveira Gomes¹, Lázaro França Nonato², Joana Angelica Grossi Honorato¹, Andreza Werli-Alvarenga², Jaime de Oliveira Campos Junior¹, Graziela da Costa Santos¹

¹Hospital das Clínicas, Universidade Federal de Minas Gerais (UFMG) - Belo Horizonte (MG), Brasil; ²Escola de Enfermagem, Universidade Federal de Minas Gerais (UFMG) - Belo Horizonte (MG), Brasil

Objective: Establish rapport and responsiveness for the evaluation of ocular surface in critically ill in intensive care units.

Methods: This is a cross-sectional study with descriptive approach, carried out with 27 evaluators from the test of agreement on corneal evaluation of adult patients admitted to intensive care unit of a University Hospital in Belo Horizonte, Minas Gerais. Three evaluators were considered gold standard, two ophthalmologists and a nurse intensivist. One hundred patients were assessed, totaling 200 corneas. The Kappa coefficient was used for the assessment of the degree of agreement and interavaliadores for this analysis was the significance level p -value < 0.05 and concordance index greater than 70%.

Results: There has been general agreement with kappa coefficient variation of 0.33 to 0.86 between the evaluators. The indexes obtained indicate insufficient fillets, substantial and almost perfect. Five nurses were not agreement greater than 0.70.

Conclusion: From the results, it is evidenced that the evaluators after corneal evaluation qualification are eligible to take the examination of the cornea in adult patients admitted to intensive care units and the interavaliadores agreement is an important step of validation to be used on professional calibration for evaluations or subsequent analyses.

EP-209

Cost-effectiveness analysis of therapeutic hypothermia in critical patient after cardiac arrest: estimate of lifetime horizon follow-up

Luis Augusto Palma Dallan¹, Antônio Claudio do Amaral Baruzzi², Gisele Sampaio Silva², Roberta Arinelli Fernandes³, Marcela Cavalcanti³, Natali Schiavo Giannetti¹, Thatiane Facholi Polastri¹, Expedito Eustaquio Ribeiro da Silva¹, Roberto Kalil Filho¹, Pedro Alves Lemos Neto¹, Sérgio Timerman¹

¹Instituto do Coração, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil; ²Hospital Israelita Albert Einstein - São Paulo (SP), Brasil; ³Consultoria Sense Company - São Paulo (SP), Brasil

Objective: In critical patients after cardiac arrest, brain injury caused by ischemia/reperfusion may lead to long-term limitations and disabilities. The purpose was to estimate economic gains provided by HT technology (Arctic Sun®), resulting from reduction of neurological sequelae in critical patients after cardiac arrest, when compared to standard treatment in Brazil.

Methods: A panel of experts was joined and a questionnaire on resource utilization was developed with cerebral performance category scale (CPC) levels, graded from 1 to 5, 1 corresponding to good brain performance and 5 to brain death. Acute treatment period, complications and lifetime assessment were evaluated. Only costs related to care provided to critically ill patients with neurological sequelae were considered according to the CPC scale, from perspective of Supplemental Health System as payment source. We calculated the annual weighted average of patient management costs obtained through a modified Delphi panel.

Results: According to CPC classification, annual costs consolidated in US dollars were, respectively: CPC 1: 1,279; CPC 2: 5,387; CPC 3: 185,454; CPC 4: 342,797; CPC 5: 1,382. The results of economic evaluation, which calculated the mean annual cost of a critical patient with sequelae submitted to HT / standard treatment, suggest annual savings of 100,000 dollars, with HT procedure, mostly guided by reduction in moderate / severe sequelae rates (CPC 3, 4, 5).

Conclusion: The results of the economic evaluation suggest that the use of the HT procedure is able to provide significant savings of resources to the paying source in the Brazilian reality.

Objective: To describe the critical care staff participation and the main decisions performed during bedside multidisciplinary rounds in a single mixed medical/surgical ICU of a tertiary hospital in Southern Brazil.

Methods: The present cross-sectional study was performed from April 2017 to June 2017 in the 39-bed medical/surgical ICU of Hospital Moinhos de Vento, Porto Alegre, Brazil. In this ICU, bedside multidisciplinary rounds are conducted once a day by intensivists, critical care nurses, nursing technicians, physiotherapists, nutritionists, phonoaudiologists and psychologists. We registered the participation of distinct members of ICU staff and main critical care decisions made during bedside multidisciplinary rounds.

Results: In total, 302 bedside multidisciplinary rounds were evaluated during the study period. The frequencies of participation were 100% (n=302) for intensivists, 100% for critical care nurses (n=302), 74% (n=237) for nursing technicians, 54% (n=173) for physiotherapists, 54% (n=173) for nutritionists, 10% (n=32) for phonoaudiologists and 5% (n=16) for psychologists. The main decisions made during bedside multidisciplinary rounds were patient mobilization (85%), progression of enteral nutrition (57%), removal of invasive devices (45%), ICU discharge planning (37%) and spontaneous awakening trial (35%).

Conclusion: The participation in bedside multidisciplinary rounds was lower for professionals other than intensivists and members of nursing staff. Even so, decisions performed during bedside rounds reflected the broad view of distinct critical care professionals. Given that bedside rounds are means to provide evidence-based conducts, strategies to improve multidisciplinary participation are needed.

EP-211

Cuidado farmacêutico em unidade de terapia intensiva materna: resultados na detecção de potenciais riscos de erros de medicação

Michelle Silva Nunes¹, Tatiana Xavier da Costa¹, Flavia Evelyn Medeiros Fernandes¹, Gedson Rodrigues de Moraes Lima¹, Maria Clara de Araujo Silva¹, Hivila Nayanna da Silva Moreira¹, Tayne Anderson Cortez Dantas¹

¹Maternidade Escola Januário Cicco, Universidade Federal do Rio Grande do Norte - Natal (RN), Brasil

Objetivo: Detectar potenciais riscos de erros de medicação em uma UTI Materna.

Métodos: A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa do Hospital Universitário Onofre Lopes (CAAE: 21536713.0.0000.5292). Trata-se de um estudo observacional descritivo, transversal e retrospectivo. Os dados foram obtidos a partir dos formulários de registro do acompanhamento farmacêutico às pacientes da UTI Materna, no período de janeiro a dezembro de 2016. Os dados foram analisados por meio de estatística descritiva no Excel® 2010.

EP-210

Critical care staff participation and decisions performed during bedside multidisciplinary rounds in a single mixed medical/surgical intensive care unit: a cross-sectional study

Diana da Silva Russo¹, Cláudia Severgnini Eugênio¹, Tarissa da Silva Ribeiro Haack¹, Daiana Barbosa da Silva¹, Bianca Milena Verboski¹, Regis Goulart Rosa¹

¹Hospital Moinhos de Vento - Porto Alegre (RS), Brasil

Resultados: Foram atendidas 1049 prescrições referentes a 946 pacientes. A taxa de prescrições com potenciais riscos de provocar erros de medicação foi de 24,44% (1442/5900), sendo 40,15% (579/1442) diluições inadequadas ou ausentes de medicamentos injetáveis, 28,78% (415/1442) omissões da apresentação medicamentosa e 21,7% (313/1442) inadequações ou ausência do tempo de infusão. Abreviaturas, posologia e via de administração incorretas constituíram menos de 10%. Foram detectadas 55 Reações Adversas a Medicamentos (RAM), a maioria relacionadas ao uso de Sulfato de Magnésio, manifestadas por ausência de reflexo, diminuição da diurese e hipotensão.

Conclusão: Diluições e tempo de infusão inadequados podem contribuir na ocorrência de RAM. A principal finalidade do cuidado farmacêutico é garantir o uso seguro e racional de medicamentos. No contexto do Desafio Global da OMS, o Farmacêutico deve compor a equipe multiprofissional da UTI, pois sua presença contribui com a segurança do paciente e a redução dos riscos de eventos adverso, por meio da educação e da avaliação contínua no processo de medicação.

EP-212

Does physical therapy care provided within 24 hours improve outcomes compared to physical therapy provided within 18 hours in clinical cardiac intensive care unit? A cohort study

Lara Patrícia Bastos Rocha¹, Dilma Maria de Andrade², Jordana Rey Laureto², Claudia Lima Lanziani Spegiorin², Priscilla Flavia de Melo², Vinicius Zacarias Maldaner da Silva¹

¹Escola Superior de Ciências da Saúde - Brasília (DF), Brasil; ²Hospital de Base do Distrito Federal Brasília (DF), Brasil

Objective: To verify if physiotherapy care (PTc) provided within 24 h/day for Cardiac patients in the Intensive Care Unit (ICU) reduces the length of stay, mechanical ventilation (MV) support and mortality compared to a physiotherapy care provided within 18 h/day.

Methods: A longitudinal study was designed to assess differences between first three months of the year (2016) hospital where patients were given physiotherapy care for 18 h/day and last 3 months of 2016 with 24 h/day. We considered the following as outcome measurements: clinical diagnosis, Acute Physiology and Chronic Health disease Classification System II (APACHE II), ICU and mechanical ventilation length of stay and survival. T test of student was made to compare differences between two groups.

Results: 103 patients were enrolled in this study (60% male, age 55 ± 18 years, APACHE II 20 (17-26). Patients admitted during 24h/day of PTc showed a lower length of stay in ICU (7 ± 3.1 days X 11.1 ± 3.9 days respectively, p = 0.03) and mortality rate (31% versus 39% respectively, p = 0.04). No difference was found for APACHE II score (p = 0.8) and MV length of stay (4.5 ± 3.4 X 5.5 ± 3.3 days, p > 0.05) between two groups.

Conclusion: The presence of a PTc contributes decisively to reduce number of hospitalization days and mortality of ICU clinical cardiac patients.

EP-213

Drug safety in the occurrence of respiratory depression in burned patients undergoing treatment with opioids

Flavia Giron Camerini¹, Danielle de Mendonça Henrique¹, Lolita Dopico da Silva¹, Luana Ferreira de Almeida¹, Vanessa Galdino de Paula¹, Andrezza Serpa Franco¹, Sandra Regina Maciqueira Pereira¹, Juliana Faria Campos²

¹Faculdade de Enfermagem, Universidade do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ²Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objective: To analyze the occurrence of respiratory depression in burned patients undergoing treatment with opioids by identifying drug interactions and failures in scheduling.

Methods: This is a retrospective and cross-sectional study encompassing the analysis of 272 medical charts of burned patients admitted to hospitals between the years 2011 and 2013. Respiratory depression was identified by at least two of the following signals: administration of Naloxone, record of blood pressure less than 110/60mmHg, orotracheal intubation, pulse oximetry less than 90%, respiratory rate less than 10 irpm, oxygen therapy and sudden suspension of the opioid drug.

Results: Of the 272 analyzed medical charts, only 42 were in line with the selection criteria, through which we identified 24 episodes of respiratory depression (RD) in 12 patients (28.58%). The most prevalent opioid drugs were Tramadol (45.49%) and Methadone (18.43%). In patients with respiratory depression, there was a predominance of scheduling of opioids at 10:00PM (42.85%) and at 6:00AM (28.57%), as well as accumulation. Due to the concentration of scheduling in the afore mentioned hours, 66.66% of potential drug interactions were identified, with a positive association (OR= 3.33) with the occurrence of RD (95% CI = 0.61-17.97 / p = 0.137).

Conclusion: An inappropriate scheduling of opioids may contribute to the occurrence of drug interaction and increase the risk of respiratory depression. Thus, this research warns health professionals about the need to diversify schedules in such a way as to prevent the occurrence of heavy drug interactions.

EP-214

Duodenopancreatotomy in a middle-income country: the Brazilian public hospitals experience

Rodolfo Eduardo de Andrade Espinoza¹, Anke Bergmann¹

¹Instituto Nacional de Câncer - Rio de Janeiro (RJ), Brasil

Objective: The primary is to evaluate the association between hospital volume in duodenopancreatectomy and hospital mortality.

Methods: The data were collected from DATASUS (www.datasus.gov.br), a national open-access public health system database organized and maintained by the government. We selected all duodenopancreatectomy admissions paid by the Brazilian Unique Health System (SUS) from January 2011 to December 2016. The variables studied were: hospital localization, if the hospital is specialized in cancer (CACON or UNACON) or not, length of stay and hospital mortality. The hospitals were divided in 2 groups to evaluate surgery volume: from 1 to 10 (group 1) and more than 10 surgeries (group 2) in 5 years.

Results: A total of 3137 admissions was analyzed in 345 hospitals. The observed hospital mortality and length of stay were 20,8% and 16,5(±9,6) days, respectively. The regional admissions were: 1657(52,8%) Southeast, 633(20,2%) South, 492 (15,7%), Northeast, 216(6,9%) Midwest and 139(4,4%) North. Admissions by hospital cancer reference type: UNACON 1598(50,9%), CACON 947 (30,2%) and 592(18,9%) Others. The hospital mortality between surgery volume hospitals: 22,7% in group 1 and 15,2% in group 2 $p=0,04$.

Conclusion: Duodenopancreatectomy in Brazilian public hospitals has high mortality and length of stay - higher than reported in high-income countries. There was lower mortality at hospitals performing more than 10 surgeries in 5 years

Results: 12 patients were included. 6 in the G1 group with an average age of 67.8 ± 7.2 years and 6 in the G2 group with an average age of 66.8 ± 18.8 years. A strong proclivity toward the benefit in wearing the eye mask and earplugs was noted, proven by the average L5 variable 56 ± 55 minutes among G1 and $116.4 \pm 86,3$ with $p=0.54$ when comparing the two groups. In the sleep journal, both groups reported environmental causes like noise (83%) and medicine intake (50%) the main sleep and rest disturbing factors in the ICU.

Conclusion: Even though the levels of statistical significance were not met, a higher level of nocturnal activity was found in the G2 group, allowing the assumption of a benefit of the devices of rest support.

EP-216

Epidemiological profile of the critical patient's mobilization: the 3Ss of mobilization: to sit, to stand, to stroll

Maira J Maturana¹, Lerie Leuzinski¹, Tauane Gomes da Silva¹, Marta Raquel dos Santos¹, Anderson Luiz Antunes¹, Philipe Aquim¹, Esperidião Elias Aquim¹

¹Faculdade Inspirar - Curitiba (PR), Brasil

Objective: To epidemiologically profile the mobilization of patients admitted in the Intensive Care Unit (ICU) of the Instituto de Neurologia de Curitiba (INC).

Methods: Cohort study which includes all the events related to the patient's mobilization outside the hospital bed admitted in the ICU between February and December of 2016, since admission until discharge.

Results: 55% of neurosurgical patients; 15 neuroclinic; and 12 cardiosurgical. Most of them were male, 51% with an average age of 58, apache II score of 10,3, 34% of the patients were under mechanical ventilation with an average stay of 3 days and 11 hours in ICU. In this trial population, 2462 possible events for mobilization outside the hospital bed were analyzed, 78% of which could achieve such mobilization. Within those, 96% sat on the hospital chair, 59% stood in orthostatic position and 34% strolled. 22% were not able to be mobilized outside of the hospital bed because of the hemodynamic instability in 54% of the cases; followed by 13% in cases of procedures scheduled for patient; psychomotor agitation in 8% of the cases; convulsion and inguinal healing in 7% of the cases each; intercranial hypertension and intercurrents, each in 5% of the cases; and airway instability and pressure ulcer, each in 1% of the cases.

Conclusion: The knowledge of the data is vital to optimize and manage the premature mobilization of critical patients, seeking strategies to reduce the percentage of those who were not able to achieve any sort of mobilization outside of the bed.

EP-215

Effect of wearing a sleep mask and ear protector in the evaluation of the amount of activity-rest in patients admitted in the intensive care unit

Maira J Maturana¹, Bruno Coimbra do Amaral¹, Elisabeth Capel Kleinhans¹, Maria Carolina Ceron Foppa¹, Marlucci Luzia Lunelli¹, Tauane Gomes da Silva¹, Martha Raquel Santos¹, Esperidião Elias Aquim¹

¹Faculdade Inspirar - Curitiba (PR), Brasil

Objective: To describe the rhythm of activity-rest of patients admitted in ICU and identify if interventionist measures in stressful events can cause alteration rhythmicity of this population.

Methods: Experimental study, random and prospective that took place in three ICUs in the city of Curitiba-PR, with patients in experimental group (G1) - which utilized actimetry, sleep mask, earplugs and filled a sleep journal - and in control group (G2) which utilized actimetry and filling a sleep journal. The analysis of the rhythm activity-rest was made through the variables M10, that represents the average of the ten most active hours of the study subject and the L5, generated by the actimetry.

EP-217

Evaluation of physiotherapy indicators in an intensive care unit after the implementation of the early mobilization protocol

Nayla Raabe Venção de Moura¹, Laís Sousa Santos², Vinicius de Sá Patricio Franco², Luana Gabrielle de França Ferreira¹, Igor Almeida Silva¹, Samya Raquel Soares Dias¹, Nádia Alessa Venção de Moura³, Eric da Silva²

¹Hospital Universitário, Universidade Federal do Piauí - Teresina (PI), Brasil; ²Unidade de Terapia Intensiva, Hospital Universitário, Universidade Federal do Piauí - Teresina (PI), Brasil; ³Hospital Universitário Presidente Dutra, Universidade Federal do Maranhão - São Luís (MA), Brasil

Objective: Evaluate physiotherapy indicators in intensive care unit (ICU) after the implementation of early mobilization protocol.

Methods: Descriptive, retrospective study performed the ICU with 15 beds in Public Hospital from Piauí State, Brazil. Patient records were analyzed during the period of April and May/2017 after the implementation of indicators related the application of the early mobilization protocol. The initial and final Intensive Care Unit Mobility Score (IMS), exclusion criteria, interruption and effects in the application of the protocol were investigated. CAAE: 70795417.9.0000.8050.

Results: Eighty-five patients, 51.8% from the male sex, age (average±DP) 60.0±20.5years (min=17; max=97years) 42.4% with cardiovascular diagnosis. 1197 physiotherapy interventions were performed and 800 (66.8%) procedures from the early mobilization protocol. Exclusion coefficient, interruption and side effects of the protocol of 33.2%, 0.4% and 0%, respectively, were observed. From the exclusion criteria, it was observed that 160 (40.5%) were hemodynamic (FC < 50; FC > 130 use of vasoactive drug), body temperature > 38°C in 31 (7.8%). It was also observed a registry absence coefficient of 3.7%. The initial IMS was 0.6 ± 0.6 (min=0; max=3) and final IMS was 2.9 ± 3.1 (min=0; max=10) with significative difference (p < 0,001). Due to the fact of being a general ICU, a heterogeneity in the function profile was observed.

Conclusion: Adhesion of physiotherapists, where its application brought security in the identification of capable patients, not occurring side effects.

EP-218

Evidence of the reduction of the incidence of infections with implantation of protocols in intensive care unit in a public reference hospital of trauma

Priscilla de Aquino Martins¹, Rafael Melo Silva¹

¹Hospital Estadual Jayme dos Santos Neves - Serra (ES), Brasil

Objective: The implantation of protocols in the assistance to the patient aiming at the best cost-effectiveness in the intensive care unit (ICU) is already a reality in many hospitals.

We propose to identify the impact of the implantation of the bedside visit and bundles of pneumonia associated with mechanical ventilation (VAP) and bloodstream infection in patients with central venous catheter.

Methods: Retrospective observational study performed at Hospital Jayme dos Santos Neves. The incidence of VAP, Urinary Tract Infection related to the use of bladder catheter (UTI / CVD) Central venous catheter-related bloodstream infection (CVC / CVCBI) in the ICU during the period from March 2013 to December 2016. The respective incidence densities were calculated based on the rates of use of the invasive devices.

Results: At the end of 2013, we observed a rate of AVM use of 6,470 patient-days, CVD of 4,213 day-patients and CVC of 5,895 patient-days. The incidence densities of PAV, ITU / CVD and CVCBI / CVC were 8.34, 4.98, and 7.12 respectively. In 2016 rate of utilization of AVM was 9,404 patients-day, CVD was 6,507 day-patients and CVC of 10,106 patients-day. The mean incidence densities of VAP, ITU / CVD and CVCBI / CVC were 3.72, 0.77, and 2.37.

Conclusion: The implantation of protocols such as bedside visit and bundles of PAV and CVC reduced by more than 50% the incidence of infections, despite the increase in the use of invasive devices.

EP-219

Impact of the clinical pharmacist in the intensive care unit: a quasi-experimental study

Shana Menezes de Oliveira¹, João Gabriel Rosa Ramos¹, Talita Teles Teixeira Pereira¹, Suzete Nascimento Farias da Guarda¹, Michel Pordeus Ribeiro¹, Holcilene Carvalho de Araujo¹, Rogerio da Hora Passos¹, Sandra Cristina Hernandes¹, Paulo Benigno Pena Batista¹

¹Hospital São Rafael - Salvador (BA), Brasil

Objective: To evaluate the impact of clinical pharmacist in the acceptance of interventions on medical prescriptions in the intensive care unit (ICU).

Methods: Quasi-experimental, controlled before-after, retrospective study in two general ICUs of a tertiary hospital in Salvador, Brazil. Interventions by clinical pharmacists were evaluated in phase 1 (February to November, 2016) and phase 2 (February to May, 2017) in ICU 1 (16 beds) and ICU 2 (9 beds). In phase 1, medical prescriptions were evaluated remotely and interventions were made by telephone in both ICUs. In phase 2, a clinical pharmacist was physically present in ICU 1, but not in ICU 2. We compared the proportion of interventions that were accepted in phase 1 versus phase 2 in both ICUs. A value of p<0.05 was considered as statistically significant.

Results: During the study period, 8797/9603 (91.6%) medical prescriptions were evaluated, of which 1038 (11.7%) needed intervention. In phase 2, there was an increase in the proportion of interventions that were accepted by the physician in comparison to phase 1 (93.9%

versus 76.8%, $p < 0.001$) in ICU 1, but there was no change in ICU 2 (75.2% versus 73.9%, $p = 0.845$).

Conclusion: The presence of the clinical pharmacist in the ICU was associated with an increase in the proportion of interventions that were accepted by the physician, which may reflect an improvement in communication processes in the multidisciplinary team.

EP-220

Impacto de um programa de uso racional de antimicrobianos no perfil de sensibilidade bacteriana e no custo das unidades de terapia intensiva de um hospital público

Cyntia Maria Lins Santana de Lima¹, Hevanir Cavalcante de Mesquita¹, Fernando Jorge Cotrim Arantes¹, Maria de Fátima Fernandes Estrela¹, Antonio Ralph Ribeiro Oliveira Junior¹, Rodrigo Lins Santana de Lima¹, Isabella Silva Guimarães Lima¹

¹Hospital do Subúrbio - Salvador (BA), Brasil

Objetivo: O uso adequado de antimicrobianos tem potencial de melhorar a eficácia, reduzir custos e limitar a emergência de resistência bacteriana. O objetivo do estudo foi avaliar a repercussão de um programa de uso racional de antimicrobianos no perfil de sensibilidade de bactérias gram negativas e nos custos em unidades de terapia intensiva.

Métodos: Foi realizada análise comparativa nos períodos de um ano antes e após implantação de programa de uso racional de antimicrobianos, nas unidades de terapia intensiva de um hospital público, de urgência e emergência, em Salvador, Bahia. O programa incluía ações educativas, supervisão e controle na liberação dos fármacos. Foi analisado a sensibilidade das bactérias gram negativas nas culturas de aspirado traqueal, diante da prevalência das infecções respiratórias, o consumo das principais drogas (amicacina, piperacilina-tazobactam, meropenem e polimixina) e os custos com antimicrobianos, total e por leito dia.

Resultados: Foram analisadas 116 culturas, em comparação com 114 do ano anterior. Houve redução da prevalência de *acinetobacter baumannii* (47,4% para 31,9%), com aumento de *pseudomonas aeruginosa* (42,1% para 47,4%) e *klebsiella pneumoniae* (10,5% para 20,7%). O perfil de sensibilidade microbiológica mostrou-se melhor para as duas primeiras, com manutenção na última. O custo total com antimicrobianos foi reduzido em 30,6%, com diminuição no consumo de amicacina em 68,7%, piperacilina-tazobactam em 18,9%, meropenem em 26,4% e polimixina em 23,8%.

Conclusão: A implantação do programa para uso racional de antimicrobianos mostrou eficácia na melhoria do perfil de sensibilidade e reduziu custos.

EP-221

Implantation of a management tool in critical care in the medical scale control, Cuiabá-MT

Fabio Liberali Weissheimer¹, Talitha Mariela Farah Vassoler¹, Mônica de Castro Silva², Márcia Gonçalves Debessa³, Luciano Corrêa Ribeiro², Huarck Douglas Correia¹, Marcus Antonio Godoy², Flávio Virgílio Rocha Guimarães²

¹Secretaria Municipal de Saúde - Cuiabá (MT), Brasil; ²Hospital Geral Universitário - Cuiabá (MT), Brasil; ³Pró-Clin - Cuiabá (MT), Brasil

Objective: One of the most challenging areas in management is the human resources area. Managing people needs qualities in a manager of an Intensive Care Unit. Among the various functions of a medical manager is medical scale control. The use of technological resources in health grows exponentially, since it can provide greater precision and agility in the operation of the service, avoiding communication failures among those involved. The study aims to describe the impacts of the implementation of an application for the control of medical scales in Cuiabá-MT.

Methods: A descriptive, observational study, where financial and process impacts were measured in the control of medical scale in a healthcare company that congregates several medical shifts.

Results: In 2017 the medical scale controls of intensive care units were migrated, totaling 112 physicians and 690 monthly shifts of 12 hours. Previously three employees were responsible for the control of the scales. After four months of implementation, only one employee was retained, one dismissed and the other relocated. Validated questionnaires were applied where several positive points were pointed out by the users, among them, compliance in the exchanges, information security and agility. There was a 94% reduction of "scale holes" and reduction of coordinators of scale, with annual expenditure in the order of R\$197033,28 to R\$77135,88, an annual reduction of R\$119897,38 (60,85%).

Conclusion: The study demonstrated that the use of information technology, specifically in the control of medical scales, brings cost reduction and increased security in the management processes.

EP-222

Incidence and risk factors for corneal injury in critically ill

Andreza Werli-Alvarenga¹, José Aloísio Dias Massote Mourão Oliveira², Tábata Passos Ferreira², Tânia Couto Machado Chianca¹, Fernando Antônio Botoni³

¹Escola de Enfermagem, Universidade Federal de Minas Gerais (UFMG) - Belo Horizonte (MG), Brasil; ²Hospital das Clínicas, Universidade Federal de Minas Gerais (UFMG) - Belo Horizonte (MG), Brasil; ³Faculdade de Medicina, Universidade Federal de Minas Gerais (UFMG) - Belo Horizonte (MG), Brasil

Objective: To estimate the incidence and risk factors for corneal injury in adult patients, critically ill and hospitalized in intensive care Centre.

Methods: This is a cohort study, carried out in intensive care Center (CTI) of adults in a teaching Hospital in the city of Belo Horizonte, Minas Gerais. The estimation of the incidence and risk factors for corneal injury were established in the period from 2008 to 2013. The patients were evaluated on a daily basis, and after inclusion in the study was conducted the follow-up to high of CTI. Eye examination and clinical data were collected. The cornea was examined with fluorescein and ophthalmoscope with cobalt blue light. After data collection, these were analysed in SPSS version 19.0.

Results: 1,133 patients were evaluated. The incidence of lesions of the puncta type was of 55.6% and injuries of cornea ulcer type of 10.5%. Independent variables that predispose to the risk for corneal injury, were: length of stay, ventilatory assistance devices, blink less than five times a minute, Glasgow coma scale less than seven, sedation and exposure of eyeball. Risk prediction models for damage to the cornea of type puncta and ulcers were established.

Conclusion: The cornea injury in critically ill patients is a problem in intensive care units.

EP-223

Incidence of delirium in intensive care unit: a retrospective study

Natalia Afonso de Souza¹, Cristina Prata Amendola², Rafael Silva Cardoso³, Marcos Alves de Lima⁴, Nixon Ramos da Silva⁴, Gabriel Augusto Cordeiro dos Santos², João Fernando Ramos Raymundo²

¹Unimed Bauru - Bauru (SP), Brasil; ²Unidade de Terapia Intensiva, Hospital de Câncer de Barretos - Barretos (SP), Brasil; ³Faculdade Barretos - Barretos (SP), Brasil; ⁴Hospital de Câncer de Barretos, Fundação Pio XII - Barretos (SP), Brasil

Objective: Delirium is a disease closely associated with worse clinical outcomes, increased morbidity and mortality, length of stay in the Intensive Care Unit (ICU), and hospital costs. **Objective:** To demonstrate the frequency of delirium in patients hospitalized in an Oncology Intensive Care Unit, to evaluate the clinical outcome and related factors.

Methods: Observational cross-sectional study with retrospective collection. Inclusion criteria: A longer period of hospitalization for 24 hours in the ICU. Exclusion criteria: discontinuation of clinical data. The frequency of delirium was expressed by the ratio with 95% confidence interval. The relationship between Delirium and the clinical outcome, socio-demographic data and pre-existing comorbidities was performed through the Chi-square test. SPSS v21.0 software was used with a significance level of 5%.

Results: 779 patients were included, and the incidence of delirium was evidenced in 6.8%. The male gender

(52.2%) prevailed, with a mean age of 60 years, 68.6% of which were surgical patients. In the analysis of the relationship between variants and delirium, age ($p=0.005$), length of ICU stay ($p<0.001$) and length of hospital stay ($p<0.001$) were considered risk factors for delirium. No relation between delirium and increase in ICU mortality was observed, however, it was observed that patients who developed delirium had higher hospital mortality.

Conclusion: Delirium is present in oncology patients hospitalized in ICU, presents multifactorial causes and is associated with higher hospital mortality.

EP-224

Individualized parameterization of hemodynamic alarms in patients with acute myocardial infarction in intensive cardiological unit

Allan Peixoto de Assis¹, Luiz Carlos Santiago²

¹Enfermagem Médico-Cirúrgica, Universidade Federal do Rio de Janeiro - Campus Macaé - Macaé (RJ), Brasil; ²Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objective: To evaluate the effectiveness of an individualized parameterization protocol for hemodynamic alarms in multiparametric monitors of vital signs in patients with acute myocardial infarction, in the acute phase.

Methods: An experimental study, with a design of repeated measures, performed in an intensive cardiological unit, with adult patients, under cardiac monitoring and with acute myocardial infarction. Patients out of acute phase and with incomplete cardiac monitoring were excluded. The parameterization protocol was elaborated based on scientific evidences and submitted to the validation of content by specialists. We analyzed the frequency of inconsistent clinical alarms and nursing professionals' behaviors before and after the protocol application. The chi-square test was used to compare the variables and the association measures to analyze the magnitude of the intervention effect.

Results: Thirty-two patients submitted to the parameterization protocol were included in the sample. A total of 460 clinical alarms were recorded from the monitors, with 261 alarms being considered inconsistent before the parameterization and 47 after the same ($p<0.0001$). The association measures showed a relative risk of alarms inconsistent with the use of the protocol of 0.32. Before the intervention, 31.3% and 30.5% of the alarms were respectively ignored and silenced by the team, with a subsequent fall of 7.4% and 11.4% ($p<0.001$).

Conclusion: The study protocol significantly reduced the number of inconsistent clinical alarms, the number of clinical alarms ignored and silenced, and was considered a protective factor ($rr=0,32$) against inconsistent clinical alarms.

EP-225

Influence of invasive procedures and skin lesions on stay in an adult intensive care unit

Ana Luiza Brunelli Cassette¹, Mara Rúbia de Moura¹, Edilson Misael Guimarães¹

¹Hospital Santa Casa de Belo Horizonte - Belo Horizonte (MG), Brasil

Objective: Intensive Care Units are intended for the hospitalization of serious patients. The mean ICU stay influences bed rotation, which is essential for the admission of new patients. This study aimed to identify variables associated with invasive procedures and skin lesions that influence the length of hospital stay in the adult intensive care unit.

Methods: This is an observational study carried out in two intensive care units of a single large hospital located in the city of Belo Horizonte-MG, in a total of 20 beds, between August 01 and 31, 2016. The study aimed to identify factors associated with length of stay in an adult ICU by collecting data on the use of invasive devices and the occurrence of skin lesions. A univariate statistical analysis was performed, with mean and standard deviation calculation and Chi-Square test and Mann-Whitney U test.

Results: Sixty-five patients were included in the study, of which 36 (55.38%) were women and 29 (44.62%) were men. The mean age was 57.43 ± 19.34 years. The most frequent reason for hospitalization was severe sepsis / sepsis / septic shock, with 35 patients (53.8%). Factors such as admission with lesion and development of new lesion, as well as use of invasive devices (except delay bladder catheter) were associated with longer hospitalization time in ICU.

Conclusion: Admission with lesion, development of new lesion and use of mechanical ventilation, central venous access, intraarterial femoral artery catheter and double lumen dialysis catheter were significant factors for longer ICU stay.

EP-226

Influência do tempo de permanência do paciente no pronto-socorro na carga de trabalho de enfermagem requerida na terapia intensiva: mito ou realidade?

Ester Góes Oliveira¹, Paulo Carlos Garcia², Clairton Marcos Citolino Filho¹, Lília de Souza Nogueira¹

¹Escola de Enfermagem, Universidade de São Paulo - São Paulo (SP), Brasil; ²Hospital Universitário, Universidade de São Paulo - São Paulo (SP), Brasil

Objetivo: Avaliar a influência do tempo entre a admissão no departamento de emergência e a internação na Unidade de Terapia Intensiva (UTI) na carga de trabalho de enfermagem requerida pelos pacientes na unidade crítica.

Métodos: Estudo transversal, quantitativo, realizado por meio da análise retrospectiva de prontuários de pacientes com idade = 15 anos, admitidos na UTI diretamente do Pronto-Socorro (PS) entre 01/08/2014 a 31/07/2016, em São Paulo, Brasil. A carga de trabalho de enfermagem, mensurada nas primeiras 24 horas de permanência do paciente na UTI, foi avaliada pelo NursingActivities Score (NAS), a gravidade pelo SimplifiedAcutePhysiology Score 3 (SAPS 3) e as comorbidades pelo índice de Charlson. Regressão linear múltipla foi realizada, com nível de significância de 5%.

Resultados: Dos 534 pacientes que compuseram a casuística (57,49% homens, idade média de $55,37 \pm 19,64$ anos), observou-se predomínio de doenças do aparelho respiratório (24,16%). O tempo médio de permanência no PS foi de $18,45 \pm 26,93$ horas. Os fatores associados ao NAS foram idade (OR -0,10; 95%IC -0,20 a -0,00), escores SAPS 3 (OR 0,43; 95%IC 0,30 a 0,55) e de comorbidade de Charlson, (OR 1,60; 95%IC 0,82 a 2,38), além de doenças infecciosas e parasitárias (OR -10,36; 95%IC -19,62 a -1,10) como causa de admissão na UTI.

Conclusão: O tempo de permanência do paciente no PS não exerceu influência na carga de trabalho de enfermagem mensurada na admissão da UTI.

EP-227

Intervenção farmacêutica na unidade de terapia intensiva

Marcelle Cristine de Freitas Soares Vieira¹, Juliana Januzzi da Costa¹, Andreia Ramos Lira¹

¹Hospital Alemão Oswaldo Cruz - São Paulo (SP), Brasil

Objetivo: Analisar intervenções farmacêuticas apontadas em prescrições médicas em uma unidade de terapia intensiva de um hospital privado de São Paulo no ano de 2016.

Métodos: Foi realizado um estudo descritivo exploratório para levantamento dos dados. Existem informações disponíveis sobre o banco de dados eletrônico do hospital e da análise das intervenções farmacêuticas realizadas durante o processo de validação de prescrição médica no ano de 2016. Estas intervenções foram classificadas de acordo com o glossário do Serviço de Farmácia da instituição.

Resultados: Foram avaliadas 33.195 prescrições médicas com um percentual de 18% de intervenções farmacêuticas sobre essas prescrições e as intervenções que mais se repetiram foram: Ajuste posológico, omissão de item, Dose, Duplicidade e item não suspenso pelo médico.

Conclusão: Os dados obtidos demonstram um número significativo de prescrições que provêm algum tipo de intervenção farmacêutica. Com base nestes resultados pode se concluir que a inclusão deste profissional na equipe interdisciplinar é garantia de maior qualidade e segurança no atendimento do paciente.

EP-228

Is there a relation between the rate of use of bladder catheter and infection?

Tâmara Rúbia Cavalcante Guimarães Coutinho¹, Dandara Melo Lima Costa¹, Ana Maria Figueiredo dos Santos¹, Caterine Maria Redondo de Sousa Pereira¹, Akemy Carvalho do Rosário¹, Marcelo Pereira Maia¹, Larissa Fernandes Sales Gomes¹, Ana Cláudia Pinho de Carvalho¹

¹Udi Hospital - São Luís (MA), Brasil

Objective: To verify the relation of the use of catheter of delayed vesical catheter with the density of infection related to catheter.

Methods: Retrospective, comparative study. Information was collected from the database of the Hospital Infection Control Service of a private hospital in São Luís (MA). The study sample consisted of all patients admitted to the Intensive Care Unit (ICU) who required a vesical delay catheter (SVD) from January to December 2016.

Results: The density of urinary infection related to SVD was related to the higher rate of catheter use. The highest rates of use were observed in April, May and June, with values 96.5; 86.5 and 149.5 respectively. The infection density in these months was 4.0; 6.3 and 3.7. In the months of October, November and December, there were the lowest usage rates, 76; 48.5 and 76.5 respectively, and in the last trimester it was possible to be zero the urinary tract infection number.

Conclusion: Urinary tract infection is a more frequent infection in intensive care and the use of the bladder catheter is one of the risk factors for its development. Therefore, preventive measures are essential to mitigate this event, among these actions is the reduction of the time of catheter use.

EP-229

May realistic simulation improve motivation and safety in prone maneuver with a multi professional team?

Gracieli Nadalon Deponti¹, Rita Gigliola Gomes Prieb¹, Miriane Melo Silveira Moretti¹, Silvia Daniela Minossi¹, Marcelle Chisté¹, Daniele Martins Piekala¹, Régis Bueno Albuquerque¹, Vanessa Martins de Oliveira¹

¹Hospital de Clinicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: To evaluate the motivation and satisfaction of the multi-professional team during the realistic simulation of the prone maneuver.

Methods: Cross-sectional study with a multidisciplinary team of the ICU (physicians, nurses, physiotherapists, nursing technicians) of a university hospital. After training with realistic simulation where the ability to prone maneuver and team communication was worked, a 6 question instrument was used to assess healthcare worker's motivation for training, satisfaction, reality and safety during the simulation.

Results: Were analyzed 41 questionnaires. At the group of health professionals participating, 68.3%(28) were women, the mean age was 35.07 (± 8.25) years old, time of work in intensive care 7,80 (± 7.50) years, average working time at the institution 5.74 (± 5.90) years. All 41 (100%) of the professionals considered the scenario presented real with the use of a live manikin, 11 (27.5%) reported tachycardia, even thus, they felt comfortable and safe. Personal satisfaction with the simulation were excellent 35 (85.4 %) and good 6 (14.6%). The motivation for training was not dependent on any of the factors studied: working time in the institution ($X^2=61.58$, $p=0.58$), schooling ($X^2= 24.57$, $p=0.64$), profession ($X^2= 31.38$, $p=0.08$), time in intensive care ($X^2= 102.74$, $p=0.26$) and age ($X^2=101.19$, $p=0.31$).

Conclusion: The realistic simulation methodology demonstrated that the team was satisfied and safe and when analyzing the motivation for the qualification, the studied factors were independent.

EP-230

Mecanismos de referência e contra referência de pacientes portadores de doença coronariana crônica em terapia intensiva - Experiência de 14 anos de ambulatório pós-alta em hospital público de São Paulo

Rosa Maria da Costa Simões¹, Nadja Roberta Melo dos Santos Warrak¹, Camila Lima¹, Leila Harumi Fukuhara¹, Cristiane Bertoldo Duarte¹, Edésio Vieira da Silva Filho¹, Firmino Haag Ferreira Junior¹

¹Hospital Geral de São Mateus - São Paulo (SP), Brasil

Objetivo: Demonstrar a importância dos mecanismos de referência e contra- referência em pacientes portadores de doença arterial coronariana internados em UTI de hospital público direcionados para diagnóstico e intervenção invasiva em hospital terciário de grande porte.

Métodos: Análise retrospectiva de banco de dados no período de 14 anos de pacientes internados em unidade de terapia intensiva adulto com diagnóstico de doença coronariana aguda (IAM/ Angina estável), encaminhados para diagnóstico e tratamento a hospital terciário de grande porte, através do direcionamento de ambulatório pós alta de UTI.

Resultados: Foram analisados 3050 pacientes entre Fevereiro de 2003 a Março de 2017. Desse total, 3013 foram submetidos a cinecoronariografia, sendo 309 submetidos a revascularização miocárdica, 1278 submetidos a angioplastia transluminal coronariana com implante de stent, e 1426 pacientes foram submetidos a tratamento clínico conservador. Após a intervenção, os pacientes foram reencaminhados a Instituição para o acompanhamento ambulatorial.

Conclusão: Em hospitais secundários, torna-se de fundamental importância a regulação de mecanismos de referência e contrarreferência. No presente estudo, a presença do ambulatório pós alta, abordando este tipo de patologia, referenciando a investigação e proporcionando uma melhor

estratégia no tratamento definitivo, proporcionou melhores resultados, diminuindo o impacto na sobrevida deste grupo de pacientes provenientes da unidade terapia intensiva.

EP-231

Mobilisation practices in South African intensive care units - A survey of government hospitals

Cathrine Tadyanemhandu¹, Helena Van Aswegen¹, Veronica Ntsiea¹

¹University of the Witwatersrand - Johannesburg, Gauteng, South Africa

Objective: For the successful implementation of early mobilisation programmes in Intensive Care Units (ICUs) as routine care, description of regional variations may aid in analysis of relevant barriers. This study was done to evaluate the structure and organisational practices of South African government hospital ICUs and to describe early mobilisation practices in these units.

Methods: A cross-sectional survey was done in government hospitals. Data collected included hospital and ICU structure, patient demographic data and mobilisation activities done over the previous 24 hours prior to the day of the survey.

Results: A total of 29 ICUs from 13 hospitals were surveyed and 205 patient records were surveyed. Majority of the surveyed ICUs were open type (55.2%). A standardised sedation scoring system was used in 62.1% of the units and only 6.9% units had an early mobilisation protocol. Mean age of the patients was 43.5 (± 17.7) and 72.2% were on mechanical ventilation. Primary reasons for admission to ICU included trauma (42.0%) and postoperative care (16.1%). The most common comorbidities were hypertension (22.4%) and diabetes mellitus (11.7%). Out of the 205 patients surveyed, only 20.0% of the patients had out of bed mobilisation with 80.0% of the patients having in bed mobilisation activities. Mobilisation activities performed in the previous 24 hours included turning the patient in bed (42.9%), sitting over edge of bed (6.3%) and walking (4.9%).

Conclusion: A small proportion of patients is attaining the highest level of mobilisation and successful implementation of treatment requires an ICU cultural change.

EP-232

Modelo de supervisão multiprofissional da assistência ventilatória mecânica em pacientes internados na terapia intensiva

Cyntia Maria Lins Santana de Lima¹, Jeane Xavier dos Santos Farias¹, Isabella Silva Guimarães Lima¹, Ana Paula de Magalhães Cunha¹, Karina Sorto Souza¹, Pedro Lucas Cordova Lima Pitangueira¹

¹Hospital do Subúrbio - Salvador (BA), Brasil

Objetivo: Avaliar o impacto de um modelo de supervisão multiprofissional da prática assistencial em pacientes submetidos a ventilação mecânica invasiva (VMI).

Métodos: Trata-se de um estudo realizado na unidade de terapia intensiva cirúrgica de um hospital público, de urgência e emergência, em Salvador, Bahia, onde foi comparado os períodos de um ano, antes e após a intervenção. Foi estruturado um time multiprofissional, liderado por médico intensivista, onde as responsabilidades de cada membro do time e os resultados esperados foram definidos e descritos em protocolos. Foram realizadas visitas de caráter educativo e de controle, junto a equipe operacional, para verificar a adequação aos protocolos de sedação e analgesia, desmame ventilatório e prevenção de pneumonia associada a ventilação mecânica (PAV). As taxas de adesão aos protocolos, taxa de sucesso na extubação, o tempo de VMI e a incidência de PAV foram analisadas.

Resultados: Houve aumento na taxa de adesão ao protocolo de desmame ventilatório em 40,5% (69% para 97%), aumento na taxa de sucesso de extubação em 10,8% (80,9% para 89,6%), redução no tempo de VMI em 8,3% (6,0 para 5,5 dias) e redução na incidência de PAV em 50,6% (8,1/1000 VMI dia para 4,0/1000 VMI dia), com aumento na efetividade de sua prevenção em 3,1% (94,3% para 97,2%).

Conclusão: A implantação de um modelo de supervisão multiprofissional melhorou a adesão aos protocolos, contribuindo para uma assistência segura e eficaz.

EP-233

National Trauma Care System: strategies and approaches to achieve zero preventable deaths

Asad Moten¹

¹World Interactive Network Focused on Critical Ultrasound (WINFOCUS)

Objective: The National Academies of Sciences, Engineering, and Medicine who have initially proposed the integration of the military and civilian trauma care systems in order to achieve zero preventable deaths after injury-calls for a national trauma care system to achieve the goal of zero preventable deaths.

Methods: Military trauma lessons are gained at an exponential rate during the wartime periods. These lessons can only benefit the civilian population to the fullest potential through a continuously learning national system. During interwar periods the military will maintain the pre-established guidelines of trauma care as there is no active need for trauma innovation.

Results: At this time the civilian sector will take up the mantle of innovation, serving as a "repository and incubator" for all military innovations of the previous war. We call for existing systems to be built upon in order to form a National Trauma System of the United States. Indeed, both military and civilian trauma care systems have experienced parallel cases of trauma during both wartime and interwar periods, have

shared knowledge in the past that has benefited both systems, and have shared personnel and leaders in trauma education.

Conclusion: The integration of a civilian and military trauma care system has already been realized not only in theater and civilians settings but also in resource-poor settings domestically and globally. What is now needed is the legal and executive manifestation of this union.

EP-234

Number of nurses working versus Nursing Activities Score recommendations: differences in a intensive care unit cohort

Érica Batassini¹, Mariur Gomes Beghetto¹, Alexandra Nogueira Mello Lopes¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: To evaluate in how many days there was adequacy between the number of nurses at working and Nursing Activities Score (NAS) recommendations in an adult Intensive Care Unit (ICU).

Methods: These data derive from a cohort that evaluated risk factors for constipation in the Intensive Care Unit - ICU - (40 clinical and surgical, but not trauma, beds) in the University Hospital in southern of Brazil. Adults patients, except those with remaining <3 days, diarrhea or constipation at admission, post-operative surgeries requiring bowel preparation, stomas, were followed up for the first 10 days at ICU, were followed from their admission at ICU discharge (live or death). Daily, the number of nurses (in Brazil the nurse profession is carried out by nurses and nursing the technicians), numbers and characteristics patients and NAS were evaluated. The nurse/patient ratio (plus the technician/patient ratio) was compared to the NAS recommendation. The project was approved by Ethics Board.

Results: 755 observations were made in 157 patients. The NAS was 81.9 ± 21 ; in 6.4% observations it was <50, in 29.5% it was scored between 50.1 and 75 and 64.1% was >75.1. Although in 379 (50.2%) the nurses numbers was considered adequate at the NAS criteria, in 323 (42.8%), the nurses quantitative was below. Still, in the 7% of observation days there were too many nurses working.

Conclusion: There were many days when the number of nurses working was lower than recommended; it is worrisome from a patient safety perspective.

EP-235

Nursing absenteeism in the intensive therapy unit as a basis for quality management and patient safety

Ana Carla Silva Alexandre¹, Luana Eugênia de Andrade Siqueira¹, Valdeilson Lima de Oliveira¹, Robervam de E Moura Pedroza¹, Juliana Clementino Pimentel¹, Cláudia Sorelle Cavalcanti de Santana¹, Juliane da Silva Pereira¹, Nelson Miguel Galindo Neto¹

¹Instituto Federal de Educação, Ciência e Tecnologia de Pernambuco - Pesqueira (PE), Brasil

Objective: To identify the nursing professionals' absenteeism index of the Intensive Therapy Units (ITUs), as a basis for quality management and patient safety.

Methods: A descriptive and exploratory study, with a quantitative approach performed with 39 nursing professionals in two public and one private ITUs, located in a city of the Agreste of Pernambuco criteria of absenteeism and the data were analyzed using Fisher's test to verify the independence between them. The study was approved by the Ethics Committee of the Faculdade do Vale do Ipojuca- FAVIP under protocol 00085.

Results: In the present study, from 39 professionals, 23.1% (9) professionals were nurses and 76.9%(30) were technicians. Regarding the nature of the institutions, 25.6% (10) were full in the private UTI and 74.4%(29) in the public one. Concerning about absenteeism, 16 (41.03%) were absent at least once in the period of January and July 2013. The most reasons reported for the absences was sickness (68.7%), followed by 31.3% for family reasons.

Conclusion: The difficulty for performing adequate design and a high rate of absenteeism generates gaps in quality management and patient safety. The uninterrupted care required in this sector is provided most of the time by the nursing team, so it is suggested to carry out training and continuing education, focused on education as to the relevance of absences in this area, through activities that motivate the team on issues involving absenteeism, ensuring patient safety.

EP-236

Nursing staff's experiences with intensive care unit diaries in Sweden

Elizabeth Hanson¹, Lennart Magnusson¹, Maria Johansson¹, Ingrid Wahlin¹

¹Linnaeus University Kalmar - Kalmar County, Sweden

Objective: This study aimed to explore how nursing staff in three ICU settings in the south of Sweden experienced the use of ICU patient diaries.

Methods: A qualitative methodology was employed. Six focus group interviews were conducted with nursing staff in one university and two county hospitals and analysed via a thematic content analysis. 27 members of nursing staff participated aged between 33- 63 years.

Results: An analysis revealed an overall theme: 'A belief that the patient diary promotes health and well-being in patients and family members'- as the diary explained and expressed the ICU stay'. Nevertheless, nursing staff experienced diary writing as a challenge, - such as, how to express the hospital stay openly and honestly. They recognised that the diary helped to create and/or strengthen social relationships between family members themselves, family members and

the patient as well as patient, family members and nursing staff. Positive feedback from patients, family members and ICU follow-up services encouraged diary authoring. However, nursing staff expressed the need for a learning forum about how best to carry out this support intervention. **Conclusion:** The use of ICU diaries is a caring intervention that is becoming more established. Nursing staff were the primary authors and felt a responsibility to construct an authentic narrative of the patient's ICU stay despite its complexity. Diary authoring can be seen as innovative teamwork. However, to sustain the use of ICU diaries, collegiate and organisational support were deemed essential

EP-237

Nursing workload and occurrence of healthcare infection in intensive care: a cohort study

Jeane Cristine de Souza da Silveira¹, Cristini Klein¹, Débora Feijó Villas Bôas Vieira², Rodrigo Pires dos Santos¹, Denise Espindola Castro¹, Aline Valli de Leão¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil; ²Escola de Enfermagem, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: To compare the nursing workload in patients with and without healthcare associated infections (HAI) and multidrug resistant organisms (MDRO) in intensive care unit (ICU).

Methods: Prospective cohort study conducted at the ICU of a university hospital in southern Brazil during January to July 2014. Were included all surgical and clinical patients aged 18 years or more, with at least 48 hours of ICU stay. Patients were followed until HAI or MDRO, discharge or death. Patient data were collected through hospital records revision. The nursing workload was assessed using the Nursing Activities Score (NAS).

Results: 240 patients who a mean age was 59 years, predominantly male (53%). The main reasons for admission in ICU were: respiratory failure (43%) and hemodynamic instability (18%). The median length of stay in ICU was 8 days. For the analysis of outcome it was combined both endpoints, patients who developed HAI or acquired a MDRO (N= 41; 17%). When analyzed separately, 21 (9%) patients developed HAI and 29(12%) with MDRO colonization. It was measured and analyzed 6270 NAS. The total NAS average was 76% (ranging from 43% to 126%), which is equivalent to 9 work hours during a 12 hours shift. The patients with HAI or MDRO exhibited a higher average NAS (81%) as compared to those without infection (75%). **Conclusion:** Infected patient had high care needs, reflected by the high mean of the NAS as compared to those without infection. This result may help managers with nursing manpower planning.

EP-238

Nursing workload in a Brazilian adult intensive care unit: cross sectional study

Denise Espindola Castro¹, Débora Feijó Villas Bôas Vieira², Jeane Cristine de Souza da Silveira¹, Aline Valli de Leão¹, Cristini Klein¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil; ²Escola de Enfermagem, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: This study aimed to describe the nursing workload and profile of the patients hospitalized in Intensive Care Unit (ICU).

Methods: A descriptive, quantitative, retrospective study conducted in one ICU of an University Hospital from south of Brazil, from January to June 2017. The nursing workload was assessed using the Nursing Activities Score (NAS). To data collection, we used a database of a monitoring system called EPIMED.

Results: 879 hospitalizations were evaluated, 90% were clinic patients, predominantly male, with a mean age was 58±18 years. Patients' origin was the emergency ward (41%). The main reason for admission in ICU was infection or sepsis (49.5%). For patients' severity score indexes, the mean SAPS 3 was 61 ±17.5 and SOFA 6,2±4.5. The mean length of stay in ICU was 6 days, rehospitalization rate in 48 hours was 13% and the death rate was 28%. It measured and analyzed 2507 NAS. The NAS average was 72%, which is equivalent to 17 work hours during 24h of nursing care. The majority of the patients (57%) present moderate NAS (50% to 80%), 18% with high NAS (81-100%), 12.5% with very high NAS (>100%) and 12.5% present low level NAS (<50%).

Conclusion: The results of this study showed that the workload of the unit was similar in comparison with other Brazilian studies, as well as severity score indexes. Other studies are needed to better understand the relationship between workload and patient severity to improve the quality of nursing care.

EP-239

Nursing workload in intensive care units of a public hospital in Bahia, Brazil

Luciana Maciel de Souza¹, Katia Santana Freitas¹, Daniela Cunha de Oliveira², Camila Oliveira Valente³, Catharinne da Silva Souza Rodrigues¹, Karoline Gonsalves Mendes⁴, Joselice Almeida Góis¹

¹Universidade Estadual de Feira de Santana - Feira de Santana (BA), Brasil; ²Hospital Geral Clériston Andrade - Feira de Santana (BA), Brasil; ³Universidade Federal da Bahia - Salvador (BA), Brasil; ⁴Faculdade de Tecnologia e Ciências - Feira de Santana (BA), Brasil

Objective: To analyze the nursing workload of two Intensive Care Units (ICU) in a public hospital in Bahia, Brazil.

Methods: This is a cross-sectional study in two general adult ICU of a public hospital in Feira de Santana, Bahia, Brazil, from February to April of 2016. The data were collected from patient records by the Data Collection Sheet, the Acute Physiology and Chronic Health Evaluation (APACHE II) and the Nursing Activities Score (NAS). Data collection was done daily, in the afternoon, from that patient's admission to their outcome. To the data analysis it was used descriptive and inferential statistics, to know patient's profile and labor demand for nursing staff and to establish correlations between workload, severity level and other variables related to the patient.

Results: There were analysed data from 36 patients hospitalised in ICU I and 30 paciente from ICU II. They were predominantly male, with surgical diagnosis, in postoperative care and coming from the surgical center. The average age was 43 years, the length of stay was 10 days and most of them survived. At the level of severity analysis, the average APACHE II score was 20.98 points, with risk of death of 41.52%. NAS average was 51.62%, configured as moderate workload.

Conclusion: There was a significant correlation between NAS and APACHE II, lenght of stay and outcome. The information obtained from this study allow a systematic planning of nursing care in way to solve all patient needs .

EP-240

Outpatient evaluation for functional capacity and muscle strength of lower limbs

Jaiane Luiza Jaskowiak¹, Renata de Souza Zaponi¹, Bruna Akie Kanezawa¹, Daiane Feil Schmitz¹, Suely Mariko Ogasawara¹, Claudia Rejane Lima de Macedo Costa¹, Erica Fernanda Osaku¹, Amaury Cezar Jorge¹

¹Unioeste - Cascavel (PR), Brasil

Objective: Assessing the functional capacity and the muscle strength of the lower limbs in patients after a three-month discharge from the intensive care unit (ICU).

Methods: Retrospective study (January - December 2016), carried out in the interdisciplinary outpatient follow-up in the ICU of a university hospital (Paraná state - Brazil). The functional capacity evaluation was performed by the six-minute walk test (6MWT) and the muscle strength of the lower limbs by the Medical Research Council (MRC) scale.

Results: The sample consisted of 66 patients, aged 45 ± 16.7 , and 58% were male. The main causes of admission: 30% postoperative elective surgery and 30% clinical, APACHE II 23 ± 7.4 and SOFA 8 ± 3.6 . The length of stay in the ICU was 8 ± 6.6 days, and in hospital 23 ± 18.2 . Time of sedation (hours) 48 ± 83.9 and in mechanical ventilation 81 ± 114.5 . Distance undergoing the 6MWT was 309 ± 80.9 meters and the MRC (lower limbs) was 28 ± 3.9 . Pre and post 6MWT variables: systolic blood pressure (134 vs 145), diastolic blood pressure (82 vs 85), heart rate (82 vs 102), respiratory rate (17 vs 22), SpO₂ (98 ± 1.5 vs 97 ± 3.3) and Borg Scale of dyspnea (0 vs 1), with $p=0.000$. There was a

correlation between the 6MWD with the MRC ($p=0.001$) and age ($p=0.003$).

Conclusion: The patients who survived the critical illness presented functional impairment, although their muscle strength of lower limbs was preserved.

EP-241

Partial analysis of the influence of stress on sleep quality in patients of an oncologic intensive care unit

Thais Almeida Soares¹, Fabio Marcelo da Silva Valverde¹, Cristina Prata Amendola¹, Marcos Alves de Lima¹, Laís Corsino Durant¹, Guilherme Gomes Ribeiro¹, Amanda Antunes Fagundes¹, Jackline Duran Souza¹

¹Hospital de Câncer de Barretos, Fundação Pio XII - Barretos (SP), Brasil

Objective: Infer if there is a relationship between stress and sleep quality in the ICU.

Methods: Data were collected between April and June 2017, with patients hospitalized at an Oncology ICU through structured interviews using the Environmental Stressor Questionnaire (ESQ), Brazilian version, and a questionnaire created by the authors to evaluate ICU sleep after approval by the committee Of ethics in human research at the Barretos Cancer Hospital, opinion no: 1,753,129. Subsequently analyzed in SPSS version 21, and described through measures of central tendency, dispersion, through absolute and relative values, using the Mann Whitney U test.

Results: The sample consisted of 22 participants. Those that reported not sleeping during their ICU stay (31.8%) had a mean of 79 points (ESQ), with a standard deviation of 33. Patients that reported sleeping during their ICU stay (68.2%), obtained a mean of 90 points (ESQ) and a standard deviation of 39. Although the perceived stress value was higher in patients who slept during their stay, there was no statistical significance ($p = 0.458$) for the method used.

Conclusion: There was no statistical significance in the partial analysis of the data of this study. Therefore, it is concluded that in the sample described there is no relation between the perceived stress in the ICU and sleep quality.

EP-242

Patient safety culture in intensive care: work teams

Mabel Duarte Alves Gomides¹, Geraldo Sadoyama²

¹Universidade Federal de Uberlândia - Uberlândia (MG), Brasil;

²Universidade Federal de Goiás - Goiânia (G), Brasil

Objective: To analyse and compare the perception of safety culture of patient among professional categories, time of experience and gender.

Methods: A cross - sectional exploratory study was carried out to evaluate the perception of the patient's safety culture among medical and nursing professionals in adult intensive care at a teaching hospital in Brazil, using the Safety Attitudes Questionnaire (SAQ) in the period from June to July 2016.

Results: Of the 143 hospital employees, a total of 119 professionals (83,2%) participated in this study, including physicians, nurses, and nurse technicians. The overall mean of SAQ for safety culture was weakened (57.15 ± 22.94). The satisfaction domain at work was positive (71.87 ± 18.89), while the perception of hospital management (42.68 ± 22.08) and communication failures (31.41 ± 28.83) had the worst perceptions. In the experience level, lesser than to 5 years the mean was strengthened to job satisfaction (75.05 ± 19.07) and in the group greater than or equal to 5 years (76.47 ± 23.96) and in the male ($81, 51 \pm 21,70$) the perceptions of stress were high. The prevalence ratio analysis among categories of professionals with different domains of the SAQ, it was observed in some patients a strengthened perception of the physician in relation to the nursing professionals.

Conclusion: The SAQ detected through the individual domains analyses the positive points mainly among physicians and negatives in general with needs for improvement to promote a safe environment with reductions in mortality rates.

EP-243

Patients who needed to appeal to courts for admission to a Brazilian public intensive care unit: demographic characteristics and outcomes

Lucas Barbosa Bezerra¹, Jaqueline Lima de Souza¹, Gabriel de Oliveira Araújo¹, Paula de Souza Pereira¹, Juliana Regis de Almeida¹, Adriel Ramalho Santana¹, Fabricio Duarte Caires², Fábio Ferreira Amorim¹

¹Escola Superior de Ciências da Saúde - Brasília (DF), Brasil; ²Hospital Regional de Taguatinga - Brasília (DF), Brasil

Objective: The aim of this study was to assess the characteristics and outcome of patients who needed to appeal to courts for admission to a Brazilian public intensive Care Unit.

Methods: Retrospective cohort study conducted on patients admitted to the ICU of Hospital Regional de Taguatinga, Brasília, DF, Brazil, during 24 months. Patients were divided into two groups: who needed to appeal to courts for ICU admission (CG) and did not appeal to courts (NG).

Results: Of 304 patients included, mean age was 55 ± 18 years and 132 patients needed to appeal to courts for admission to the ICU (43.4%). Regarding priority level for ICU admission among CG, 52 patients was classified as priority 1 (39.4%), 61 as priority 2 (46.2%), 16 as priority 3 (12.1%), and 1 as priority 4 (0.8%). The CG had higher age (55 ± 17 vs 52 ± 19 , $p < 0,01$). There was no difference between groups regarding SOFA (median 10 (IQR:8-15) vs 9(IQR:7-13), $p = 0,09$), need of mechanical ventilation (44% vs 28%, $p = 0,07$), diagnostic of sepsis (46% vs 32%, $p = 0,40$) and septic shock (45% vs 42%, $p = 0,56$), and ICU length of stay (30 ± 46 vs 30 ± 53 , $p = 0,93$). The ICU mortality was higher in CG (63,6% vs 52,3%, $p = 0,04$).

Conclusion: Patients who needed to appeal to courts for admission in ICU had higher ICU mortality. Although, there was no difference between groups regarding SOFA score.

EP-244

Plano de alta multidisciplinar como estratégia de redução das reinternações precoces na terapia intensiva: projeto "UTI sem fronteiras"

Cynthia Maria Lins Santana de Lima¹, Jeane Xavier dos Santos Farias¹, Tatiane Alves de Oliveira¹, Rosimeire Brito de Oliveira Santos¹, Pedro Lucas Cordova Lima Pitangueira¹

¹Hospital do Subúrbio - Salvador (BA), Brasil

Objetivo: A transição do cuidado entre os processos representa risco que transcende os aspectos técnicos, sendo fundamental o trabalho integrado e multidisciplinar para assegurar a continuidade assistencial. O objetivo do estudo foi avaliar o impacto de um projeto de alta multidisciplinar na taxa de reinternação precoce em unidades de terapia intensiva.

Métodos: Estudo de coorte, prospectivo, realizado no período de julho de 2016 a junho de 2017, com inclusão de pacientes acima de 18 anos, admitidos nas unidades de terapia intensiva de um hospital público, de urgência e emergência, em Salvador-Bahia, contemplando 50 leitos, após implantação do projeto "UTI sem fronteiras". No projeto, consta a definição de um plano de alta multidisciplinar individualizado e a realização de visita do médico intensivista até 48 horas após alta. As taxas de reinternações em UTI com 24 e 48 horas foram obtidas e comparadas com o ano anterior.

Resultados: Após a implantação do projeto, de 1.587 altas de UTI, ocorreram 02 retornos em até 24 horas e 04 em até 48 horas, com taxas de reinternação de 0,12% e 0,25%, respectivamente. Foi observada redução de 77,36% e 71,59% em relação ao ano anterior, onde de 1.687 altas, houve 09 retornos em até 24 horas e 15 em até 48 horas, com taxas de 0,53% e 0,88%. Não houve diferença significativa na média de idade, sexo, apache II e mortalidade.

Conclusão: O cuidado multidisciplinar integrado favoreceu a qualidade e mostrou efetividade na redução das reinternações precoces em UTI.

EP-245

Polymyxin B use in intensive care unit: a marker for illness severity and costs

Antonio Pergentino Barreira Neto¹, Alana de Alcântara Brito¹, Rafael Cabral Teixeira¹, Ana Flávia Gurgel do Amaral Pinheiro¹, Marina Benevides Menescal Pinto¹, Marina Parente Albuquerque¹, Carlos Augusto Ramos Feijó¹, Francisco Albano de Meneses¹

¹Hospital Geral de Fortaleza - Fortaleza (CE), Brasil

Objective: To assess the use of antibiotics in an Intensive Care Unit (ICU), establishing patients profile regarding antibiotics use during hospitalization, as well as its impact on outcomes and costs. Particular attention was given to the use of polymyxin B.

Methods: Prospective study performed using database analysis of patients admitted to the ICU of the Hospital Geral de Fortaleza-SESA from October 2016 to January 2017.

Results: One hundred and eighteen patients used antibiotics during the specified period. A little more than 54% of them were men, 66% were admitted due to clinical conditions, the average age was 53 ± 19.2 years, admission-SOFA was 6.2 ± 4.5 points, and the average length of stay was 19.5 ± 4.5 days, with a mortality rate of 28%. Fifty-two patients (44%) used polymyxin B at some point during their hospitalization. They had higher admission-SOFA values (7.9×4.8 , $p < 0.001$), longer length of hospital stay (32×9 days, 0.001), greater number of antibiotics used (7×2 , $p < 0.001$), higher mortality ($46.2\% \times 15.2\%$, $p < 0.001$) and higher antibiotics costs (R\$ 3632 \times R\$ 683; $p < 0.001$) when compared with non-polymyxin B users.

Conclusion: The use of antibiotics remains very common, particularly in ICU. Considering the use of polymyxin B, we can see that its prescription is quite common, and it is associated with unfavorable outcomes, generating substantial costs to health services.

EP-246

Pressure ulcers in intensive care unit cancer patients: incidence and risk factors

Delmiro Becker¹, Tatiane Cristina Tozo², Péricles Almeida Delfino Duarte¹

¹Hospital do Câncer, UOPECCAN - Cascavel (PR), Brasil; ²Hospital São Lucas, FAG - Cascavel (PR), Brasil

Objective: To evaluate the incidence and clinical and epidemiological factors associated with the presence of Pressure Ulcers (PU) in cancer patients in the ICU, and to evaluate morbidity and mortality.

Methods: Analysis of a subgroup from a prospective cohort epidemiological study in 11 ICUs from 5 cities. During 45 days, all adult patients (> 18 years) admitted were followed up until ICU discharge. There were no exclusion criteria. A descriptive statistical analysis was performed.

Results: Among 332 patients, 29.8% had current cancer. The incidence of PU was 15.4% in patients without cancer and 10.1% in patients with cancer. Among cancer patients which had PU, 30% had PU on admission and 70% ICU-acquired. 50% of the patients had a single PU, 20% two and 30% three or more PU's. The most common sites were sacral, lip and ear. APACHE II (26.2×15.8), ICU length of stay (14.8×4.1 days) and mortality ($70\% \times 27\%$) were higher in patients with PU.

Conclusion: The incidence of PU in ICU cancer patients is significant. Although correlated with higher severity,

the strong impact on the outcome (hospitalization time and mortality) shows the importance of management and prevention of this complication in this group of patients.

EP-247

Protocol to evaluate urinary retention performed by nurses guided by ultrasound based on good practices

Priscila Conceição Fernandes de Oliveira¹, Neide Marcela Lucinio¹, Ana Maria Cavaleiro¹

¹Unidade de Terapia Intensiva, Hospital Israelita Albert Einstein - São Paulo (SP), Brasil

The ultrasonography as a non-invasive, portable and quick assessment method is recommended as an alternative for non-early catheterization of a patient. Given the evidence based on good practices, it was seen nurses' potential to evaluate urinary retention through imaging exams in addition to physical examination. The purpose of this study is to report the experience of the ultrasound-guided urinary retention evaluation protocol performed by nurses and based on good practices. In 2014, a pilot project was implemented for the prevention of urinary tract infection at the Israelita Albert Einstein Hospital. This project involved professionals from the Urinary Catheter Insertion Team and it passed through validation in the Department of Critical Care (DCC). It worked with theoretical and practical classes about handling the ultrasound device. Between 2006 and 2012 there were 3,523 urinary catheterizations; Urinary infection density of 5,3/1000 catheters/day. Regarding the absolute number of bladder catheterization delay, in 2013 they were 1,185; in 2014, 796; and in 2015, 259. Regarding the rate of urinary infection, in 2013 it was 1,2; in 2015, 0,6. In 2014, 2,121 ultrasound guided by the proposed protocol were performed. In the current year, in the DCC, the rate of use/day of bladder catheterization decreased from 0.57 to 0.47. Since the introduction of this protocol, the impact on infection density rates and bladder catheterization is relevant, with significant drop in the indicators. The nurse's experience using imaging exams to guide urinal volume assessment creates opportunities to new programs and challenges as well as reducing blind procedures.

EP-248

Qualidade de sono e qualidade de vida dos fisioterapeutas de unidades de terapia intensiva

Igor Almeida Silva¹, João Alberto Costa Neto², Gean Lucas Farias da Paz², Jefferson Rodrigues Amorim³, Iara Sayuri Shimizu²

¹Hospital Universitário, Universidade Federal do Piauí (UFPI) - Teresina (PI), Brasil; ²Faculdade de Ciências Médicas, Universidade Estadual do Piauí - Teresina (PI), Brasil; ³Universidade Federal do Piauí (UFPI) - Teresina (PI), Brasil

Objetivo: Correlacionar a qualidade de sono e a qualidade de vida dos fisioterapeutas que trabalham nas Unidades de Terapia Intensiva (UTIs) públicas, de Teresina.

Métodos: Estudo transversal, observacional e quantitativo. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa, sob parecer 1.256.589. A amostra foi composta por 35 fisioterapeutas e a coleta foi de janeiro a julho de 2016. Foi aplicado um questionário elaborado pelos pesquisadores com dados referentes à atividade laboral, Índice de Qualidade de Sono de Pittsburgh, Escala de Sonolência de Epworth, Morningness-eveningness Questionnaire e o WHOQOL-BREF. Foi realizada análise descritiva para as variáveis categóricas e utilizado o teste qui-quadrado.

Resultados: Sobre o sexo 51,4% eram mulheres, a média de idade foi de $31,89 \pm 5,26$ anos, 60% dos trabalhadores apresentaram satisfação moderada com a atividade laboral, e o tempo de atuação nas UTIs foi de $6,54 \pm 4,44$ anos. Dos profissionais entrevistados 65,7% apresentaram qualidade de sono ruim e a média dos escores do WHOQOL-BREF foram $72,03 \pm 13,43$; $72,25 \pm 11,11$; $76,90 \pm 15,27$; $66,61 \pm 10,01$ nos domínios físico, psicológico, relações sociais e meio ambiente.

Conclusão: Observou-se a prevalência de má qualidade de sono nos fisioterapeutas, contudo, os mesmos apresentaram uma boa qualidade de vida. Foi verificada uma correlação fraca apenas entre o domínio meio ambiente e qualidade de sono por meio do teste qui quadrado de Pearson com um $r=7,675$ e o $p=0,023$.

EP-249

Quality of care in preventing ventilator associated pneumonia - Knowledge of healthcare professionals in achieve accuracy of 30-45° in head of bed angle

Rogério Gomes Fleury¹, Mirian Oliveira Figueiredo¹, José Hugo Gameiro Salles¹, Maria Beatriz Altschuller¹

¹Hospital Universitário Clementino Fraga Filho - Rio de Janeiro (RJ), Brasil

Objective: Elevation of head of bed (HOB) is simple and effective measure to prevent ventilator associated pneumonia, but 30-45° angle is not so precise. We study accuracy of healthcare professionals in correct adjust HOB.

Methods: 159 healthcare professionals were asked to adjust HOB to angle between 30-45°. Clinometer confirm exact angle. Utilization of angles tool is prohibited.

Results: Healthcare professionals were: physicians 33 (20.8%), nurses 110 (69.2%) and physiotherapy 16 (10.1%). Mean working time in critical care was 10 ± 7.8 years, with correct guess (9.5 ± 7.7 years) and wrong (10.9 ± 8.1 years) ($p=0,289$). Were 47 men (29.56%) and 112 women (70.44%). No difference between male (28.4°) and female (26.5°) ($p = 0.214$). Mean angulation was $27.06^\circ \pm 8.8$. Sixty professionals (37.7%) were correct, $34.33^\circ \pm 4.1$ and 99 (62.3%) no, $22.65^\circ \pm 7.9$

($p < 0.001$). Among functional class, angulation were: physicians $26^\circ \pm 6.7$, nurses $26.73^\circ \pm 9.3$ and physiotherapy $31.5^\circ \pm 8.8$. with correct answers: nurses 39 (35.45%), physiotherapists 11 (68.75%) and physicians 10 (30.30%). Comparing each other, physiotherapists set right angulation more often comparing to nurses ($p = 0.014$) and physicians ($p=0.015$). No difference between physicians and nurses ($p=0.678$).

Conclusion: Although elevation of HOB is easy, we can not be so confident in our eyes. Working experience does not guarantee a correct angle placement. Physiotherapists obtained better results in our study.

EP-250

REACH: Research and Education Consortium for Acute Care in Haiti

Alfred Papali¹, Bhavesh M Patel², Donald F Zimmer³, Zena Lind⁴, Shannon Olwine², Michael T Mccurdy¹, L Nathalie Colas⁵, M Edson Augustin⁵

¹University of Maryland School of Medicine - Baltimore, Maryland, United States; ²Mayo Clinic Arizona - Phoenix, Arizona, United States;

³Memorial Hospital of South Bend - South Bend, Indiana, United States;

⁴Vancouver General Hospital - Vancouver, Columbia British Columbia, Canada; ⁵St. Luke Hospital - Port-au-Prince, Haiti

Objective: Haiti has the lowest health indices in the Western Hemisphere. Current evidence indicates significant limitations in national critical care capacity and many barriers to improving care for critically ill patients. We describe a new international, multidisciplinary consortium to improve emergency and critical care ("acute care") research, education and quality of care in Haiti.

Methods: The REACH consortium, based at St. Luke Hospital in Port-au-Prince, consists of emergency and critical care physicians and nurses from Haiti, Canada and the United States. It consolidates previously separate clinical, research and educational initiatives underway at St. Luke Hospital under a unified umbrella. Consolidating these initiatives improves their impact, fosters collaboration and permits an organized approach to future endeavors.

Results: The consortium's three priority goals include advancing acute care research in resource-constrained settings, promoting national acute care education and training, and improving the quality of clinical care provided to critically ill patients throughout Haiti. Early successes include facilitating Haiti's first nationwide survey of acute care capacity (currently ongoing) and hosting Haiti's first national Acute and Emergency Care Conference. This two-day conference, conducted at St. Luke Hospital in April 2017, involved 78 participants and 20 speakers with wide geographic representation throughout Haiti. Preliminary participant feedback was overwhelmingly positive.

Conclusion: The creation of a new international, multidisciplinary consortium of acute care providers may improve research, education and quality of critical care in Haiti.

EP-251

Reduction of the incidence of pressure lesion after the use of multilayer coverage to prevent pressure lesion on sacral region

Aline Fantin Cervelin¹, Daniela de Oliveira Cardozo¹, Roberta Manfro Lopes¹, Daiana Barbosa da Silva¹

¹Hospital Moinhos de Vento - Porto Alegre (RS), Brasil

Objective: To compare the incidence of pressure lesion (PL) on sacral region after the use of multilayer coverage to prevent PL on this region.

Methods: Retrospective observational study was performed between January 2015 and December 2016, involving patients who were hospitalized at an Adult Intensive Care Center (AICC) and who developed LP on the sacral region. Data collection was done through a database of AICC. In 2016 we implemented the use of multilayer coverage for prevention of PL on the sacral region for patients at high risk for developing PL, that is, with a Braden Scale below 12. We compared the incidence of PL in the year of 2015 with the year of 2016.

Results: During 2015, 1658 patients were hospitalized, and 61 of these developed PL on the sacral region, totalizing an incidence of 3.7%. These patients had an average age of 78 years old, took an average of 11 days to develop PL and the average of Braden was 9. During 2016, 1714 patients were admitted to the AICC, and 27 of these developed PL on the sacral region, totalizing an incidence of 1, 6%. These patients had an average age of 72 years old, took an average of 15 days to develop PL and the Braden average was 9.5. There was a 56.7% reduction of PL on the sacral region.

Conclusion: The use of multilayer coverage for PL prevention on the sacral region was shown useful for PL reduction on this area and postponed PL development time.

EP-252

Relationship between nursing workload and occurrence of pressure ulcers in intensive care patients

Francine Sanchez Gulin¹, Mayra Gonçalves Meneguetti¹, Thamiris Ricci de Araújo¹, Fernando Bellissimo-Rodrigues², Anibal Basile Filho², Maria Auxiliadora Martins², Ana Maria Laus¹

¹Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil; ²Hospital das Clínicas, Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil

Objective: To verify the relationship between the occurrence of pressure ulcers (PU) with the demographic and clinical variables of the patients and the nursing workload in the intensive care unit.

Methods: This is a quantitative and prospective study. Data collection was performed from 2016 to 2017. The inclusion criteria were: patients aged 18 years or older hospitalized for the first time in the unit and without dermatological lesions

at the time of admission. In addition to the demographic and clinical data, the application of the instruments: Simplified Acute Physiology Score 3 (SAPS 3), Nursing Activities Score (NAS) and the Braden Scale. Univariate analyzes were performed.

Results: The group of patients without lesions (n = 21) was predominantly female (66.6%), aged less than 60 years (52.38%), whites (71.4%), median time of 4 days of hospitalization, due to the need for clinical monitoring (42.8%). Median values of the SAPS 3, Braden and NAS scores were 53, 14 and 86 points. Those patients who developed pressure lesions (n = 9) were also female (66.6%), aged 60 years or older (55.5%), white (77.7%), median hospitalization of 4 days and admitted to the unit to hemodynamic instability (77.8%). The variables related to SAPS 3, Braden and NAS presented a median of 78, 11 and 97 points. The following variables showed statistical relevance in the patients affected by PU: hemodynamic instability, severity index, risk score and workload.

Conclusion: A high workload can act as a factor of impact, associated to the occurrence of PU.

EP-253

Representation of death in sleep quality in patients of an oncology intensive care unit: a partial analysis

Fabio Marcelo da Silva Valverde¹, Thais Almeida Soares¹, Cristina Prata Amendola¹, Livia Hostalacio Mega¹, Laís Corsino Durant¹, Guilherme Gomes Ribeiro¹, Amanda Antunes Fagundes¹, Jackline Duran Souza¹

¹Hospital de Câncer de Barretos, Fundação Pio XII - Barretos (SP), Brasil

Objective: Investigate and understand the representation and fear of death in the ICU environment and its relation to poor sleep quality.

Methods: Data were collected between April and June 2017 with patients from an oncology ICU, through structured interviews with questionnaires created by the authors, after approval by the ethics committee in research with human beings at the Barretos Cancer Hospital, under opinion nº 1,753.129. They were analyzed in the SPSS version 21, and described through measures of central tendency, dispersion, absolute and relative values, using the Mann Whitney U Test and Fisher's Exact Test.

Results: The sample consisted of 22 patients. Where 45.5% expressed fear that something bad might happen, 91.3% did not feel afraid to die, 18.2% did not sleep for fear of not waking up and 73.9% indicated that they felt safe in the ICU. Of the patients who reported not being asleep (31.8%), 57.1% were not afraid of not waking up, and 42.9% said they did not sleep for fear of not waking up. The data, when compared with the patients that said they slept, did not show statistical significance (p = 0.07) according to the method used, 68.2% reported sleeping in the ICU, 93.3% were not afraid of not waking up, and 6, 7% are afraid of not waking up.

Conclusion: It was concluded that in the sample described, there was no statistical significance. Therefore, there was no relationship between fear of death and poor sleep quality.

EP-254

Risk factors for mortality in patients in repressed demand for an intensive care bed in a university hospital

Thalita Bento Talizin¹, Ivanil Aparecida Moro Kauss¹, Cintia Magalhães Carvalho Grion¹, Lucienne Tibery Queiroz Cardoso¹, Josiane Festti¹

¹Universidade Estadual de Londrina - Londrina (PR), Brasil

Objective: The aim of this study is to describe risk factors for mortality in patients in repressed demand (RD) for an ICU bed.

Methods: A retrospective cohort study of adult patients with a request for an ICU bed in an University Hospital was performed between January 2010 and December 2016. Patients were considered in repressed demand (RD) when time between ICU bed request and ICU admission were higher than two or more hours.

Results: This study analyzed 6613 patients. Median age was 64 years (IQR 48 - 77). Age, use of mechanical ventilation (MV) and multiresistant infection were independently associated with mortality ($p < 0.0001$). Use of MV was associated with higher mortality in 30 days (log-rank = 9.8415; $p = 0.0017$). Mortality was 57.1% in all patients.

Conclusion: Age, use of MV and multiresistant infection were associated with higher mortality in patients in RD for an ICU bed.

EP-255

Role of the accompanying person in an adult intensive care unit

Raquel Pusch de Souza¹, Cléria Regina Bizon¹, Álvaro Réa-Neto¹, Jarbas da Silva Motta Junior¹, Leticia Georgetti¹, Samanta Forti¹, Michele Gomes Germiniani¹

¹Centro de Estudos e Pesquisa em Emergências Médicas e Terapia Intensiva (CEPETI) - Curitiba (PR), Brasil

Objective: From the concern with the emotional state of the patient, we started the project to make the presence of relatives in the ICU more flexible, allowing the unit to remain in the hospital for 24 hours. **Objective:** Identify with the accompanying family member what role he or she perceives to be occupying when in the ICU.

Methods: Use of a questionnaire with semi-open and open questions about how the family perceives their role as companion to the loved one. Exclusion criterion for caregiver survey contract.

Results: Sixty-four family members were evaluated in a period of 4 months after project implementation. The most frequent answers were: Feeling of safety for the patient with the proximity of the family; Assist the team; Link between team and family; keep company; Give support / emotional stability to the patient.

Conclusion: The concern with the emotional health of the patient has been extended to the point where the family system is inserted in the ICU. For the success of the program the inclusion of the family member in the ICU should be given in a gradual manner. The team needs to be in agreement, the ICU culture needs to be reevaluated, training involving communication.

EP-256

Round of skin in an adult intensive care center: a report of experience

Roberta Manfro Lopes¹, Aline Fantin Cervelin¹, Daniela de Oliveira Cardozo¹, Aline Brenner¹, Daiana Barbosa da Silva¹

¹Hospital Moinhos de Vento - Porto Alegre (RS), Brasil

Objective: To describe the experience of the implementation of the skin round at the Adult Intensive Care Center (AICC) from a private hospital in Porto Alegre, Rio Grande do Sul.

Methods: Experience report regarding skin round at an AICC. The implantation of the skin round had its beginning in February 2017 and it is still in progress, and took place in three stages: 1. Identification of the problem; 2. Training of the team; 3. Implementation of skin round. The identification of the problem occurred through the indicators of pressure lesion (PL) at the AICC. The training of the team was carried out through an extension course in certification of skin care. The skin round was implemented along with the extension course, being conducted weekly with all AICC patients. It is a multidisciplinary round in which nurses, nursing technicians, physiotherapists and nutritionists participate. It aims to institute a multidisciplinary culture of PL prevention and skin care.

Results: Preliminary data indicate that in the period of 3 months 12 rounds of skin were performed, covering a total of 296 patients.

Conclusion: The skin round has shown a shift in the culture of prevention of LP and also of skin care. Greater involvement and commitment of the multidisciplinary team in relation to these care are perceived, interfering positively on the decisions and conducts taken daily.

EP-257

Score proposal for physiotherapy dosing in intensive care unit

Jacqueline Matos Cabral¹, Andrey Wirgues de Sousa¹, Milena Coelho Vale¹, Maurício Kenzo Tobará¹, Camila Botana Ferreira de Carvalho¹, Cristiane Helena Papacidero¹, Rosana Mayumi Higa¹, Vanessa Chaves Barreto Ferreira de Lima¹

¹Hospital Samaritano de São Paulo - São Paulo (SP), Brasil

Objective: To propose and analyze a tool to measure hospital calls to the physiotherapy team.

Methods: A scale of complexity score was proposed in 2014 by physiotherapists of the Samaritano Hospital of São Paulo. The scale of complexity score was created based on the level of physiotherapeutic care, clinical status and resources used for care. Patients with higher scores have greater demand for time and attention of the physiotherapist. The scale of complexity score was added in the electronic system of medical records and all physiotherapists were trained to use it. The tool was initialized in 2015 and after one year, usability scale and physiotherapy department performance were analyzed.

Results: The scale of complexity score created contains two domains: respiratory and motor; and each of the domains has 5 items. The sum of each domain can result in a score of 5 to 20. According to this score, the tool can be divided from 1 to 4, and this indicates the amount of daily physical therapy for each hospitalized patient. The scale of complexity score demonstrated positive usability, effectiveness, efficiency and satisfaction. The performance of the physiotherapy department showed 16% increase in productivity, with a reduction of 8.2% in gross income.

Conclusion: The scale of complexity score proved to be an effective tool to dimension physiotherapeutic care within the hospital, improving the performance and sustainability of the physiotherapy department.

EP-258

Symptoms of anxiety and depression among intensive care unit professionals: a multicenter cross-sectional study

Caroline Cabral Robinson¹, Renata Kochhann¹, Debora Mariani de Oliveira¹, Daiana Barbosa da Silva¹, Cláudia Severgnini Eugênio¹, Tarissa da Silva Ribeiro Haack¹, Luisa Anzolin¹, Cassiano Teixeira¹

¹Hospital Moinhos de Vento - Porto Alegre (RS), Brasil

Objective: The ICU environment is supposed to increase the risk of anxiety and depression among ICU professionals. The objective of this study was to investigate the prevalence and risk factors for anxiety and depression among Brazilian ICU professionals.

Methods: A multicenter cross-sectional study was performed in mixed medical-surgical Brazilian ICUs from March to May 2017 (part of the cluster-randomized crossover ICU Visits

Study). ICU professionals (intensivists, critical care nurses, nursing technicians and physiotherapists) with a daytime workload >20 hours a week were invited to participate in the study. Symptoms of anxiety and depression were assessed through the application of HADS (Hospital Anxiety and Depression scale). The cutoff points for diagnosis of anxiety and depression were HADSa greater >7 for anxiety and HADSd >7 for depression.

Results: In total, 194 professionals (32 intensivists, 55 critical care nurses, 83 nurse technicians, 22 physiotherapists) from 9 ICUs were evaluated. The prevalences of anxiety and depression were 15.9% (n=31) and 13.4% (n=26), respectively. There was a higher proportion of intensivists with anxiety when compared with other professions (prevalence ratio [PR], 2.70; 95% confidence interval [95%CI], 1.20-5.67). Previous diagnosis of mood disorder was associated with depression (PR, 2.99; 95%CI, 1.10-7.50).

Conclusion: The prevalence of anxiety and depression among ICU professionals found in this study was higher than those of the overall population. Intensivist profession was associated with anxiety, while previous diagnosis of mood disorder was associated with depression.

EP-259

The multidisciplinary round has even an impact on mortality in the intensive care unit

Hugo Andrade Santos¹, Cristiane Carius de Oliveira²

¹Instituto D'Or de Pesquisa e Educação - Rio de Janeiro (RJ), Brasil;

²Hospital Quinta D'Or - Rio de Janeiro (RJ), Brasil

Objective: To compare mortality and length of stay in an ICU before and after a standardized multidisciplinary therapeutic program and to prove that it has a potential impact on these indicators.

Methods: Retrospective observational study derived from the EPIMED data of patients admitted to the general ICU C / Quinta D'Or Hospital comparing mortality rates and length of stay in the periods of 2013, period without standardization of the round and 2015 period with standardized round. (2014) training and adequacy period, where the team was extensively trained by the assistance supervision with the round, including standardized items for the description of the therapeutic plans of all professional careers. A constant homogeneous team acts in the unit in the three periods, having groups of patients with the same clinical profile and complexity.

Results: Analyzed the data extracted from the EPIMED program, we compared the similar occupation rate in the periods analyzed, the complexity coming from the SAPS 3 score, also similar. Having observed the constancy of the profile of the unit, not having been modified the technology and personnel profile, other than the institution of the standardized round, we can notice the decrease of the stay rate with the average of 7.1 days and 6.23 Days in the

respective periods and the mortality rate from 13.85 to 9.37 between 2013 and 2015.

Conclusion: There was a significant difference in the mortality and hospitalization time, proving the importance of the multidisciplinary discussion directing homogeneous behaviors increasing the quality of care.

EP-260

The multidisciplinary visit's impact and the checklist use in the mortality's reduction and clinical effects on the intensive care unit

Gustavo Sattelmayer de Lima¹, Karla Coccaro Cardoso dos Santos¹, Alessandra Maria Bonatto¹, Débora de Oliveira Darmochid¹, Mijail Jose Caillares Montano¹, Rafael Akira Sakugawa Becker¹, Roberta Vieira da Silva Bento¹, Roseny dos Reis Rodrigues¹

¹Hospital Municipal Pimentas Bonsucesso - Guarulhos (SP), Brasil

Objective: The object of this study is to demonstrate the mortality's reduction in the Intensive Care Unit (ICU) as well as to evaluate the clinical outcomes after the institution of the daily multidisciplinary visit (DMV) and checklist as the daily goal's definition.

Methods: Retrospective study through the analysis of medical records of the Pimentas Bonsucesso Municipal Hospital comparing both consecutive periods. 12 months was evaluated before the DMV's institution (March 2015 to February 2016) and 12 months after the DMV's institution (March 2016 to February 2017). The outcomes used was the measurements obtained from the Standardized Mortality Ratio (SMR), incidence of mechanical ventilator associated-pneumonia (VAP), central venous catheter-associated bloodstream infection (BI-CVC), bladder catheter-associated urinary tract infection (BC-UTI).

Results: Were included 769 ICU admitted patients before the VMD institution and 922 patients after the institution; the average ages was 55,80 and 56,69 years old respectively; average SAPS3 39,89 and 46,20; mortality 34,28% and 31,28%. Was observed that the SMR before the DMV had an average of 3,8% and 1,80% after the institution. About the clinical complications was observed a reduction of 34% of VAP cases, reduction of 40% of BI-CVC and reduction of 43% of BC-UTI.

Conclusion: The daily multidisciplinary visit is associated with the mortality's decrease on ICU and the use of the checklists has been collaborating to the clinical complications reducing, improving the patients outcomes.

EP-261

The quality of life in acute respiratory distress syndrome patients after discharge from the intensive care unit

Jaiane Luiza Jaskowiak¹, Lilian Regina Lengler Abentroth¹, Pablo Daniel Santos Quadros¹, Ellis Regina Penteado¹, Marcela Aparecida Leite¹, Claudia Rejane Lima de Macedo Costa¹, Erica Fernanda Osaku¹, Amaury Cezar Jorge¹

¹Unioeste - Cascavel (PR), Brasil

Objective: Analyzing the quality of life (QOL) in patients with Acute Respiratory Distress Syndrome (ARDS) after three months of discharge from the Intensive Care Unit (ICU).

Methods: A retrospective study was conducted at a University Hospital in Paraná state, Brazil, from April 2012 to June 2013. Patients with ARDS, who attended the outpatient clinic three months after discharged from the ICU, were included. The QOL was assessed by using the Short Form-36 questionnaire (SF-36).

Results: Sixteen patients were included: 69% were male, aged 39 ± 14.9 , with APACHE II 25 ± 5.8 and SOFA 11 ± 3 . The main type of ARDS was 88% pulmonary and 56% were moderate. Sedation time was 302 ± 188.8 hours, and mechanical ventilation 387 ± 232.5 hours. The worst PaO₂/FiO₂ and static compliance was 127 ± 54.6 and 19 ± 7.8 , respectively. The highest PEEP was 14 ± 2.6 . SF-36 domain scores were: mental health 69 ± 25.4 , vitality 67 ± 26.2 , general health status 65 ± 19.4 , social aspects 54 ± 37.4 , functional capacity 44 ± 33.9 , pain 30 ± 37.8 , emotional aspects 27 ± 42.2 , and physical aspects 13 ± 31.1 . There was no correlation between SF-36 domains and the ARDS variables. The ICU and Hospital length of time daily was 20 ± 12.3 and 37 ± 20.4 respectively.

Conclusion: Most patients who survived the serious condition presented moderate ARDS which caused changes in their QOL, mainly observed in their functional capacity, pain, emotional and physical aspects.

EP-262

Utilização de dispositivo confeccionado em PVC, adaptado ao leito, como coadjuvante no processo de reabilitação na unidade de terapia intensiva adulto

Luis Antonio Nunes¹, Gabriela Pereira do Carmo²

¹Instituto de Infectologia "Emílio Ribas" - São Paulo (SP), Brasil; ²Autorarquia Hospitalar Municipal - São Paulo (SP), Brasil

Objetivo: Este projeto relata a experiência da equipe de fisioterapeutas e terapeutas ocupacionais, na construção e na utilização de dispositivo em PVC, para sentar o paciente à beira do leito, em UTI. Possibilitar o posicionamento "Up-in-chair" (posição de cadeira) são os objetivos da utilização da cadeira em PVC adaptada para leito hospitalar. Cada vez mais são restritas as indicações de repouso absoluto no leito. Talvez um dos maiores sucessos terapêuticos após uma longa jornada de enfermidades, hospitalização prolongada, ventilação mecânica, sedação profunda, seja sentar-se novamente, verticalizar-se com mais autonomia e ampliar horizontes.

Métodos: A cadeira foi desenvolvida visando proporcionar maior estabilidade do paciente à beira do leito. Devido a praticidade, leveza e baixo custo dos tubos de PVC e a facilidade de moldar e encaixar conexões, este foi o material escolhido para confecção da cadeira. A adaptação do posicionamento do paciente deve seguir o processo de mobilidade vertical progressivo. Elevação da cabeceira a 45° depois 65° e a partir daí iniciar colocação da cadeira de PVC com os pés para fora do leito.

Resultados: A divulgação deste "invento" relativamente barato, deve possibilitar a multiplicação de várias outras cadeiras, contribuindo para um simples gesto que é o de sentar o paciente.

Conclusão: A sedestação em pacientes criticamente enfermos é segura e benéfica e as novas tecnologias desenvolvidas em UTI são conhecidas, porém ainda distantes da realidade dos hospitais públicos. A divulgação deste "invento" relativamente barato, deve possibilitar a multiplicação de várias outras cadeiras, contribuindo para um simples gesto que é o de sentar o paciente.

EP-263

Validade preditiva de escalas de avaliação de risco para lesão por pressão em pacientes críticos

Ana Carolina Floriano de Moura¹, Samya Raquel Soares Dias², Grazielle Roberta Freitas da Silva²

¹Hospital Unimed Piauí - Teresina (PI), Brasil; ²Universidade Federal do Piauí - Teresina (PI), Brasil

Objetivo: Comparar a validade preditiva das escalas de Braden, Cubbin & Jackson e de Sunderland para desenvolvimento de lesões por pressão em pacientes críticos.

Métodos: Estudo longitudinal prospectivo, analítico, comparativo e metodológico, realizado em unidades de terapia intensiva de um hospital geral localizado no município de Teresina, no período de agosto a novembro 2015. A amostra final foi composta por 35 pacientes críticos. Subproduto de macroprojeto aprovado pelo Comitê de Ética.

Resultados: A média de idade foi de 69,9 ($\pm 12,8$) anos, com maioria do sexo feminino 22 (53,7%), cor parda 16 (39,0%), residentes na capital 22 (53,7%), casados ou mantinham união estável 26 (74,3%), com ensino fundamental completo ou maior 18 (51,4%) e aposentados 23 (65,7%). Apenas 5 (14,30%) pacientes apresentavam história de lesão por pressão prévia e 18 (51,4%) pacientes desenvolveram. O tempo para aparecimento de lesão variou de dois a 28 dias, com média de 6,6 ($\pm 4,61$), sendo que 19 (82,6%) surgiram em até 10 dias. A localização mais recorrente foi a região sacral 15 (65,2%). A escala de Braden apresentou uma sensibilidade satisfatória em comparação com os outros instrumentos de medida, entretanto a escala de Cubbin & Jackson e Sunderland apresenta um melhor comportamento quanto à validade preditiva além de um melhor valor global pela análise da curva ROC. A incidência de lesão por pressão foi de 51,43%.

Conclusão: Estudos que abordem a perspectiva de prevenção são fundamentais com vistas a diminuir a incidência e prevalência do evento.

EP-264

Predição do tempo de permanência dos pacientes internados na unidade de terapia intensiva do Hospital Geral de Itapecerica da Serra no ano 2016 de acordo com a condição clínica na admissão

Ana Helena Vicente Andrade¹, José Albani de Carvalho Junior¹, Aline Andrea Martins Moreira¹

¹Hospital Geral de Itapecerica da Serra - Itapecerica da Serra (SP), Brasil

Objetivo: O tempo de permanência pode ser uma medida indireta do resultado relacionado com a morbi e mortalidade dos pacientes internados na UTI. O objetivo deste estudo foi elaborar um modelo de predição do tempo de permanência, de acordo com diferentes fatores clínicos e demográficos relacionados ao paciente na admissão na UTI.

Métodos: Trata-se de um estudo retrospectivo, através de um banco de dados serão analisados as características dos pacientes admitidos na UTI anos 2016 no Hospital Geral Itapecerica da Serra.

Resultados: Total de 823 pacientes, 61% do pacientes sexo masculino, idade média 48 anos ; tempo médio predito de 9,78 e observado 8,62. As proporções de pacientes em diferentes categorias foram de 19,7% e 15,9% para pacientes adultos traumáticos e não traumáticos sépticos respectivamente.

Conclusão: A predição do tempo de permanência foi calculada e foram identificadas os fatores influentes nos pacientes admitidos na UTI. Possível um modelo de predição do tempo de permanência de acordo com as características clínicas, que podem auxiliar na gestão dos pacientes críticos durante sua internação.

EP-265

Impacto do uso de protocolo de cuidado em paciente traqueostomizado na alta da unidade de terapia intensiva com segurança e qualidade

Raimundo Nonato Diniz Rodrigues Filho¹, Gabriela Ferreira de Oliveira¹, Antônio Fernando Carneiro¹, Germana Peres Canedo¹, Eduardo Vilela¹, Daiane Malheiros¹, Marília Moreira de Melo Silva¹

¹Hospital do Coração Anís Rassi - Goiânia (GO), Brasil

Objetivo: Avaliar se há redução do número de reinternações com tempo menor que 24 horas através da implantação do uso de um protocolo de cuidado a pacientes traqueostomizados que tem alta da UTI.

Métodos: Estudo descritivo, transversal, realizado entre janeiro de 2016 a abril de 2017, em uma na Unidade de

Terapia Intensiva Geral, com 8 leitos, de um hospital privado, de médio porte de Goiânia/GO, Brasil, que atende a população por livre demanda. Participaram do estudo todos os indivíduos que foram admitidos na UTI no período da pesquisa e que receberam alta da UTI para a unidade de internação com traqueostomia e em suporte de oxigênio ou ventilatório por BIPAP no decorrer da análise, maiores de 18 anos, com probabilidade de internação prolongada conforme critérios já estabelecidos através do sistema Epimed Monitor, um sistema que permite a avaliação global de prognóstico e fazer previsão de possibilidade de o paciente ser elegível para longa permanência comparando o Escore SAPS III com um banco de dados da rede Epimed. Semanalmente os dados eram acompanhados pela equipe multiprofissional sinalizando os retornos de pacientes com tempo menor que 24 horas.

Resultados: Houve redução da taxa de letalidade padronizada na instituição, com decréscimo significativo nos meses subsequentes após a implantação. Redução das reinternações com tempo menor que 24 hs e redução do tempo de internação em UTI desse perfil de paciente.

Conclusão: O uso do protocolo de cuidados ao paciente traqueostomizado é efetivo, com impacto significativo nos indicadores de qualidade da instituição.

EP-266

A new change-of-shift instrument for communication between physiotherapists in intensive care unit

Gabriela Atique Lima¹, Rosana Mayumi Higa¹, Vanessa Chaves Barreto Ferreira de Lima¹, Andrey Wirgues de Sousa¹

¹Hospital Samaritano de São Paulo - São Paulo (SP), Brasil

Objective: In the change-of-shift report between workers it is necessary to take decisions, transfer information and responsibility, which goal is to ensure secure communication and avoid errors related from the differences in communication styles. **Objective:** The aim of this work was to create and analyze a new instrument for communication between physiotherapists in intensive care unit.

Methods: Physiotherapists of the units raised the difficulties of the communication through meetings with the Brainstorming template. At the meetings, some items were considered as essential by physiotherapists to be included in the new instrument, such as: ventilatory; hemodynamic; neurological and musculoskeletal evaluation; to contemplate all periods of the shift; information on physical therapy resources and techniques; multidisciplinary aim; institutional protocols; imaging and complementary exams. After the creation of the new instrument, it remained in test for 30 days in the intensive care units. Moreover, a questionnaire was applied anonymously with objective answers to compare

new and previous instrument. The questionnaire contained three questions to evaluate the items: information security, speed of completion and overall satisfaction of the new instrument.

Results: The instrument created by the Check List model and contemplated all the predetermined items in the meetings. Thirty-eight physiotherapists rated the new instrument was the best for information security, speed of completion and overall satisfaction compared to the previous instrument (respectively, 68%, 76% and 63%).

Conclusion: The new instrument created, based on meetings criteria, was more accepted by the team of physical therapists and it has been used in the Hospital.

EP-267

A sistematização da assistência de enfermagem e sua implementação em uma unidade de paciente grave

Leonardo dos Santos Pereira¹, Anna Carolina das Neves Timóteo¹, Stephanie Barbara Dias dos Santos¹

¹Universidade Veiga de Almeida - Cabo Frio (RJ), Brasil

Objetivo: Identificar se o processo de enfermagem é realizado em prontuários de pacientes internados em uma unidade de paciente grave.

Métodos: Trata-se de uma pesquisa de campo com abordagem qualitativa, descritiva, exploratória e documental retrospectiva. A pesquisa foi realizada em um hospital público da Região dos Lagos, e teve como setor a Unidade de Paciente Grave (UPG). Para a coleta dos dados foi feito um estudo documental retrospectivo utilizando dados específicos dos prontuários de pacientes internados na Unidade de Paciente Grave. Tivemos como método de inclusão prontuários de pacientes adultos internados em unidade de paciente grave no período de janeiro de 2015 a março de 2015, independente de óbito ou alta. Nesta pesquisa o método de exclusão foram prontuários de pacientes que estiveram internados em um período fora do estipulado e pacientes que estejam, na atual data, internados no setor. Excluímos também pacientes com idade menor que 18 anos. A análise de dados ocorreu mediante a análise temática de Bardin.

Resultados: Em relação à presença dos registros da assistência de enfermagem destacam-se a evolução de enfermagem com 95% e o histórico multidisciplinar com 87,5 dos 40 prontuários analisados. O diagnóstico de enfermagem e prescrição tiveram baixos resultados.

Conclusão: Através da análise dos registros de enfermagem, observamos que as etapas da SAE são realizadas de forma irregular sugerem que o enfermeiro da UPG está priorizando as ações do dia a dia em detrimento do método preconizado pelo SAE, pela qual, efetivamente é possível garantir e identificar o campo de atuação do enfermeiro.

EP-268

Acompanhamento farmacoterapêutico: o uso concomitante de linezolida e metoclopramida resultante de possível síndrome serotoninérgica na unidade de terapia intensiva

Bruno Pereira dos Santos¹, Armando da Rocha Ribeiro¹, Nivia Maria Silveira Silva¹

¹Hospital Aliança - Salvador (BA), Brasil

Objetivo: Discussão sobre possível síndrome serotoninérgica, vista como uma condição potencialmente fatal em pacientes tratados com inibidores da receptação da serotonina ou pela interação inadvertida entre drogas com atividade na monoaminoxidase. Caracterizada pela tríade: Mudança do estado mental, hiperatividade autonômica e anormalidades neuromusculares. Observada em todos os grupos etários, sendo necessário reconhecer o quadro clínico do possível efeito colateral.

Métodos: Análise da prescrição médica de uma enferma, 28 anos portadora de epilepsia com infecção de corrente sanguínea, insuficiência renal com taxa de filtração glomerular estimada em 20ml/min CKD-EPI, ventilação mecânica, sedação e em uso concomitante de linezolida e metoclopramida por ter apresentado vômitos na admissão a UTI.

Resultados: Após manutenção da terapia com metoclopramida no segundo dia de internamento na UTI foi discutido em vista multidisciplinar que a paciente apresentava piora da instabilidade hemodinâmica, febre persistente 38°C, taquicardia e tremores. Identificada interação medicamentosa potencial entre a linezolida e metoclopramida resultante de síndrome serotoninérgica sendo sugerida suspensão da metoclopramida já que a paciente não apresentava mais sintomas gastrointestinais associados e por não haver em prescrição medicamentos com efeitos adversos semelhantes ao tratamento proposto no internamento.

Conclusão: Na síndrome serotoninérgica a febre e outros sintomas relacionados possivelmente serão atribuídos a seps. A condição clínica do paciente expõe a associação de medicamentos (polifarmácia) ocasionando diferentes interações e eventos adversos. A presença do farmacêutico na unidade de terapia intensiva (UTI) e nas visitas multidisciplinares resulta melhores desfechos clínicos e segurança na gestão de medicamentos.

EP-269

Adhesion to hand hygiene reported versus measured: what is the reality in an intensive care unit?

Mayra Gonçalves Meneguetti¹, Thamiris Ricci de Araújo¹, Francine Sanchez Gulin¹, Ana Elisa Ricci Lopes¹, Maria Auxiliadora Martins², Anibal Basile Filho², Fernando Bellissimo-Rodrigues³, Ana Maria Laus¹

¹Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil; ²Departamento de Cirurgia e Anatomia, Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil; ³Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil

Objective: To evaluate the adherence to hand hygiene reported and measured through direct observation in an adult intensive care unit.

Methods: Descriptive study, carried out in an adult intensive care unit of a tertiary university hospital from January to May 2017. All the professionals (doctors, nurses, technicians and nursing assistants and physiotherapists) who work in the unit with a minimum weekly workload of 20 hours were included. For the evaluation of adhesion to hand hygiene, 200 opportunities were observed, divided among all the professionals, of all the shifts of work, being the opportunities defined according to the World Health Organization. A questionnaire was applied to the employees with the following questions: when should you perform hand hygiene? How often do you do this practice? Descriptive statistic was used for data analysis.

Results: 45 employees were included in the study, being that the average adhesion referred was 81% (standard deviation 0.15) and the average adhesion observed was 50% (standard deviation 0.12). The average difference between the reported adhesion and the observed adhesion was 31% (standard deviation 0.18). The greatest difference between reported and observed adhesion was 75% and less was 2%. Only two employees reported a lower adhesion to the value observed by direct observation. All professionals reported adequately when they should sanitize their hands.

Conclusion: It was identified that professionals cannot recognize in practice that they do not perform hand hygiene when recommended.

EP-270

Albumin in obstetric critical care

José Antonio Viruez Soto¹, Jesus Carlos Briones Garduño¹, Manuel Antonio Díaz de Leon Ponce¹, Carlos Briones Vega²

¹Hospital General de México "Dr. Eduardo Liceaga" - Mexico City, Mexico; ²Instituto de Genética y Fertilidad - Mexico City, Mexico

Objective: To describe the experience about the albumin administration in the critical care obstetrics patient.

Methods: Case series. Intensive Care Unit of Gynecology and Obstetrics of the Hospital General de México "Dr. Eduardo Liceaga", México DF; in the period January 1-July 31, 2014. 57 patients with different diagnoses were included. the intervention comprehends albumin administration based on colloid osmotic pressure and Briones index.

Results: We collected and analyzed clinical and biochemical data during the treatment, we found that 100% of the patients had a favorable outcome, without adverse events related to the intervention.

Conclusion: The administration of albumin in critical care obstetrics, based on colloid osmotic pressure and Briones index, results in a favorable outcome, without any adverse event related and should be considered by intensivists.

EP-271

Análise da porcentagem de prescrição na alta hospitalar de AAS, beta bloqueadores e estatinas em pacientes submetidos à cirurgia de revascularização do miocárdio

André Luis Valera Gasparoto¹, Carlos Alberto Gonnelli¹, Mauro Sérgio Vieira Machado¹, Thomaz Braga Ceglias¹, Rodrigo Olynto de Almeida¹, Danilo Stabile Gonnelli¹, Rafaela Winter Gasparoto¹

¹Hospital da Real e Benemérita Associação Portuguesa de Beneficência - São Paulo (SP), Brasil

Objetivo: A prescrição de AAS, Estatinas e Beta bloqueadores estão associados à redução de morbi-mortalidade em pacientes submetidos à cirurgia de revascularização do miocárdio (CRM) independente do sexo, idade e fração de ejeção do ventrículo esquerdo. Avaliar a qualidade da prescrição de alta hospitalar dos pacientes submetidos à CRM em relação à presença de AAS, Estatina e beta bloqueadores (Objetivo primário). Avaliar se existe aumento gradual da prescrição de AAS, beta bloqueadores e estatinas (Objetivo secundário).

Métodos: Foi avaliado o banco de dados da UTI cardiológica, composta por 61 leitos para adultos. Foram selecionados todos os pacientes submetidos à CRM entre 2013 a 2016 (n=6000) e avaliado a porcentagem média de prescrição de cada uma das drogas por ano.

Resultados: Constatamos que a média dos 4 anos avaliados a prescrição na alta hospitalar de AAS, estatinas e beta bloqueadores foram respectivamente: 97%, 97,25% e 89,75%. Em relação ao aumento gradativo da prescrição do AAS se manteve o mesmo valor nos 4 anos avaliados, as estatinas se mantiveram em 97% nos 3 primeiros anos e aumentou para 98% no último ano. Os beta bloqueadores não apresentaram uma crescente, oscilando respectivamente nestes quatro anos em: 88%, 92%, 91% e 88%.

Conclusão: A prescrição de AAS, Estatinas e Beta bloqueadores na alta hospitalar é uma referência na qualidade da receita de drogas de uso contínuo nos pacientes submetidos à CRM.

EP-272

Análise de dados de uma unidade de terapia intensiva após implementação de um software como ferramenta de gestão

Ananda Catharina Azevedo Silva¹, Mauricio Gomes da Silva Serra¹, Felipe Ferreira Ribeiro de Souza¹, Gabriel Silva Rocha¹, João Victor Moraes de Melo¹, Suzane Pereira de Souza¹, Lucio Couto de Oliveira Junior²

¹Universidade Estadual de Feira de Santana - Feira de Santana (BA), Brasil; ²Hospital Geral Clériston Andrade - Feira de Santana (BA), Brasil

Objetivo: Analisar o padrão de rotatividade de leitos de uma UTI e as características epidemiológicas dos pacientes após implementação de um software.

Métodos: Trata-se de um estudo epidemiológico e retrospectivo. Os dados foram coletados no período entre junho de 2016 e junho de 2017, usando o software EPIMED® monitor, aplicado em uma UTI adulto de um hospital público da Bahia. A autorização para coleta e uso dos dados foi concedida pela instituição. Foram incluídos todos os pacientes internados no período independentemente de outros critérios de exclusão.

Resultados: Durante o período avaliado, ocorreram 759 novas internações, sendo 488 homens (64,29%) e 271 mulheres (35,7%). 50,7% (385) estavam dentro da faixa etária de 18 a 44 anos, seguido de 26,8% dos pacientes (204), que estavam entre 45 e 64. A média de duração do internamento na nossa unidade foi de aproximadamente 9 dias. No período abordado, ocorreram 796 saídas, sendo que 562 pacientes (70,6%) evoluíram com alta e 234 vieram a óbito (29,39%). O índice de renovação/giro de rotatividade da UTI foi de 46,82. Já a taxa de ocupação calculada durante o período foi de 97,37%. Ocorreram apenas 3 reinternações (0,39%) dentro de 24 horas da admissão.

Conclusão: A UTI apresenta taxa de ocupação e giro de rotatividade elevados. Estes indicadores mostram a grande demanda populacional que temos e alertam para o impacto na sustentabilidade da unidade e segurança dos pacientes. Esses dados permitem uma gestão mais embasada, possibilitando decisões baseadas em índices fidedignos.

EP-273

Análise dos indicadores de enfermagem em uma unidade de terapia intensiva neurológica

Antonio Gonçalves de Oliveira¹, Michelle Alencar Maciel¹

¹Hospital Unimed Recife III - Recife (PE), Brasil

Objetivo: Analisar os indicadores de enfermagem dos pacientes internados em uma unidade de terapia intensiva (UTI) neurológica.

Métodos: Analisamos o prontuário eletrônico de todos os pacientes internados no período de janeiro de 2016 a abril de 2017 com a ferramenta do Business Intelligence (BI) objetivando coletar casos de flebite, lesão por pressão (LPP), quase erro na administração de medicação, erro de medicação, perdas de SNE e queda ou quase queda na unidade.

Resultados: Foi realizado estudo retrospectivo de 646 pacientes, analisando os indicadores de enfermagem da unidade em um período de 16 meses onde identificamos flebite em 0,8% das internações, encontramos 0,54% dos pacientes que desenvolveram casos de LPP após a admissão, encontramos 19 casos de quase erro na administração de medicação e 2 casos de erro de medicação, encontramos 2,4% de casos de perdas de sonda naso enteral (SNE) e tivemos um total de 6 episódios de queda ou quase queda na UTI.

Conclusão: O conhecimento dos indicadores de enfermagem é ferramenta importante na condução de uma unidade de pacientes críticos e a mensuração dos indicadores com análise, identificação das não conformidades e plano de correção

permite fazer os ajustes necessários para que possamos oferecer um assistência de qualidade a clínica do paciente. Foi traçado um plano de correção para minimizar os pontos críticos que foram: quase erro na administração de medicação, 6 episódios de queda ou quase queda. Os casos de perda de SNE e LPP como se encontravam dentro da meta.

EP-274

Análise epidemiológica do perfil dos pacientes em uma unidade de terapia intensiva neurológica

Antonio Gonçalves de Oliveira¹, Michelle Alencar Maciel¹

¹Hospital Unimed Recife III - Recife (PE), Brasil

Objetivo: Analisar o perfil epidemiológico dos pacientes internados em uma unidade de terapia intensiva (UTI) neurológica.

Métodos: Realizamos um estudo retrospectivo no prontuário eletrônico utilizando a ferramenta Business Intelligence (BI) de todos os pacientes internados no período de janeiro de 2016 a abril de 2017.

Resultados: A UTI neste período foi composta por 646 pacientes destes 54,0% foram de gênero feminino e 45,9% do gênero masculino, os pacientes cirúrgicos foram de 50,3% e pacientes clínicos com 49,6%. A faixa etária acima de 80 anos foi de 22,1%, de 71 a 80 anos 18,1%, de 61 a 70 anos 19,0%, de 51 a 60 anos 13,7% e menor de 18 até 50 anos 26,8%. Em relação a origem dos internamentos 47,0% foram provenientes de bloco cirúrgico, 22,6% de fluxo inverso, 23,8% foram da urgência e 6,5% foram admitidos oriundos de outras UTIs do hospital. Obtiveram alta da UTI 90% dos pacientes, com uma média de permanência de 6,07 dias e taxa de ocupação de 80,70%. O Apache II médio foi de 11 com uma mortalidade esperada de 15% e mortalidade encontrada de 9,91%.

Conclusão: É extremamente importante o conhecimento dos dados epidemiológicos da unidade para podermos identificar os entraves e com isto traçar metas de acordo com o fluxo e processos para assim conseguir otimizar os cuidados do paciente crítico.

EP-275

Analysis from patients submitted to cardiac surgery of intensive care units readmissions in less than 24 hours after discharge

André Luis Valera Gasparoto¹, Carlos Alberto Gonnelli¹, Mauro Sérgio Vieira Machado¹, Thomaz Braga Ceglias¹, Rodrigo Olynto de Almeida¹, Danilo Stabile Gonnelli¹, Alessandro Tisso Goulart¹, Daniel Orselli Comparato¹, Caroline Faustino Bracarense¹, Rafaela Winter Gasparoto¹

¹Hospital da Real e Benemerita Associação Portuguesa de Beneficência - São Paulo (SP), Brasil

Objective: The evaluation of the effectiveness and cost-effectiveness of Intensive Care Units (ICUs) is fundamental, as it contributes to its better functioning and allows the planning of actions in the care of critical patients. In this way, the study of quality indicators provides an improvement in the management of the unit and the assistance to the patient of high complexity. The rate of readmission at the ICU after discharge has been used as an indicator of quality.

Methods: The readmission rate in the ICU was investigated within 24 hours after discharge, in addition to the cause of the return and the outcome of the patient (discharge from the ICU or death) from January to December 2016. Patients admitted to the ICU were selected from the surgical center in the immediate postoperative (n = 3819).

Results: The readmission rate in less than 24 hours observed can be considered satisfactory, although the authors did not Present date of bibliographic of this indicator in postoperative units of cardiac surgery. 131 patients (3.45% of all admissions) were readmitted. The main cause of recurrence was atrial fibrillation (AF) with high ventricular response in 82% (n = 107); The second cause was respiratory discomfort in 17% (n = 21). The mortality rate of patients readmitted was 2.2% (n = 3; <0.1% of all ICU admissions).

Conclusion: The readmission rate in less than 24 hours was 3.45%, with AF being the most common, followed by respiratory discomfort. Among those readmitted, the mortality rate was 2.2%.

EP-276

Analysis of post-intensive care patient care after implementation of a rapid response team in a university hospital

Thalita Bento Talizin¹, Ivanil Aparecida Moro Kauss¹, Cintia Magalhães Carvalho Grion¹, Lucienne Tiberio Queiroz Cardoso¹, Cláudia Maria Dantas de Maio Carrilho¹, Sarah Kalley César Jerônimo de Campos¹

¹Universidade Estadual de Londrina - Londrina (PR), Brasil

Objective: The aim of this study is to describe patients in post-intensive care days, followed by a rapid response team (RRT), in a University Hospital.

Methods: A retrospective cohort study of adult patients followed after an ICU discharge in an University Hospital was performed between January 2010 and December 2016. Patients were followed by RRT.

Results: This study analyzed 3320 patients. Median of age was 61 years (IQR: 44 - 75). Median of days followed by RRT was 2 (IQR: 2 - 3). 3.46% had unplanned readmissions in 48 hours after ICU discharge. RRT following was finished when patient had clinical improvement in 91.6% of the cases. Hospital discharge happened to 82.7% of the patients.

Conclusion: Patient follow-up in the post-ICU period for at least 48 hours allows identification of ICU discharge failure, specially in high demand ICUs.

EP-277

Analysis of the activity-rest rhythm of patients hospitalized in an intensive care unit

Maira J Maturana¹, Bárbara Decontof¹, Elaine Pertile¹, Graziella Lopes¹, Helissar M Fernandes¹, Tauane Gomes da Silva¹, Philipe Aquim¹, Esperidião Elias Aquim¹

¹Faculdade Inspirar - Curitiba (PR), Brasil

Objective: To analyze the activity-rest rhythm of hospitalized patients in an intensive care unit (ICU), and to identify the influence of luminosity in the maintenance of this rhythm.

Methods: Experimental and descriptive study carried between June and October 2016, with patients Interned in one ICU, in city Curitiba, for at least 24 hours, without the use of sedatives, during spontaneous ventilation, Glasgow 15 who did use of the acrometer between 48 and 72 hours continuously, being evaluated the variables M10 which corresponds to the ten most active daytime hours and the variable L5 that corresponds to the five hours less active night, as well as the luminous intensity captured by the acrometer and expressed in Lux.

Results: A sample of 5 patients, mean age of 63 (± 18 years), 3 women and 2 men, who used the acrometer between 48h and 72h. The results obtained indicate the maintenance of the resting-rhythm of these patients, demonstrated by the significant change between the variables M10 with averages (937.59 ± 389.62 minutes) and L5 (104.57 ± 91.54 minutes) with $p = 0.043$ by the Mann-Whitney U-test. Luminous intensity, the main factor of maintenance of rest-activity rhythm was significantly alternated between the mean daytime period (0.25 ± 0.2 lux) and nighttime (37.85 ± 29.2 lux) with $p = 0.004$ by the test Student T.

Conclusion: Even in an environment conducive to the discontinuity of the activity-rest rhythm, we can observe the maintenance of the biological rhythm in these patients.

EP-278

Aplicação do Nursing Activities Score: adequação no dimensionamento de pessoal em uma unidade de terapia intensiva

Adriana Carla Bridi¹, Monique de Sousa Furtado², Carolina Corrêa Pinto de Farias³, Cristiano Bertolossi³, Daniel Aragão Machado⁴, Karinne Cristinne da Silva Cunha⁴, Priscila de Castro Handem⁴, Roberto Carlos Lyra da Silva⁴

¹Programa de Pós-Graduação em Enfermagem e Biociências, Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ²Programa de Pós-Graduação em Enfermagem, Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ³Faculdade de Enfermagem, Universidade do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ⁴Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objetivo: Obter os valores do Nursing Activities Score (NAS) de uma unidade de terapia intensiva (UTI) adulto.

Métodos: Pesquisa exploratória, abordagem quantitativa, realizada em UTI (10 leitos), de hospital universitário (Rio de Janeiro). Acompanhamos 84 pacientes em 10 plantões diurnos. A coleta de dados se deu por análise de prontuários, exames, avaliação dos pacientes, no início e final do plantão (considerando no cômputo final o valor mais elevado do item do instrumento).

Resultados: Obtivemos 64 pacientes clínicos, 20 cirúrgicos; sendo 36 sexo feminino, 48 masculino. A média de idade 61,22 anos; dias de internação 37,59. O valor médio do Simplified Acute Physiology Score 3 foi 87,38. O valor médio do NAS registrado foi 71,18, sendo o menor valor 67,36 e maior 77,52 (desvio padrão 3,15; mediana 71,01), portanto a amostra demandou 18,60 horas de cuidados de enfermagem/24 horas.

Conclusão: O dimensionamento adequado de enfermeiros, com proporcionalidade paciente/profissional, ajuda a reduzir eventos adversos, rotatividade e absenteísmo de profissionais, resultando em melhores indicadores de qualidade assistencial, gerencial e de segurança do paciente. Estudos com NAS maior que 50% revelam elevada demanda de cuidados de enfermagem, sinalizando que um profissional é capaz de cuidar de um paciente/turno, especialmente quando o valor ultrapassa 70%, visto o grau de dependência representado pelo escore. O resultado do NAS deste estudo indica a inviabilidade do cuidado de um profissional a dois pacientes na unidade em questão, sugerindo a necessidade de adequação no dimensionamento de pessoal no setor.

EP-279

Assessing the knowledge of nursing technicians on mechanical ventilation

Monica de Sousa Araujo¹, Laércia Ferreira Martins¹, Elis Regina Bastos Alves¹, Laura Emanuela Pinheiro Machado¹, Kílvia Rodrigues Gomes Cavalcante¹, Ana Paula da Silva¹, Yara de Oliveira Sampaio¹, Valdeci Ferreira da Ponte Neto¹

¹Unidade de Pesquisa Clínica, Hospital Fernandes Távora - Fortaleza (CE), Brasil

Objective: Nursing Technicians (NT) keep direct and uninterrupted contact with critical patients in Intensive

Care Units (ICU), performing important actions to prevent complications in Mechanical Ventilation (MV). The goal was to evaluate the knowledge of nursing technicians about MV.

Methods: A cross-sectional, descriptive, quantitative study with NT of emergency (EM), Medical Clinic (MC) and Intensive Care (IT) of a tertiary hospital in Fortaleza (CE). A structured questionnaire with dichotomous questions was applied to sixty-one NT related to general knowledge about VM, in July 2017.

Results: Females prevailed, with 83% of participants and average age of 28 years. The work places were: MC 64%, ICU 30% and EM 5%. Of the participants, 71% stated that their training included information about the MV. The level of knowledge was 64% regular, 25% bad, 8% good and 1% great. 50% of these professionals mentioned fear of caring for the patient under MV. Regarding the identification of the alarms, 50% identified them, 66% were unaware of the modalities of MV and 96.36% stated that the presence of a competent professional in the unit minimizes risks to care.

Conclusion: The identification of deficiencies of the nursing team about MV, reported by the TE, has been observed since its formation within the diverse practices related to the MV patient. Therefore, health institutions have a relevant role in training professionals who deal with this technology, aiming to maintain patient safety under MV.

EP-280

Atenção e memória de enfermeiros intensivistas: repercussões na segurança do paciente

Adriana Carla Bridi¹, Mara Sizino da Victoria², Monique de Sousa Furtado³, Cristiano Bertolossi⁴, Daniel Aragão Machado⁵, Karinne Cristinne da Silva Cunha⁵, Priscila de Castro Handem⁵, Roberto Carlos Lyra da Silva⁵

¹Programa de Pós-Graduação em Enfermagem e Biociências, Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ²Universidade Veiga de Almeida - Rio de Janeiro (RJ), Brasil; ³Programa de Pós-Graduação em Enfermagem, Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ⁴Faculdade de Enfermagem, Universidade do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ⁵Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objetivo: Aplicar testes neuropsicológicos de atenção dividida (TEADI), alternada (TEALT) e memória de trabalho em enfermeiros intensivistas.

Métodos: Pesquisa exploratória, abordagem quantitativa, realizada com aplicação de testes neuropsicológicos em 10 enfermeiros do plantão diurno de unidade de terapia intensiva adulto (10 leitos), hospital universitário (Rio de Janeiro), antes e depois do seu turno laboral.

Resultados: Caracterização dos participantes: idade média 31 anos; majoritariamente sexo feminino, pós-graduados, duplo-vínculo/trabalho; tempo médio formação 6 anos; média sono 5,5h; tempo médio deslocamento/trabalho

76min. Testes neuropsicológicos: constatamos queda do escore memória de trabalho após plantão (mediana 26,50, média 26,40), sendo antes plantão (mediana 27,00, média 28,00), representando 6% de decréscimo. Considerando 10% de significância ($p=0,06$), o teste unilateral da memória de trabalho foi significativo, indicando queda após plantão. No TEADI houve aumento do escore após plantão (mediana 167,00, média 154,40), antes plantão (mediana 106,00, média 110,40), aumento de 40% na média. No TEALT, antes plantão (mediana 115,50, média 109,00), depois plantão (mediana 124,00, média 119,30), aumento de 9% na média. Nos testes neuropsicológicos de atenção, os testes bilaterais foram significativos (TEADI $p=0,002$; TEALT $p=0,009$), indicando diferença dos escores antes/depois do plantão (nível 10% de significância), com aumento principalmente no TEADI após plantão.

Conclusão: O trabalho cognitivo dos enfermeiros intensivistas deve ser valorizado por ser imprescindível para detecção de intercorrências, tomada de decisões e prevenção de erros no cuidado, sendo fundamental para segurança do paciente.

EP-281

Atividades dos enfermeiros de uma unidade de terapia intensiva: implicações na prática assistencial

Adriana Carla Bridi¹, Monique de Sousa Furtado², Andreza Serpa Franco¹, Cristiano Bertolossi³, Daniel Aragão Machado⁴, Karinne Cristinne da Silva Cunha⁴, Priscila de Castro Handem⁴, Roberto Carlos Lyra da Silva⁴

¹Programa de Pós-Graduação em Enfermagem e Biociências, Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ²Programa de Pós-Graduação em Enfermagem, Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ³Faculdade de Enfermagem, Universidade do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ⁴Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objetivo: Quantificar e categorizar atividades dos enfermeiros de uma unidade de terapia intensiva (UTI) adulto.

Métodos: Pesquisa descritiva, abordagem quantitativa, realizada em UTI (10 leitos), em hospital universitário (Rio de Janeiro). Os dados foram obtidos por observação não participativa de 10 enfermeiros do serviço diurno, durante as 12 horas do plantão/total 120h. As atividades foram categorizadas em: procedimentos técnicos diretos e indiretos, gestão da assistência e unidade, atividades pessoais.

Resultados: Registramos 630 atividades: procedimentos técnicos indiretos 233 (37%), técnicos diretos 169 (27%), gestão da assistência 185 (29%), da unidade 16 (3%), atividades pessoais 27 (4%). A média de atividades/dia foi 63; 5,25 atividades/hora; uma atividade a cada 11,42min. A categoria procedimentos técnicos indiretos incluiu: registros, prescrição de enfermagem, balanço hídrico, rotulagem/preparo medicação, aprazamento/dupla checagem prescrições. Gestão da assistência: passagem plantão, visita multidisciplinar, escala de cuidados, solicitação/conferência medicação, encaminhamento exames laboratoriais.

Procedimentos técnicos diretos: administração de medicamentos, hemoderivados, dietas, banho, curativos, avaliação do paciente, exame físico, coleta exames, atendimento de alarmes, acompanhamento exames externos, admissões/transferências. Gestão da unidade: pedido/estocagem/conserto de material, atividade externa, disponibilização de vagas. Atividades pessoais: atendimento das necessidades do profissional.

Conclusão: Falhas operacionais e o processo de trabalho nas instituições comprometem a prática do enfermeiro, afastando-o das atividades assistenciais para suprir deficiências sistêmicas. O enfermeiro é essencial para segurança do paciente e para que possa exercer esta função de forma eficaz, é necessário maior envolvimento nos cuidados diretos ao paciente, prevenindo erros e detectando complicações precocemente.

EP-282

Availability of beds of adult intensive care units in the city of Fortaleza-Ceará

Helania do Prado Cruz¹, Alberto Hil Furtado Júnior², Daniely Viana da Silva Costa², Ísis Sousa Bezerra de Menezes¹, Annyelly Aires Leal Braga¹, Leileane Alves¹

¹Residência Multiprofissional em Saúde, Universidade Federal do Ceará - Fortaleza (CE), Brasil; ²Unidade de Terapia Intensiva, Hospital das Clínicas, Universidade Federal do Ceará - Fortaleza (CE), Brasil

Objective: To characterize the health care provided in intensive adult treatment in the city of Fortaleza by means of the description, geographical distribution and supply of beds of the units.

Methods: Documentary study where data from the National Register of Health Establishments (CNES) (DATASUS, 2017), referring to the jurisdiction of June / 2017, were used for the municipality of Fortaleza. The identification of the beds occurred in June 2017. For the statistical analysis, percentages were used to describe the data. Since this was documentary research, without direct involvement of patients in the study, there was no need to submit to the Ethics Committee, however, all ethical precepts were respected.

Results: 38 hospitals were listed. The largest concentration of units (44.7%) was located in the districts with the highest human development index in the city. Regarding the type of hospital, it was observed that the majority (81.5%) were characterized as general hospitals and 18.5% were specialized. The total number of active beds was 504. 51.5% of these beds are linked to the Unified Health System. Regarding the type of ICUs, 11.3% are type 1; 74.4%, type 2; 8.1%, type 3; 3.5% type 2 and 2.5% coronary ICUs, type 3.

Conclusion: There was a marked disparity in the distribution of ICU beds in the city of Fortaleza, which requires the formulation of public policies aimed at hospital care of high complexity, since this data is an important indicator of the supply of resources in the hospital setting.

EP-283

Avaliação dos bundles em uma unidade de terapia intensiva neurológica

Antonio Gonçalves de Oliveira¹, Michelle Alencar Maciel¹

¹Hospital Unimed Recife III - Recife (PE), Brasil

Objetivo: Avaliar o uso dos bundles de pneumonia associado a ventilação mecânica (PAV), infecção primária de corrente sanguínea (IPCS) e infecção do trato urinário (ITU) dos pacientes internados em uma unidade de terapia intensiva (UTI) neurológica.

Métodos: Resgatamos os bundles de PAV, IPCS e ITU dos pacientes no período de janeiro de 2016 a maio de 2017 com o objetivo de analisar o número absoluto de casos, a taxa de utilização e taxa de adesão ao bundle.

Resultados: Analisando os bundles dos pacientes internados no período, identificamos 1 caso de PAV nos meses de: março, setembro, novembro, 2 casos em outubro de 2016 e 1 caso em abril de 2017 com uma taxa de utilização de PAV de 37,44% com taxa de adesão ao bundle de 80,58%. Com relação ao bundle de IPCS encontramos 1 caso de IPCS nos meses de: março abril e julho de 2016 e nenhum caso em 2017. Com uma taxa de utilização de 51.41% e taxa de adesão ao bundle de 100%. Com relação ao bundle de ITU encontramos 1 caso de ITU nos meses de: janeiro, fevereiro, abril, maio e julho de 2016. Nenhum caso em 2017. Identificamos taxa de utilização de 35,97% e taxa de adesão ao bundle de ITU de 97.88%.

Conclusão: Realizamos reuniões mensais onde analisamos todos os bundles com identificação dos pontos críticos, sendo realizado um plano de correção com metas. Com isto melhoramos as nossas taxas de PAV, IPCS e ITU como se pode observar em 2017.

EP-284

Barreiras encontradas pela equipe multidisciplinar para a mobilização do paciente internado na unidade de terapia intensiva

Sarah Schmidt Iahn¹, Patrícia Vieira Martins¹, Leilane Marcos¹, Luiza Martins Faria¹

¹Centro Universitário Estácio de Santa Catarina - São José (SC), Brasil

Objetivo: Identificar o conhecimento e quais são as barreiras encontradas pela equipe multidisciplinar para a mobilização do paciente internado na unidade de terapia intensiva.

Métodos: Estudo de caráter descrito exploratório. Os dados foram coletados no período de maio a junho de 2017, por meio de questionário com perguntas relacionadas ao conhecimento e as barreiras identificadas pela equipe para a mobilização do paciente em UTI. Participaram do estudo médicos, enfermeiros e fisioterapeutas atuantes na rotina diária da UTI do Hospital Governador Celso Ramos (Florianópolis).

- SC). Os dados foram analisados de forma descritiva (média e frequência) por meio do software Excel Office - 2010.

Resultados: A amostra foi composta por 17 profissionais (sete médicos, seis fisioterapeutas e quatro enfermeiras), 41,17% dos profissionais atuam na UTI entre 2 a 10 anos; 94,12% responderam conhecer a mobilização precoce, porém 11,76% afirmaram não reconhecer os resultados oferecidos. As principais barreiras apontadas foram: sedação, altas doses de drogas vasoativas, falta de equipamentos adequados, dificuldade de adesão da equipe multidisciplinar e falta de conhecimento da equipe sobre o tema. Além disso, 35,29% dos profissionais consideram haver riscos para a realização da mobilização nos pacientes internados na UTI.

Conclusão: Os dados revelaram o conhecimento e as barreiras encontradas pela equipe multidisciplinar para realizar a mobilização do paciente internado na UTI. Os resultados contribuem para a elaboração de estratégias e estímulo à mudança de cultura na unidade e consequentemente melhores perspectivas em relação ao tratamento e reabilitação dos pacientes.

EP-285

Brazilian Patient Safety Program and its importance for the safety culture in the intensive care units

Elizabeth Fernandes Reis¹, Rosa Leda Belinni¹

¹IQG - Health Services Accreditation - São Paulo (SP), Brasil

Objective: To verify the incidence density of Mechanical Ventilation Associated Pneumonia (VAP), Central venous catheter-related bloodstream infections (CRBSIs) and Catheter-associated Urinary Tract Infections (CAUTI) in the ICU of hospitals that adhered to the good practices of the Brazilian Patient Safety Program (BPSP).

Methods: This is a free descriptive study about BPSP available to Brazilian health institutions by IQG - Health Services Accreditation. Safety markers and infection rates collected monthly were sent to the BPSP coordination in 2015 and 2016. Data were analyzed quarterly regarding adherence and its impact on density of incidence of infection reported through plenary sessions.

Results: In 2015, 136 health institutions joined the BPSP, totaling 160 in 2016, with 5980 adult ICU beds. The average of density of VAP incidence decreased from 8.20 to 7.45, of CRBSIs to 2.70 and CAUTI from 4.32 to 4.28. The absence of a standardized instrument and a trained person responsible for collecting and analyzing the degree of maturity of the institution in safety culture, constituted the limitations of this study.

Conclusion: The average of infection incidence density observed in the information received showed a reduction of VAP, CRBSI and CAUTI. ICUs that adhere to good practices and promote the incorporation of quality and safety of care allow better results related to the prevention of events in health care.

EP-286

Checklist de revisão de processos assistenciais - estratégia de segurança do paciente em uma unidade de tratamento intensivo

Tony de Oliveira Figueiredo¹, Keroulay Estebanez Roque¹, Ingrid Regia Lopes Jeronimo¹, Maria Aparecida Pereira dos Santos¹, Elaine Gama Pessoa de Araujo¹

¹Universidade Federal do Rio de Janeiro (UFRJ) - Macaé (RJ), Brasil

Cultura de segurança se fundamenta na consciência institucional de atenção ao paciente e sua família e se concretiza na avaliação sistemática das situações de risco e nas ações preventivas e barreiras que protegem os pacientes. Ferramentas criadas ou adaptadas para esta finalidade devem ser consideradas na prática clínica. Este relato refere-se à experiência de utilização de um instrumento checklist de revisão dos processos assistenciais, estratégia realizada em um Hospital Universitário (HU) de uma Instituição Federal de Ensino Superior (IFES) do Estado do Rio de Janeiro, na intenção de "envolver" e conscientizar a equipe de enfermagem da Unidade de Terapia Intensiva (UTI), quanto a importância dos cuidados e vigilância na manutenção da integridade e segurança do paciente. Implementado na UTI de pacientes adultos, clínicos e cirúrgicos, no período de 1 a 31 de julho de 2016, o checklist elaborado com base nas metas do Plano Nacional de Segurança do Paciente, verificou 24 itens relacionados à segurança do paciente, sendo 21 itens quanto à conformidade ou não conformidade e 3 itens quanto a transferência segura de informações. Foram analisados estatisticamente o total de 643 avaliações completas realizadas, referentes a passagens de plantão a cada turno de 12 horas, de 41 pacientes internados no período. A implementação do instrumento permitiu quantificar e documentar atividades diárias de cuidados e vigilância da segurança do paciente; produziu dados e estatísticas para fundamentar estudos, discussões clínicas, gerenciais e científicas e talvez como característica mais importante, se mostrou importante ferramenta educativa quanto a cultura de segurança do paciente.

EP-287

Comportamento dos indicadores de enfermagem em uma unidade de terapia intensiva geral

Antonio Gonçalves de Oliveira¹, Eduardo Couto Campelo¹, Girlene Paiva de Oliveira Dias¹

¹Hospital Unimed Recife III - Recife (PE), Brasil

Objetivo: Avaliar os indicadores de enfermagem dos pacientes internados em uma unidade de terapia intensiva (UTI) geral.

Métodos: Resgatamos o prontuário eletrônico dos pacientes internados na UTI geral no período de janeiro 2016 a abril de 2017 tendo como ferramenta o Business Intelligence (BI)

com o intuito de captar todos os casos de flebite, lesão por pressão (LPP), perda de sonda naso enteral (SNE), quase erro na administração de medicação, queda e quase queda na unidade.

Resultados: Realizamos estudo retrospectivo dos 474 pacientes internados na unidade onde estudamos os indicadores de enfermagem num período de 16 meses, conseguimos coletar os dados com registro de flebite em 0,24% dos pacientes internados, encontramos 0,17% dos pacientes com novos casos de LPP, houve registro de 2,59% dos pacientes com perda de SNE, identificamos 10 pacientes com quase erro na administração de medicação e 1 paciente com erro na administração de medicação. Não identificamos nenhum caso de queda ou quase queda na unidade.

Conclusão: Para realizar uma assistência adequada aos pacientes da UTI, se faz necessário o conhecimento dos indicadores de enfermagem. Estes indicadores nos permite avaliar a qualidade da assistência, assim como, após a análise do problema identificado, traçar plano de correção tantas vezes se fizer necessário. Trabalhamos com a equipe reorientando sobre todo o processo de prevenção de LPP e também foi abordado e orientado toda a equipe quanto aos cuidados para minimizar quase erro de medicação, sempre com o intuito de orientar e nunca de punir.

EP-288

Comunicação da equipe de enfermagem na terapia intensiva: o caso do handover

Rafael Celestino da Silva¹, Grazielle Rezende da Silva Santos¹, Fabiana de Mello Barros¹

¹Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro (UFRJ) - Rio de Janeiro (RJ), Brasil

Objetivo: No ambiente da terapia intensiva a comunicação está intensamente presente durante o handover. Falhas nessa comunicação podem causar danos aos pacientes. Objetiva-se descrever o processo de comunicação entre os profissionais da equipe de enfermagem da terapia intensiva durante o handover, analisando-o quanto à existência de ruídos e suas repercussões na segurança do paciente.

Métodos: Estudo qualitativo, exploratório, na Unidade de Terapia Intensiva cirúrgica de um hospital federal com 47 membros da equipe de enfermagem atuantes no cuidado ao paciente. A produção dos dados ocorreu através de gravação de áudio durante o handover e observação sistemática das práticas de cuidado da equipe de enfermagem. Os áudios foram transcritos para um instrumento de handover, analisados através de estatística descritiva quanto à presença ou ausência da informação nos itens que o compunham, sua completude e a presença de erros. Os dados da observação passaram por descrição densa.

Resultados: Houve omissão e incompletude de algum tipo de informação em todos os instrumentos, principalmente omissão do item avaliação do quadro do paciente e do plano de cuidados, e incompletude dos dados objetivos ligados ao exame físico. O erro esteve presente em 2,3%

dos instrumentos analisados. A observação mostrou que as falhas na comunicação interferiram diretamente no processo de cuidar, pois geraram procedimentos desnecessários, duplicados e errados.

Conclusão: Mesmo havendo uma rotina para o compartilhamento de informações sobre os pacientes neste setor, ainda assim os ruídos persistem, o que implica na análise dos fatores que incidem na segurança do processo de comunicação.

EP-289

Correlation between collaborators happiness index and customer satisfaction in intensive care unit

Raimundo Nonato Diniz Rodrigues Filho¹, Leonor Monteiro¹, Arilson Camargo¹, Felipe Bomtempo¹, Gustavo Oliveira¹

¹Hospital do Coração Anís Rassi - Goiânia (GO), Brasil

Objective: The proposal is to determine a happiness index consists of 8 areas: Motivation at work, work environment, recognition and trust, involvement with leadership and organization, Compensation, balance between personal and professional life, happiness in the company where he works and happiness with the function which plays in the company where he works. Making a comparison with customer satisfaction through NPS and determine whether a happier environment provide greater customer satisfaction.

Methods: Two private institutions were surveyed named A and B. With happiness index calculated by Likert scale.

Results: Results: happiness index of 0.76 to 0.59 for drive A and drive B. The NPS-unit was 9.17 and B was 9.6.

Conclusion: The conclusion is that there is no correlation.

EP-290

Critical care nursing practice in Malawi - a qualitative study

Rodwell Gundo¹, Gael Mearns¹, Annette Dickinson¹, Ellen Chirwa²

¹Auckland University of Technology - Auckland, New Zealand; ²Kamuzu College of Nursing, University of Malawi - Lilongwe, Malawi

Objective: There are no formal critical care nursing courses in Malawi, despite the high burden of diseases which culminate in critical illnesses. This paper presents preliminary findings of the qualitative component of a larger mixed method study which explored the learning needs of critical care nurses as a way of informing the development and evaluation of a tailor-made training programme for the critical care nurses.

Methods: Interpretive descriptive design was used. Data were gathered through 10 key informant interviews with nurse leaders (n=8) and anaesthetists (n=2); and two focus group discussions with registered nurses and nurse technicians working in intensive care unit (ICU) and adult

high dependency unit (HDU) at two tertiary hospitals. Transcribed data were analyzed manually and through the use of NVivo data management program utilizing Thorne (2008) steps of analysis.

Results: Being unprepared to work in ICU and HDU was a dominant theme. Factors that contributed to this sense of unpreparedness were educational preparation, organisation factors and workforce issues. The consequences of this were fearfulness, change of nurses' attitude and elevation of risk to the patients. The nurses managed unpreparedness by relying on other health professionals and learning on the job.

Conclusion: The findings illuminated contextual issues to be considered when developing programs for upskilling nurses in hospitals within Malawi. It also contributes to the development of a specialist body of knowledge related to nursing education and practice development within developing countries.

EP-291

Daily frequency rate of bed withdrawal from patients hospitalized in an intensive care unit from a public university hospital of Brazil

Roseane Melo dos Santos¹, Maria Helena Buarque Souza de Lima², Teresa Cristina Francischetto Travaglia¹, Rodrigo Monteiro Fontes¹, Giovana Giacomini Bozi¹, Paula Frizera Vassallo²

¹Hospital Universitário Cassiano Antonio de Moraes - Vitória (ES), Brasil;

²Universidade Federal do Espírito Santo - Vitória (ES), Brasil

Objective: Describe daily frequency of patients withdrawal from bed at clinical/surgical ICU of a Public University Hospital, with multiprofessional visit and 12 hours of daily physiotherapeutic care.

Methods: Observational prospective study, conducted from September 2016 to April 2017. Patients admitted to ICU were followed for indication of removal from bed. Data was collected daily by physiotherapy team in all period of assistance and included withdrawal from bed specifying if the patient walked, stayed in orthostasis near the bed or stayed in armchair. Data corresponding to the functional activities was present as patients/day.

Results: A total of 12.7 patients/day were assisted by physiotherapy, of them 6.02 were indicated to bed withdrawal. Between them 92.3% were effectively removed from bed, which 94.38% were placed in armchair, 7.26% refused to get out of bed and 2.30% did not sit for lack of armchair. Among those who went to armchair, 26.27% also walked and 40.58% performed orthostasis. Analyzing daily number of withdrawal, was possible to perform bed retraction twice/day in a group of patients, being 36.59% for armchair, 14.31% orthostasis and 7.06% walked.

Conclusion: ICU admission can be a sentinel event for functional status of the individual, thus, early mobilization can reduce complications due to immobility and oppose unfavorable functional outcomes, improving the quality of life during and after the patient's stay in the ICU. However, more studies are needed relating the amount of activities

performed during hospitalization and functional outcomes achieved.

EP-292

Delayed admission to intensive care unit associated with higher mortality: a cohort study in a university hospital

Thalita Bento Talizin¹, Ivanil Aparecida Moro Kauss¹, Cintia Magalhães Carvalho Grion¹, Lucienne Tibery Queiroz Cardoso¹, Josiane Festti¹

¹Universidade Estadual de Londrina - Londrina (PR), Brasil

Objective: The aim of this study is to compare mortality rates of patients immediately admitted to the ICU with those who had to wait for an ICU bed.

Methods: A retrospective cohort study of adult patients admitted to an ICU of an University Hospital was performed between January 2010 and December 2016. Patients were considered immediately admitted (IA) when time between ICU bed request and ICU admission were lower than two hours. When there was no bed available, patients waited for ICU admission as repressed demand (RD). Exclusion criterion was delay to admission longer than 72 hours.

Results: 2001 patients were studied. Patient was at the hospital for the median of 1 day before requiring an ICU bed (IQR: 0.0 - 3.0). Emergency room was the place with 74.5% of ICU solicitations. ICU mortality rates increased with waiting time for ICU admission intervals: IA, 2 to 12 hours, 12 to 18 hours, 18 to 24 hours, 24 to 48 hours and 48 to 72 hours ($\chi^2 = 33.533$; $p < 0.0001$).

Conclusion: Delayed admission to an ICU is statistically associated with higher mortality.

EP-293

Drug interactions in intensive care unit: what cannot be forgotten in an adult intensive care unit?

Livia Maria Gonçalves Barbosa¹, Rafaela Pascoli Camargo¹, Sara Batista Nogueira¹, Sheila Borges Rocha Barros Ferreira¹, Richard Chiquetto¹

¹Unidade de Terapia Intensiva, Hospital Sírio-Libanês - São Paulo (SP), Brasil

Objective: Considering that drug interactions are responsible for a significant amount of drug-related adverse events, the purpose of this study is to describe the potential main drug-drug interactions identified in an adult intensive care unit of a hospital.

Methods: Descriptive study on potential drug-drug interactions in an adult intensive care unit. The Tasy® system report was used to identify the most used drugs in the months of May and June 2017. The Micromedex® database was used to identify potential drug-drug interactions.

Results: The 48 most commonly consumed drugs in the

period were chosen. The Micromedex® analysis showed 94 potential interactions, of which 6 (6.4%) were classified as contraindications, 56 (59.6%) were severe, 29 (30.8%) were moderate and 3 (3.2%) were minor. Concerning contraindications, fluconazole interacts with amiodarone, escitalopram, quetiapine and domperidone, what may result in increasing risk of QT interval prolongation, and bromopride interacts with escitalopram and quetiapine, increasing the risk of extrapyramidal syndrome. Regarding the level of evidence, 3 (3.2%) interactions are classified with excellent documentation, 21 (22.3%) good, 70 (74.5%) fair. The excellent documentation interactions were: fluconazole + midazolam (moderate, increased midazolam serum level), atorvastatin + phenytoin (moderate, increased atorvastatin serum level) and escitalopram + dipyron (severe, increased risk of bleeding).

Conclusion: Through the data analysis, it was possible to discover the most relevant potential interactions taking into account the drug consumption in the ICU and the profile of patients attended, allowing for the identification of opportunities to improve care practices in pharmaceutical care.

EP-294

Efetividade de um protocolo de prevenção de pneumonia associada à ventilação mecânica

Jeany de Oliveira Barreto¹, Roberta Pereira Goes¹, Beatriz Mergulhão Ribeiro Praseres¹, Patricia Bispo de Oliveira Ouais¹, Larissa Chaves Pedreira²

¹Hospital Santa Izabel - Salvador (BA), Brasil; ²Escola de Enfermagem, Universidade Federal da Bahia (UFBA) - Salvador (BA), Brasil

Objetivo: Conhecer a efetividade de um protocolo de prevenção de pneumonia associada à ventilação mecânica.

Métodos: Estudo retrospectivo, quantitativo, realizado em uma unidade de terapia intensiva de um hospital de Salvador-Bahia inserido no programa brasileiro de segurança do paciente. Realizada coleta de dados em prontuários de pacientes internados de janeiro a dezembro de 2016. Incluídos aqueles com idade maior ou igual a 18 anos e intubados por no mínimo 48 horas; excluídos os traqueostomizados, transferidos de outro serviço já em ventilação mecânica, ou com diagnóstico prévio da doença.

Resultados: Do total de 82 pacientes em ventilação mecânica no período, 45 foram selecionados considerando os critérios referidos. Nenhum desenvolveu pneumonia associada à ventilação mecânica. Quanto à adesão às medidas de prevenção do protocolo: a medida de elevação da cabeceira em pacientes em uso de dieta enteral teve adesão de 100% em todo período; a higiene oral a cada oito horas com uso de clorexidina teve adesão de 100% em nove meses e em três meses de 80%, 86% e 75% respectivamente; já a medida de manutenção da pressão do balonete entre 25 a 30 cmH₂O, teve adesão de 100% em onze meses e 80% em um mês.

Conclusão: Considerando a ausência de caso de pneumonia

associada à ventilação mecânica, associada à elevada adesão da equipe às medidas de prevenção instituídas no protocolo, evidencia-se a efetividade do mesmo e a importância da adoção de tais protocolos para assegurar a qualidade da assistência e minimizar os riscos em unidades de cuidados críticos.

EP-295

Electronic Patient Record: implications for nursing care

Rogério Gomes Fleury¹, Tatiane Fernandes Florencio¹, Ellen Costa Santos¹, Renata Gomes Rodrigues¹

¹Hospital Universitário Clementino Fraga Filho - Rio de Janeiro (RJ), Brasil

Objective: The advance of technology and its use in hospital environment is not always easy to implement. We investigated the use of Electronic Patient Record (EPR) for nursing care, identifying its implications and consequences.

Methods: A descriptive /exploratory study, with a qualitative approach and quantitative data of a complementary nature, interviewing nursing assistants from a University Hospital in Rio de Janeiro, Brazil.

Results: There were 26 nurses, 22 women (85%) and 4 men (15%), 18 working in critical care (69.2%). The predominant age group was 41-50 years, 12 subjects (46.1%). Formation time predominated 11-15 years with 8 subjects (30.8%). Hospital workers, there were 13 subjects (50%) working for up to 5 years. Level of knowledge in computer, 16 subjects (61%) had basic level and level of interest in computer, 15 (58%) reported medium level and 7 (27%) large. Level of difficulty, 14 individuals (53.8%) reported having no difficulty in carrying out the activities. Believing to improve the quality of care, 25 individuals (96.1%). Level of difficulty found was low according to 21 nurses (80.76%) and high degree of satisfaction, 20 nurses (76.92%).

Conclusion: Technological development aims to facilitate patients clinical records. The transition from paper to computer requires everyone's effort. Users with low technological knowledge can be a problem, as well as a reduced number of computers and continuous deficient training. EPR helps assistance, allowing quick access to data, expanding multiprofessional communication and making it an important tool to organize information.

EP-296

Escala CAM-ICU: manejos do delirium em unidade de terapia intensiva

Ana Carolina de Faccio Azevedo¹, João Vitor Alves Coutinho², Luciene Castilho da Silva Ferreira², Ana Maria Silva Camargo²

¹Hospital Regional de Presidente Prudente - Presidente Prudente (SP), Brasil; ²Universidade do Oeste Paulista (UNOESTE) - Presidente Prudente (SP), Brasil

Objetivo: Implantar a escala de avaliação de delirium Confusion Assessment Method-ICU (CAM-ICU) em uma unidade de terapia intensiva (UTI) em um hospital do interior do oeste paulista.

Métodos: Trata-se de uma pesquisa descritiva que ocorreu entre os meses de março à junho de 2017, sendo dividida em três etapas: pré-implantação com a criação de um protocolo institucional, etapa de implantação com a implantação da escala de avaliação de delirium CAM-ICU e a capacitação da equipe de enfermagem na UTI, e a etapa de pós-implantação com a avaliação dos resultados.

Resultados: Após articulação com a coordenação da unidade, elaboração do protocolo institucional e do cronograma de capacitações, foram orientados e capacitados 55 profissionais atuantes na UTI em questão, sendo 12 enfermeiros e 43 técnicos de enfermagem por meio de aulas expositivas teórico-práticas sobre toda a contextualização do delirium, além da aplicação da escala CAM-ICU beira leito. Após 30 dias da capacitação foi realizada uma avaliação de toda a equipe que comprovou a efetivação da escala CAM-ICU como uma rotina de cuidados aos pacientes críticos por meio da percepção do seu uso cotidiano.

Conclusão: O delirium é comumente encontrado em pacientes intensivos, embora seja muitas vezes subdiagnosticado, corroborando com a necessidade de protocolos de avaliação que recorram ao uso de uma escala validada para as UTI, como a CAM-ICU, possibilitando um maior aprofundamento para a avaliação do fenômeno e auxiliando na qualidade da assistência prestada.

EP-297

Estratégias de segurança de broncoaspiração baseada na análise Bow-Tie

Nivea Carla Nascimento dos Santos¹

¹Hospital Português - Salvador (BA), Brasil

Objetivo: Identificar medidas de prevenção de broncoaspiração baseada no uso da metodologia Bow-Tie.

Métodos: Estudo sistemático, tipo exploratório, foi utilizado o diagrama de causa consequência. Criado um mapeamento e levantamento das ameaças e barreiras de controle do risco de broncoaspiração. Pesquisa realizada no período de janeiro a julho 2017 através do IBES (Instituto Brasileiro para Excelência em Saúde).

Resultados: O estudo tem-se a citar como ameaças e perigos: equipe desabilitada; cuff sem pressão adequada; falta de higienização da cavidade oral; cabeceira baixa; técnica de aspiração; intubação e extubação inadequada. As barreiras controles evidenciadas através do mapa revelou a aplicação de políticas e protocolos na prevenção do risco, como medidas de higiene oral com clorexidina 0,12%; cabeceira elevada a 30-45°; pressão do balonete entre 20-30cmH₂O; cuidado com aspirações das secreções; adoção do protocolo de intubação e extubação institucional. As consequências quanto atingido o evento mostrou o aumento de custos

hospitalares quanto ao uso de antimicrobianos; internamento prolongado e o mau prognóstico.

Conclusão: A correta adoção dessa ferramenta na assistência tem como potencial de trazer melhorias significativas para a Gestão da Segurança de Processos de uma Organização reduzindo os risco e perigos dos clientes quanto ao evento de broncoaspiração e a melhoria da qualidade assistencial.

EP-298

Estudo do perfil epidemiológico em uma unidade de terapia intensiva geral

Antonio Gonçalves de Oliveira¹, Eduardo Couto Campelo¹, Girlene Paiva de Oliveira Dias¹

¹Hospital Unimed Recife III - Recife (PE), Brasil

Objetivo: Avaliar o perfil epidemiológico de pacientes internados em uma unidade de terapia intensiva (UTI) Geral.

Métodos: Utilizando a ferramenta do Business Intelligence (BI) avaliamos o prontuário eletrônico de todos os pacientes admitidos na UTI no período de janeiro de 2016 a abril de 2017.

Resultados: Neste período esteve internado na UTI um total de 474 pacientes sendo 52,7% do gênero feminino e 47,2% do gênero masculino. Com relação ao tipo de internamento 26,5% foram de pacientes cirúrgicos e 73,4% de pacientes clínicos. A faixa etária acima de 80 anos foi de 36,9%, de 71 a 80 anos de 20,8%, de 61 a 70 anos foi de 17,7%, de 51 a 60 anos 8,6% e o restante menor de 18 anos até 50 anos foi de 10,7%. Com relação a origem dos internamentos 43,8% foram de fluxo inverso, 16,2% de outras UTIs do hospital, 15,5% do bloco cirúrgico e 15,1% da urgência do nosso serviço. Obtiveram alta da UTI 73,6% dos pacientes, com uma média de permanência de 8,9 dias e taxa de ocupação de 86,8%. O Apache médio realizado foi de 15 com uma mortalidade esperada de 25,0% e tivemos uma mortalidade encontrada de 25,9%.

Conclusão: Houve uma predominância de admissões por fluxo inverso o que demanda plano de correção. Conhecer o perfil epidemiológico de uma unidade é extremamente importante para ajustar os fluxos e processos dos pacientes críticos.

EP-299

Estudo dos bundles de uma unidade de terapia intensiva cardiológica

Antonio Gonçalves de Oliveira¹, Hilton de Castro Chaves Junior¹, Adriana Valentina Lopes Padilha¹, Martha Maria Romeiro F F Fonseca¹, Catia Arcure Branco¹, Jackeline Soares Costa¹, Girlayne Batista de Arruda¹, Michelle Alencar Maciel¹

¹Hospital Unimed Recife III - Recife (PE), Brasil

Objetivo: Analisar os bundles de pneumonia associada a

ventilação mecânica (PAV), infecção primária de corrente sanguínea (IPCS) e infecção do trato urinário (ITU) de uma unidade de terapia intensiva (UTI) cardiológica.

Métodos: Analisamos os bundles de PAV, IPCS e ITU dos pacientes internados no período de janeiro de 2016 a maio de 2017, com relação a número de casos absolutos, taxa de utilização e taxa de adesão aos bundles.

Resultados: Encontramos 1 caso de PAV em março de 2016 e nenhum caso em 2017, com taxa de utilização de 14,32% e taxa de adesão ao bundle de 59,50%. Em relação a IPCS tivemos 1 caso em abril de 2016 e nenhum caso em 2017, com taxa de utilização de 33,64% e taxa de adesão ao bundle de 96,99%. Em relação a ITU encontramos 1 caso em junho e outro em dezembro de 2016 e nenhum caso em 2017, com taxa de utilização de 19,92% e taxa de adesão ao bundle de 98,18%.

Conclusão: Realizamos reuniões mensais com a comissão de controle de infecção hospitalar onde analisamos todos os bundles, identificando os pontos onde ocorreu infecção, discutimos e definimos a estratégia a ser seguida com re-treinamento e conscientização de toda equipe, seguindo um plano de correção bem elaborado. Como resultado de nosso trabalho, estamos conseguindo manter zero de infecção nos bundles de PAV, IPCS e ITU, desde janeiro de 2017 em nossa unidade.

EP-300

Estudo dos indicadores de enfermagem em uma unidade de terapia intensiva cirúrgica

Antonio Gonçalves de Oliveira¹, Aldir Chagas Filho¹, Paulo Roberto Bezerra de Sousa¹, Girlene Paiva de Oliveira Dias¹

¹Hospital Unimed Recife III - Recife (PE), Brasil

Objetivo: Estudar os indicadores de enfermagem dos pacientes internados em uma unidade de terapia intensiva (UTI) cirúrgica.

Métodos: Revisamos o prontuário eletrônico de todos os pacientes internados no período de janeiro de 2016 a abril de 2017 utilizando a ferramenta do Business Intelligence (BI) com o intuito de coletar do prontuário os casos de flebite, lesão por pressão (LPP), quase erro na administração de medicação, erro de medicação, perdas de sonda naso enteral (SNE) e por último analisamos queda ou quase queda.

Resultados: Realizamos estudo retrospectivo de 954 pacientes internados na unidade em um período 16 meses onde identificamos neste período 0,26% de casos de flebite, encontramos 3,7% de perda de SNE na unidade (nossa meta é de 3%), encontramos 0,52% de novos casos de LPP (nossa meta é zero de LPP nos pacientes evitáveis), encontramos 1 caso de quase erro de medicação e 7 casos de erro de medicação e 1 caso de queda ou quase queda na UTI.

Conclusão: É extremamente importante o conhecimento dos indicadores de enfermagem de uma UTI para que possamos identificar os casos de não conformidades. Para

atingirmos o nosso objetivo, realizamos análise mensal dos indicadores com plano de correção para melhorar a qualidade da assistência aos pacientes graves. Nos casos de erro de medicação o plano de ação foi a reunião com toda a equipe com intuito de treinar e não de punir os envolvidos. O que resultou em melhora significativa deste indicador.

EP-301

Evaluation of a transition bed strategy in increasing the availability of intensive care unit beds

Hudson Henrique Gomes Pires¹, Antônio Pazin Filho², Fábio Fernandes Neves³

¹Universidade Federal do Triângulo Mineiro - Uberaba (MG), Brasil;

²Departamento de Clínica Médica, Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil;

³Universidade Federal de São Carlos - São Carlos (SP), Brasil

Objective: To evaluate if the transition bed strategy would increase ICU bed availability.

Methods: This is a retrospective cohort based on administrative data obtained from January 01, 2013 to December 31, 2016. A new strategy of transitional beds was implemented in an emergency tertiary referral hospital to transfer high dependence patients without possibility of being delivered to home, but who were not in need of high complexity interventions. The patients were transferred according to a well established protocol to three partner lower level institutional. Up to the implementation of this strategy, those patients were boarding the ICU, avoiding admission of other patients in need. Multivariate logistic regression was used to adjust for possible confounders and a $p < 0.05$ was considered statistically significant.

Results: The three partner institutions did not differ in relation to the Charlson Comorbidity Index (Altinópolis - Charlson 2, 35;39,3%; Guariba - Charlson 2, 58;34,5%; São Simão - Charlson 2, 33;47,2% - $p > 0,05$) and had a similar mortality (Altinópolis 35;4,33%, Guariba 78;4,4%, São Simão 33;4,1% - $p = 0,26$) and household discharge (Altinópolis 37;4,5%; Guariba 60;3,71%, São Simão 19;2,1% - $p = 0,26$). Patients with neurological problems were responsible for most of the transfers. The transfer to transitional beds was an independent factor in increasing the availability of ICU beds in U.E.-HCFMRP-USP (1,54; IC - 95% 1,18;2,01).

Conclusion: Transference of patients of high dependence proved to be important for the system.

EP-302

Evaluation of muscular strength in patients undergoing electrotherapy in the intensive care unit

Bruna Akie Kanezawa¹, Thaís Caroline Schnauffer¹, Maynara Nayara Neves¹, Jaiane Luiza Jaskowiak¹, Claudia Rejane Lima de Macedo Costa¹, Suely Mariko Ogasawara¹, Erica Fernanda Osaku¹, Marcela Aparecida Leite¹

¹UNIOESTE - Cascavel (PR), Brasil

Objective: Evaluating the efficacy of the electrotherapy on the muscular strength of lower limbs (LL) in an Intensive Care Unit (ICU).

Methods: A retrospective study, from January to December 2016, was carried out in an ICU at the university hospital in Paraná state, Brazil. There were two groups: group 1 (G1) involving quadriceps electrotherapy protocol and motor physical therapy (PT); and group 2 (G2), only involving PT. The LL strength was assessed by the Medical Research Council (MRC) at the discharge from the unit.

Results: The sample was G1: 78 patients and G2: 132 patients. The data in G1 x G2: cause of clinical admission 40% x 35%; male 60% x 57%, aged 47 x 49; APACHE II 26 x 24; SOFA 10 ± 3 x 8 ± 3.3 (p=0.003); Length of hospital stay daily in the ICU was 14 ± 10.9 x 10 ± 8.3 (p=0.000), the hospital stay was 29 x 28; hours of mechanical ventilation were (MV) 177 ± 171.6 x 103 ± 130.6 (p=0.000); and sedation was 84 ± 131.7 x 44 ± 80.3 (p=0.000) respectively. The MRC LL at the ICU discharge at G1 was 19 and at G2 was 20 (p=0.83). There was a correlation between the MRC LL and the time of MV in both groups.

Conclusion: The G1 did not demonstrate improvements in the strength of LL in comparison to the other group, since it showed more severe conditions and required longer time of MV and sedation.

EP-303

Evaluation of the intensity and location of work-related pain in health professionals of an adult intensive care unit

Marcos Alberto Ribeiro¹, Elisa Helena Gontijo Spolaore¹, Ana Maria Cavalheiro², Priscila Conceição Fernandes de Oliveira², Lanara Alves Pereira²

¹Faculdade de Enfermagem, Hospital Israelita Albert Einstein - São Paulo (SP), Brasil; ²Hospital Israelita Albert Einstein - São Paulo (SP), Brasil

Objective: The aim of this to identify the location and intensity of pain in health professionals of an Adult Intensive Care Unit (AICU), correlating these variables with age, length of employment in a profession and length of work experience in the institution.

Methods: This is a descriptive, exploratory cross-sectional study with a quantitative approach. It was carried out in the AICU, with a multidisciplinary team, of a large private hospital in the state of São Paulo. "Participants Identification Questionnaire" and "Corlett and Maninica Diagram" were used to collect the data. To analyze it, descriptive and statistical analyses were performed through Spearman's correlation and frequency measurements.

Results: 100 health professionals were interviewed, mostly nurses (34%). Mean age of 34 years (± 6.94), and 9.5 years (± 6.66) of profession length. Pain in the

trunk and lower limbs are the most reported, respectively (2,94; 2,13). Nursing professionals and physiotherapists are those who complain about these injuries. There is a negative correlation between age and intensity of pain in the lower limbs. Moreover, a negative correlation between profession length and intensity of pain in the lower limbs was found.

Conclusion: The nursing team reported greater pain intensity, suggesting that they were more exposed to the risk of occupational injuries in their work activity, worsen by stress and working hours. There is a need for further studies to elucidate preventive measures and interventions in occupational health in order to guarantee safety and quality of life of these professionals.

EP-304

Eventos adversos na unidade de terapia intensiva: impacto na mortalidade e no tempo de internação em um estudo prospectivo

Keroulay Estebanez Roque¹, Teresa Tonini², Tony de Oliveira Figueiredo¹, Enirtes Caetano Prates Melo³

¹Universidade Federal do Rio de Janeiro - Rio de Janeiro (RJ), Brasil;

²Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ³Fundação Oswaldo Cruz - Rio de Janeiro (RJ), Brasil

Objetivo: A segurança do paciente tem recebido atenção mundial nos últimos anos e é tratada como um problema de saúde pública por órgãos internacionais, como a Organização Mundial de Saúde, e por grupos nacionais voltados para estudos na área de qualidade do cuidado em saúde. Este estudo teve como objetivo avaliar a ocorrência de eventos adversos e o impacto deles sobre o tempo de permanência e a mortalidade na unidade de terapia intensiva (UTI).

Métodos: Trata-se de um estudo prospectivo desenvolvido em um hospital de ensino do Rio de Janeiro, Brasil. A coorte foi formada por 355 pacientes maiores de 18 anos, admitidos na UTI, no período de 1º de agosto de 2011 a 31 de julho de 2012. O processo de identificação de eventos adversos baseou-se em uma adaptação do método proposto pelo Institute for Healthcare Improvement. A regressão logística foi utilizada para analisar a associação entre a ocorrência de evento adverso e o óbito, ajustado pela gravidade do paciente.

Resultados: Confirmados 324 eventos adversos em 115 pacientes internados ao longo de um ano de seguimento. A taxa de incidência foi de 9,3 eventos adversos por 100 pacientes-dia, e a ocorrência de evento adverso impactou no aumento do tempo de internação (19 dias) e na mortalidade (OR = 2,047; IC95%: 1,172-3,570).

Conclusão: Este estudo destaca o sério problema dos eventos adversos na assistência à saúde prestada na terapia intensiva e os fatores de risco associados à incidência de eventos.

EP-305

Experiência de familiares e pacientes em um centro de terapia intensiva adulto com política de flexibilização da visita familiar: registros de ouvidorias relacionadas ao atendimento prestado

Silvana Pinto Hartmann¹, Frederico Klein Gomes¹, Cassiano Teixeira¹, Daiana Barbosa da Silva¹, Regis Goulart Rosa¹

¹Hospital Moinhos de Vento - Porto Alegre (RS), Brasil

Objetivo: Descrever o perfil de ouvidorias realizadas por familiares e pacientes internados em um centro de tratamento intensivo (CTI) com política de flexibilização da visita familiar.

Métodos: Um estudo retrospectivo foi conduzido no CTI adulto do Hospital Moinhos de Vento, Porto Alegre, Brasil. Este CTI possui 39 leitos e conta com permissão de visita familiar 12 horas/dia. Foram revisados os registros de ouvidoria dos clientes realizados entre julho/2015 e julho/2017.

Resultados: No total 234 registros de ouvidorias foram avaliados. Destes, 44.4% elogios, 44.1% reclamações, 9.8% sugestões e 1.7% solicitações. Quanto aos elogios, 11.6% destes estavam associados à política de visitação familiar na UTI e 88.4% à qualidade do atendimento da equipe assistencial. Quanto às reclamações, 21.3% se associavam à qualidade do atendimento, 14.4% às dificuldades de comunicação com equipe assistencial, 9.7% ao número insuficiente de visitantes, 5.7% à preocupação com infecções, 5.7% ao barulho e 3.8% à estrutura de amenidades. As sugestões realizadas concentraram-se em melhorias na infraestrutura da sala de espera/recepção (52.2%), uso de máscaras e propés por visitantes (21.8%), melhoria da comunicação com os familiares e pacientes (8.7%), música ambiente (8.7%) e grupo de apoio psicológico (4.3%).

Conclusão: A adoção de uma política de flexibilização da visita familiar pode gerar novas necessidades para os clientes, tais como música ambiente, melhoria de estrutura da recepção, da comunicação entre familiares e equipe assistencial, da prevenção de infecções e suporte psicológico para familiares.

EP-306

Extrinsic risk factors for healthcare-associated infection in hospitalized adults: a systematic review with meta-analysis

Alba Luz Rodríguez-Acelas¹, Wilson Cañon-Montañez², Bruna Engelman¹, Miriam de Abreu Almeida¹

¹Universidade Federal do Rio Grande do Sul (UFRGS) - Porto Alegre (RS), Brasil; ²Universidad de Santander (UDES) - Bucaramanga, Santander, Colômbia

Objective: To systematically review the literature and meta-analyse studies investigating extrinsic risk factors independently associated with healthcare-associated infections (HAIs) in hospitalized adults.

Methods: Electronic databases (MEDLINE, EMBASE and LILACS) were searched to identify studies. Pooled risk ratios

(RR) or odds ratios (OR) or mean differences (MD) and 95% confidence intervals (CI) were calculated and compared across the groups using Mantel-Haenszel and inverse variance random effects model. This systematic review with meta-analysis followed the preferred reporting items for systematic reviews and meta-analyses statement.

Results: A total of 867 studies were identified, of which 65 were included in the review, and the data of 13 were summarized in the meta-analysis. The extrinsic risk factors independently associated with HAIs were: surgery time in minutes (MD: 34.53, 95% CI: 22.17-46.89), reoperation (RR: 7.94, 95% CI: 5.49-11.48), cephalosporin exposure, (RR: 1.77, 95% CI: 1.30- 2.42), days of exposure to central venous catheter (MD: 5.20, 95% CI: 4.91-5.48), intensive care unit (ICU) admission (RR: 3.76, 95% CI: 1.79-7.92), ICU stay in days (MD: 21.30, 95% CI: 19.81- 22.79) and mechanical ventilation (OR: 12.95, 95% CI: 6.28-26.73).

Conclusion: Identifying extrinsic risk factors that contribute to the occurrence of HAIs in hospitalized adults may support the planning and implementation of strategies for their prevention, control and monitoring, thus minimizing their occurrence and maximizing patient safety.

EP-307

Gestão clínica e segurança do paciente no ambiente crítico

Fernanda G M Soares Pinheiro¹, Érica Monize Chagas Santos¹, Anny Giselly Milhome da Costa Farre¹, Hertaline Menezes do Nascimento¹, Manoel Luiz de Cerqueira Neto¹, Carlos José Oliveira de Matos¹, Flávia Priscila Souza Tenório¹, Naciele Almeida de Meneses¹

¹Universidade Federal de Sergipe - Aracaju (SE), Brasil

Objetivo: Descrever o fluxo e desfecho clínico de pacientes durante a permanência no ambiente hospitalar. Identificar fragilidade e potencialidade neste fluxo.

Métodos: Estudo de campo, exploratório, com análise descritiva, realizado no Hospital Universitário de Lagarto/ Universidade Federal de Sergipe, principal porta de entrada para atendimento em urgências e emergências na região centro-sul do Estado de Sergipe. A coleta de dados ocorreu entre dezembro de 2016 e janeiro de 2017. A amostra aleatória, por conveniência, foi composta por pacientes, que foram acompanhados durante até cinco dias ou até desfecho de alta, transferência ou óbito.

Resultados: O paciente "clínico" identificou-se como fragilidades não registro da temperatura axilar, demora no resultados de exames, admissão e acolhimento não foi realizada pelo enfermeiro e ausência de monitor eletroparamédico, sendo o desfecho alta hospitalar após dois dias de internação. O paciente internado na UTI, verificou-se controle da agitação ineficaz e absenteísmo e escalas de trabalho incompletas, com prejuízo no plano terapêutico, o desfecho foi permanência e internação prolongada. O paciente cirúrgico foi submetido a cirurgia ortopédica e identificou-se a agilidade no

processo de internação, contudo não há protocolo ou check-list de cirurgia segura nos moldes da OMS.

Conclusão: O fluxo e desfecho clínico revelam necessidade de melhorar a adesão aos protocolos já institucionalizados. Reforça-se que a gestão clínica é trabalho multidisciplinar, no qual todos os profissionais de uma forma ou outra incidem no processo assistencial, buscando a todo momento uma melhora da qualidade e um melhor uso dos recursos disponíveis.

EP-308

Health care quality and safety: screening of the main nursing diagnoses of an adult intensive cardiology unit

Aline Valli de Leão¹, Kamile Kampff Garcia Pavani¹, Paula Knorr de Oliveira¹

¹*Irmandade da Santa Casa de Misericórdia de Porto Alegre - Porto Alegre (RS), Brasil*

Objective: To identify the main nursing diagnoses (ND) used in the ICU and how many times they were used.

Methods: A cross-sectional study that tracked the ND of an ICU and how often each was used, from March to May 2017. The data were collected through a management system that interfaces with the patient's electronic medical record from all patients admitted to the ICU of a cardiology hospital in southern Brazil during the cohort period.

Results: 32 ND were identified, which 16 of the most used are described as it follows: Risk of vascular trauma used 402 times, Decreased cardiac output used 330 times, Acute pain used 320 times, Aspiration risk used 262 times, Ineffective peripheral tissue perfusion used 233 times, Impaired skin integrity used 223 times, Ineffective respiratory pattern used 187 times, Impaired gas exchange used 186 times, Impaired spontaneous ventilation used 168 times, Intolerance to used activity 142 times, Risk of ineffective peripheral tissue perfusion used 141 times, Risk of used shock 136 times, Cardiac tissue perfusion risk decreased used 136 times, Excessive fluid volume used 128 times, Risk of infection used 106 times, Risk of ineffective renal perfusion used 95 times.

Conclusion: The 16 major ND identified in the ICU characterize the profile of the patients who enter the ICU. The systematization of nursing care confers safety, quality and autonomy to nursing professionals. Nurses play a fundamental role in the evaluation and recovery of patients.

EP-309

High vigilance medications in intensive care: what is the knowledge of nursing technicians about their actions and risks to the patient?

Lilian Coutinho Cabral Chabu¹, Tatiana Victória Leandro¹, Priscila da Silva Nascimento¹, Tereza Cristina Vinhas Sarges¹

¹*Instituto Sócrates Guanaes, Hospital Estadual Azevedo Lima - Niterói (RJ), Brasil*

Objective: To identify nursing technicians' knowledge about the actions and risks of high vigilance medications used in the intensive care unit.

Methods: Research based on the Theory of Social Representations, a descriptive, exploratory, quantitative-qualitative study developed in an adult clinical intensive care unit (ICU) at a state hospital in the city of Niterói. A semi-structured research was applied to 29 technicians and data was analyzed using the methodology of the Collective Subject Discourse.

Results: In relation to the time of experience in ICU: up to 06 months (4%), from 07 months to 01 year (3%), from 01 to 03 years (21%) and above 03 years (72%). About the actions, 100% knew the action of regular insulin, 66% agreed the risk and 34% erred. About potassium chloride, only 3% knew its action and 56% the high mortality risk of its inappropriate use. The Magnesium sulfate, 97% did not know its benefits in Eclampsia and no one knew any risk. Norepinephrine, 90% knew its action but only 40% knew the risks. About sodium nitroprusside, 86% knew its action but only 29% the risks.

Conclusion: The professionals are unaware of the action and risk of the main high vigilance medications used in the ICU, regardless of experience, showing the importance of continuing education.

EP-310

Hiring intensive care physicians. Can we choose better?

Fabio Poianas Giannini¹, Alexandre Marini Isola¹, Alexandre Toledo Maciel¹, Carlos Augusto Dias¹, Leonardo Brauer¹

¹*Grupo Imed - São Paulo (SP), Brasil*

Objective: To describe a different approach to hire physicians to work in the intensive care unit.

Methods: We describe a fully implemented two dimensional admission process for hiring physicians, with an emphasis on behavioral approaches. First a technical questionnaire is filled by the candidate. After we conduct the behavioral approach which consists of five tests: House-Tree-Person, Analysis of writing, Time Administration, Concentration of Attention and Typological Evaluation Questionnaire.

Results: So far we have conducted more than 200 admission process with full behavioral tests. Each process results in a dashboard that expose the candidate strengths and weaknesses in each of the tested behavioral domains and creates a panel for the ICU director to make the best choice taking into account the profile of the candidate and the type of work (night shift, team leader, etc). We perceived great opportunities of improvement within all dimensions tested and assembled an specific feedback for everybody who participated in those tests.

Conclusion: Hiring staff to work in intensive care has always been a difficult task. The 21th century ICU physician needs not only technical skills but an adequate behavior as well. There are tools that can improve the admission process by giving a broad analysis of the candidate competencies so the director of the ICU is able to choose wisely and plan an entire personal development program for his team members based on the results given

EP-311

Iatrogenia medicamentosa em unidade de terapia intensiva

Leonardo dos Santos Pereira¹, Anna Carolina das Neves Timóteo¹, Stephanie Barbara Dias dos Santos¹

¹Universidade Veiga de Almeida - Cabo Frio (RJ), Brasil

Objetivo: Identificar nas bases de dados: Medline, Lilacs, Scielo e Pubmed, artigos que abordam erros de medicações em unidade de emergência, cometidos pela equipe de enfermagem em sua prática e analisar se ocorreram intervenções de enfermagem no que se refere a educação permanente após os erros de medicamentos.

Métodos: O levantamento do estudo foi realizado entre os meses de maio a junho de 2015. Trata-se de um artigo de revisão bibliográfica, realizado através da biblioteca virtual em saúde (www.bvs.br), sendo utilizado quatro bases de dados: Lilacs, Medline, Scielo e Pubmed. O critério para seleção foi: artigos publicados no ano de 2009 a 2014, publicações no idioma: inglês, espanhol e português, artigos com texto na íntegra, publicações por enfermeiros e médicos, artigos que abordam sobre iatrogenia medicamentosa em Unidade de Emergência.

Resultados: Foram encontrados cinco artigos na biblioteca virtual, na base de dados Medline, Lilacs e Scielo, relacionado ao assunto: Iatrogenia medicamentosa em unidade de emergência, nos quais foram encontrados 16 tipos de erros referente a medicação, distribuído na tabela 2, onde é observado um total de 365-(100%) erros realizados durante o exercício da enfermagem em unidade de emergência.

Conclusão: Dos artigos analisados obteve-se como erro de medicação: dose errada, via errada, droga errada, alergia ao medicamento, dose perdida, horário errado, tempo de infusão errado, técnica errada na administração, interação errada da droga, monitoramento inadequado, diluição errada, identificação errada do medicamento, medicamento vencido, concentração errada, omissão de dose e paciente errado.

EP-312

Impacto da capacitação da equipe de enfermagem frente à prevenção de infecções do trato geniturinário

Ana Carolina de Faccio Azevedo¹, Taynna Garcia Cararo², Izabela Lourenço Rodrigues Silva², Ana Maria Silva Camargo²

¹Hospital Regional de Presidente Prudente - Presidente Prudente (SP), Brasil; ²Universidade do Oeste Paulista (UNOESTE) - Presidente Prudente (SP), Brasil

Objetivo: Promover capacitação sobre cuidados com o cateter vesical para equipe de enfermagem da unidade de terapia intensiva (UTI) em um hospital do interior do estado de São Paulo.

Métodos: Trata-se de uma pesquisa exploratória com abordagem quantitativa que ocorreu no mês de junho de 2017, sendo dividida em duas etapas: a primeira etapa foi caracterizada pela aplicação de um pré-teste para conhecimentos da equipe de enfermagem da UTI e a realização de capacitação com manequins de habilidades, já a segunda etapa ocorreu após 15 dias da capacitação, onde foi aplicado novamente o mesmo teste para analisar a compreensão da equipe de enfermagem da UTI e a avaliação dos resultados.

Resultados: Após articulação com a coordenação da unidade e elaboração do cronograma de capacitações, foi identificado na unidade um total de 60 funcionários atuantes na UTI em questão, sendo 12 enfermeiros assistenciais e 48 técnicos de enfermagem. As perguntas sobre formação do biofilme e necessidades de higienização do cateter foram as que mais erraram no pré-teste. Ao avaliar as respostas no pós-teste, houve aumento das respostas corretas em relação as medidas preventivas de infecção urinária.

Conclusão: A capacitação vem para tornar o profissional habilitado e suprir o déficit sobre determinado assunto, isso é fundamental tratando-se da unidade em questão, sendo assim notou-se que a capacitação sobre o tema é de extrema importância, pois sempre surgem atualizações e a equipe de enfermagem precisa estar preparada para prestação de uma assistência em saúde de qualidade.

EP-313

Impacto da implantação de um controle sistemático dos níveis de pressão de cuff

Silvia Renata Rezek Juliano¹, Maria Cecília Rezek Juliano¹, João Geraldo Simões Houly¹, Marcelo Mendonça¹

¹Hospital Santa Paula - São Paulo (SP), Brasil

Objetivo: O presente estudo pretende demonstrar que ao implantar uma rotina de mensuração da pressão de cuff, obtém-se um controle das medidas regulares e irregulares para manter a pressão dentro dos parâmetros considerados seguros.

Métodos: No período de março a agosto de 2005 foi realizado acompanhamento das medidas de pressão de cuff, essas medidas foram coletadas pelos profissionais de fisioterapia e realizada a adequação imediata. As irregularidades eram em média de 80% e após seis meses de 45%. Nesses meses as medidas foram coletadas no início de cada período (matutino e vespertino) e ajustadas quando < 20 cm H₂O ou > 30 cm H₂O. A partir de abril de 2006 foi instituída a mensuração também no período noturno.

Resultados: Entre abril de 2006 e dezembro de 2016, avaliamos 103.732 medidas em 34.577 pacientes internados nas UTI's, que estavam sob ventilação mecânica. No ano 2006 até 2015 a média das pressões foi de 27,75% de irregularidades e 72,25% de medidas regulares. Em 2016 foi de 13,61% de irregularidade e 73,54% de medidas regulares.

Conclusão: A realização da monitorização da pressão do cuff, deve ser realizada pelo menos três vezes ao dia para ser eficaz na detecção das pressões inadequadas e a imediata correção no controle dos níveis de pressão de cuff.

EP-314

Impacto da visita multiprofissional a beira leito através de indicadores de análise de performance em unidade de terapia intensiva de hospital público

Firmino Haag Ferreira Junior¹, Camila Lima¹, Cristiane Bertoldo Duarte¹, Nadja Roberta Melo dos Santos Warrak¹, Edésio Vieira da Silva Filho¹
¹Hospital Geral de São Mateus - São Paulo (SP), Brasil

Objetivo: Avaliar o impacto da Visita multiprofissional à beira leito na performance da Unidade de terapia intensiva através da análise de indicadores estatísticos.

Métodos: Estudo retrospectivo através da análise de banco de dados, antes e depois da implantação da visita multiprofissional a beira leito, entre o primeiro semestre de 2016 - Grupo I (antes da implantação) e o primeiro semestre de 2017 - Grupo II (após a implantação). Os dados foram comparativos entre os dois períodos e analisados os seguintes indicadores: média de permanência (somatória dos dias de permanência de cada paciente mês/numero total de saídas), índice de rotatividade (número de vezes que o leito foi utilizado), intervalo de substituição (tempo médio que um leito fica desocupado entre saída de um paciente e a próxima entrada), óbitos e APACHE II.

Resultados: Foram internados respectivamente 326 no Grupo I e 361 no Grupo II. A média de permanência no Grupo I foi de 6,2 dias, e no Grupo II de 4,7 dias. Quanto ao índice de rotatividade, no Grupo I foi de 2,25 dias sendo 3,45 dias no Grupo II e o Intervalo de substituição de 2,17 no Grupo I contra 1,30 no Grupo II. A taxa de óbitos foi de 31% no Grupo I e 23% no Grupo II. Não houve diferenças estatisticamente significativas entre o APACHE II nos dois grupos, tendo como pontuação média de 25.

Conclusão: A visita multiprofissional a beira leito proporciona melhor integração da equipe, levando melhores resultados na performance das unidades de terapia intensiva.

EP-315

Implantação de um programa informatizado de notificação de eventos em unidades de terapia intensiva

Ana Lucia Cascardo Marins¹, Cassia Gomes Borges¹, Janaína da Silva Mendonça Santos¹, Shirlene Barbosa Simas¹, Rosane Barreto Cardoso¹
¹Hospital Unimed Rio - Rio de Janeiro (RJ), Brasil

Objetivo: Descrever a implementação do processo de notificação de eventos assistenciais e operacionais integrado ao Prontuário Eletrônico do Paciente.

Métodos: Estudo descritivo e exploratório. Todos os profissionais de saúde podem realizar a notificação. Essas são classificadas pelo escritório da qualidade e direcionadas às lideranças das áreas para a análise das possíveis causas e elaboração de planos de ações de melhoria. Para análise dos eventos assistenciais foram elaboradas fichas no sistema que permitem identificar as variáveis causais.

Resultados: O sistema possibilita o detalhamento completo do processo de gerenciamento de risco, e o acompanhamento por meio de consultas retroativas dos eventos notificados. Foi constatado aumento gradativo das notificações nas UTIs decorrente da possibilidade de notificação anônima e acompanhamento das análises pelo próprio notificador. De janeiro a junho de 2017 foram notificados 978 eventos, dos quais 83% foram encaminhados para tratativa que correspondiam a 84% assistenciais e 16% operacionais. A divulgação dos resultados para as áreas (Gestão à Vista) permite que os colaboradores conheçam os resultados e participem das ações de melhoria contínua dos processos.

Conclusão: O sistema contribuiu para disseminação da cultura de segurança, padronização dos processos e desenvolvimento de protocolos gerenciados nas UTIs.

EP-316

Implementação de instrumento de alta adaptado para comunicação efetiva em unidades de terapia intensiva

Clayton Lima Melo¹, Dayane Souza Oliveira Vasconcelos², Hellen Caroline Soares Rovesse¹, Thaís Cristina das Neves¹, Mara Rúbia de Moura², Andressa Siuves Gonçalves Moreira², Raiane Aparecida Martins Jacinto², Andreza Werli-Alvarenga³

¹Pontifícia Universidade Católica de Minas Gerais - Belo Horizonte (MG), Brasil; ²Grupo Santa Casa de Belo Horizonte - Belo Horizonte (MG), Brasil; ³Escola de Enfermagem, Universidade Federal de Minas Gerais (UFMG) - Belo Horizonte (MG), Brasil

Objetivo: Implementar instrumento de alta adaptado para comunicação efetiva em unidades de terapia intensiva.

Métodos: Trata-se de relato de experiência realizado a partir do diagnóstico situacional em consonância com o com o método do inglês plan - do - check - act ou adjust (PDCA), nas unidades de terapia intensiva de adultos do Hospital Santa Casa de Belo Horizonte que dispõe ao todo de 80 leitos. Intervenção foi realizada no período de setembro a dezembro de 2016. Foram realizadas oito oficinas capacitação sobre ferramentas para a transferência do cuidado com 49 enfermeiros e coordenadores das unidades de terapia intensiva, onde o instrumento de alta foi adaptado para a metodologia Identificação - Situação - Background - Avaliação - Recomendação (ISBAR), respeitando sua

estruturação de acordo com a Teoria de enfermagem de Levine que foi adotada.

Resultados: Foi criado instrumento de alta adaptado para a metodologia ISBAR após as oficinas e implementado nas unidades de terapia intensiva para utilização por todos enfermeiros nos momentos de transferência de cuidado de alta dos pacientes para outros setores da instituição. O instrumento passou a ter uma disposição sistemática das informações, proporcionando maior agilidade no preenchimento, maior ênfase nas preocupações (avaliação) e nas recomendações de cuidados, reduzindo assim as falhas no processo de comunicação que aumentam os riscos de falhas assistenciais e incidentes.

Conclusão: Percebeu-se com esta intervenção a melhoria da comunicação efetiva entre os enfermeiros nos momentos de alta, favorecendo a continuidade do cuidado e otimização dos processos, além de contribuir para a cultura de segurança institucional.

EP-317

Implementação do gerenciamento de risco na unidade de terapia intensiva de um hospital universitário

Daiana Terra Nacer¹, Thais Mendes Gonçalves², Adelina Ferreira Gonçalves², Regina Márcia Cardoso de Sousa¹, Vanessa Gomes Mazieiro¹, Andrea Bernardes¹, Zizar Melo³

¹Universidade de São Paulo - Ribeirão Preto (SP), Brasil; ²Hospital Universitário Maria Aparecida Pedrossian - Campo Grande (MS), Brasil; ³Universidade Federal de Mato Grosso do Sul - Três Lagoas (MS), Brasil

Objetivo: Descrever o processo de implantação do gerenciamento de riscos em uma unidade de terapia intensiva de um hospital universitário.

Métodos: Foi realizado em uma UTI adulto de 8 leitos, através das seguintes etapas: 1. Em conjunto com o núcleo de segurança do paciente foram definidas as planilhas a serem utilizadas, sendo escolhido o modelo FMEA (Failure Mode and Effect Analysis), preconizado pela instituição. 2. Em reunião colegiada da unidade, com representantes de todos os profissionais através de brain storm, foram levantados os problemas utilizando três quesitos principais (resolutividade, impacto e importância), e definidos os processos a serem gerenciados. 3. Cada processo deu origem a macroprocessos, que por sua vez deram origem a seus microprocessos. 4. Esses microprocessos foram analisados utilizando-se as planilhas FMEA, onde são consideradas as possíveis falhas no planejamento e execução do processo e definidas as ações recomendadas a serem realizadas.

Resultados: O primeiro processo escolhido foi a Hemovigilância, sendo definidos 6 macroprocessos: Solicitação de hemoderivados, Recebimento, Administração, Detecção/atendimento em reações adversas, Notificação de reações adversas e Acompanhamento pós infusão, sendo realizadas todas as etapas descritas.

Conclusão: O processo de gerenciamento de riscos é de extrema importância na cultura de segurança do paciente, em quase um ano de experiência de uma equipe multiprofissional em sua aplicação o mesmo guiou as decisões, gerou subsídios a implantação de medidas e correções de distorções em processos. Ao fim desse período inicia-se a fase de monitoramento dos resultados alcançados com base nos indicadores colhidos diariamente.

EP-318

Incidência de dermatite associada à incontinência em uma unidade de terapia intensiva cirúrgica e fatores de risco associados - estudo de coorte retrospectivo

Carla de Sousa Faria Figueiredo¹, Tony de Oliveira Figueiredo², Bárbara Pompeu Christovam³

¹Unidade de Terapia Intensiva Cirúrgica, Hospital Pró-Cardíaco - Rio de Janeiro (RJ), Brasil; ²Hospital Universitário Clementino Fraga Filho, Universidade Federal do Rio de Janeiro (UFRJ) - Rio de Janeiro (RJ), Brasil; ³Universidade Federal Fluminense - Niterói (RJ), Brasil

Objetivo: Verificar a incidência de Dermatite Associada à Incontinência em pacientes internados em uma UTI cirúrgica de um hospital privado do Rio de Janeiro; Identificar os fatores de risco associados à ocorrência de DAI em pacientes com internação na UTI cirúrgica; Elaborar protocolo clínico com fluxograma de prevenção e tratamento para DAI.

Métodos: Estudo de coorte retrospectivo do tipo descritivo. A produção e tratamento dos dados se deu em três fases: 1) busca na literatura científica e construção do instrumento de coleta de dados; 2) seleção de prontuários, coleta dos dados e inserção dos mesmos no banco de dados, seguido de análise estatística e discussão dos dados; 3) Construção do protocolo clínico com fluxograma de prevenção e tratamento para DAI.

Resultados: Dentre os 271 prontuários analisados, 18 mostraram que pacientes apresentaram DAI, configurando uma incidência global de 6,6%; os fatores de risco com associação significativa com a DAI foram: idade >65 anos, sexo feminino, incontinência fecal, incontinência urinária em uso de cateter vesical, acordado desorientado e torpor/sonolência. Por último foi elaborado o protocolo clínico com fluxograma de prevenção e tratamento para DAI.

Conclusão: A incidência de DAI na unidade estudada (6,6%) se mostrou abaixo da identificada na literatura em unidades assistenciais semelhantes (entre 20,4% e 36%). DAI interfere negativamente na qualidade da assistência nos serviços de saúde. O protocolo clínico com fluxograma de prevenção e tratamento para DAI, possibilitará a equipe de enfermagem e equipe multiprofissional, definir as melhores práticas em prol dos pacientes com risco de apresentar estas lesões.

EP-319

Indicadores de uma unidade de terapia intensiva ampliando a visão sistêmica do hospital

Felipe Ferreira Ribeiro de Souza¹, Suzane Pereira de Souza¹, Mauricio Gomes da Silva Serra¹, Gabriel Silva Rocha¹, Eduardo da Silva Oliveira¹, João Victor Moraes de Melo¹, Mateus Andrade Alvaia¹, Lucio Couto de Oliveira Junior²

¹Universidade Estadual de Feira de Santana - Feira de Santana (BA), Brasil; ²Hospital Geral Clériston Andrade - Feira de Santana (BA), Brasil

Objetivo: Analisar as principais categorias diagnósticas e procedência de pacientes admitidos em uma UTI no interior da Bahia, como ferramenta de gestão hospitalar.

Métodos: Trata-se de um estudo epidemiológico e retrospectivo. Os dados foram coletados no período entre junho de 2016 e junho de 2017, usando o software EPIMED® monitor, aplicado em uma UTI adulto de um hospital público da Bahia. Foram incluídos todos os pacientes internados no período, totalizando 759, independentemente de outros critérios de exclusão.

Resultados: Dentre os setores de origem dos indivíduos, o centro cirúrgico, responde por 46,24% (n = 351). Seguindo da emergência, com 39,1% dos pacientes (n = 297). Os demais (n = 111; 14,62%) vieram de outros setores do hospital. Classificando os tipos de admissão válidos, temos que, a maioria das internações foram cirúrgicas de urgência/emergência (49,27%; n = 374) seguido de admissões por causas clínicas (44,79%; n = 340). Admissão de pacientes de cirurgias eletivas foi de apenas 5,13% (n = 39). Quanto às categorias diagnósticas obtidas durante a permanência na UTI, a mais comum foi sepse (n = 327; 15,5%), seguida da cardiovascular (n = 263; 12,82%) e endócrino-metabólica (n = 260; 12,68%). As demais categorias representaram 59% dos diagnósticos (n = 1200). Quanto à evolução dos pacientes, 70,6% receberam alta (n = 562), enquanto 29,39% vieram a óbito (n = 234).

Conclusão: Conhecer os setores de origem dos pacientes admitidos, bem como as principais categorias diagnósticas, amplia as possibilidades de desenvolvimento de planos assistenciais e gerenciais (com maior qualidade) em todo hospital.

EP-320

Infecção da corrente sanguínea por cateter venoso central e o impacto no custo hospitalar em unidade de terapia intensiva adulto

Nadja Roberta Melo dos Santos Warrak¹, Camila Lima¹, Daniela de Paula Coelho¹, Cristiane Bertoldo Duarte¹, Edésio Vieira da Silva Filho¹, Firmino Haag Ferreira Junior¹

¹Hospital Geral de São Mateus - São Paulo (SP), Brasil

Objetivo: Demonstrar taxa de infecção de corrente sanguínea (ICS) relacionada a cateter venoso central (CVC), a média de custo hospitalar quanto ao tempo de internação em Unidade Terapia Intensiva.

Métodos: Os dados foram obtidos através de reuniões gerenciais, levantamento de dados da SCIH de pacientes internados em Unidade de Terapia Intensiva de janeiro a dezembro de 2016, submetidos a cateterização venosa profunda por punção percutânea, por mais de 24 horas.

Resultados: Foram observados 15 casos de infecção por cateterização venoso central, taxa de infecção média foi 5,43%, com maior taxa 11,62%, nos meses de maio, julho, novembro e dezembro. A prevalência foi do sexo masculino 73,3%, idade média de 61 anos. A taxa de mortalidade neste período na UTI foi de 26,2% e a mediana do tempo de internação foi de 4 (2 - 7) dias em pacientes sem ICS, os pacientes que apresentaram ICS tiveram uma taxa de mortalidade de 66,7 % p 0,003, e a mediana do tempo de internação destes pacientes foi de 18 (7 - 25) dias p <0,0001.

Conclusão: Levando-se apenas em consideração o tempo médio de internação, esses pacientes têm 4,5 vezes maior tempo de internação de UTI, sem levar em consideração outros insumos utilizados e antibioticoterapia de amplo espectro, além do aumento na morbi-mortalidade. Políticas educacionais relacionadas a prevenção e a profilaxia de infecções de corrente sanguínea causadas pela utilização de cateter venoso central parecem ser a melhor atitude tomada para diminuir o impacto negativo deste evento adverso em terapia intensiva.

EP-321

Interpretação dos bundles em uma unidade de terapia intensiva geral

Antonio Gonçalves de Oliveira¹, Eduardo Couto Campelo¹, Girlene Paiva de Oliveira Dias¹

¹Hospital Unimed Recife III - Recife (PE), Brasil

Objetivo: Avaliar todos os bundles de pneumonia associada a ventilação mecânica (PAV), infecção primária da corrente sanguínea (IPCS) e infecção do trato urinário (ITU) de uma unidade de terapia intensiva (UTI) Geral.

Métodos: Avaliar os bundles de PAV, IPCS e ITU dos pacientes internados na instituição no período de janeiro de 2016 a maio de 2017 com relação a número e casos absolutos, taxa de utilização e taxa de adesão aos bundles.

Resultados: Analisando os bundles de PAV encontramos 1 caso e PAV nos meses de janeiro, fevereiro, março, abril e maio de 2016. 1 caso em janeiro e 2 em maio de 2017. Com taxa de utilização de 57,52% e taxa de adesão ao bundle de 79,62%. Em relação a IPCS encontramos 1 caso em abril, junho, julho, agosto, setembro, outubro e 2 casos em novembro de 2016 e 2 casos em janeiro de 2017. Com taxa de utilização de 72,76% e taxa de adesão ao bundle de 76,15%. Com relação a ITU encontramos 1 caso em janeiro, abril, maio, novembro de 2016, 1 caso em maio de 2017. Com taxa de utilização do bundle de 40,34 e taxa de adesão de 99,86%.

Conclusão: Reuniões mensais realizadas com a chefia da unidade e a comissão de controle de infecção hospitalar,

onde são analisados os casos de infecção relacionada a assistência, discutimos e elaboramos plano de correção que envolve a equipe multidisciplinar. Com este plano de ação conseguimos reduzir a taxas de infecção na unidade em 2017.

EP-322

Interrupções nas atividades primárias de enfermeiros intensivistas: repercussões cognitivas no profissional e na segurança do paciente

Adriana Carla Bridi¹, Bernardo Rangel Tura², Monique de Sousa Furtado³, Cristiano Bertolossi⁴, Daniel Aragão Machado⁵, Karinne Cristinne da Silva Cunha⁶, Priscila de Castro Handem⁶, Roberto Carlos Lyra da Silva⁶

¹Programa de Pós-Graduação em Enfermagem e Biociências, Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ²Instituto Nacional de Cardiologia - Rio de Janeiro (RJ), Brasil; ³Programa de Pós-Graduação em Enfermagem, Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ⁴Faculdade de Enfermagem, Universidade do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ⁵Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objetivo: Analisar as interrupções nas atividades primárias dos enfermeiros de uma unidade de terapia intensiva (UTI) adulto.

Métodos: Pesquisa exploratória, abordagem quantitativa, realizada em UTI (10 leitos), de hospital universitário (Rio de Janeiro). A produção de dados foi por observação não participativa nas 12 horas do plantão diurno de 10 enfermeiros (120h/observação).

Resultados: Registramos 630 atividades primárias, sendo 359 interrompidas (gerando 359 atividades secundárias, aumentando 60% a carga laboral), prevalência 0,57 (57%); média 35,9 interrupções/dia; 3 interrupções/hora; desvio padrão 11,37; mediana 30 (menor valor 23, maior 57). As interrupções ocorreram: nos procedimentos técnicos indiretos 169 (47%), diretos 87 (24%), gestão da assistência 97 (27%), da unidade 3 (1%), atividades pessoais 3 (1%). Atividades primárias interrompidas de alta complexidade: procedimentos técnicos indiretos 99 (42,12%), destes aprazamento medicação (68); diretos 87 (37,02%), destes administração medicação (46); gestão da assistência 49 (20,85%), destes conferência medicação (35); totalizando 235 (65,46%) das 359 interrupções. Interrupções pela manhã (171), tarde (188), horários de procedimentos. Principais fontes interrupção: equipe de enfermagem 174 registros (48,47%), problema identificado 39 (10,86%). Complexidade das atividades resultantes das interrupções, maioria média complexidade 224 (62%): informar/orientar (182), resolução de problema (39), fornecer material/medicação (38), avaliar paciente (37). Tempo médio das interrupções 2min (menor duração 10s, maior 1800s/30min). Em 93% dos eventos enfermeiros retornaram, finalizando atividades primárias; 100% concluíram atividades secundárias.

Conclusão: Frequentes interrupções nas atividades do enfermeiro intensivista afetam sua atenção, memória, concentração, predispondo-o a erros, comprometendo a segurança do paciente.

EP-323

Intra-abdominal pressure monitoring in patients admitted to intensive care unit after oncologic abdominal surgery

João Fernando Ramos Raymundo¹, Maria Inês de Moura Campos Pardini², Luciana Coelho Sanches¹, Ulysses Vasconcellos de Andrade E Silva¹, Fernanda Cristina Messias Buriozo³, Rafael Silva Cardoso⁴, Gabriel Augusto Cordeiro dos Santos¹, Cristina Prata Amendola¹

¹Unidade de Terapia Intensiva, Hospital de Câncer de Barretos - Barretos (SP), Brasil; ²Universidade Estadual Paulista "Júlio de Mesquita Filho" - Botucatu (SP), Brasil; ³Hospital de Câncer de Barretos, Fundação Pio XII - Barretos (SP), Brasil; ⁴Faculdade Barretos - Barretos (SP), Brasil

Objective: The acute increase of the intra-abdominal pressure (PIA) is related to a decrease in cardiac output, oliguria, renal failure and worse clinical outcome. This condition may be related to abdominal surgery and obesity, among others. **Objectives:** To analyze the value of the IAP, as well as to verify the clinical outcome of the patients affected by HIA and ACS. **Methods:** Observational cohort study, with retrospective collection. Patients admitted to the intensive care unit (ICU) were evaluated in an immediate postoperative period of oncologic abdominal surgery. **Inclusion:** Age superior to 18 years. **Exclusion:** Pregnancy in force. The PIA and several other physiological variables were analyzed in three moments - admission to the ICU, recording the highest value during hospitalization and the last value measured.

Results: 15 patients were included in the study, with a mean age of 63 years (± 10.8); 27 men (54%); Being 33 patients (66%) with obesity or overweight. The presence of elevated IAP at the time of admission was observed in 52% of the patients, presenting an association with gynecological surgeries (p. 022). The elevation of the IAP during ICU stay occurred in 96% of the patients presenting a relationship with obesity (p.0,027) and an increase in the IAP at the last check was observed in 62% of the patients, observing a relationship with obesity (p 0.028) And Laparoscopic surgery (p 0.023).

Conclusion: The PIA elevation was present in the studied cohort, but it was not associated with a worse outcome in 30 days.

EP-324

Isolation of airborne fungi and yeasts from ambient air in intensive care unit

Manuela Albuquerque Lima Ribeiro¹, Irla Maiara Silva Medeiros¹, Tayse Alves Moura¹, Bruna Martins de Carvalho¹, Íris de Lima Ferraz Siqueira², Patrícia Rezende do Prado¹, Sandra Albuquerque Lima Ribeiro³, Mariane Albuquerque Lima Ribeiro¹

¹Universidade Federal do Acre - Rio Branco (AC), Brasil; ²Secretaria Estadual de Saúde do Acre - Rio Branco (AC), Brasil; ³Secretaria Estadual de Educação do Acre - Rio Branco (AC), Brasil

Objective: To isolate airborne fungi and yeasts from ambient air in an intensive care units in Rio Branco, Acre.

Methods: This is a descriptive cross-sectional study, conducted in the period from march to april 2017, totalizing 88 samples at 02 distinct moments respecting the 30-day interval. Petri dishes were exposed with the culture medium Agar sabouraud with chloramphenicol and mycosel, considering the distribution of the 21 air conditioners of the unit. The air conditioners model is Residential Split. The growth of the colony forming units was observed for seven days at ambient temperature, then quantification and isolation were performed for the identification of the fungal genera.

Results: The colony forming units were quantified, being 68.5% in the first collection and 32.5% in the second collection. Regarding the cleaning, the first collection was not performed the terminal and neither of the air conditioners, already in the second collection was carried out the terminal cleaning and of the appliances. In the identification of the fungi, the differentiation between filaments (81.4 and 74.4%) and yeast (18.6 and 25.6%) were made, respectively first and second collection. Twelve genera of fungi were identified, the main ones being: *Cladosporium* spp. 37.8%, *Aspergillus* spp. 20.7%, *Candida* spp. 11.0%, *Penicillium* spp. 9.8% and *Trichosporon* spp. 8.5%.

Conclusion: The fungi found can be considered potentially pathogenic mainly to critical and immunocompromised patients, thus appointing to the need for microorganism monitoring and establish cleaning routines in the unit.

EP-325

Judicialization of access to intensive care unit beds in the Federal District: clinical, ethical and legal issues

Gizele Pereira Mota¹, Luciana Neves da Silva Bampi²

¹Unidade de Terapia Intensiva, Hospital Universitário de Brasília, Universidade de Brasília - Brasília (DF), Brasil; ²Universidade de Brasília - Brasília (DF), Brasil

Objective: Investigate the legal proceedings regarding ICU bed requests in the Federal District (DF) between the years 2010 and 2015.

Methods: An observational, descriptive, population-based study was conducted. The data were obtained by means of the analysis of 473 judicial proceedings in the First Public Treasury Court of the Federal District. The analyzes were descriptive, frequency, central tendency and dispersion, and inferential, using hypothesis tests, level of significance and Chi-square.

Results: The results showed that all the demands obtained a favorable decision, however, obtaining the legal injunction didn't represent the guarantee of access to the intensive bed. The applicant population is mostly adult, with a mean age of 52 years old, male, resident in the DF and user of the Public Health System. The time spent to access the judicial system was, for the majority of the given population, a day. The mean time to hospitalization was 138 hours and the main outcome was death. The bioethical aspects that emerged from the analysis of the data showed that ICU bed in the

DF could be considered a scarce resource. In addition, it was seemed that the balance between individual and collective rights can only be achieved when the principles of equity, justice and equality of access are adopted.

Conclusion: The judicialization of access to ICU beds in the DF is a reality, which requires interaction among all social actors involved, in order to provide changes that benefit the population that needs this modality of health care.

EP-326

Major causes of readmission within 48 hours of discharge in an intensive care unit of a private hospital in São Paulo

Rosianne de Vasconcelos¹, Vinicius Avellar Werneck¹, Isabela Netto Macri Brotto¹, Marcelo Luz Pereira Romano¹, André Franz da Costa¹, Jorge Alcantara Farran¹, Edson Renato Romano¹

¹HCor-Hospital do Coração - São Paulo (SP), Brasil

Objective: The readmission rates in the intensive care unit (ICU), within 48 hours after discharge, may reflect the impact of hospital care. The readmission rates of these patients reported in the international literature vary from 0.9 to 19%, and mortality rates from 26 to 58%. The analysis of the causes of readmissions may positively influence the patient's management. This research aims to evaluate all readmissions within 48 hours after discharge from ICU, to determine the main causes of return, the patient's profile and the final outcome (discharge or death).

Methods: Retrospective study performed in a general ICU with 34 beds of a private hospital in the city of São Paulo, from January 2015 to June 2016. The data are provided by the epidemiology sector on all readmissions, then a critical analysis of each case is performed.

Results: 2460 patients were admitted to the ICU during the study period. 32 patients (1.3%), returned to the unit in less than 48 hours after discharge, 59% were female, 71.8% had clinical diagnosis at the previous hospitalization, the mean age was 71.65 years. 46.87% of these were admitted for cardiovascular disease; 28.12% as neurological causes; 6.25% infection; 6.25% for decompensated diabetes and hypoglycemia; 6.25%, respiratory insufficiency; 3.12% gastrointestinal and 3.13% hypovolemic shock. 6.25% of all patients died.

Conclusion: The main causes of readmission to the ICU were cardiovascular complications. Both readmission rate and mortality were lower then described in the literature.

EP-327

Management Internship - An useful and interesting experience for Brazilian intensive care residents

Fabio Poianas Giannini¹, Alexandre Toledo Maciel¹, Alexandre Marini Isola¹, Leonardo Brauer¹, Carlos Augusto Dias¹

¹Grupo Imed - Sao Paulo (SP), Brasil

Objective: To describe the experience of conducting a Management Internship for Brazilian intensive care residents.

Methods: 24 intensive care residents had a one month management internship in Imed Group Brasil, which is responsible for more than 300 intensive care beds administration in both public and private hospitals in Brazil. After its end, they answered a survey with questions regarding their expectations, their satisfaction with the internship, differences between management of the private and public ICUs and the relevance of the subjects learned. We also present data about the tasks performed by the residents concerning four major subjects: medical record audit, critical analysis of quality data, cost effective analysis and accreditation visits participation.

Results: The overall rate of the internship, in a 0 - 10 score had an average of 8.8 (grades from 6-10). The relevance of the scenarios average rate were 8.9 (6-10) for the public and 8.8 for private scenario (6-10). The average relevance of subjects were 9.1 (7-10) for the public scenario and 9.3 (7.5-10) for private. All 24 residents (100%) were able to perform medical record audit, quality data analysis and cost effective analysis and 20 (83,3%) participated on a accreditation visit.

Conclusion: Management skills are mandatory for the 21st century critical care physician. A dedicated internship program based on a company responsible for the administration of 300 intensive care beds, including public and private hospitals, proved to be a suitable strategy for the acquisition of this kind of knowledge

Métodos: Estudo retrospectivo e descritivo. Os dados foram extraídos a partir dos Bundles de PAV e do Epimed. Em seguida, utilizou-se a estatística descritiva para apresentar os dados encontrados.

Resultados: No semestre de julho a dezembro de 2016, totalizou-se 201 internações e 39,58% sob ventilação mecânica, foram observados 12 casos de PAV. Já no período de janeiro a junho de 2017 foram admitidos 179 pacientes na UTI geral, dos quais 49,11% foram submetidos a ventilação mecânica invasiva e, 4 casos de PAV. O indicador de monitorização da pressão de cuff foi criado em janeiro de 2017.

Conclusão: Com a realização do estudo foi observado-se que com a utilização da monitorização da pressão do cuff como indicador da fisioterapia contribuiu para a redução da incidência de PAV na UTI geral.

EP-329

Nursing Activities Score: experience in an oncological intensive care unit

Adriana Batista Resende de Lima¹, Patrícia Cabral Ferreira¹, Kleyton Santos de Medeiros¹, Maria Telma de Araújo¹, Josevane da Silva Marenga¹, Cláudia Maria de Paiva¹, Tázia Araújo da Silva¹, Vanusa Aparecida Cunha¹

¹Liga Norte Riograndense Contra o Câncer - Natal (RN), Brasil

Objective: Oncological patients are categorized as those who need a greater demand of care of the Nursing team, being already classified as a patient with intermediate care needs. However, when they require treatment in intensive care, it may not be possible to affirm that the nursing workload is higher when compared to other non-cancer patients. The objective of this study was to report on the experience of the application of the Nursing Activities Score (NAS) as an instrument to measure the workload of nursing staff by nurses of an adult oncology ICU.

Methods: This work was a systematization of conduct, where the team of nurses met to adapt the NAS to oncology, applied the instrument to the admission of all patients in the intensive care unit, and re-evaluated the condition in 24 hours with the purpose of assigning the nursing professionals according to the needs of patient care.

Results: Even in view of the peculiarities presented by cancer patients, in order to require specific care, the application of the NAS instrument demonstrated a compatibility of the demand for nursing care recommended by the legislation in force in the country, which is one nurse technician for every two patients.

Conclusion: The NAS instrument demonstrated the qualitative and quantitative adequacy of the staffing dimension, also demonstrated the individualization of the patients' profile and finally the definition of the nursing workload in 24 hours per shift.

EP-328

Monitorização da pressão de cuff como indicador da qualidade da assistência fisioterapêutica e a incidência de pneumonia associada à ventilação mecânica

Danielle Conceição Costa Tavares¹, Larissa Gomes da Silva¹, Erick Cesar de Farias Albuquerque¹, Alexandrina Maria Cavalcante Lopes Veloso Galvão¹, Ciro Leite Mendes¹, Maryjanne Santana dos Santos Ferreira Calado¹, Camila Patricia Galvão Patricio Carvalho²

¹Hospital Alberto Urquiza Wanderley - João Pessoa (PB), Brasil;

²Universidade Federal da Paraíba (UFPB) - João Pessoa (PB), Brasil

Objetivo: A pneumonia associada à Ventilação mecânica (PAV) é uma das infecções mais frequentes nas Unidades de terapia intensivas (UTI). Neste contexto, o bundle de PAV, com a utilização de boas práticas, surge como elemento essencial na prevenção das PAV. Diante do exposto, a monitorização da pressão de cuff foi elencado como um indicador da qualidade da assistência fisioterapêutica, instrumento este que, possivelmente, será útil na prevenção da pneumonia associada à ventilação mecânica invasiva. Desta forma, o objetivo da pesquisa foi correlacionar a monitorização da pressão do cuff com a incidência de PAV.

EP-330

Nursing diagnoses in a cardiac surgery intensive care unit

Aline Valli de Leão¹, Kamile Kampff Garcia Pavani¹, Paula Knorr de Oliveira¹

¹*Irmandade da Santa Casa de Misericórdia de Porto Alegre - Porto Alegre (RS), Brasil*

Objective: To track the main nursing diagnoses (ND) used in an adult cardiac surgery intensive care unit (ICU) at a cardiology reference hospital in southern Brazil.

Methods: A cross-sectional study that identified the main ND used in an adult cardiologic surgical ICU and how many times each ND was indicated, the data were collected through the SA management system that interfaces with the electronic records of the patients who entered the cohort period of March to May 2017.

Results: 32 ND were screened, of which 14 of them were most used in the cohort period: Acute pain used 572 times, Risk of infection used 557 times, Risk of vascular trauma used 477 times, Impaired mobility in bed used 407 times, Bleeding risk used 404 times, Risk of falls used 286 times, Risk of shock used 278 times, Risk of aspiration used 266 times, Impaired physical mobility used 221 times, decreased Cardiac output 182 times, Volume of used Liquids used 156 times, Impaired skin integrity risk used 153 times, Delayed surgical recovery used 139 times, Impaired gas exchange used 127 times, Impaired spontaneous ventilation used 123 times, Impaired skin integrity used 103 times, Ineffective peripheral tissue perfusion used 103 times and Impaired verbal communication used 102 times.

Conclusion: The 14 main ND used in the ICU in the follow-up of the patient in postoperative of cardiovascular surgery, proved to be an applicable and accurate tool in practical care, improving the quality of patient care and safety.

EP-331

O engajamento da equipe de enfermagem de um centro de tratamento intensivo

Enaura Helena Brandão Chaves¹, Taís Hochegger¹, Taciana de Castilhos Cavalcanti¹, Thais dos Santos Donato Schmitz¹, Daniela dos Santos Marona Borba¹, Alexandra Nogueira Mello Lopes¹

¹*Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil*

Objetivo: Conhecer a opinião dos profissionais de enfermagem que trabalham no Centro de Tratamento Intensivo de um hospital da região sul do Brasil a respeito do seu engajamento no trabalho.

Métodos: Trata-se de um estudo quantitativo, com delineamento transversal, com 124 profissionais: 38 enfermeiros e 86 técnicos de enfermagem. Foi realizada uma pesquisa de opinião através dos 10 itens que compõem a Escala de Engajamento no Trabalho, divididos nos fatores "vigor" e "absorção", já validada

no Brasil. Os escores da escala variam de 1 a 5: 1 a 2,9 escore baixo, 3 a 3,9 médio e 4 a 5 alto. Estudo foi aprovado pelo CEP (nº 1.792.549).

Resultados: Dos 124 profissionais, 69% eram técnicos e enfermagem e 42% trabalham há mais de 10 anos na unidade. Em relação ao fator "vigor" os enfermeiros obtiveram escore de 3,74 (DP 0,49) e os técnicos de 3,85 (DP 0,52), ambos com escore médio. Resultado semelhante foi obtido no fator "absorção", onde os enfermeiros tiveram escore de 3,69 (DP 0,48) e os técnicos de enfermagem de 3,8 (DP 0,56). Do total da amostra quanto aos fatores "vigor" e "absorção", a maioria dos profissionais obteve escore médio, 55,6% e 51,6% respectivamente.

Conclusão: Foram encontrados níveis satisfatórios de engajamento entre a equipe de enfermagem desta unidade, porém a utilização de escalas que mensuram quantitativamente o engajamento dos profissionais talvez não seja suficiente para que possamos interpretar todos os fatores avaliados que definem o engajamento.

EP-332

O impacto da implementação de rotinas assistenciais após o aumento no quantitativo de médicos intensivistas em uma unidade de terapia intensiva de um hospital escola no Sul do Brasil

Marina Peres Bains¹, Bianca Rodrigues Orlando¹, Mônica Cristina Bogoni Savian¹, Paulo Maciel Rinaldi¹, Emanuella Flvia Alves Pinto¹, Gabriela Botelho Pereira¹

¹*Hospital Escola, Universidade Federal de Pelotas, Filial Empresa Brasileira de Serviços Hospitalares - Pelotas (RS), Brasil*

Objetivo: Avaliar o impacto na qualidade assistencial e nos fluxos de trabalho resultantes do aumento do número de médicos intensivistas e da implementação de rotinas assistenciais em uma unidade de terapia intensiva (UTI) adulto de um hospital universitário de referência em oncologia e hematologia, inserido no sistema único de saúde. **Métodos:** Estudo prospectivo, realizado entre abril de 2016 e março de 2017, utilizando instrumento pré-elaborado, informatizado, comparando registros realizados na unidade aos previamente existentes no setor de internação hospitalar. Para análise estatística utilizaram-se os testes de Shapiro Wilk, Levene, t de Student e Qui-quadrado.

Resultados: O registro sistemático de escore de gravidade não era quantificado previamente, assim a comparação dos grupos foi obtida através da média de idade e percentual de internações de pacientes oncológicos - sem diferenças estatísticas entre os grupos. Foi conhecido o SAPS3 médio dos pacientes da UTI = 57, acarretando numa mortalidade esperada de 42% e mortalidade encontrada de 26,5%. Houve redução expressiva no tempo médio de internação de 10,92 para 7,43 dias (p=0,003), impactando importantemente no aumento do número de internações de 17,36 para 25,08 pacientes/mês (p<0,001). Foram realizadas 71 cirurgias de grande porte (77,46% oncológicas) com necessidade de retaguarda de UTI neste período.

Conclusão: O adequado dimensionamento dos médicos intensivistas nesta unidade de terapia intensiva proporcionou marcantes melhorias nos processos assistenciais e de gerenciamento local, os quais repercutiram na diminuição do tempo de permanência dos pacientes e, consequente, aumento no fluxo de cirurgias de grande porte.

EP-333

Outpatient evaluation of the lung function and the hand grip strength in survivors of critical illness

Renata de Souza Zaponi¹, Mayara Manzoni¹, Ellis Regina Penteado¹, Bruna Akie Kanezawa¹, Suely Mariko Ogasawara¹, Claudia Rejane Lima de Macedo Costa¹, Erica Fernanda Osaku¹, Péricles Almeida Delfino Duarte¹

¹UNIOESTE - Cascavel (PR), Brasil

Objective: Assessing the pulmonary function, the Maximal Inspiratory Pressure (MIP) and the hand grip strength in patients after a three-month discharge from the Intensive Care Unit (ICU).

Methods: Retrospective study (January to December 2016), at the interdisciplinary outpatient clinic follow-up in the ICU of a university hospital (Paraná state, Brazil). The MIP was assessed by manovacuometer, the hand grip strength by dynamometry and the pulmonary function by spirometry.

Results: The sample consisted of 73 patients, at 43 ± 16.4 years old, 60% were male. The main cause of admission was clinical in 34%, APACHE II 23 ± 8.3 and SOFA 8 ± 3.6 . Length of stay in ICU daily was 9 ± 9.6 and in hospital was 24 ± 19.2 . The sedation time and mechanical ventilation in hours were 55 ± 118.3 and 101 ± 166.1 respectively. Most patients had normal spirometry 70%, whose the variables were: FVC 3 ± 1.1 , FEV1 13 ± 0.8 , PEF 6 ± 2 , FEV1/FVC 84 ± 12 . The MIP was -57 ± 28.1 , the right-hand dynamometer was 23 ± 14.2 , and the left was 22 ± 15 . The variables FVC, FEV, PEF showed a correlation between the MIP and the left and right dynamometry. Besides that, the MIP also showed a correlation with dynamometry.

Conclusion: It was observed that in patients who survived the critical illness, despite their decrease in inspiratory muscle strength and hand grip strength, the pulmonary function was mostly within the normal range.

EP-334

Padrão epidemiológico de uma unidade de terapia intensiva coronariana

Antonio Gonçalves de Oliveira¹, Hilton de Castro Chaves Junior¹, Adriana Valentina Lopes Padilha¹, Michelle Alencar Maciel¹

¹Hospital Unimed Recife III - Recife (PE), Brasil

Objetivo: Conhecer o padrão epidemiológico dos pacientes internados em uma unidade de terapia intensiva (UTI) coronariana.

Métodos: Analisamos o prontuário eletrônico de todos os pacientes internados com a ferramenta Business Intelligence (BI) no período de janeiro de 2016 a abril de 2017.

Resultados: No período analisado tivemos 1029 admissões com 48,8% dos pacientes pertencentes ao gênero feminino e 51,1% do gênero masculino, tivemos 54,3% dos pacientes clínicos e 45,1% cirúrgicos. A faixa etária acima de 80 anos foi de 23,4%, entre 71 a 80 anos de 51,7%, de 61 a 70 anos de 24,7%, de 51 a 60 anos de 15,7%, de 41 a 50 anos de 6,9% e menor de 18 anos até 40 anos foi de 6,5%. Com relação a origem dos internamentos 47,0% foram do bloco cirúrgico, 26,5% da urgência, 22,4% de fluxo inverso e 3,9% provenientes de outras UTIs do hospital. Obtiveram alta da UTI 93,2% dos pacientes admitidos, com uma média de permanência de 3,4 dias e taxa de ocupação de 71,9%. O Apache médio encontrado foi de 9 com uma mortalidade esperada de 8,0% e mortalidade encontrada de 6,6%.

Conclusão: Na otimização dos cuidados de pacientes graves se faz necessário o conhecimentos dos dados epidemiológicos da unidade, para podermos identificar os pontos críticos e traçar plano de rumo, para com isto oferecermos uma melhor assistência aos pacientes críticos.

EP-335

Parada cardiorrespiratória: conhecimento dos profissionais de enfermagem que ingressam ao trabalho em uma instituição de grande porte

Claudir Lopes da Silva¹, Daiane Prass¹, Ricardo Roberson Rivero²

¹Universidade Feevale - Novo Hamburgo (RS), Brasil; ²Irmandade da Santa Casa de Misericórdia de Porto Alegre -Porto Alegre (RS), Brasil

Objetivo: A Parada Cardiorrespiratória (PCR) corresponde a maior emergência dentro ou fora do ambiente hospitalar, sendo uma das principais causas de mortalidade no mundo. Avaliar o conhecimento teórico sobre parada cardiorrespiratória dos profissionais de Enfermagem que ingressam em uma instituição de grande porte.

Métodos: Estudo exploratório, com caráter descritivo e com uma abordagem quantitativa transversal. Participaram do estudo 83 profissionais de enfermagem que ingressaram entre o mês de maio e abril de 2017.

Resultados: A análise dos dados mostrou que a faixa etária predominante foi do sexo feminino 66 (79,5%), solteiro 51 (61,4%) e técnico de enfermagem 74 (89,2%), sendo que enfermeiros tinha apenas 8 (9,6%). Verificou-se que grande parte não trabalha em outras instituições (77,1%). Observou-se que a maioria dos profissionais nunca fez capacitação em PCR (61,4%), porém grande parte disse ser capaz de atender uma parada (47,0%), enquanto 45,8% afirma não ser capacitado. Todavia, todos os participantes

respondentes afirmaram necessitar de capacitação (94,0%). A maior parte disse não receber qualificação suficiente durante a formação profissional (74,7%). Em relação às questões sobre o conhecimento em PCR a média de acertos ficou em 42,3% e de erros 42,5%.

Conclusão: OS participantes demonstraram possuir déficit de conhecimento acerca de alguns procedimentos preconizados pelas diretrizes atuais de RCP. Portanto, com esta pesquisa, objetivou-se chamar a atenção para a necessidade de aprofundamento técnico-científico e atualizações constantes da equipe de enfermagem sobre o tema, no intuito de prestar um atendimento de qualidade.

EP-336

Parametrização de alarmes de monitores multiparâmetros em uma unidade de cuidados intensivos

Monique de Sousa Furtado¹, Adriana Carla Bridi², Carolina Corrêa Pinto de Farias², Roberto Carlos Lyra da Silva²

¹Mestrado em Enfermagem, Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ²Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objetivo: Avaliar os efeitos da parametrização individualizada dos alarmes sonoros das variáveis hemodinâmicas monitoradas pelos monitores multiparâmetros.

Métodos: Abordagem quantitativa, delineamento quase experimental e técnica de observação participante para coleta de dados. O cenário foram seis leitos de uma unidade de cuidados intensivos de hospital privado no Rio de Janeiro. A produção de dados ocorreu em dois momentos de 30 horas de observação cada (pré e pós-parametrização). Para análise foi utilizado programa Excel®.

Resultados: Durante os dois momentos, 87 pacientes foram contabilizados e posteriormente estratificados de acordo com sua categoria clínica. A maioria destes apresentava sepse e obteve o maior quantitativo de todos os alarmes disparados. Do total de pacientes, 42 (48%) encontravam-se com no mínimo um alarme desligado. No momento pré-parametrização, registraram-se 513 alarmes, 428 (83%) inconsistentes, 497 (124 alarmes fatigados e 373 perdidos) não atendidos pela equipe de enfermagem. Nos 16 alarmes atendidos a média de atendimento foi 42 segundos. Na fase pós, registraram-se 438 alarmes, 330 (75,3%) inconsistentes, 423 (90 alarmes fatigados e 333 perdidos) não atendidos. Nos 15 alarmes atendidos a média de atendimento foi 1,28 minutos. Houve decréscimo de aproximadamente 10% no total de alarmes inconsistentes e de 14,62% no total de alarmes/variável fisiológica após a parametrização.

Conclusão: A parametrização interferiu na diminuição dos alarmes, especialmente de inconsistentes, contribuindo para minimização da fadiga de alarmes na unidade. Esta ação se torna imprescindível para correto raciocínio e julgamento clínico nas tomadas de decisões a fim de melhorar a segurança do paciente.

EP-337

Percepção de enfermeiros acerca dos fatores que predis põem à ocorrência de eventos adversos em unidade de terapia intensiva

Danilo Alves Saback¹, Edenise Maria Santos da Silva Batalha¹, Tássia Nery Faustino¹

¹Departamento de Ciências da Vida, Universidade do Estado da Bahia - Salvador (BA), Brasil

Objetivo: Avaliar a percepção de enfermeiros acerca dos fatores predisponentes à ocorrência de eventos adversos (EA) em Unidades de Terapia Intensiva (UTI) de Salvador.

Métodos: Estudo transversal descritivo realizado em UTIs de Salvador com enfermeiros que apresentavam no mínimo 6 meses de atuação no locus da pesquisa. Os dados foram coletados através da aplicação da Escala de Predisposição à Ocorrência de Eventos Adversos (EPEA) e analisados pelo programa SPSS.

Resultados: 25 enfermeiros participaram do estudo. Quanto à dimensão "estrutura ideal" da EPEA, dos 12 itens, apenas "Disponer de dispensadores de álcool gel entre os leitos e na entrada da UTI" apresentou concordância total entre todos os participantes. O item que apresentou menor índice de concordância total foi "Possuir um formulário próprio para notificação de eventos adversos", com 84% das respostas. Em relação à dimensão "processo ideal", dos 34 itens, apresentaram concordância total entre 100% da amostra "Utilizar checklists", "Identificar bombas de infusão", "Utilizar a escala de coma de Glasgow", "Utilizar a escala de avaliação da intensidade da dor", "Utilizar a escala de Braden no diagnóstico de risco para desenvolvimento de lesão por pressão" e "Utilizar protocolo de insulino terapia". Os itens que apresentaram menor índice de concordância total foram "Utilizar índice de gravidade ou prognóstico", "Não utilizar siglas que possibilitem interpretação ambígua", "Utilizar o indicador de incidência extubação acidental" e "Utilizar protocolo de dupla-verificação para administração de medicamentos", com 80% das respostas cada.

Conclusão: Os participantes apresentaram alta concordância acerca dos fatores relacionados à estrutura/processos da UTI que predis põem à ocorrência de EA.

EP-338

Perception of relatives about communication at intensive care

Álvaro Réa-Neto¹, Jarbas da Silva Motta Junior¹, Cléria Regina Bizon¹, Leticia Georgetti¹, Raquel Pusch de Souza¹, Samanta Forti¹, Michele Gomes Germiniani¹

¹Centro de Estudos e Pesquisa em Emergências Médicas e Terapia Intensiva (CEPETI) - Curitiba (PR), Brasil

Objective: Inadequate or insufficient communication among health professionals was the most frequent root cause of sentinel events reported to the Joint Commission between

2004 and 2010. Teams are known to have great difficulties in perceiving family communication. There is a great distance between what is communicated by the doctor and the expectation of the family. Objective: Evaluate the perception of family members after passing information by the day care physician and create indicators to improve communication based on this perception.

Methods: Protocol of investigation with family members who evaluated the level of information quality and empathy.

Results: Twenty-nine family members were evaluated in the 4-month period. Information provided on the patient's diagnosis 83% approval; Availability of the doctor for the patient; Availability of the doctor to the family; The amparo received from the multiprofessional team all with 79% approval; Clarity of information provided in a general 76% approval and clarification of doubts by the multidisciplinary team 72% approval.

Conclusion: In high-risk environments such as the ICU, communication becomes a highly valued mechanism. Keeping information between parties in an authentic way, with minimal margin for distortions, is to manage communication.

EP-339

Perfil de unidade de terapia intensiva - Análise estatística de 25 anos

Firmino Haag Ferreira Junior¹, Nadja Roberta Melo dos Santos Warrak¹, Camila Lima¹, Leila Harumi Fukuhara¹, Edésio Vieira da Silva Filho¹

¹Hospital Geral de São Mateus - São Paulo (SP), Brasil

Objetivo: Descrever o perfil de uma Unidade de Terapia Intensiva (UTI) Adulto de um hospital público da periferia do Estado de São Paulo.

Métodos: Estudo transversal e temporal através de banco de dados, de pacientes internados em Unidade de Terapia Intensiva de maio de 1992 a janeiro de 2017.

Resultados: No período foram admitidos 15.364 pacientes. Os resultados foram expressos em médias anuais referentes ao período avaliado. Houve 11.293(73,5%) altas e 4.071(26,5%) óbitos. A média de idade foi de 55,7 anos sendo em relação ao gênero 56,85% masculino. O valor médio do APACHE II foi de 20. Analisando a prevalência de acordo com os principais sistemas, observamos uma maior incidência de pacientes clínicos 11.984(78,0%), seguidos de pacientes cirúrgicos 2.458(16,0%) e 922 (6,0%) de pacientes obstétricos. Analisando os subgrupos, houve maior incidência de patologias do Sistema Cardiovascular 4.456(29,0%), seguido de Sistema Respiratório 4.148(27,0%), Sistema Nervoso Central 2.766 (18,0%), Politrauma 615(4,0%), Sistema Gastrointestinal 308(2,0%) e patologias ginecológicas/obstétricas 308 (2,0%).

Conclusão: De acordo com os dados encontrados, houve prevalência de pacientes clínicos admitidos na unidade. Houve prevalência de pacientes do sexo masculino, com tendência a população idosa. Apesar do APACHE II

elevado, os índices de óbito encontrados encontram-se dentro das expectativas. Existe correlação dos dados obtidos com a localização geo-regional aonde se situa a Instituição, sob o aspecto demográfico.

EP-340

Perfil epidemiológico dos pacientes em uma unidade de terapia intensiva cirúrgica

Antonio Gonçalves de Oliveira¹, Aldir Chagas Filho¹, Girlene Paiva de Oliveira Dias¹

¹Hospital Unimed Recife III - Recife (PE), Brasil

Objetivos: Analisar o perfil epidemiológico dos pacientes internados em uma Unidade de Terapia Intensiva (UTI) Cirúrgica.

Métodos: Foi realizado um estudo retrospectivo, utilizando coleta de dados do prontuário eletrônico com dados do Business Intelligence (BI) dos pacientes internados no período de janeiro de 2016 a abril de 2017.

Resultados: A população da UTI no período estudado foi de 954 pacientes, composta por 56% dos pacientes do gênero feminino e 43,9% do gênero masculino, com faixa etária acima de 80 anos (28,9%), 71 a 80 anos (21,9%), 61 a 70 anos (16,6%), 51 a 60 (8,3%) e menor que 18 anos até 50 anos (24,06%). Encontramos 49,8% dos pacientes com internamento cirúrgico e 50% com internamento clínico. Quanto a origem dos internamentos 43,6% do bloco cirúrgico, 36,4% fluxo inverso, 16,1% da urgência e 3,7% de outras UTIs do hospital. Obtiveram alta da UTI para ala 89% dos pacientes admitidos, com uma média de permanência de 3,96 dias e com uma taxa de ocupação de 77,90%. O APACHE II foi de 13 com uma mortalidade esperada de 15% e mortalidade encontrada de 10,87%.

Conclusão: O conhecimento dos dados epidemiológicos de uma UTI é de extrema importância para identificar o perfil da unidade e com isto otimizar todo o processo de gerenciamento dos cuidados do paciente crítico melhorando os fluxos e os processos internos.

EP-341

Performance do Comitê de Doação de Órgãos e Tecidos para Transplante (CIHDOTT) em interface com unidade de terapia intensiva - Análise retrospectiva de 7 anos

Edésio Vieira da Silva Filho¹, Alessandra Castilho Mansano Sanches¹, Camila Lima¹, Nadja Roberta Melo dos Santos Warrak¹, Firmino Haag Ferreira Junior¹

¹Hospital Geral de São Mateus - São Paulo (SP), Brasil

Objetivo: Analisar a Performance de um Comitê de captação de órgãos e tecidos para transplante em interface com a

Unidade de terapia intensiva de hospital público da cidade de São Paulo.

Métodos: Estudo retrospectivo e temporal através da coleta de banco de dados do CIHDOIT no período de 2010 à 2016. Foram analisados o número de doações efetivamente realizadas em comparação com o total de óbitos e potenciais doadores no período.

Resultados: Entre o período analisado foram realizadas 70 doações efetivas de órgãos, o que correspondeu a 5,4% do total de óbitos encontrados (4.866 óbitos). Do número total de óbitos encontrados, 115 pacientes (9%) eram potenciais doadores. Em se comparando com o número de doações realizadas e potenciais doadores, 60,08% deste subgrupo efetivou-se a doação efetiva de órgãos.

Conclusão: Os processos de conscientização e educação continuada sobre o tema exposto devem constituir importantes ferramentas para o aumento de potenciais doadores. A integração da equipe multiprofissional da unidade de terapia intensiva constitui um olhar crítico na identificação destes casos, devendo incrementar cada vez mais o número de potenciais doadores nas Instituições de saúde.

EP-342

Performance de tratamento intensivo nos diferentes agravantes do APACHE II, cirurgia de emergência, cirurgia eletiva, doenças crônicas e nenhum agravante, na unidade de terapia intensiva adulto do Hospital Regional de Santa Maria - DF

Ederson Paulo dos Reis¹, Anna Carolina de Barros Pinto¹, Sheyla Cristine Lobo Pegoraro¹, Marcelo de Oliveira Maia¹, Jamile Maria Thomé¹, Yraima de Macedo Alencar¹

¹Hospital Regional de Santa Maria - Brasília (DF), Brasil

Objetivo: Comparar a performance de tratamento intensivo por meio do SMR ("standartized mortality ratio") baseado no Apache II nos quatro agravantes do APACHE II.

Métodos: Estudo retrospectivo com análise de 245 pacientes internados no Hospital Regional de Santa Maria no período de janeiro a maio de 2017. Avaliando a performance do tratamento com os quatro diferentes agravantes do APACHE II: Cirurgia de Emergência, Cirurgia Eletiva, Doenças Crônicas, nenhum agravante.

Resultados: Foram avaliados 245 pacientes com idade média de 55,5 anos, divididos em 4 grupos, Cirurgia de Emergência (38), Cirurgia Eletiva (16), Doenças Crônicas (90), Nenhum Agravante (101). Do total de pacientes 56% tiveram como desfecho a alta e 44% foram a óbito. Do grupo Cirurgia de Emergência tivemos um SMR de 0,77, Cirurgia Eletiva foi de 0,29, Doenças Crônicas tivemos SMR de 0,96, já nos pacientes sem agravantes o SMR foi de 0,97.

Conclusão: A performance do tratamento foi melhor no grupo de paciente de cirurgia eletiva seguido dos pacientes que internaram por cirurgia de emergência, nos grupos de pacientes com doenças crônicas e nenhum agravante a

performance de tratamento foi tecnicamente igual, porém todos os grupos de pacientes obtiveram alta performance.

EP-343

Postcardiac arrest syndrome in obstetric critical care

José Antonio Viruez Soto¹, Carla Maria Vallejo Narvaez¹, Carlos Briones Vega², Jesus Carlos Briones Garduño¹, Manuel Antonio Diaz de Leon Ponce¹

¹Hospital General de México "Dr. Eduardo Liceaga" - Mexico City, Mexico; ²Instituto de Genética y Fertilidad - Mexico City, Mexico

Objective: It is reported that even 70% of patients that present cardiac arrest, die after few days, however there is a wide variability on survival, perhaps related to differences in the post cardiac arrest period; therefore a last link was proposed in the assistance of cardiac arrest, the post cardiac arrest syndrome critical care. The available evidence about the treatment of the CA in obstetrics is relatively insufficient, that is the reason of this study that describes the evolution of patients that presented CA admitted to the Critical Care Obstetrics Unit of "Hospital General de México Dr. Eduardo Liceaga" during 2014.

Methods: Descriptive observational study.

Results: It is worth mentioning that none of the six patients included died. The main causes of CA were related to non-arrhythmogenic causes. Patients that present cardiac arrest in this report are young and without relevant comorbidities, that obviously was associated to the majority of favorable results, cataloged as Rankin score of 1.

Conclusion: This paper suggests the administration of cardiopulmonary resuscitation and post cardiac arrest critical care based in favorable neurological results.

EP-344

Pressure injury prevention: assessment on nursing professionals' knowledge after training

Monica de Sousa Araujo¹, Ana Paula da Silva¹, Laércia Ferreira Martins¹, Rayssa Cavalcante Fernandes¹, Raquel de Oliveira Piancó¹, Laura Emanuela Pinheiro Machado¹, Valdeci Ferreira da Ponte Neto¹, Ingrid Bezerra Portela¹

¹Unidade de Pesquisa Clínica, Hospital Fernandes Távora - Fortaleza (CE), Brasil

Objective: The goal was to evaluate the learning of the nursing team in specific training for Pressure Injury Prevention (LP).

Methods: Cross-sectional, descriptive-exploratory, quantitative study. Location: Tertiary Hospital in Fortaleza-CE. Participants: 22 nurses, respondents of pre and post questionnaires on the training day, followed by post-test after 120 days. An instrument based on the study by Pieper and Mott (1995) was applied to evaluate the level of nurses' knowledge about LP. Participants were nurses working in Intensive Care Units (ICU) and Clinical Units (CU). Results on LP were found satisfactory when =90%.

Results: Participants: 22, 13 (59.10%) CU, 9 (40.9%) ICU. Most (59.1%) between 25-30 years (average 33.6 years). Highest frequency: female (90.9%). Time of profession (average 4.5 years). Graduation time: 68.19% graduated for 1-5 years; 18.18% for 5-10 years; 13.63% over 10 years. Of these, 13 (59.1%) have a postgraduate course, with 88.9% of intensive specialists in the area. Average hits among them before training: 86.7%; after: 92% (increase of 5.3%). Among nurses at CU, the previous one was 82% and after 86% (4% increase).

Conclusion: There was an increase in knowledge at the post-training moment, although nurses from CU did not reach a satisfactory cut-off percentage. It is inferred that this theme needs a greater focus by professionals of CU. The results obtained in this study can help to identify the knowledge deficits and guide educational strategies.

EP-345

Pressure injury: under-reported problem in intensive care? Results from a cohort study

Alexandra Nogueira Mello Lopes¹, Érica Batassini¹, Taís Hochegger¹, Mariur Gomes Beghetto¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: To identify the incidence of Pressure Injury in an Intensive Care Unit (ICU) and compare it with the data reported in the institution.

Methods: A cohort of adults (age=18years) in general ICUs in southern Brazil was prospectively monitored daily from admission to discharge. Health records were reviewed to identify Pressure Injury reported by the care team. The institution's Ethics Committee approved the study.

Results: A total of 167 patients were evaluated, age 58.3±15.4 years, 54.4% men; patients hospitalized for clinical reasons (70.1%) with length of stay of 6 days (P25:4-P75:10), presenting hypertension (50.3%), diabetes mellitus (26.3%), cancer (19.2%), and previous stroke (10.8%). The use of mechanical ventilation (79%), continuous sedation (79%), vasoactive drug (63.5%), and renal replacement therapy (23%) were frequent. Among the 167 patients, 62 (37.1%) presented at least one Pressure Injury. The cumulative incidence of Pressure Injury was 57.5% (96 injuries/167 patients); the incidence density was 65.4/1000 patients/day in total 1467 days of hospitalization. Pressure Injury occurred in the sacral (28.2%), calcaneal (18%) and gluteal (5.4%) regions, and progressed to Stages 1 (26.4%), 2 (19%) and Deep Tissue Pressure Injury (13.8%). The institution's Pressure Injury indicator shows a incidence density ratio of 5.85 in the year the cohort study was performed.

Conclusion: Pressure Injury was an incident and underreported event in this ICU. It is necessary to implement appropriate strategies for monitoring and identifying the magnitude of the problem.

EP-346

Preventive actions can contribute for reducing ventilation associated pneumonia in intensive care unit?

Fernanda Lima Santos Pires¹, Tatyana Borges da Cunha¹, Cristiana Martins Duarte¹

¹Hospital e Maternidade Municipal Dr Odelmo Leão Carneiro - Uberlândia (MG), Brasil

Objective: The Ventilation Associated Pneumonia (VAP) is an infectious process in patients submitted to mechanical ventilation. In this context, we use the Bundles as a group of interventions that are made by a multiprofessional team, to promote the reduction of VAP. This study has as goal the evaluation of the impact of the bundle in the Intensive Care Units (ICUs) for the prevention of VAP and the effectiveness of proposed actions.

Methods: It's a descriptive study about the impact of actions for prevention VAP, through the management by the bundle made by physiotherapist team, between April 2016 - April 2017. The multiple care elected were chosen according to the guidelines of Institute of Health Disease (IHI). The bundle is applied once a day, all intubated patients of the institution.

Results: Effective rates of bundle varies between 86 - 100%, with average 95%, thereby achieving the goal of > 90%. During the year of 2016 the prevalence of pneumonia varies hardly, with a high incidence in November when the bundle was reformulated and realized new training of the team. That allowed a reduction of 45% in VAP. In 2017, was possible to observe the continuous reducing of the density, being that from February it was not noticed VAP in the group submitted at the interventions, though it was observed that was more patients in mechanical ventilation.

Conclusion: We can conclude that in the population studied, the Bundle showed effective in the reduction of the density of VAP, lowering the costs with antibiotics and period of hospital admission.

EP-347

Principais causas de readmissão em menos de 24 horas pós-alta em uma unidade de terapia intensiva cirúrgica

Roberta Pereira Goes¹, Jeany de Oliveira Barreto¹, Beatriz Mergulhão Ribeiro Praseres¹, Patricia Bispo de Oliveira Ouais¹, Larissa Chaves Pedreira²

¹Hospital Santa Izabel - Salvador (BA), Brasil; ²Escola de Enfermagem, Universidade Federal da Bahia (UFBA) - Salvador (BA), Brasil

Objetivo: Conhecer as causas de readmissão em menos de 24 horas após alta em uma unidade de terapia intensiva cirúrgica.

Métodos: Estudo retrospectivo, quantitativo, realizado em uma unidade de terapia intensiva cirúrgica de um hospital filantrópico de Salvador-Bahia. Realizada coleta de dados de prontuários de pacientes que tiveram alta para unidade aberta e foram readmitidos em menos de 24 horas, no período de novembro de 2016 a abril de 2017, buscando as causas que ocasionaram o retorno e o perfil destes pacientes. Os dados foram tabulados e analisados por meio de cálculos estatísticos e porcentagens.

Resultados: Do total de 485 altas para unidade aberta nesse período, 15(3,1%) foram readmitidos em menos de 24 horas. As causas foram: fibrilação atrial com resposta ventricular elevada (20%), dor abdominal intensa associada a náuseas (20%), hemorragia digestiva (13,3%), rebaixamento de nível de consciência (13,3%), crise hipertensiva (6,66%), infarto agudo do miocárdio (6,66%), insuficiência respiratória (6,66%), choque hemorrágico(6,66%) e suspeita de infecção do trato respiratório(6,66%). Quanto ao perfil dos pacientes readmitidos 60% eram do sexo feminino, 73,3% eram idosos e 86,6% possuíam alguma comorbidade.

Conclusão: Considerando o alto índice de altas encontrado e a alta rotatividade das unidades de terapia intensiva cirúrgica, é de suma importância conhecer as causas que demandam as readmissões e estabelecer critérios de segurança no momento de eleger os pacientes em condições de alta, ressaltando que o baixo índice de retorno após alta também é um indicador de qualidade da assistência.

EP-348

Processo de enfermagem informatizado em unidade de terapia intensiva

Rosane Barreto Cardoso¹, Gabriela Mesquita dos Santos Coelho¹, Monica Sequeira Lopes Teixeira¹, Shirlene Barbosa Simas¹, Ana Lucia Cascardo Marins¹, Ana Carolina Rodrigues Fortes¹, Debora Mayane de Carvalho Pestana Miguel¹

¹Hospital Unimed Rio - Rio de Janeiro (RJ), Brasil

Objetivo: Descrever a implementação do Processo de Enfermagem (PE) informatizado em uma Unidade de Terapia Intensiva (UTI) em um Hospital geral privado, localizado na cidade do Rio de Janeiro.

Métodos: Trata-se de uma pesquisa metodológica. A implementação foi desenvolvida em 2 etapas: na 1ª etapa foi o delineamento do perfil dos pacientes da UTI, na 2ª etapa, foi o levantamento bibliográfico referente às teorias de enfermagem, os principais sinais e sintomas categorizados pelos sistemas do corpo humano, assim como os diagnóstico enfermagem (DE) e intervenções de enfermagem (IE) mais comumente em UTI.

Resultados: Foi implementado o PE informatizado na UTI adotando as classificações de enfermagem: NANDA-I (classificação dos diagnósticos de enfermagem)

e NIC (classificação de intervenções de enfermagem). Os enfermeiros que participaram da implantação agruparam os dados levantados e correlacionaram as situações clínicas aos respectivos DE e IE. De janeiro a junho de 2017 os 10 diagnósticos de enfermagem mais prevalentes na UTI foram: risco de infecção; integridade da pele prejudicada; risco para aspiração; risco de integridade da pele prejudicada; padrão respiratório ineficaz; débito cardíaco diminuído; comunicação verbal prejudicada; dor aguda; risco de úlcera por pressão; mobilidade física prejudicada.

Conclusão: A utilização da linguagem padronizada e informatizada permitiu o desenvolvimento de uma prática de enfermagem mais segura baseada em evidência, assim como a elaboração de protocolos de intervenções de enfermagem específicos para atendimento adequado dos pacientes hospitalizados na UTI.

EP-349

Propafenone toxicity

Ahmet Mahli¹, Selin Eyupoglu¹, Demet¹

¹Gazi University Faculty of Medicine Anesthesiology and Reanimation - Ankara Besevler, Turkey

Propafenone is a Class 1C antiarrhythmic agent used for arrhythmia treatment and its toxicity is rare despite its frequent use. We aimed to present the effectiveness of sodium bicarbonate (NaHCO₃) in the treatment of propafenone toxicity. Case A female patient aged 19 years who presented with cardiac arrest following 6000 mg of propafenone intake in a suicide attempt was admitted to the intensive care unit after cardiopulmonary resuscitation was performed and activated charcoal was given in the emergency room. When the QRS duration was determined to be 280 msn in electrocardiography, the patient was given 100 mEq NaHCO₃. Then, mechanical ventilation support was decreased and the patient was extubated. No pathology was observed in the electroencephalography and diffusion magnetic resonance imaging screening of the patient who was evaluated by the departments of neurology and psychiatry. Following the six-day NaHCO₃ treatment, the general condition of the patient improved and she was discharged. Conclusion Although it does not have specific antidotes, in cases of propafenone toxicity, administration of NaHCO₃ in addition to supportive treatment such as volume replacement, inotrope agents, temporary pacemaker, mechanical ventilation and cardiopulmonary resuscitation is effective. In treatment-resistant cases, plasmapheresis, high doses of insulin infusion or intravenous lipid emulsion has been suggested. We are of the opinion that the administration of NaHCO₃ is an efficient and safe method of treatment for propafenone toxicity.

EP-350

Protocolo de extubação: preditores de falha em unidade de terapia intensiva de Minas GeraisBarbara Diniz Faria¹, Isabella Diniz Faria¹, Ana Paula Azeredo Teixeira¹¹Hospital Municipal José Lucas Filho - Contagem (MG), Brasil

Objetivo: O desmame da ventilação mecânica e consequente sucesso da retirada do tubo endotraqueal (extubação) depende da qualidade da avaliação clínica. A reintubação constitui ocorrência grave, podendo levar à piora do prognóstico do paciente. Este estudo objetiva traçar o perfil do processo de extubação em um serviço de terapia intensiva de um hospital público de Minas Gerais, a partir da análise do protocolo clínico aplicado no serviço.

Métodos: Trata-se de um estudo quantitativo, observacional analítico retrospectivo, com análise documental de dados de 81 protocolos previamente preenchidos pelos fisioterapeutas do hospital em estudo, no período de junho de 2015 a dezembro de 2016. Os pacientes tinham média de idade de 53(±17.2) anos. Realizou-se análise estatística dos dados por meio da técnica de regressão logística e testes complementares a esse modelo.

Resultados: A taxa de falência da extubação apresentada para o hospital foi de 34% no período avaliado. As variáveis de significância estatística para o desfecho "sucesso ou insucesso da extubação" foram "teste do cartão branco", que avalia a efetividade da tosse ($p=0,01$) e "presença de aminas", que tem correlação com a estabilidade hemodinâmica do indivíduo ($p=0,05$).

Conclusão: A taxa de falência da extubação do hospital em estudo apresentou valores dentro das médias encontradas na literatura. A estabilidade hemodinâmica avaliada pela "presença de aminas" e a avaliação da tosse por meio do "teste do cartão branco" demonstraram ser importantes itens de preenchimento no protocolo analisado, por representar variáveis preditoras para o sucesso da extubação.

EP-351

Protocolo de tromboembolismo venoso: uma experiência de sucesso multiprofissionalDanielle Conceição Costa Tavares¹, Ana Maria Veiga de Melo¹, Kalinne Sorrentino Martins¹, Fernanda de Medeiros Nóbrega¹, Juliana Dias Pereira de Sousa¹¹Hospital Alberto Urquiza Wanderley - João Pessoa (PB), Brasil

Objetivo: A prevenção do tromboembolismo venoso (TEV) constitui um dos principais cuidados que deve ser garantido aos pacientes hospitalizados, uma vez que, essa patologia representa a maior causa de morte evitável intra hospitalar. Desta forma, a identificação de candidatos a profilaxia de TEV em todas as etapas da assistência e na alta hospitalar representa um compromisso com a segurança do paciente. A Equipe Multiprofissional tem um papel fundamental na gestão deste protocolo. Diante disto, a pesquisa busca relatar

a experiência de um trabalho multiprofissional bem sucedido no gerenciamento do protocolo de tromboembolismo venoso em um hospital particular de João Pessoa.

Métodos: Foi realizado um estudo transversal, descritivo no primeiro semestre de 2017, os instrumentos utilizados foram os scores de pádua e caprini; e a mensuração da adesão médica. Os dados foram tabulados e analisados, sendo apresentados em quadros e tabelas.

Resultados: O monitoramento do protocolo de TEV foi realizado através do preenchimento do score, onde identificou-se 99,89% de pacientes clínicos e 99,94% de pacientes cirúrgicos. Neste período nossa taxa de adesão a profilaxia foi ascendente e não foram relatados efeitos adversos a administração. Além disto, deve-se enfatizar a não ocorrência de TEV durante o período analisado.

Conclusão: Os autores concordam que a tromboprofilaxia ainda é o método mais eficaz para reduzir a morbidade e mortalidade em pacientes hospitalizados, porém, atualmente está sendo pouco utilizada na prática. Desta forma, com o empenho da equipe multidisciplinar nossa porcentagem de profilaxias realizadas está aumentando progressivamente.

EP-352

Quality of care in prevention of ventilator-associated pneumonia: impact of simple measuresRogério Gomes Fleury¹, Simone Aranha Nouer¹, Maria Beatriz Altschuller¹, José Hugo Gameiro Salles¹¹Hospital Universitário Clementino Fraga Filho - Rio de Janeiro (RJ), Brasil

Objective: Ventilator-associated pneumonia (VAP) and its prevention are of great concern in critical care worldwide. Suggested preventive measures include elevation of the head of bed (HOB) to 30-45°. We analyzed whether HOB elevation contributed to decrease VAP rates.

Methods: In 2010, we implemented a training program, showing the importance of raising the HOB. Beds with visible clinometer on its side were acquired by the hospital in 2011. We evaluated the impact of both measures on VAP rates comparing two periods: before (2005-2010) and after (2011-2016). Incidence density rates were collected as NHSN/CDC. Significance level of 5% was accepted.

Results: Incidence density VAP rates in first period (2005-2010) were 22.91 per 1000 ventilators-day (v/day), with a peak of 29.69 in 2009. The incidence decreased 36.58% (26.43 to 17.44 per 1000 v/day), in the first year (2011) when compared to previous two years. The decreasing of the incidence density of VAP from 2009-2010 (peak) to 2011-2016 (post-measures years) was 44.08%. This decreasing was sustained until 2016: 14.46 ± 4.42 ($p = 0.017$).

Conclusion: High levels of incidence density of VAP motivated this intervention. The year 2011 was the milestone of the change in attitudes towards the problem with implementation of two simple and effective measures: new beds with angle tool and training programs about HOB elevation. Simple measures reduced the incidence density VAP on 45%. Changing simple habits could improve rates of infection and save lives.

EP-353

Quality of care in the intensive care unit from the perspective of family membersIngrid Wahlin¹, Susanna Ågren²¹Linnaeus University - Färjestaden Småland, Sweden; ²Linköping University - Linköping Sweden, Sweden

Objective: The aim of the study was to explore what family members rate as being of the greatest importance respectively less important when a loved one is cared for in the ICU. The aim was also to examine the extent to which those topics are met.

Methods: A questionnaire were sent to 198 family members in three ICUs in south of Sweden. Response rate was 67 % (n=147). Participants were first asked to rate the importance of 28 items followed by how often they experienced each topic as met during their visits at the ICU.

Results: Most important to family members were to feel trust in that their sick relative received best possible nursing care, best possible medical care and access to advanced medical technology and monitoring. Staff showing human warmth to the patient, receiving straightforward and honest information and getting the opportunity to be close to their sick relative were also ranked as being of the greatest importance of more than 70 % of the participants. Family members felt trust in that their sick relative always received best possible medical and nursing care. However only 30 % experienced that staff members always cared about how they felt or tried to satisfy their needs and 20% never or seldom felt involved in care. Biggest deficit between importance and experience was regarding information from the doctor.

Conclusion: To improve quality of care from a family perspective, there is a need for increased doctor information, enlarged family involvement and invitation to talk about feelings and experiences.

EP-354

Readmissão na unidade de terapia intensiva é preditor de qualidade assistencial?Tâmara Rúbia Cavalcante Guimarães Coutinho¹, Catherine Maria Redondo de Sousa Pereira¹, Akemy Carvalho do Rosário¹, Dandara Melo Lima Costa¹, Larissa Fernandes Sales Gomes¹, Lucianne Thays Cantanhede Garcês Barbosa¹, Ana Claudia Pinho de Carvalho¹, Edilene Coelho de Souza Novaes¹¹Udi Hospital - São Luís (MA), Brasil

Objetivo: Avaliar a taxa de readmissão em uma UTI.

Métodos: Estudo retrospectivo realizado no período de janeiro a junho de 2017 em uma UTI privada em São Luís (MA). Foram analisados todos os pacientes internados na UTI com análise dos dados demográficos e taxa de readmissão.

Resultados: Durante o período do estudo, foram internados 800 pacientes, desses 48 (6%) tiveram readmissão na UTI na mesma internação. Dos pacientes readmitidos 18 (37,5%) eram do sexo masculino e 30 (62,5%) feminino, com média de idade de 61 anos. A mortalidade nos readmitidos foi 30%, sendo, portanto cinco vezes maior do que os demais. Os principais motivos de reinternação foram: infecção (30%), problemas cardiológicos (14,5%), respiratórios (12,5%), neurológicos (12,5%).

Conclusão: A taxa de readmissão no hospital em estudo foi inferior à descrita na literatura atual. Readmissão na UTI tem forte relação com mortalidade, portanto desenvolver ações para reduzir sua incidência se faz cada vez mais necessário, uma vez que é um importante indicador de qualidade.

EP-355

Redução na taxa de infecção relacionada à assistência à saúde com a implantação de visita aberta em unidades de terapia intensivaDaniella Cabral de Freitas¹, Cristiano Rodrigo de Alvarenga Nascimento¹, Eduardo Fagundes Parrillo¹, Pedro Benedito Batista Junior¹, Anderson Camacho Silva¹, Cristiane Cordeiro Velasco¹, Carla Morales Guerra¹, Anderson Luis de Alvarenga Nascimento¹¹Hospital Sancta Maggiore, Prevent Senior - São Paulo (SP), Brasil

Objetivo: Avaliar o impacto da visita aberta nas taxas de infecção relacionada à assistência à saúde (IRAS) em unidades de terapia intensiva (UTIs).

Métodos: A visita aberta foi implantada em fevereiro de 2016 em oito UTIs da rede de hospitais Sancta Maggiore, totalizando 100 leitos. Para o início do projeto os colaboradores da UTI foram orientados sobre como acolher e orientar os acompanhantes em relação à higienização das mãos, guarda de pertences e outras práticas durante a visita. Também foram intensificados processos de limpeza dos balcões de enfermagem, grades das camas e equipamentos próximos ao paciente. Os colaboradores também receberam treinamentos sobre medidas de prevenção de IRAS, coordenados pela equipe do serviço de controle de infecções hospitalares (SCIH).

Resultados: Após a implantação da visita aberta observamos uma queda de 30% no total das IRAS nas UTIs, relacionada a uma maior adesão da equipe multiprofissional e da equipe da hotelaria aos indicadores de processos e bundles assistenciais, acompanhados pelo SCIH desde 2010.

Conclusão: A visita aberta além de apresentar um benefício direto ao paciente e seus familiares, como parte integrante do projeto de humanização, também pode trazer melhoria dos processos assistenciais, dentre eles, a redução das taxas de infecção relacionada à assistência à saúde.

EP-356

Risk assessment as a supporting tool for the pharmaceutical evaluation of patients in an adult intensive care unitLívia Maria Gonçalves Barbosa¹, Maria Raquel Vitorino de Lima¹¹Unidade de Terapia Intensiva, Hospital Sírio-Libanês - São Paulo (SP), Brasil

Objective: The aim of this study is to describe the creation of a tree risk as a tool to stratify the risk in critically ill patients, helping to prioritize and identify opportunities in patient pharmaceutical care evaluation.

Methods: Descriptive study on the creation process of a tree risk for critical patient profile as a supporting tool for pharmacists. The tool allows risk stratification in three levels: high, medium and low. This risk defines the periodicity of pharmaceutical evolution in medical records. High-risk patients may be evaluated up to 24 hours, medium-risk patients up to 72 hours and low-risk patients within 7 days. The FAST HUG MAIDENS was used as conceptual base.

Results: The tree risk had been created considering 10 aspects and each one can be linked to a series of risks for the patient and opportunities for pharmacist intervention. The aspects considered were: enteral and venous access, medication reconciliation, thromboembolism prophylaxis, glycemic control, antimicrobials, adverse events and adverse drug reactions, stress ulcer prophylaxis, sedation/analgesia, monitoring and delirium. 50 opportunities of intervention or monitoring were identified. Of these, 3 characterize the patient as high risk, 20 as medium, 27 as low.

Conclusion: It is important for the clinical pharmacist to use tools that help to systematize care and support the prioritization of actions.

EP-357

Safety and accuracy of central line placement using dynamic multi-organ point of care ultrasonography with real time verification of position and exclusion of pneumothorax by. A case seriesOtto Villa¹, Matthew Posada², Shannon Lasorsa³¹Alta Bates Summit Medical Center - Berkley, California, United States;²Campbell University School of Osteopathic Medicine - Lillington, North Carolina, United States; ³Henry Mayo Newhall Hospital - Valencia, California, United States

Objective: Ultrasound (US) guidance for central line insertion may lead to arterial puncture/placement and/or pneumothorax which still requires X ray verification. In this study we analyzed 153 consecutive central lines placed using dynamic ultrasound with immediate verification using multi-organ point of care ultrasound (MOPOCUS).

Methods: All central lines performed over two years were analyzed with IRB approval as follows: A linear array probe covered with a sterile sheet was used to observe the needle

entering the superior wall of the vein until it reached ½ of its diameter. Next, the probe was rotated longitudinally observing the guidewire inside the center of vein and its direction towards the chest. Then, agitated saline was injected while the RA was examined for appearance of bubbles. Next the RA was carefully examined in search for the tip of the catheter. Finally, the pleural surfaces for sliding under B-mode and "sandy beach sign" under M-mode.

Results: All catheters were placed in the distal SVC. There were no arterial punctures or placements in the posterior wall of the IJ. There were no hemo or pneumothoraxes. Bubbles were seen in the RA in all cases while the tip of the catheter was never seen in the RA. Imaging studies verified the correct position in all patients. MOPOCUS verification allowed to use the catheter sooner.

Conclusion: Dynamic ultrasound with real time verification and exclusion of pneumothorax by MOPOCUS was safe, accurate, and in some cases life-saving. It also decreased radiation exposure to the patient & staff and costs.

EP-358

Saving lives preventing urinary tract infection related to the use of catheter-delay bladder (UTI-CDB)Kássia Pinho da Silva¹, Mariza Silva Ramos Loesch¹, José Albani de Carvalho Junior¹, Sany Aparecida Sant Ana Teixeira¹, Anary Isis Rossi Martins Moreira², Regia Damous Fontenele Feijó¹, Leandro Defacio¹, José Jair James de Arruda Pinto¹¹Hospital e Maternidade São Luiz Itaim - São Paulo (SP), Brasil;²Universidade Municipal de São Caetano do Sul - Campo Bela Vista - São Caetano do Sul (SP), Brasil

Objective: To compare the time of hospitalization and outcome of patients who developed UTI-CDB compared to those with catheter-delay bladder (CDB) without urinary tract infection (UTI).

Methods: Retrospective study in patients using CDB in the adult ICU from 07/2016 to 06/2017 in a private hospital of 398 beds, tertiary in the city of São Paulo with AICU of 62 beds. The study compared hospitalization time and outcome of patients who used CDB vs. patients diagnosed with UTI-CDB. Data were collected through the Magma® system and the UTI-CDB diagnosis met ANVISA criteria (2013) reported by the hospital infection control service. We used the exact fisher and t-test for statistical analysis.

Results: 691 patients used CDB in the study period, of these 0.9% developed UTI-CDB. Regarding gender, 60.2% x 66.7% were female ($p > 0.05$), respectively, non-UTI-CDB and UTI-CDB. Time of CDB use was 10.1 days (UTI-CDB) and 3.9 days (non- UTI-CDB) ($p > 0.05$). The average length of hospital stay was 8.6 x 31.4 days. The death outcome was seen in 50% in the UTI-CDB group x 14.3% in the non-UTI-CDB group ($p < 0.001$).

Conclusion: There was no statistical difference between the genders and a 3.7-fold increase in the hospitalization time when the patient acquired an UTI-CDB. We found that we

prevented an UTI-CDB in 99.1% of the patients who used this device.

EP-359

Simulation, training and validation of therapeutic hypothermia as an adjuvant treatment in ST segment elevation myocardial infarction

Luis Augusto Palma Dallan¹, Natali Schiavo Giannetti¹, Ludhmila Abrahão Hajjar¹, Claudia Yanet San M de Bernoche¹, José Carlos Nicolau¹, Sílvia Helena Gelas Lage¹, Múcio Tavares Oliveira¹, Expedito Eustaquio Ribeiro da Silva¹, Roberto Kalil Filho¹, Pedro Alves Lemos Neto¹, Sérgio Timerman¹

¹Instituto do Coração, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Objective: Development of a simulation protocol and training of the multidisciplinary team to perform therapeutic hypothermia (TH) as an adjunctive treatment in patients with STEMI, and validation of the method by applying in real cases.

Methods: Using modern mannequins with realistic simulation situations and different scenarios for the treatment of patients with STEMI undergoing therapeutic hypothermia as an adjunctive treatment, from the emergency room, through the cath lab, and to the intensive care unit (ICU). There were 36 multidisciplinary professionals training among realistic simulation with modern mannequins and real scenarios in sectors of the hospital where real patients would be treated.

Results: The focus of simulation and training was the logistics optimization and debriefing with strategies to reduce waste of time in the patient's transportation between the various departments, and avoiding excessive reheating during transport. There was absolute success in the realization of therapeutic hypothermia and validation of the method in real life, with the application of knowledge and logistics in 20 real patients without any delay in door-to-balloon time for primary angioplasty in timely manner (<90min), and maintenance of TH in ICU successfully.

Conclusion: Simulation was an important tool related to the training and optimization of health professionals skills, and improving the multidisciplinary team to perform therapeutic hypothermia in STEMI. The use of real scenarios and debriefing were critical to the successful implementation of TH in practice. After simulation and training, the protocol and the method were validated with application of TH in real life successfully and without any delays.

EP-360

Síndrome de Burnout em equipe de enfermagem em unidade de terapia intensiva adulto

Camila Lima¹, Daniela de Paula Coelho¹, Nadja Roberta Melo dos Santos Warrak¹, Edésio Vieira da Silva Filho¹, Firmino Haag Ferreira Junior¹

¹Hospital Geral de São Mateus - São Paulo (SP), Brasil

Objetivo: Avaliar a percepção de estresse na equipe de enfermagem da Unidade de Terapia Intensiva (UTI) Adulto de um hospital público de médio porte em São Paulo.

Métodos: Estudo transversal, amostra selecionada aleatoriamente, composta por 14 profissionais, entre enfermeiros, técnicos e auxiliares de enfermagem, foram excluídos os colaboradores que estavam de férias, afastamento ou não demonstraram interesse em participar da pesquisa. Os dados foram coletados em julho de 2016, através de questionário sócio-demográfico e Escala de Estresse Percebido (EEP).

Resultados: A amostra foi predominantemente feminina (71,42%) sendo a idade média dos enfermeiros 30,75 anos e do grupo de auxiliares e técnicos 45,14 anos. O estado civil predominante foi casado (42,85%), 78,57% trabalhava em regime de 12 horas no período diurno. A maioria dos profissionais possuíam entre 10 e 20 anos de experiência na profissão (54,54%) sendo o menor tempo de atuação 2 anos e o maior tempo 28 anos. 57,14% não possuíam duplo vínculo empregatício. O escore médio dos enfermeiros na EEP foi de 28 e do grupo técnico foi de 23,5.

Conclusão: Considerando a UTI, um cenário vulnerável ao desenvolvimento de estresse ocupacional, devido a maior exigência psicológica em lidar com demandas externas como cuidado de pacientes graves, que exigem assistência multiprofissional permanente e contato constante com sofrimento de familiares e clientes, a equipe de enfermagem desta instituição não apresentou escore elevado na EEP, o que pode estar relacionado a estratégias individuais de enfrentamento e bom relacionamento interpessoal que atuam como protetores.

EP-361

Strategy to implement a quality improvement program for the early rehabilitation of critical patients

José Aires de Araújo Neto¹, Roberta Fernandes Bomfim¹, Fernando Beserra Lima¹, Graciele Calazans de Freitas Magalhães¹, Jessica Abel¹, Marianne Soares de Oliveira¹, Marcelo de Oliveira Maia¹

¹Hospital Santa Luzia - Brasília (DF), Brasil

Objective: To describe a work structure model and the implementation of a quality improvement project for rehabilitation, with a focus on promoting early mobilization and maximum functional independence in critical patients.

Methods: This model of quality improvement is based on some fundamental aspects with the involvement of all multidisciplinary team led by a quality office engaged in the execution of this planning. The model is composed of 4 main steps: (1) To summarize the scientific evidence; (2) Identify the barriers to implementation; (3) Establish measures and outcome indicators; And (4) Ensure that all patients receive the interventions.

Results: Phase 1 - Summary of scientific evidence: bibliographic research on the deleterious effects of bed rest

and the risk of ICU weakness acquired. Phase 2 - Identify the barriers to implementation: understanding the project's specific barriers is critical to implementing the correct intervention. Phase 3 - Establish measures and outcome indicators to monitor and prevent functional decline in critically ill patients. Phase 4 - Ensure that all patients receive the proposed intervention: The 4 E's (Engage, Educate, Execute, Evaluate) methodology was used as the objective to demonstrate the importance of the theme for all levels of management and operationalization.

Conclusion: The strategic planning associated with an organizational culture of multidisciplinary cooperation for the delivery of care aimed at maintaining the functional capacity of critical patients seems to be fundamental for the safety and quality of care of this population.

EP-362

Systematic review of criteria for inclusion and exclusion of patients from early mobilization protocols

Roberta Catunda Costa¹, Marcia Cardinalle Correia Viana², Márcia Maria Pinheiro Dantas², Andréa Stopiglia Guedes Braide^{1,2}

¹Escola de Saúde Pública do Ceará - Fortaleza (CE), Brasil; ²Centro Universitário Christus (UNICHRISTUS) - Fortaleza (CE), Brasil

Objective: Early mobilization of intensive care patients has received considerable attention in clinical and scientific literature in recent years. Their strategies may result in the prevention and reduction of polyneuropathy in the critical patient, which optimizes hospitalization time, mortality and hospital costs, as well as improving patients' quality of life. However, mobilize critical ill patients does not without risks to the various already weakened systems and the description of the adverse responses to therapy is still insufficient. Early mobilization protocols with indications and strict clinical contraindications are necessary to maintain the clinical safety of patients. This study aims to examine the main protocols described in the literature and to systematize the clinical criteria used for inclusion and exclusion of patients in order to establish safety profiles based on the research.

Methods: This is a systematic review with meta-analysis and included studies published between 2010 and 2017. Twenty researches were included and analyzed. We used the scale Physiotherapy Evidence Database (PEDro) to assess the methodological quality of the studies.

Results: Several clinical criteria were found in a number of critical patient populations. Parameters of blood pressure, heart rate, weight and mechanical ventilation were the most mentioned. The main findings were organized in tables and graphs based on the frequency that were used to initiate therapy or exclude the patients.

Conclusion: The guideline is needed to maintain a strict safety standard for the population and its associated clinical patterns and who in intensive therapy really benefits from the early mobilization protocols.

EP-363

Technological incorporation in the context of health: an analysis of the cost effectiveness of infusion pumps in intravenous insulin therapy

Ana Paula Amorim Moreira¹, Maria Tereza Serrano Barbosa¹, Antônio Augusto de Freitas Peregrino², Cristiano Bertolossi Marta²

¹Programa de Pós-Graduação em Enfermagem e Biociências, Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ²Universidade Estadual do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objective: Many technologies like infusion pumps, have been incorporated in intensive care units without evidence to prove its benefits. The objective is to analyze the cost-effectiveness of infusion pump drugs library used fully using with the same infusion pump without the use of drugs library in intravenous therapy insulin.

Methods: Two scenarios were compared: an intensive care unit that performed the schedules on infusion pump from the drugs library and the other which did not employ, the decision tree was parameterized from primary and secondary data to simulate the cost-effectiveness of technologies compared. The primary data was retrospective, from January to June 2016, from the database of the institution, where it was calculated the probabilities of occurrence of adverse events in the infusion of intravenous insulin through the multinomial modeling, the secondary data were obtained through a systematic review of the literature on the Health Price Database and in the State Department of labor.

Results: The new technology, infusion pump drugs library, presented a cost of R\$ 55,52 every 124.85 adverse events in 24 hours. The incremental cost of each adverse event in this scenario was R\$ 1,86, avoiding 69 adverse events during this period. The budget impact using 2016 census data of Brazilian Intensive Medicine Association was in favour of the new technology with an economy of R\$ 46.368,31.

Conclusion: The infusion pump drugs library proved to be more cost effective than conventional infusion pump considering the number of adverse events occurring in intravenous therapy insulin.

EP-364

The implementation of the interprofessional team of intensive care units

Isabella Naiara de Almeida Mou¹, Samantha de Freitas Campos¹, Vanessa Campos Pinheiro Grano¹, Heise Schneider Falcão¹, Hananda Roberta Cunha Paixão¹

¹Faculdade Interamericana de Porto Velho - Porto Velho (RO), Brasil

Objective: For satisfactory results in health care in the Intensive Care Unit is necessary for is integration between the team. The research aimed to identify the factors that compromise the implementation of the interdisciplinary team in the intensive Care Unit in the state of Rondônia.

Methods: The study presents a quantitative approach of the transversal multicentric type of exploratory and descriptive character, developed with the multiprofessional group that composes the team of the Intensive Care Units. We used the service of a computer technician professional to develop the WebSite, for the application of the online questionnaire containing 20 closed objective questions. The research population is part of the multiprofessional group that comprises the team of the intensive care unit, being: doctors, nurses, physiotherapists, nutritionists, managers, social services, psychology and phonoaudiology. And all who do not compose the teams within the intensive care units selected for the study.

Results: The sample was composed by 84 professionals, and the factors identified were: resistance by some professionals to interact with the other team members, presence of the individualized approach making the practice fragmented, predominance of hierarchization within the team, deficiency of periodic meetings Either through organizational support, hospital structure, managers' incentive or hierarchical division, stressors such as low pay, lack of recognition, lack of communication and individualized view of professionals. **Conclusion:** Although professionals recognize the need for collaboration and integration, being aware that this relationship influences the improvement of patient care, there are still barriers that leave this performance fragmented.

EP-365

Tracheostomized patients profile in an intensive care unit

Renata de Souza Zaponi¹, Lilian Regina Lengler Abentroth¹, Daiane Feil Schmitz¹, Thaís Caroline Schnauffer¹, Claudia Rejane Lima de Macedo Costa¹, Suely Mariko Ogasawara¹, Erica Fernanda Osaku¹, Itamar Regazzo Pedreschi Porto¹

¹UNIOESTE - Cascavel (PR), Brasil

Objective: Identifying the tracheostomized patients profile in an Intensive Care Unit (ICU) and characterizing the weaning from mechanical ventilation (MV).

Methods: It was performed a retrospective study from January to December 2013 in a university hospital in Parana state, Brazil. The variables were collected and data were described as mean, as standard deviation and as percentage.

Results: We identified 104 patients who received a tracheostomy, 70% were male, aged 54 ± 19.4 , APACHE II 26 ± 6.1 and SOFA 12 ± 3.9 . The main cause of admission 59% was neurological (clinical and with traumatic brain injury). The total time of sedation in hours was 134 ± 138.9 and in pre-tracheostomy was 106 ± 113.8 . The duration of MV hours in the pre and post-tracheostomy was 250 ± 150.4 and 87 ± 129.8 , respectively.

Related to the variables on the day of tracheostomy: PEEP was 6 ± 1.1 ; FiO₂ 42 ± 5.6 ; PaO₂/FiO₂ ratio were 259 ± 82.8 . The successful weaning time from MV was 4 ± 4.7 days. The Glasgow coma scale and Richmond Agitation-Sedation Scale (RASS) on the day patients were tracheostomized were 5 ± 2.0 and -4 ± 1.5 respectively, and in the discharge from the ICU were 9 ± 2.7 and -2 ± 1.9 respectively. The mortality rate in the ICU was 14% and in hospital 17%.

Conclusion: The tracheostomy was mainly performed in patients with brain injury, and the weaning time from the MV was in accordance with the literature.

EP-366

Using nursing protocols in intensive care: evaluating the knowledge of the nursing technical staff

Monica de Sousa Araujo¹, Ana Paula da Silva¹, Ingrid Bezerra Portela¹, Laércia Ferreira Martins¹, Maria Otaciana Teixeira Sousa De Queiroz¹, Raquel Oliveira Piancó¹, Rayssa Cavalcante Fernandes¹, Lucélia Malaquias Cordeiro²

¹Unidade de Pesquisa Clínica, Hospital Fernandes Távora - Fortaleza (CE), Brasil; ²Universidade Estadual do Ceará - Fortaleza (CE), Brasil

Objective: Nursing protocols are tools that allow a standardized practice, reducing recklessness, malpractice and neglecting. The aim of this study was to evaluate the knowledge of the nursing technical staff on the main protocols used in the institution.

Methods: Descriptive study, with quantitative approach. It was performed from February to March / 2017. The sample size was 30 people of the nursing team selected for convenience. Members of the Intensive Care Service of a Tertiary Hospital, in Fortaleza-CE. A questionnaire was used with 20 objective questions about the protocols: admission, intravenous therapy, shift control, enteral feeding, bronchoaspiration prevention, thermoregulation, post-mortem care, prevention of pressure lesions (PL), handwash prevention and Prevention of oral and oral hygiene. It was considered presence of knowledge when it reached a mark superior to 70% of the correct questions. Data were tabulated and analyzed in Excel.

Results: 60% were female, age: ± 24 years old. 36,66% had degree or were studying in college, 23,33% studying nursing science. Working in the institution: 23,33% (3 months to 1 year), 60% (1 to 3 years), 16,66% (>5years). Correct answers index (100%) was on the protocols: PL prevention, oral hygiene and postmortem caring (20% of the questions). The higher mistakes indexes were on enteral feeding (10% of the questions).

Conclusion: The professionals know the protocols studied since they all corresponded to the correct questions established in this research. It is clear that continuing education and admission courses are relevant to the institution.

EP-367

Uso de cateter venoso central e incidência de infecção

Tâmara Rúbia Cavalcante Guimarães Coutinho¹, Dandara Melo Lima Costa¹, Akemy Carvalho do Rosário¹, Larissa Fernandes Sales Gomes¹, Catherine Maria Redondo de Sousa Pereira¹, Lucianne Thays Cantanhede Garcês Barbosa¹, Ana Claudia Pinho de Carvalho¹, Gisele Amado Boumann Valois¹

¹Udi Hospital - São Luís (MA), Brasil

Objetivo: Verificar a relação do uso de cateter venoso central com a densidade de infecção de corrente sanguínea relacionada a cateter.

Métodos: Estudo retrospectivo, comparativo. Utilizou-se informações do banco de dados do Serviço de Controle de Infecção Hospitalar de um hospital privado em São Luís (MA). A amostra do estudo foi todos os pacientes internados na Unidade de Terapia Intensiva (UTI) e que necessitaram de cateter venoso central (CVC) no período de janeiro a dezembro de 2016.

Resultados: A densidade de infecção de corrente sanguínea relacionada a CVC esteve relacionada com a maior taxa de uso do cateter. Observou-se nos meses de março, abril, agosto e outubro picos de taxa de uso de cateter, onde os valores foram: 184; 196; 191 e 181 respectivamente, havendo também alto índice na densidade de infecção nesses meses, 2,8; 4,6; 2,7 e 2,4. O mês de setembro apresentou maior densidade de infecção (11,1).

Conclusão: A infecção de corrente sanguínea relacionada a CVC é umas das infecções predominantes na UTI aumentando o risco de morte, havendo a necessidade de implementação de medidas preventivas para redução deste agravado.

EP-368

Uso de volume corrente adequado em pós-operatório de cirurgia cardíaca: desfecho de uma abordagem de conscientização

Claudia Cantagalli Soleo¹, Patricia Baldisera Silvestre¹, Pyetra de Oliveira Santos¹, Debora Barbosa Guerra¹, Mary Ellen Figueiredo Ruffato¹, Jéssica Santoro¹, Luciana Dalla Torre¹, Carlos Alberto Gonnelli¹

¹Hospital Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objetivo: O uso de volumes correntes (VT) elevados no pós-operatório de cirurgia cardíaca pode induzir à inflamação pulmonar e piora da troca gasosa alveolar. A literatura recente preconiza a utilização de VT 6ml/kg ideal. Através de um estudo pregresso descobrimos que a mediana do VT utilizado em terapia intensiva era 8,5ml/kg ideal, com variação de 4,7 a 19,6 ml/kg ideal e decidimos realizar um plano de ação e avaliar a eficácia.

Métodos: abordagem da equipe de fisioterapeutas da unidade de terapia intensiva cardiológica com aulas com orientações impressas sobre a segurança e o manejo dos parâmetros

ventilatórios com enfoque no uso de VT adequado através da fórmula para cálculo do peso ideal de acordo com a altura e gênero do indivíduo. Tabelas foram instaladas em cada ventilador mecânico da unidade, uma para cada gênero para facilitar o manejo do VT na chegada do paciente à unidade. Cada tabela continha colunas com o VT de 4, 6 e 8 ml, cada linha com a altura de 1,40m a 1,90m. Posteriormente reavaliamos o prontuário de 287 pacientes.

Resultados: Obtivemos uma redução importante da mediana do VT utilizado para 6,67 ml/kg ideal, com variação de 5,02 a 11,56 ml/kg.

Conclusão: Abordagem direta aos fisioterapeutas foi importante para a conscientização e atualização dos profissionais envolvidos. Com o uso da tabela houve facilitação para o manejo da ventilação mecânica adequada. Ferramentas para melhorias contínuas são necessárias em nosso meio a fim de reduzir riscos intrahospitalares.

EP-369

Via aérea e intubação endotraqueal: avaliação do conhecimento médico e prática adotada na unidade de terapia intensiva do Hospital do Coração Anis Rassi

Raimundo Nonato Diniz Rodrigues Filho¹, Antônio Fernando Carneiro¹, Gabriela Ferreira de Oliveira¹, Rodrigo Cavalcante Carlos de Carvalho¹, Germana Peres Canedo¹, Eduardo Vilela¹, Daiane Malheiros¹, Marília Moreira de Melo Silva¹

¹Hospital do Coração Anis Rassi - Goiânia (GO), Brasil

Objetivo: Avaliar qual o conhecimento acerca da intubação endotraqueal dos médicos plantonistas que trabalham na UTI Geral do Hospital Anis, no ano de 2016. Objetivos específicos: Descrever o perfil demográfico e características da atividade médica exercida pelo participante; Avaliar a rotina dos médicos durante a intubação endotraqueal; Avaliar o conhecimento sobre o assunto; Analisar a participação dos profissionais em cursos/treinamentos específicos na área; Servir como referência para estudos futuros em Medicina Intensiva e Anestesiologia.

Métodos: Estudo transversal prioritariamente descritivo com médicos que trabalham na Unidade de Terapia Intensiva do hospital, no período de janeiro a dezembro de 2016. Os dados foram coletados através da aplicação de um questionário a ser respondido em anonimato. As perguntas foram divididas em quatro segmentos: perfil demográfico, quanto ao conhecimento da via aérea, quanto à conduta na intubação endotraqueal e quanto à sequência rápida de indução.

Resultados: O estudo constatou que existe uma grande diferença entre as rotinas e práticas de intubação descritas na literatura e a rotina adotada pelos médicos plantonistas da UTI Geral. Apesar de todos os plantonistas afirmarem ter conhecimento sobre a Sequência Rápida de Indução, observamos discrepâncias ou dúvidas quanto ao que é estabelecido na literatura e o que foi assinalado pelos médicos.

Conclusão: O conhecimento médico sobre IOT em terapia intensiva não é satisfatório, mesmo entre os profissionais mais qualificados para tal prática. É necessário avaliar se há concordância entre as respostas dos questionários e as práticas clínicas efetivamente adotadas. Há necessidade de educação continuada e treinamento específico.

EP-370

Wearing scrubs in public; What is your opinion?

Ali Seifi¹, Pavela Bambekova¹, Chirag Buch¹, Chelsea Mendonca¹, Amr Arar¹, Ali Reza Mirahmadizadeh²

¹University of Texas Health at San Antonio - San Antonio, Texas, United States; ²Shiraz University of Medical Sciences - Shiraz Fars, Iran

Objective: The growing trend of wearing scrubs outside the ICU and clinical setting in the United States has sparked a debate about the propriety of this conduct. In this study, we hypothesized that compared to healthcare professionals, non-healthcare people have a negative perception about the wearing of scrubs in public.

Methods: Between January and March of 2017, an online survey was sent out with 11 survey questions scored from 1 (most disagreement to remove scrubs) to 5 (most agreement to remove scrubs), with a total score from 11 to 55. The median score of 33 was neutral. A total score greater than 33 was categorized as an agreement to remove scrubs while in public. Total scores were analyzed using a sample T-Test and ANOVA.

Results: A total of 2730 responses was collected across both institutions. Of the responders, 68.8% were females, 45.46% were affiliated with health care, and 36.7% were between the ages of 25 and 34. The mean \pm SD attitude score of all participants was 34.25 ± 7.9 . The group affiliated with health care had a mean total attitude score of 33.96 ± 7.65 , and the group not affiliated with health care had a mean total attitude score of 34.47 ± 8.08 , ($P = 0.096$).

Conclusion: Both non-healthcare and healthcare professionals had a negative perception about seeing scrubs worn outside of ICUs and the health-related environment. The authors believe that health care institutions should emphasize wearing scrubs in professional circumstances.

EP-371

What factors affect the optimal planning of public intensive care network in Rio de Janeiro? Let's listen to the experts

Rosane Sonia Goldwasser¹, Eliana Claudia de Otero Ribeiro¹, Maria Stella de Castro Lobo¹, Edilson Fernandes de Arruda¹, José Roberto Lapa E Silva²

¹Universidade Federal do Rio de Janeiro - Rio de Janeiro (RJ), Brasil;

²Programa de Pós-Graduação em Clínica Médica, Universidade Federal do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objective: To identify factors that influence physicians' allocation of resources, and implementation of early admission to adult public Intensive Care Units (ICU) when demand exceeds supply.

Methods: Qualitative study involving two Focus Group to explore attitudes, beliefs and experiences of intensive care and emergency physicians. Saturation technique was used to establish the size of the interview. Data was transcribed verbatim and thematic analysis was performed.

Results: The 201 citations were grouped by similarity, complementarity or contradiction to 11 sub-themes. Three major themes emerged: (1) Doctor's Dilemma (ethical dimension, fragmentation in decision-making, precarious medical training, stakeholders' relationship, judicial control of healthcare); (2) Failure in ICU access (no priority criteria, input/output bottlenecks, no single queue); (3) Social Drama (the lack of ICU beds, public policies' fragility, no accountability of the patient in the queue).

Conclusion: Since the factors are diverse, there's a claim for a new political and social pact that improves patient's care. To increase the number of ICU beds may not be a permanent solution. It is important to develop preventive strategies to reduce the burden of critical illnesses, as well as to promote accountability of those involved in the care of those patients.

EP-372

Which elements of the Nursing Activities Score influence the nursing workload?

Thamiris Ricci de Araújo¹, Mayra Gonçalves Meneguetti¹, Aline Nassiff¹, Francine Sanchez Gulin¹, Natássia Carmo Lopes Queiroz Ferreira¹, Maria Auxiliadora Martins², Anibal Basile Filho², Ana Maria Laus¹

¹Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil; ²Departamento de Cirurgia e Anatomia, Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil

Objective: To identify which items in the Nursing Activities Score (NAS) composition influence nursing workload in adult patients in Intensive Care.

Methods: Descriptive, prospective and quantitative analysis research. The population was constituted by critical adult patients of a tertiary university hospital, aged 18 years or over, with at least 24 hours of hospitalization at the unit. The data collection occurred during 30 days, in the months of March and April 2014, and the nursing workload was identified on the first day of patient's hospitalization. The calculation of the medium NAS allowed the division into two groups of patients, being considered high or low workload in relation to the average. Descriptive statistic was used for data analysis.

Results: 76 patients with a mean daily NAS of 82.03 points were included. Of these, 41 (54%) demanded low workloads and 35 (46%) demanded a high workload, with the average NAS of the two categories being 70.10 and 96.0, respectively. Comparing the values of the items and sub-items of the NAS instrument in the two groups of patients evaluated,

mobilization and positioning; ventilatory support; renal replacement therapy; monitoring and controls; hygiene procedures and interventions in the unit as differential elements in the increase of nursing workload were identified. **Conclusion:** the nursing workload is influenced by the level of severity of the patient's illness, reflecting the greater time and complexity of the activities performed.

Epidemiologia

EP-373

Mortality, rehospitalizations and occurrence of post intensive care syndrome among patients discharged from intensive care units in Southern Brazil: a multicenter prospective cohort study

Regis Goulart Rosa¹, Caroline Cabral Robinson¹, Renata Kochhann¹, Camila Dietrich¹, Francine Dutra¹, Daniel Sganzerla¹, Maicon Falavigna¹, Cassiano Teixeira¹

¹Hospital Moinhos de Vento - Porto Alegre (RS), Brasil

Objective: Little is known about the impact of ICU admission on long-term patient outcomes. The aim of this study was to evaluate mortality, rehospitalizations and occurrence of post intensive care syndrome (PICS) among patients discharged from ICUs in Southern Brazil.

Methods: A prospective cohort study involving survivors of medical-surgical ICUs of two tertiary hospitals in Southern Brazil was conducted from May 2014 to December 2016. Patients were followed-up through telephone interviews 3, 6 and 12 months after discharge from the ICU. The outcomes evaluated were 1-year mortality, 1-year rehospitalization rate, anxiety and depression (Hospital Anxiety and Depression Scale >7 points), post-traumatic stress disorder (PTSD) (Impact Event Scale-6 >10 points), and functional impairment (decrease \geq 5 points in the basal Barthel index [3 months before ICU admission]) at 6 months, and cognitive impairment at 12 months (Montreal cognitive Assessment <18 points).

Results: During the study 412 patients were evaluated. In total, 109/412 (26.4%) patients died and 206/378 (54.5%) were rehospitalized at least once during the follow-up. Anxiety occurred in 35/138 (25.4%) of patients, depression in 28/138 (20.3%), PTSD in 24/166 (14.5%), functional impairment in 148/288 (51.4%) and cognitive impairment in 105/138 (76.1%).

Conclusion: Post-ICU patients are at increased risk for long-term mortality and morbidity. PICS should be treated as a public healthcare problem.

EP-374

Análise de readmissões na unidade de terapia intensiva em menos de 24 horas após alta de pacientes submetidos à cirurgia cardíaca

André Luis Valera Gasparoto¹, Carlos Alberto Gonnelli¹, Thomaz Braga Ceglias¹, Mauro Sérgio Vieira Machado¹, Rodrigo Olynto de Almeida¹, Rafaela Winter Gasparoto¹, Danilo Stabile Gonnelli¹, Alessandro Tisso Goulart¹

¹Hospital da Real e Benemérita Associação Portuguesa de Beneficência - São Paulo (SP), Brasil

Objetivo: Atualmente é fundamental para o funcionamento de uma Unidade de Terapia Intensiva (UTI) a demonstração dos indicadores de qualidade, desde os comuns a qualquer UTI, assim como os específicos conforme o perfil da Unidade. É de grande importância para o gerenciamento da Unidade, em razão da alta rotatividade de leitos, aferir a efetividade da alta do setor. Este indicador específico desta Unidade é avaliado através da taxa de retorno dentro de 24 horas após a alta. **Objetivo:** Avaliar a taxa de retorno à UTI em pacientes submetidos à cirurgia cardíaca e as causas mais frequentes para traçarmos plano de ação específico para cada motivo de retorno.

Métodos: Avaliação retrospectiva de dados colhidos mensalmente em pacientes submetidos à cirurgia cardíaca.

Resultados: No ano de 2016, admitimos 3819 pacientes provenientes do centro cirúrgico em pós-operatório imediato de cirurgia cardíaca. Houve 154 retornos no decorrer do ano, correspondendo a 4% de todas as admissões. A principal causa de retorno foi Fibrilação atrial com alta resposta ventricular (71,4%), correspondendo a 110 pacientes; a segunda causa mais prevalente de retorno foi por desconforto respiratório (20,71%) correspondendo a 32 pacientes. Deste total de retornos, 3 pacientes evoluíram a óbito (1,94%) e os demais receberam alta do setor e hospitalar posteriormente, correspondendo a 0,07% de todas as admissões realizadas neste ano citado.

Conclusão: Apesar de observarmos uma taxa de retorno à UTI em menos de 24 horas de 4%, não há consenso em literatura deste indicador em Unidades de pós-operatório de cirurgia cardíaca.

EP-375

Análise do número de anastomoses em pacientes submetidos à cirurgia de revascularização do miocárdio

André Luis Valera Gasparoto¹, Carlos Alberto Gonnelli¹, Mauro Sérgio Vieira Machado¹, Thomaz Braga Ceglias¹, Rodrigo Olynto de Almeida¹, Alessandro Tisso Goulart¹, Daniel Orselli Comparato¹, Patricia Nogueira Lobo¹

¹Hospital da Real e Benemérita Associação Portuguesa de Beneficência - São Paulo (SP), Brasil

Objetivo: As cirurgias de revascularização do miocárdio (CRM) são realizadas quase em sua totalidade utilizando a(s) artéria(s) torácica(s) interna(s), artérias radiais ou veias safenas. Sabe-se que a durabilidade dos enxertos arteriais é superior aos venosos e portanto deve ser estimulado sua maior realização pelos centros hospitalares que realizam CRM. A utilização "de dupla mamária" (artérias torácicas internas direita e esquerda) apresenta melhores resultados a longo prazo quando comparado a utilização de apenas artéria torácica interna Esquerda e enxerto venoso. Todavia, a utilização "de dupla mamária" aumenta consideravelmente a probabilidade de mediastinite em obesos, diabéticos e mulheres. **Objetivo-** Avaliar o número de anastomoses arteriais e venosas em pacientes submetidos à CRM.

Métodos: Foi avaliado o banco de dados da UTI cardiológica, composta por 61 leitos para adultos. Foram selecionados todos os pacientes submetidos à CRM (n=3010, idade média de 61,7 anos) e somados o número de anastomoses arteriais e venosas, dividimos pelo número de pacientes para estabelecer o valor médio de todas as anastomoses, das anastomoses arteriais e das venosas.

Resultados: O número médio de anastomoses totais nos pacientes avaliados foi de 2,39, sendo que as anastomoses venosas corresponderam a 1,43 e as arteriais a 0,97.

Conclusão: Verifica-se que os enxertos venosos são mais utilizados que os enxertos arteriais (1,43 x 0,97) e que o número médio de todos os enxertos é de 2,39.

e total após realização do procedimento no ano de 2016. Calculamos a significância estatística através do coeficiente de correlação de Spearman, comparamos em 3 grupos separados pela idade.

Resultados: Constatamos que a idade como fator isolado é causa para maior permanência hospitalar em todos os setores e como média de permanência geral. Abaixo encontra-se os resultados: - <50 anos (n=52) UTI= 2,34 Enfermaria= 6,6 Total= 9,62 - 50 - 69 anos (n=409) UTI=2,83 Enfermaria=7,4 Total= 9,69 - >=70 anos (n=168) UTI=3,13 Enfermaria=9,38 Total= 12,04 - p <0,001 nos três grupos avaliados. Existe uma progressão contínua comparando-se a idade e o tempo de permanência hospitalar e por setores nos pacientes submetidos à CRM.

Conclusão: Concluimos através do Coeficiente de correlação de Spearman que há correlação positiva e significativa entre idade e dias de hospitalização, seja na UTI, enfermaria ou no tempo total.

EP-377

Analysis of epidemiological data and postoperative complications of different types of cerebral aneurysm treatment from a reference center in Southern Brazil

João Leonardo Zampieri Pelanda¹, Kennya Henriqueta de Carvalho¹, Marina Elise Pagel Scharf¹, Willian Augusto Guizzo¹, José Arthur Santos Brasil², Álvaro Réa-Neto²

¹Pontifícia Universidade Católica do Paraná - Curitiba (PR), Brasil; ²Centro de Estudos e Pesquisa em Emergências Médicas e Terapia Intensiva (CEPETI) - Curitiba (PR), Brasil

Objective: To analyze the epidemiology and postoperative complication and mortality rates of patients submitted to cerebral aneurysm treatment.

Methods: Retrospective collection of data from January 2016 to June 2017 of patients in postoperative (PO) care after being submitted to cerebral aneurysm correction, admitted to the Intensive Care Unit (ICU). Their epidemiological profile was assessed, and possible complications during their time of stay were evaluated, including intraoperative and postoperative ischemia, postoperative bleeding and death.

Results: Sixty patients in PO of cerebral aneurysm treatment were evaluated. Mean age was 54.5 years, being 73.3% of patients of female gender. Mean APACHE was 8.53. Procedures done were clipping (48.3%), coiling (38.3%) and flow diverter (13.3%). Most aneurysms were located at the Internal Carotid Artery (41.7%), followed by the Middle Cerebral Artery (28.3%). Thirteen (22%) treatment-related complications were observed. The most frequent of these was postoperative ischemia, counting for 7 cases (11.8%), occurring mostly in patients submitted to coiling. Other complications that were found: bleeding, in 3 patients (5%) and intraoperative thrombosis, in 1 patient (1.7%). Only 1 death occurred during the period evaluated, counting for a mortality rate of 1.7%.

EP-376

Análise do tempo de internação hospitalar (unidade de terapia intensiva e enfermaria) de pacientes submetidos à cirurgia de revascularização do miocárdio

André Luis Valera Gasparoto¹, Carlos Alberto Gonnelli¹, Mauro Sérgio Vieira Machado¹, Thomaz Braga Ceglie¹, Rodrigo Olynto de Almeida¹, Patricia Nogueira Lobo¹, Danilo Stabile Gonnelli¹, Rafaela Winter Gasparoto¹

¹Hospital da Real e Benemerita Associação Portuguesa de Beneficência - São Paulo (SP), Brasil

Objetivo: Pacientes submetidos à cirurgia de revascularização do miocárdio (CRM) possuem uma ampla variedade de comorbidades e possíveis complicações que são fatores determinantes no tempo de permanência hospitalar. Dentre os vários fatores, a idade é um fator independente para o aumento do tempo de hospitalização, maior probabilidade de complicações e óbito. Avaliar se existe linearidade progressiva entre o aumento da idade e a permanência nos setores de nosso hospital. Avaliar se realmente a idade como fator isolado é um preditivo de permanência como fator isolado.

Métodos: Foram selecionados os pacientes submetidos à CRM (n=620), avaliado a média de permanência nos setores

Conclusion: The postoperative complication rate found was 22%. Coiling was the procedure which had most complications during patient evolution (53%). The most prevalent complication observed was postoperative ischemia, in 11.8% of patients. Mortality rate found was 1.7%, corresponding to 1 out of 60 patients, following an intraoperative thrombosis.

EP-378

Analysis of multi-drug resistant infections in a university hospital: what to expect?

Álvaro Réa-Neto¹, Gabriela Bonilha Nogueira², Luana Alves Tannous³, Paula Geraldine David João³, Fernando Lucas Soares², Gabriel Senes Velloso Ribeiro², Guilherme Fraga Gehring², Gustavo Salles Bueno Zoéga²

¹Centro de Estudos e Pesquisa em Emergências Médicas e Terapia Intensiva (CEPETI) - Curitiba (PR), Brasil; ²Pontifícia Universidade Católica do Paraná - Curitiba (PR), Brasil; ³Hospital Universitário Cajuru - Curitiba (PR), Brasil

Objective: To define the profile of infections by multi-drug resistant microorganisms in the Intensive Care Units (ICU) of a University Hospital.

Methods: Retrospective observational analysis of medical records data from January 2015 to May 2017 of 116 ICU patients over 18 years old with positive culture for methicilin-resistant *Staphylococcus aureus* or gram-negative resistant to carbapenems and/or polymyxin.

Results: In this sample, general mortality rate was 68.1%. The elderly population (above 60 years) presented a significant higher mortality rate than the adult group (83.3% versus 54.8%) ($p < 0.01$). Moreover, there was a high mortality in bloodstream (84.62%) and ventilator-associated pneumonia (81.13%) subgroups. The most frequent site of infection was the respiratory tract (75.86%), in which the most prevalent bacteria found in the tracheal aspirate culture was *Acinetobacter baumannii* (58.4%). However, in urine culture, there was a high prevalence of *Klebsiella pneumoniae* (83.3%). The mean interval between ICU admission and positive culture was 16 days for *Acinetobacter baumannii* and 27 days for *Pseudomonas aeruginosa*. Respiratory infections (pneumonia and ventilator-associated tracheobronchitis or pneumonia) occurred earlier (average of 18 days) than other infections (average of 24 days) after ICU admission ($p < 0.01$). In this study, we found no relation between intravascular, bladder or intracranial devices with the corresponding site of infection.

Conclusion: Infections by multi-drug resistant microorganisms have high mortality in elderly population, and respiratory tract infections by gram-negative bacteria are widely common and occur early after ICU admission.

EP-379

Are weekend admissions related to bad outcomes?

Paulo Maciel Rinaldi¹, Eduardo Mensch Jaeger¹, Emanuella Flávia Alves Pinto¹, Juliana Gamalho Pereira¹, Lucas Zambiasi¹, Talita Fischer Oliveira¹, Marina Peres Bainy¹, Rafael Olivé Leite¹

¹Universidade Federal de Pelotas - Pelotas (RS), Brasil

Objective: To compare patients recently discharged from a Brazilian intensive care unit (ICU) who died in the ward to those who survived.

Methods: Retrospective cohort study based on data of patients who were discharged from an ICU, between January, 2015 and December, 2016. It evaluated medical records, death certificates and their SAPS3 score results from the last ICU admission.

Results: Of all 765 patients discharged from the ICU, 70 (9.2%) died in the ward. The deceased group was composed mainly by men (55.7% vs 54.3%; $p = 0.837$), older (70.7 vs 60.1 years; $p < 0.001$), had higher SAPS3 score results (63.2 ± 16.7 vs 41.9 ± 14.7 ; $p < 0.001$), longer length of stay at ICU (10.9 ± 9 vs 3.7 ± 5.4 days; $p < 0.001$) and increased readmission rates (20% vs 5%; $p = 0.004$). The last admission to ICU was more frequently urgent (81% vs 32%; $p < 0.001$) and on weekends than the ones of the survival group (34% vs 13%; $p = 0.01$; RR: 2.9; IC95% 1.9-4.6). The mean time from discharge to death was 15 days (± 9) and the main causes were: sepsis (52.9%), cardiovascular (14.3%), cancer (12.6%), acute respiratory failure (10%), unspecified cause (7.1%).

Conclusion: Patients who died in the ward were older, had higher illness severity and increased length of stay at the ICU. Weekend admissions were correlated with ward mortality, with nearly twice the risk of death.

EP-380

Características da população de uma unidade de terapia intensiva cardíaca cirúrgica de grande porte

Claudia Cantagalli Soleo¹, Patricia Baldiseria Silvestre¹, Karen Azevedo Benevenuto¹, Debora Barbosa Guerra¹, Mary Ellen Figueiredo Ruffato¹, Jéssica Santoro¹, Luciana Dalla Torre¹, Carlos Alberto Gonnelli¹

¹Hospital Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objetivo: Analisar as características clínicas dos pacientes submetidos à cirurgia cardíaca em um hospital de referência na cidade de São Paulo, com vínculo ao Sistema Único de Saúde.

Métodos: Estudo observacional descritivo, cuja amostra foi composta por 474 pacientes no pós-operatório (PO) de Cirurgia Cardíaca, com levantamento de dados do pré e pós operatório, obtidos através de análise prontuários.

Resultados: Verificou-se predominância do sexo masculino 61% x 39% feminino. A idade variou de 18 a 85 anos, mediana 62. Comorbidade: hipertensão arterial sistêmica

83%, dislipidemias 38%, diabetes 35%, tabagismo 32%, 25% IAM prévio e cirurgia cardíaca prévia 8%. Variação IMC 17 a 45, média 26,9. Entre as cirurgias, a mais realizada foi a Revascularização de Miocárdio 72%, seguida por 21% de trocas e/ou plastias e/ou Retroca de válvulas Mitral/Aórtica. 9% dos pacientes realizaram cirurgia sem uso de Circulação extracorpórea (CEC). 81% com CEC, média 65 minutos, variação de 15 a 238 minutos, 11% acima de 100 minutos, 32% abaixo de 50 minutos. Com relação a alta hospitalar 37% pacientes tiveram alta até o 5ºPO, 68% alta até o 7ºPO. As taxas de internação prolongada (superior ao 10º PO) e mortalidade correspondem, respectivamente, a 15% e 1,9%.

Conclusão: A população da unidade de terapia intensiva cardiológica cirúrgica estudada é composta, e maioria absoluta, por pacientes submetidos ao procedimento de RM, dado semelhante ao de outras instituições descritas na literatura. O conhecimento das características dos pacientes pode contribuir com a excelência da assistência prestada.

EP-381

Central catheter of peripheral insertion: indications and complications in adults

Rita de Cássia Noronha Medeiros¹, Ricardo de Oliveira Lima¹, Ítalo Lennon Sales de Almeida², Caroline Lavour Fernandes¹, Paulo Giordane¹

¹Hospital Geral Dr. Cesar Cals de Oliveira - Fortaleza (CE), Brasil;

²Universidade Estadual do Ceará - Fortaleza (CE), Brasil

Objective: To identify the indications of the use of the central venous catheter of peripheral insertion (PICC) and the complications that lead to the withdrawal of the catheter. **Methods:** A descriptive study with a quantitative approach, performed in a general hospital in a capital city of the northeastern Brazil. The data were collected in July 2017.

Results: A total of 46 PICC catheters were analyzed, of which 20 (44%) were patients from the infirmary and 26 (57%) from the intensive care. The majority of the population was women (60.9%). The main indication criteria were prolonged antibiotic therapy (82.6%), followed by venous access difficulty, parenteral nutrition, chemotherapy and vasoactive drugs. The basilic vein (91.3%) was the most used by qualified nurses because they have a smaller number of valves, larger caliber and favorable anatomy. The choice of the right upper limb (95.6%) offers greater ease of progression and centralization of the catheter. Patient discharge, death and the end of the treatment were reasons without complication for the withdrawal of the PICC from 31 patients (67.4%). However, 15 patients (32.4%) withdrew their catheters due to fever, obstruction, thrombosis, exteriorization, catheter node or inadequate withdrawal.

Conclusion: Antibiotic therapy was the main indication for the use of PICC in the analyzed hospital. The care of the nursing staff with the catheter should be emphasized to avoid complications that may indicate early withdrawal from the PICC or bring harm to the patient's health.

EP-382

Clinical and epidemiological profile of patients admitted to the intensive care unit of the university hospital - UFBA, Salvador, Bahia, Brasil

Gabriel Nascimento Jesus¹, Raissa Borges Peixoto¹, Carolina Machado Lemos², Raíza Barros Couto¹, Beatriz Kelly Oliveira Silva¹, Rafael Viana dos Santos Coutinho¹, Marília Niedermeyer Fagundes³, Raquel Hermes Rosa Oliveira³

¹Faculdade de Medicina da Bahia, Universidade Federal da Bahia (UFBA) - Salvador (BA), Brasil; ²Escola Bahiana de Medicina e Saúde Pública - Salvador (BA), Brasil; ³Unidade de Terapia Intensiva, Hospital Universitário Professor Edgard Santos - Salvador (BA), Brasil

Objective: To describe the clinical and epidemiological profile of patients admitted to the mixed Intensive Care Unit (ICU) of a University Hospital.

Methods: This is a descriptive and retrospective study of adult patients admitted in the ICU from August/2016 to May/2017, through medical records review. Exclusion criteria included age less than 18 years, ICU stay less than 24 hours and readmission to the ICU. Statistical analysis was done by SPSS 21 software.

Results: 264 patients were included. The mean age was 57 ± 18 years; 50% were 60yo or older; 51.5% were male; 50.7% were admitted by a medical reason; 12% had cancer. The most frequent comorbidity was chronic liver disease, 9.2%; 27% presented acute kidney injury, 31% were in mechanical ventilation and 27.7% used vasopressors during the first 24h of ICU admission. The mean APACHE II and SAPS III scores were 16.3 ± 6.8 and 49.9 ± 16.3 with average risk of death of 23.9% and 28% respectively. The mean ICU length of stay was 8 ± 10 days with median of 4 days. The mortality rate was 20.1%. Patients admitted with infection (sepsis included) had greater mortality (35.8%) followed by those in post-emergency surgery (27.8%) and severe cardiopulmonary disease (22.6%).

Conclusion: Severely ill elderly patients requiring hemodynamic and ventilatory support mainly composed the studied population. Knowledge of clinical and epidemiological profile of critically ill patients allows better distribution of resources to intensive care.

EP-383

Clonal dissemination of Burkholderia cepacia in an intensive care unit associated with intrinsically contaminated chlorhexidine mouthwash

Silvia Maria dos Santos Saalfeld¹, Almir Germano¹, Kelly Cristina Inoue¹, Danielle Rosani Shinohara², Cecília Saori Mitsugui³, Dário Bordas Garcia⁴, Cesar Helbel⁴, Maria Cristina Bronharo Tognim²

¹Unidade de Terapia Intensiva Adulto, Hospital Universitário de Maringá - Maringá (PR), Brasil; ²Departamento de Ciências Básicas da Saúde, Universidade Estadual de Maringá - Maringá (PR), Brasil; ³Laboratório Clínico, Universidade Estadual de Maringá - Maringá (PR), Brasil; ⁴Serviço de Controle de Infecção, Hospital Universitário de Maringá - Maringá (PR), Brasil

Objective: To investigate the unusual high incidence of Burkholderia cepacia in an intensive care unit.

Methods: Over a period of 23 days, isolates of *Burkholderia cepacia* were recovered from cultures of tracheal aspirate (more than 1,000,000CFU/mL) from six patients admitted in an 8-bed intensive care unit. Routine oral care of ventilated patients included tooth brushing with chlorhexidine twice daily. To investigate the possible source of *B. cepacia*, cultures were obtained of tap water from sinks, ultrasound gel, toothbrush, and mouthwash (chlorhexidine digluconate 0.12%), including both open and unopened bottles. The phenotypic characterization of *B. cepacia* was performed using the BD-Phoenix² automated system, and molecular typing by using Polymerase Chain Reaction²/Enterobacterial Repetitive Intergenic Consensus (ERIC-PCR) technique.

Results: The mouthwash was the only sample contaminated with *B. cepacia* (opened bottle, 220,000CFU/mL and unopened bottle, 170,000CFU/mL). One patient contracted pneumonia by *B. cepacia* associated with mechanical ventilation, and five remained asymptomatic (colonized). In one patient, *B. cepacia* was also isolated from the rectal swab (culture of surveillance). Of the six patients, four died. All isolates of *B. cepacia* were identified as belonging to the same clone by ERIC-PCR. The mouthwash was withdrawn from ICU and no new cases of *B. cepacia* colonization developed. The National Health Surveillance Agency was notified.

Conclusion: Our findings demonstrate that intrinsically contaminated chlorhexidine mouthwash solution was the source of the dissemination of *B. cepacia* in our ICU. The results also highlight the importance of the personnel control infection role.

Results: There were a total of 631 discharges from ICU and 242 colonizations identified at the hospital in 2016. Of the 242 colonizations, 137 were identified at ICU, but 22 were excluded because occurrence during the first 48 hours of admission, suggesting previous colonization. Therefore, a total of 115 colonizations were attributed to ICU, presented in 89 patients. The following bacterial frequencies were obtained in number of cultures: *Klebsiella pneumoniae* (KPC): 59 (51,30%); *P. aeruginosa* MR: 24 (20,86%); *A. baumannii* MR: 16 (13,91%); *Klebsiella* MR: 9 (7,82%); VRE: 3 (2,60%) e MRSA: 3 (2,60%).

Conclusion: A total of 14,10 % of the patients that were admitted to ICU-HU-UFSC in 2016 were colonized with MDR bacteria. There was significant predominance of Gram-negative bacteria among the 115 colonizations. The most commons was *K. pneumoniae* (KPC), followed by *P. aeruginosa* and *A. baumannii*. The data obtained will be useful to define the epidemiological profile of the ICU at HU-UFSC and to plan preventive actions.

EP-385

Comparação da morbimortalidade nos últimos quatro anos em unidades de terapia intensiva do triângulo mineiro

Marisa Afonso Andrade Brunherotti¹, Carla Cristina Ferreira de Andrade¹

¹Universidade de Franca (UNIFRAN) - Franca (SP), Brasil

EP-384

Colonization by multi-drug resistant bacteria in patients of the intensive care unit of the university hospital of Florianopolis, southern Brazil in 2016

Jéssica de Andrade¹, Camila do Couto Maia², Carlos Rodrigo Zárate-Bladés¹, Taise Costa Ribeiro Klein², Patrícia de Almeida Vanny²

¹Laboratório de Imunoregulação, Departamento de Microbiologia, Imunologia e Parasitologia, Universidade Federal de Santa Catarina (UFSC) - Florianópolis (SC), Brasil; ²Serviço de Controle de Infecção Hospitalar, Hospital Universitário Polydoro Ernani de São Thiago, Universidade Federal de Santa Catarina (UFSC) - Florianópolis (SC), Brasil

Objective: This study aimed to describe the occurrence of multi-drug resistant bacteria in patients hospitalized at the Intensive Care Unit (ICU) of the University Hospital of Florianopolis (HU-UFSC), southern Brazil, during 2016.

Methods: A retrospective study was conducted based on secondary data analysis of the Hospital Infection Control Service database of the ICU of HU-UFSC. The following bacteria were considered MDR: Enterobacteriaceae carbapenem-resistant, carbapenem-resistant *Pseudomonas*, carbapenem-resistant *Acinetobacter*, methicillin resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant *Enterococcus* (VRE).

Objetivo: Esse estudo possui como objetivo comparar a morbimortalidade de duas Unidades de Terapia Intensiva Adulta (UTIA), de hospitais públicos e privados que fazem internações pelo SUS em cidades do interior de Minas Gerais.

Métodos: Trata-se de uma pesquisa descritiva com abordagem quantitativa, realizada no DATASUS do Ministério da Saúde, compreendendo o período de janeiro de 2012 a dezembro de 2016, em dois pequenos municípios do triângulo mineiro, que pertencem à mesma microrregião de saúde e possuem densidade demográfica semelhante, nos quais foram incluídos 3.144 (três mil, cento e quarenta e quatro) pacientes internados no setor.

Resultados: A variável utilizada engloba as doenças que mais levaram os pacientes a óbito nos municípios de Patos de Minas (A) e Araguari (B). Em ambos os municípios detectaram-se doenças do aparelho cardiocirculatório, como a primeira 27,3% (A) e 29,7% (B); a segunda causa são as doenças do sistema respiratório 25,4% (A) e 26,2% (B); em terceiro lugar estão as infecções com 15% (A) e 11,3% (B); e a quarta maior causa de morte são as patologias do sistema digestivo 8,6% (A) e 9,4% (B). Os resultados apontam a necessidade de investir no controle e prevenção das doenças cardiorrespiratórias para redução de óbitos na unidade.

Conclusão: Através do perfil epidemiológico conhecido da população, assevera-se ser imprescindível a geração de estratégias para promoção da saúde. As doenças cardiorrespiratórias e respiratórias possuem maior incidência e merecem atenção dos profissionais e do poder público.

EP-386

Comparing outcome of patients with and without acquired immunodeficiency syndrome in the intensive care unit of Instituto de Infectologia Emilio Ribas in São Paulo, Brazil

Ceila Maria Sant'Ana Málaque¹, Késia Alves dos Santos¹, Catarina Rodrigues Corrêa¹, Jaques Sztajnbock¹

¹Instituto de Infectologia Emilio Ribas - São Paulo (SP), Brasil

Objective: Compare the outcome of patients diagnosed with acquired immunodeficiency syndrome (AIDS) and without AIDS hospitalized in the ICU.

Methods: The EPIMED database was used to analyze the data of patients admitted in the ICU of the Instituto de Infectologia Emilio Ribas in the year of 2016.

Results: A total of 476 patients were admitted to ICU in 2016. Of those, 69.54% were diagnosed with AIDS. The main causes of admission in ICU for patients with AIDS and without AIDS were infections/sepsis (52.0 x 40.9%) and respiratory failure (10.7 X 14.1%). The SAPS3 score was 60.6 ± 13.1 X 51.9 ± 15.5 (p: 0.0000) and the length of stay (LOS) in the hospital was 35.7 ± 50.5 X 29.3 ± 32.9 days (p: 0.0231). On admission at ICU 35.7 X 24.7% of the patients used vasoactive drugs (p: 0.0235) and 46.0 X 34.5% underwent mechanical ventilation (p: 0.0249). The ICU and hospital mortality rate (MR) was 43.5% x 29.7% (p: 0.0043) and 53.4 x 34.7% (p: 0.0002), respectively. The MR in patients with AIDS was higher in those with longer hospital LOS before admission to the ICU (17.4 ± 65.4 x 8.5 ± 15.5 ; p: 0.0493).

Conclusion: The patients with AIDS had a longer hospital LOS and presented higher mortality rate. The mortality was associated with the longer hospital LOS before admission to the ICU.

EP-387

Critical care capacity in Haiti: a national survey

Lia Ilona Losonczy¹, Marc Augustin², Michael T Mccurdy¹, Vivienne Lemos³, Sarah Williams¹, Nathalie Colas², Jerry Chandler⁴, Alfred Papali¹

¹University of Maryland School of Medicine - Baltimore, Maryland, United States; ²St. Lukes Hospital - Port Au Prince Ouest, Haiti; ³Taddle Creek Family Health Team - Ontario, Toronto, Canadá; ⁴Protection Civile Haiti - Port Au Prince Ouest, Haiti

Objective: Haiti has the poorest health indices in the Western Hemisphere and few data exist regarding treatment of the critically ill. We sought to understand capacity and barriers to care.

Methods: We performed the first known nationwide survey of critical care capacity in Haiti. Surveys were distributed via e-mail in paper and electronic format, in French and English. Statistical analysis was performed using Stata 11.

Results: Thirteen hospitals responded, representing six of ten Haitian departments. The five most commonly reported causes

of death were sepsis, stroke, trauma, heart and renal failure. Twelve (92.3%) reported having Emergency Departments (EDs) and six (46.1%) reported having intensive care units (ICUs), with 51 total ICU beds (median 8.5 [IQR 6-10] ICU beds/hospital). All hospitals reported insufficient ICU beds to meet need. All ICUs reported having ventilators, with 27 total ventilators (median 3.5 [IQR 3-6] ventilators/hospital). Of hospitals with ICUs, 50% reported 24-hour physician coverage, but only one (17%) reported physicians with formal critical care training and one (17%) different hospital had nurses with formal training. One (17%) reported access to respiratory therapists. Of all hospitals, 92.3% had regular access to x-rays, 40% to CT scanners, 61.5% to portable ultrasound (100% of those with ICUs). Donated supplies often went unused (31%). The three greatest needs reported were subspecialist physicians, infrastructure, and ventilators. **Conclusion:** Many barriers exist to caring for the critically ill in Haiti. Identifying these may allow targeted interventions to improve capacity, education and training.

EP-388

Critically ill oncology patients: risk factors for intensive care unit mortality in a cancer hospital - Northeast Brazil

Ana Paula Pierre de Moraes¹, Antônio Augusto Moura da Silva², Gustavo Teixeira Alves¹, José Ricardo Santos de Lima¹

¹Hospital de Câncer do Maranhão Tarquínio Lopes Filho - São Luís (MA), Brasil; ²Universidade Federal do Maranhão - São Luís (MA), Brasil

Objective: To evaluate the risk factors for ICU mortality among cancer patients.

Methods: A retrospective study conducted at a 11bed ICU of a public cancer hospital in São Luis-Maranhão, northeast of Brazil. All cancer patients requiring ICU admission from January to December 2016 were included. Risk factors for ICU mortality were analyzed by a conceptual hierarchical framework evaluated using a logistic regression model.

Results: Out of 446 patients, 289(65%) had solid locoregional tumors, 106(24%) had solid metastatical tumors and 51(11%) were onco-hematology patients. There were 221(50%) admissions due to medical reasons, 207(46%) and 18(4%) for postoperative care after elective and emergency surgery, respectively. The overall ICU mortality was 34%. At univariate analysis survivors and non-survivors differ in sex and functional capacity (p=0,03). ICU non-survivors cancer patients had more comorbidities, higher SAPS3 and SOFA scores, higher need of mechanical ventilation and vasopressors at admission and during ICU stay and had more unplanned admissions (p<0,001 for all). At hierarchized multivariate analysis, comorbidities (p=0,02), oncohematological disease, admission for medical and emergency surgical reasons, SOFA score and mechanical ventilation were risk factors ICU mortality (p<0,001 for all). **Conclusion:** Characteristics prior and upon hospital/ICU admission were identified as risk factors for ICU mortality

in our study. The severity of acute illness at ICU admission suggest that prompt recognition of organ dysfunction and the possibility of early ICU admission may offer opportunities to prevent and better manage life-threatening complication.

EP-389

Electrolyte disorders in critically ill patients

Larissa Bianchini¹, Jussara Gomez¹

¹Universidade de Passo Fundo - Passo Fundo (RS), Brasil

Objective: To assess the incidence of electrolyte disorders at Intensive Care Unit(ICU) admission, its relation with mortality and to evaluate if the correction of the disorder in 48 hours influences ICU and in-hospital mortality.

Methods: We performed a retrospective study, including patients >18 years-old admitted for more than 48 hours at the ICU of Hospital São Vicente in the first semester of 2017. Sodium, potassium, chloride, calcium, magnesium, phosphorus were measured at ICU admission and 48 hours after and evaluated regarding their possible association with mortality.

Results: A total of 273 patients with a mean age of 52.94 years and 60.8% of them male were included. In this sample, hypernatremia at admission was associated with a two-fold increase in the risk of in-hospital death ($p=0.024$) and hyperphosphatemia increased mortality by 2.4 times ($p=0.001$). For those who were hypernatremic on ICU admission, every within-subject 1mmol/L alteration was associated with 1.8 times higher mortality ($p=0.028$). In 48 hours, only hyperphosphatemia increased both ICU and in-hospital mortality ($p<0.001$) and hyponatremia ($p=0.003$) and hypokalemia ($p=0.07$) were also related to ICU death. No differences in ICU and in-hospital mortality were observed with correction of the evaluated electrolytes disorders within 48 hours of ICU admission.

Conclusion: The correction of measured electrolytes in the first 48 hours of ICU admission was not associated with decreased mortality, although a larger sample is needed to confirm these findings.

EP-390

Epidemiological profile of patients admitted as victims of external causes in public intensive care units in the metropolitan area of São Paulo

Kássia Pinho da Silva¹, José Albani de Carvalho Junior², Liliane Nunes da Silva², João Paulo Venturelli Martins², Anamélia Gouveia Gama², Aline Andrea Martins Moreira², Mariza Silva Ramos Loesch¹, Anary Isis Rossi Martins Moreira²

¹Hospital e Maternidade São Luiz Itaim - São Paulo (SP), Brasil; ²Hospital Geral de Itapeverica da Serra - Itapeverica da Serra - São Paulo (SP), Brasil

Objective: To identify the epidemiological profile of patients admitted for external causes in public ICUs in the metropolitan area of São Paulo.

Methods: Retrospective, descriptive study performed in four public ICUs from January 2001 to May 2017 in hospitals in the metropolitan area of São Paulo. Magma® management software was used. For the analysis of the data was used t-test of student.

Results: 1735 patients hospitalized for external causes were identified. 81.4% male, average age 39.9 years, 51.6% surgical hospitalizations and 48.4% clinics. The external causes observed were 14.3% motorcycle, 13.1% fall of the height itself, 12.3% automobile accident, 12.2% fall in height, 11.3% exogenous intoxication, 11.24% trampling, and 25, 6% others. The mean ICU length of stay was 10.21 days and death 13.87 ($p<0.05$). When analyzed the isolated causes, automobile accident and motorcycle, it was observed a predominance of 83.9% males and average age of 31.5 years and in relation to the falls of the own height was observed 72.2% males and average age of 59.8 years. It was observed that 79.7% had a final high hospital outcome and 20.3% died. The Apache II prediction 19.4%, and SMR 1.05.

Conclusion: There was, in general, a predominance of males. Regarding the isolated causes, we observed that height falls occur in older men with higher frequency. Accidents already victimize more young men

EP-391

Evaluation of clinical and laboratory factors associated with success of extubation in adult patients admitted to an intensive care unit - Part I: epidemiological data

Maria Aparecida Vitagliano Martins¹, Silene El-Fakhouri¹, Lucieni de Oliveira Conterno¹, Thie Uehara Sampaio¹

¹Faculdade de Medicina de Marília (FAMEMA) - Marília (SP), Brasil

Objective: To evaluate the epidemiological profile of patients admitted an ICU, to determine the variables associated with evolution.

Methods: Prospective cohort study, including adults, hospitalized in general ICU, in mechanical ventilation > 24 h, from 01/04/2016 to 03/31/2017. Statistical analysis: comparison of means, T-student test, and the proportions by the squared test or Fisher's test and p value <0.05 considered statistically significant.

Results: Total of 156 patients, 60.9% male, 56.4% from emergency room, 28.2% surgical center, and 7.1% from clinical ward. 48.7% were clinical cases, 30.1% emergency surgery, 10.3% elective surgery, 10.9% trauma. Most frequent diagnoses: acute respiratory failure 30.8%, intracranial trauma 12.8%, acute abdomen 9.6%, unclassified shock 8.3%. General Mortality 28.2%. The comparison of surviving patients with those who evolved to death showed a mean age of 51 x 62.1 years $p<0.0001$; APACHE II of 20.2 x 24.7 $p=0.004$; UTI permanence

days 21 x 15.6 p = 0.009; mechanical ventilation days 16.9 x 14.5 p = 0.006; sedation days 51 x 62.1 p = 0.15; positive water balance days 2.2 x 5.3 p = 0.06; hyperglycemia days 9.3 x 9.2 p = 0.24; IOT days 11.6 x 11.6 p = 0.98.

Conclusion: The prevalence of cases from the emergency room, with an emergency surgical profile, trauma and intracranial trauma, suggests an severe cases and a high complexity ICU. The variables, age, APACHE II, length of stay in ICU and mechanical ventilation days had a statistically significant association with the deaths. Partial result; work in progress.

EP-392

Evaluation of postoperative complications at an oncological intensive care unit in the city of Curitiba, Brazil

Álvaro Réa-Neto¹, Lorena Macedo Araujo Miranda², Flavia Lucena da Costa³, Giorgia Maria Moreira de Campos³, Juliana Cordeiro E Silva³, Samara Ezzat Khalil³

¹Centro de Estudos e Pesquisa em Emergências Médicas e Terapia Intensiva (CEPETI) - Curitiba (PR), Brasil; ²Hospital Erasto Gaertner - Curitiba (PR), Brasil; ³Pontifícia Universidade Católica do Paraná - Curitiba (PR), Brasil

Objective: To perform a mapping of the profile of postoperative patients admitted to an oncological Intensive Care Unit (ICU) in Curitiba, Brazil, and their complications.

Methods: Cross-sectional retrospective study, through medical records from 300 patients admitted to the Erasto Gaertner Hospital ICU, for further statistical analysis.

Results: Data was obtained from December 2016 to March 2017, covers 133 females and 167 males. The majority was discharged from ICU (87%). The mean age of the patients in the postoperative period was 62 years and the mean APACHE II score was 17. In comparison, the mean APACHE II in patients who died was 28. The most prevalent kind of surgery was Abdominal Surgery (35.3%), followed by Head and Neck Surgery (19.3%) and Neurosurgery (11%). Of the total sample, 56.7% had some type of complication. The three most frequent were: hydroelectrolytic disorder (16.7%), sepsis (13%) and acute anemia (10.7%). It was also analyzed the impact of complications on death in these patients. In the group of patients who developed infection and sepsis, 37.5% died (p<0.01), as well as 22% from the hydroelectrolytic disorders group (p=0.03).

Conclusion: Although the study has gone through an oncologic ICU and the mean APACHE II was high, the majority was discharged. The most frequent complications observed were hydroelectrolytic disorder, sepsis and acute anemia. Deaths were related to infection, sepsis and hydroelectrolytic disorders. These data can result in better management in postoperative oncologic ICU and prevention of complications and death.

EP-393

Impact of patient's admission source on prognosis: is there a difference?

Arnaldo Aires Peixoto Júnior¹, Natália Linhares Ponte Aragão¹, Vitor Nogueira Araújo¹, Zilfran Carneiro Teixeira¹, Beatriz Amorim Beltrão¹, Antônio Brazil Viana Júnior¹, Daniely Viana da Silva Costa¹

¹Hospital Universitário Walter Cantídio, Universidade Federal do Ceará - Fortaleza (CE), Brasil

Objective: To characterize the clinical profile of adult patients admitted in an ICU according to their admission source and its implication regarding the outcome.

Methods: 80 patients admitted to the general ICU of Walter Cantídio University Hospital (from March 2015 to June 2017), were categorized into two subgroups according to their admission source: inpatients, when the source was the hospital itself, and outpatients, when they came from elsewhere. They were further classified into priority categories according to SCCM guidelines from 2016.

Results: The majority of patients were male (53.7%), with a mean age of 56.5 ±19.2 years. Inpatients and outpatients subgroups showed higher prevalence of patients classified as priority 3 (69.0% and 54.5%, respectively). No statistically significant differences were found in terms of severity scores at admission (APACHE II and SOFA) between the subgroups (p=0.428 and p=0.367, respectively). There was also no difference between inpatients and outpatients groups regarding: the degree of organic dysfunction measured by SOFA by the third day of ICU stay (p=0.827); need for palliative care service follow-up (p=0.386); length of hospital stay after ICU discharge (p=0.589); and overall mortality rate (p=0.765). Outpatients subgroup presented greater need for tracheostomy (p=0.010) and longer ICU stay compared to the inpatients group.

Conclusion: The admission source of the patients did not influence severity, implying differences only in the length of stay in the ICU and the need for tracheostomy.

EP-394

Incidência de delirium, medidas de suporte e desfecho clínico em pacientes críticos

Ellen Maria Pires Siqueira¹, Mariana Davies¹, Nilda Rosa de Oliveira Prado¹, Regina Claudia Silva Souza¹

¹Unidade de Terapia Intensiva, Hospital Sírio-Libanês - São Paulo (SP), Brasil

Objetivo: Descrever a incidência de Delirium em pacientes críticos, uso de medidas de suporte durante a internação e desfecho clínico na unidade e hospitalar.

Métodos: Estudo descritivo, observacional, retrospectivo. Todos os pacientes admitidos na unidade de terapia intensiva entre janeiro de 2015 a dezembro de 2016 com diagnóstico de Delirium durante a internação foram avaliados. Dados epidemiológicos, SAPS 3 Score, medidas de suporte e desfecho na unidade e hospitalar foram coletados.

Resultados: Durante o período observado, 4445 pacientes internaram na Unidade de Terapia Intensiva (UTI), sendo que 909 (20,4%) apresentaram Delirium, com idade média de 76,2 ($\pm 15,2$) anos, 484 (53,2%) pacientes do sexo masculino, 617 (67,9%) com internação clínica, 150 (16,5%) foram readmissões na UTI e média do SAPS 3 de 49,9. O tempo médio de internação na unidade foi de 7,8 dias e 34,6 dias de internação hospitalar. Em relação às medidas de suporte, 279 (30,7%) pacientes usaram Ventilação não-invasiva, 236 (26,0%) Ventilação Mecânica, 23 (2,5%) submeteram-se a Traqueostomia durante a internação na unidade, 386 (42,5%) usaram drogas vasoativas, 80 (8,8%) receberam terapia dialítica de substituição renal, 66 (7,3%) receberam dieta parenteral e 247 (26,8%) foram transfundidos. Dentre os pacientes que apresentaram Delirium na UTI, 104 (11,4%) morreram na unidade e 213 (23,4%) no hospital.

Conclusão: Entre os pacientes críticos, o Delirium apresentou incidência relevante e impacto na mortalidade. As medidas de suporte se apresentaram como fatores consideráveis para o desfecho clínico.

EP-395

Indices of patients with cardiovascular diseases under long term care in Brazilian hospitals

Camylla Santos de Souza¹, Caio Teixeira dos Santos², Patrícia Pampuri Lopes Peres³, Bruna Gomes Pereira⁴, Marina de Paulo Sousa Fontenele Nunes⁵, Marcelo dos Santos Cruz Júnior⁶, Isabela Corrêa Cavalcanti Sá⁵, João David de Souza Neto⁷

¹Faculdade de Medicina, Universidade Federal do Ceará - Fortaleza (CE), Brasil; ²Universidade Severino Sombra - Vassouras (RJ), Brasil;

³Universidade Cidade de São Paulo (UNICID) - São Paulo (SP), Brasil; ⁴Universidade Federal de Alagoas - Maceió (AL), Brasil; ⁵Faculdade de Medicina, Universidade de Fortaleza (UNIFOR) - Fortaleza (CE), Brasil;

⁶Instituto Tocantinense Presidente Antônio Carlos (ITPAC) - Araguaína (TO), Brasil; ⁷Hospital de Messejana Dr. Carlos Alberto Studart - Fortaleza (CE), Brasil

Objective: To analyze the number of patients with cardiovascular diseases (CVD) under long-term care in Brazilian hospitals.

Methods: Descriptive study with data obtained by DATASUS in the last 5 years.

Results: CVDs, when not properly treated, interfere with the complete recovery of the affected patient, becoming an aggravating factor for other pathologies. In Brazil, from April 2012 to April 2017, 82,867 patients with CVD were hospitalized under long-term care. Most of them were from the Southeast (70%) and the Northeast (25.2%), followed by the South (3.3%), Central-West (0.97%) North (0.02%). A 16% decrease in the number of patients with CVD under long-term care in the last 5 years was

noticeable (2,933 patients). There was a reduction in long-term care in the Southeast, while in the Northeast and Center-West, the number of patients increased. The South and North showed little variation. The states with most reports of CVD long-term care in each region were Rondônia (10), Bahia (16,726), Rio de Janeiro (25,974), Rio Grande do Sul (23,119) and Mato Grosso do Sul (649). Underreporting is still a challenge, with almost total absence of data in Espírito Santo and Santa Catarina. Central-West presented significant notifications only after August 2014, which contributes to the low number when compared to the other regions.

Conclusion: Despite the reduction in the number of long-term care in the last 5 years, the number of patients with CVD is still quite significant.

EP-396

Intra-abdominal hypertension incidence in severely burned patients

Glória Vicente de Rezende¹, Meiry Sayuri Tsuda¹, Leonardo Shingu de Oliveira¹, Lissa Shizue Tateiwa Niekawa¹, Lucienne Tiberly Queiroz Cardoso¹, Cintia Magalhães Carvalho Grion¹

¹Universidade Estadual de Londrina - Londrina (PR), Brasil

Objective: To evaluate intra-abdominal pressure and organ dysfunctions associated with abdominal compartment syndrome in patients with extensive burns.

Methods: A prospective cohort study was carried out at the Burn Treatment Center including patients with = 20% total burned surface area admitted from August 2015 to November 2016. Clinical and demographic data were collected, as well as data about etiology and extension of burn injuries. During the intensive care unit stay, the SOFA score was collected every 24 hours. Intra-abdominal pressure was measured periodically during the first week of stay.

Results: During the study period, 50 patients were included in the study, most of the patients were male (66%), with median age of 39 (interquartile range-ITQ: 28-53) years. The total burned surface area had a median of 30% (ITQ: 20-46). Twenty-eight (56%) patients presented criteria for intra-abdominal hypertension, and seven patients (14%) developed clinical signs compatible with abdominal compartment syndrome. Most new cases of intra-abdominal hypertension occurred between the fourth and fifth days after burn injury. The severity of the burn was greater among those with abdominal compartment syndrome, and this group showed a higher frequency of alteration of renal and respiratory functions.

Conclusion: The incidence of intra-abdominal hypertension during study period was high and the risk factors associated were the total burned surface area and positive fluid balance. The occurrence to abdominal compartment syndrome was lower and organ dysfunctions most commonly found were respiratory, cardiovascular and renal.

EP-397

Mortality of adult oncologic patients admitted to an intensive care unit: a cohort study

Carolina Ruiz Balart¹, Sergio Panay Serra², Paulo Caro Cornejo², Marcelo Abarca Calquin², Bruno Nervi Nattero³, Sebastia'n Mondaca Contreras³

¹Departamento de Medicina Intensiva, Pontificia Universidad Católica de Chile - Santiago, Chile; ²Hospital Dr Sotero Del Rio - Santiago, Chile;

³Departamento de Onco-Hematología, Pontificia Universidad Católica de Chile - Santiago, Chile

Objective: Determine the mortality of oncologic patients admitted to the intensive care unit (ICU) of a general hospital in Chile.

Methods: Prospective cohort trial that included oncologic patients admitted to the ICU of Dr. Sotero del Rio Hospital, Chile. Demographic, physiological and treatment data were registered. Thirty-day and 6-month survival was considered. Also, a subgroup analysis that considered the therapeutic plans was performed. These plans were: Either ICU admission without treatment limitation (WTL) or ICU trial (IT); the latter consists of limited time of advanced interventions and reevaluation. Research team was not involved in patients' treatments.

Results: 109 patients were included in 15 months, 79 were considered for WTL and 30 for IT. Mean age was 59.7 years (DS 14.9) and 55.9% were male. Lymphoma was the most frequent malignancy (17.4%) and 59.6% of all subjects had not received anticancer treatment due to recent diagnosis. The mean APACHEII and SOFA score were 22.2 (DS 7.3) and 7 (DS 3). Patients in the WTL subgroup received more invasive ventilation than those in the IT (69.6% and 36.7% p=0.001). There were no differences in vasopressors, fluids, transfusions or renal replacement therapy requirements between subgroups. Lactate levels, SOFA (day 1, 3 and 5), complications and ICU length of stay were similar. In the entire cohort, the 30-day and 6-month mortality was 47.7% and 66.1% respectively. There were no differences in mortality between subgroups.

Conclusion: The mortality of this cohort was high, even higher than the predicted by APACHEII. No differences were found between subgroups according to therapeutic plans.

EP-398

Multi-drug resistant infected patients in the intensive care unit at a university hospital. Who, when and what?

Álvaro Réa-Neto¹, Gabriel Senes Velloso Ribeiro², Luana Alves Tannous³, Paula Geraldine David João³, Gabriela Bonilha Nogueira², Fernando Lucas Soares², Guilherme Fraga Gehring², Gustavo Salles Bueno Zoéga²

¹Centro de Estudos e Pesquisa em Emergências Médicas e Terapia Intensiva (CEPETI) - Curitiba (PR), Brasil; ²Pontificia Universidade Católica do Paraná - Curitiba (PR), Brasil; ³Hospital Universitário Cajuru - Curitiba (PR), Brasil

Objective: To assess the profile of patients infected by multi-drug resistant microorganisms in the Intensive Care Units (ICU) of a University Hospital in Curitiba, Brazil.

Methods: Retrospective observational analysis of medical records data from January 2015 to May 2017 of 116 ICU patients over 18 years old with positive culture for methicillin-resistant *Staphylococcus aureus* or gram-negative resistant to carbapenems and/or polymyxin.

Results: The average age of the 116 patients was 54.40 years old, 74.1% were male and 53.4% were elderly (above 60 years old). The main admission causes were polytrauma (27.6%), acute neurological events (23.3%) and traumatic brain injury (20.7%). 68.1% of the patients died. The average APACHE II score was 22.49. Tracheostomy was present in 71.4% of the patients; central venous catheter in 63.9%; urinary catheter device in 64.7%; invasive blood pressure catheter in 48.1%; orotracheal tube 24.8%. The average time from the devices insertion and the positive culture was 16.2 days. From the 133 infections observed, the most prevalent were ventilator-associated pneumonia (42.9%), ventilator-associated tracheobronchitis (20.3%) and bloodstream (9.8%). The most prevalent microorganisms were *Acinetobacter baumannii* (58.6%), *Klebsiella pneumoniae* (18%), *Pseudomonas aeruginosa* (10.5%) and methicillin-resistant *Staphylococcus aureus* (10.5%). The 3 gram-negative were resistant to carbapenems.

Conclusion: Patients profile infected by multi-drug resistant microorganisms consists of elderly men with respiratory tract infections, caused by *Acinetobacter baumannii* with a high mortality rate.

EP-399

Older and nonolder patients admitted to a Brazilian public intensive care unit: demographic characteristics and outcomes

Juliana Regis de Almeida¹, Jaqueline Lima de Souza¹, Lucas Barbosa Bezerra¹, Gabriel de Oliveira Araújo¹, Paula de Souza Pereira¹, Adriel Ramalho Santana¹, Fabricio Duarte Caires², Fábio Ferreira Amorim¹

¹Escola Superior de Ciências da Saúde - Brasília (DF), Brasil; ²Hospital Regional de Taguatinga - Brasília (DF), Brasília

Objective: The aim of this study was to compare the clinical characteristics and outcome of older and nonolder patients admitted to a Brazilian public intensive care unit.

Methods: Retrospective cohort study conducted on patients admitted to the ICU of Hospital Regional de Taguatinga, Brasília, DF, Brazil, during 24 months. Patients were divided into two groups: older, defined as age ≥ 65 years (OG), and nonolder, with age < 65 (NOG). Patients transferred to another ICU were excluded.

Results: Of 304 patients included, mean age was 55 ± 18 years and 113 patients had 65 or more years (37.2%). Mean age was 74 ± 6 years in OG and 44 ± 14 years in

NOG ($p < 0.01$). There was no difference between groups regarding SOFA (10 ± 4 vs 10 ± 4 , $p = 0.25$), need of mechanical ventilation (85% vs 78%, $p = 0.11$), diagnostic of sepsis (91% vs 88%, $p = 0.49$) and septic shock (58% vs 50%, $p = 0.19$), and ICU length of stay (21 ± 51 vs 31 ± 49 , $p = 0.61$). The older patients had higher 4-day mortality (29% vs 18%, $p = 0.03$) and 28-day mortality (51% vs 38%, $p = 0.03$).

Conclusion: Older patients had higher 4-day and 28-day mortalities. Although, there was no difference between groups regarding SOFA score and need of mechanical ventilation between older and non-older patients.

EP-400

Outcomes of very elderly critically ill patients: an cohort study

Rogério Passos¹, Raquel Hermes Rosa Oliveira¹, Alessandro Nascimento Araujo Sousa¹, Katia Vasconcelos Guimaraes¹, Augusto Manoel de Carvalho Farias¹, Octavio Henrique Coelho Messeder¹

¹Hospital Português - Salvador (BA), Brasil

Objective: The aging of the population has increased the demand for healthcare resources however in some centers admissions to intensive care in these patients are often restricted. Very elderly persons admitted to ICUs are at high risk of death and there is a lack of validated criteria to select accurately the who will benefit most from ICU stay. The aim of this study was to analyze the clinical characteristics and outcomes of very elderly patients (≥ 90 years) admitted to ICU.

Methods: Medical records of patients (> 90 years), who were admitted to the Intensive Care Unit at the Hospital Português - Bahia - Brazil between March 2013 and January 2017 were retrospectively reviewed. A multivariate Cox regression analysis was used to identify risk factors for in hospital mortality.

Results: A total of 72 patients ≥ 90 years of age were admitted. The majority of patients (85 %) were admitted as an emergency admission. The most common admission cause was sepsis. 65 % of patients required support by mechanical ventilation, 82% required vasoactive drugs, and 12% of patients received renal replacement. ICU and hospital mortality rates were 25 and 35 %, respectively. Multivariate Cox regression analysis revealed acute kidney injury requiring RRT, baseline SOFA higher > 8 , norepinephrine higher than 0,3 mcg/kg/min, Clinical Frailty Scale greater than 4 and greater functional dependency as independent risk factors for in hospital mortality.

Conclusion: In this select cohort of patients, : we identified high-risk characteristics for hospital mortality. Very old age (≥ 90 years) was not directly associated with ICU mortality.

EP-401

Patients readmitted to intensive care unit present higher mortality rate and functional dependence in comparison with those that were not readmitted

Taciana de Castilhos Cavalcanti¹, Camila Dietrich², Francine Hoffmann², Cassiano Teixeira², Daniel Sganzerla², Caroline Cabral Robinson², César Alencar da Silva Filho³, Natalia Elis Giordani²

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil; ²Hospital Moinhos de Vento - Porto Alegre (RS), Brasil; ³Instituto de Cardiologia, Fundação Universitária de Cardiologia do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: To assess the prevalence of muscle weakness at immediate ICU discharge and its association with non modifiable factors, length of ICU stay and symptoms anxiety and depression post-ICU discharge.

Methods: This analysis belongs to a multicentric cohort of two tertiary hospitals, which included adult patients, with an ICU stay > 72 hours. Muscle strength was measured using the Medical Research Council (MRC) scale, considering muscle weakness the score < 48 . The presence of anxiety and depression symptoms were evaluated through the application of the Hospital Anxiety and Depression Scale (HADS), considering cutoff > 8 . The MRC and the HADS were applied from 24 to 120 hours after ICU discharge. The analyzes were made with Poisson regression.

Results: Between the 2014 and 2016 years, 344 patients were included in this analysis. The prevalence of muscle weakness was 45.6% (157 patients). In the multivariate model, age > 65 (prevalence ratio [PR], 1.97; 95% confidence interval [CI 95%], 1.37; 2.87, $p < 0.001$), and ICU stay time over 10 days (PR, 1.46; 95% CI, 1.03; 2.08, $p = 0.033$) were associated with muscle weakness. There was no association of muscle weakness with anxiety ($p = 0.27$) and depression ($p = 0.12$) symptoms evaluated in 238 patients.

Conclusion: Muscle weakness was prevalent in half of the patients, being associated with age and length of ICU stay and no associated with symptoms of anxiety and depression.

EP-402

Perfil B em ultrassonografia pulmonar do intensivista na admissão do paciente em unidade de terapia intensiva: quem são esses pacientes e qual o impacto desse achado em seu prognóstico

Paulo Cesar Gottardo¹, Ciro Leite Mendes¹, Igor Mendonça do Nascimento², Fátima Elizabeth Fonseca de Oliveira Negri², Ana Beatriz Nepomuceno Cunha³, Alexandre Jorge de Andrade Negri², Nara Percília da Silva Sena³, Laís Henriques de Oliveira³

¹Hospital Nossa Senhora das Neves - João Pessoa (PB), Brasil; ²Hospital Universitário Lauro Wanderley, Universidade Federal da Paraíba - João Pessoa (PB), Brasil; ³FAMENE - João Pessoa (PB), Brasil

Objetivo: Avaliar os pacientes com Perfil B na Ultrassonografia Pulmonar e qual o seu impacto no desfecho desses pacientes.

Métodos: Coorte, multicêntrica, com avaliação do perfil pulmonar B na admissão de pacientes em UTI.

Resultados: 112 pacientes, destes 20 apresentaram Perfil B pulmonar (> 2 linhas B por espaço intercostal anterior, bilateral), 50% do sexo masculino. A maioria oriunda da emergência (50% vs 35,2%, $p=0,218$), com admissões não-programadas (70% vs 66,3%, $p=0,751$), com idades avançadas (62,84 \pm 16,53), lactatos elevados (4,1 \pm 5,5 mmol/L), SAPS3 e SOFA superiores (respectivamente: 60,18 \pm 16,516 vs 46,66 \pm 18,54, $p=0,006$ e 6,61 \pm 4,73 vs 4,16 \pm 3,973, $p=0,037$). Necessitaram de mais suporte com ventilação mecânica (4,59 vs 2,15) vasopressores (26,3% vs 11,6%, $p=0,099$), inotrópicos (5,3% vs 1,2% $p=0,243$) e vasodilatadores endovenosos (15,8% vs 7,1% $p=0,223$). Fatores com maior risco de apresentar perfil B: insuficiência cardíaca prévia (OR 2,416 IC95% 1,068-5,467), diabetes mellitus (OR 2,238) e hipertensão arterial sistêmica (OR 2,461). Diagnóstico principal: ICC Descompensado 50%. Houve maior taxa de internação hospitalar prolongada > 60 dias (18,8% vs 1,9%, $p=0,011$). Apresentou discreto aumento de mortalidade em UTI (37,5% vs 31,5%).

Conclusão: Este perfil normalmente é associado a presença prévia de ICC; sobretudo em causas associadas a sua descompensação. Influenciando em piores desfechos, assim como no prolongamento da ventilação mecânica e das internações.

EP-403

Perfil do paciente politraumatizado e seus desfechos em uma unidade de terapia intensiva pública do interior da Bahia

Gabriel Silva Rocha¹, Ananda Catharina Azevedo Silva¹, Eduardo da Silva Oliveira¹, Mauricio Gomes da Silva Serra¹, João Victor Moraes de Melo¹, Letícia Santos de Carvalho¹, Bruno Sousa Pereira¹, Lucio Couto de Oliveira Junior¹

¹Universidade Estadual de Feira de Santana - Feira de Santana (BA), Brasil

Objetivo: O objetivo desse estudo foi identificar o perfil clínico-epidemiológico dos pacientes politraumatizados admitidos em uma unidade de terapia intensiva do interior da Bahia.

Métodos: Trata-se de estudo epidemiológico descritivo e retrospectivo, com dados coletados entre junho de 2016 e março de 2017, usando o software EPIMED monitor®, aplicado em uma UTI adulto de um hospital público. Foram incluídos todos os pacientes internados no período, vítimas de politrauma, totalizando 178 pacientes.

Resultados: A partir dos pacientes avaliados, observou-se que 85,95% (n=153) eram homens, a média de idade foi 36,2 anos, a idade máxima 97 anos e a mínima 17 anos. O tempo médio para admissão na UTI foi de 2,42 dias, a média de permanência na UTI foi de 9,49 dias e o tempo no hospital de 16,54 dias. No momento da coleta 32 pacientes permaneciam internados. Quanto a razão de admissão, 121

(67,9%) foram pacientes cirúrgicos, destes a maioria foi submetido a neurocirurgia (n=49) e laparotomia exploratória (n=11). Dos politraumas não cirúrgicos, foi observado como diagnóstico principal TCE 54,38% (n=31). Em relação aos SAPS 3, a média de pontos foi 42, com pontuação máxima 99 e mínima 26. Quanto aos desfechos, 25,84% (n=46) dos pacientes foram a óbito e 74,15% (n=132) receberam alta.

Conclusão: O perfil do paciente politraumatizado em nossa UTI é: homem, jovem, com permanência prolongada na UTI e no hospital, sendo a maioria submetido a intervenção cirúrgica e com mortalidade elevada.

EP-404

Perfil dos atendimentos a usuários críticos realizados pelo Serviço de Atendimento Móvel de Urgência

Paloma de Castro Brandão¹, Isabella Batista Pires¹, Fernanda Cajuh dos Santos², Edison Ferreira de Paiva³, Elieusa E Silva Sampaio¹, Virginia Ramos dos Santos Souza Reis¹, Rauan Sousa da Hora¹, Josias Alves de Oliveira¹

¹Escola de Enfermagem, Universidade Federal da Bahia - Salvador (BA), Brasil; ²Hospital da Cidade - Salvador (BA), Brasil; ³Instituto de Ensino e Pesquisa, Hospital Sírio-Libanês - São Paulo (SP), Brasil

Objetivo: Identificar o perfil dos atendimentos a usuários críticos realizados pelo Serviço de Atendimento Móvel de Urgência (SAMU).

Métodos: Estudo transversal e retrospectivo. Dados provenientes de 730 fichas de atendimentos realizados pelas unidades do SAMU de Salvador/Bahia em 2015.

Resultados: A média de idade da população foi 50,8 \pm 23,2 anos e 51,4% eram do sexo masculino. Em relação aos chamados, 64% foram por causas clínicas, seguidas de 25,9% por causas externas. Os principais motivos para envio da ambulância foram: Dispneia, Acidente Vascular Cerebral, Parada Cardiorrespiratória, Crise Convulsiva, Infarto Agudo do Miocárdio, vítimas de atropelamento e perfuração por arma branca ou arma de fogo. Em 11,1% dos atendimentos houve necessidade de apoio de uma unidade a outra, sendo que 65,4% foram solicitações de Unidades de Suporte Básico às Unidades de Suporte Avançado (USA), devido estado crítico dos indivíduos. Durante as ocorrências, os usuários necessitaram de oxigênio (16,9%), acesso venoso (34,9%) e intubação orotraqueal (2,6%). A média de tempo de duração do atendimento das ocorrências foi 1,5 \pm 1,5h, sendo que uma delas durou 13,5 horas. Quanto ao atendimento, 46,2% dos usuários foi atendido e removido, sendo encaminhados para hospitais (25,9%) seguido pelas Unidades de Pronto Atendimento (UPA) (12,5%).

Conclusão: O SAMU atendeu usuários graves, em idade economicamente ativa, com etiologias que necessitavam de maior suporte, como a USA. A utilização de recursos invasivos e o encaminhamento de pacientes para hospitais ou salas vermelhas remetem provável necessidade de leitos de UTI.

EP-405

Perfil dos pacientes submetidos à cirurgia de revascularização do miocárdio admitidos em uma unidade de terapia intensiva do Estado de São Paulo

Rosianne de Vasconcelos¹, Vinicius Avellar Werneck¹, Isabela Netto Macri Brotto¹, Vivian de Biase¹, Marcelo Luz Pereira Romano¹, André Franz da Costa¹, Jorge Alcantara Farran¹, Edson Renato Romano¹

¹HCor-Hospital do Coração - São Paulo (SP), Brasil

Objetivo: Durante os últimos anos houve uma mudança no perfil dos pacientes submetidos à cirurgia de revascularização do miocárdio (CRVM). Com o aumento do número de intervenções percutâneas, e com a otimização do tratamento clínico, o paciente submetido à CRVM passou a ser um paciente considerado mais grave, ou então com a indicação cirúrgica feita de forma mais tardia. O estudo tem como objetivo traçar o perfil clínico e epidemiológico dos pacientes admitidos na unidade de terapia intensiva, submetidos a revascularização do miocárdio no período de janeiro de 2010 a dezembro de 2015.

Métodos: Análise retrospectiva das informações obtidas através do banco de dados do serviço, o qual inclui informações como sexo, idade, tempo de circulação extracorpórea (CEC).

Resultados: Foram realizadas 1544 cirurgias de revascularização do miocárdio no período supracitado, sendo o sexo masculino predominante (83,8%) e apenas 16,2% do sexo feminino. Em relação à idade, 9,9% tinham até cinquenta anos, 65,6% entre 51 a 70 anos, 20,7% entre 71 a 80 anos e apenas 3,76% eram octogenários. A circulação extracorpórea foi utilizada em 92,7% dos procedimentos e apenas 0,65% foram em caráter de urgência. A mortalidade foi de 1,75% (27 óbitos).

Conclusão: Os dados são concordantes com a literatura pesquisada que destaca o sexo masculino, pacientes idosos e com maior número de comorbidades como o perfil mais prevalente nas CRVM. A mortalidade observada na instituição foi semelhante aos padrões internacionais dos serviços de referência em cirurgia cardiovascular.

Methods: This is a cross-sectional study, conducted in adult intensive care units in a University Hospital in the city of Belo Horizonte, Minas Gerais. The estimation of the prevalence and factors associated with injury to the cornea, were established in three moments of evaluation by two ophthalmologists and a nurse intensivist. After data collection, these were analysed in SPSS version 19.0.

Results: 100 and 200 patients were evaluated corneas/ocular surface. The prevalence of lesions of the puncta type was 45.6%, 11.2% and corneal abrasion injury corneal ulcer type of 6.4%. Mechanical ventilation patients presented more injuries on the cornea to patients in ambient air/nasal catheter (6.57 (95% CI 6.06-7.92)), patients using sedation (5.15-IC 95% 4.89-5.31) and patients with value of the Glasgow Coma scale (95% CI 2.28-2.01-3.72) less than seven had a higher association with corneal injury. Patients with medical diagnosis of sepsis (4.28-IC 95% - 4.98 3.79) showed higher prevalence of corneal injury.

Conclusion: The cornea injury in critically ill patients is a problem in intensive care units. The medical and nursing staff should be vigilant and establish measures for the evaluation and prevention of these injuries.

EP-407

Prevalência de Burnout e fatores estressores no trabalho das enfermeiras intensivistas de cinco capitais brasileiras

Eliane Maria Simoni¹, Marcos Almeida Matos¹, Débora Feijó Villas Bôas Vieira², Marcia Oliveira Staffa Tironi¹, Carolina Villa Nova Aguiar¹, Carlito Lopes Nascimento Sobrinho³

¹Escola Bahiana de Medicina e Saúde Pública - Salvador (BA), Brasil;

²Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil;

³Universidade Estadual de Feira de Santana - Feira de Santana (BA), Brasil

Objetivo: Descrever a prevalência de burnout e identificar fatores estressores mais frequentes no trabalho das enfermeiras intensivistas.

Métodos: Estudo epidemiológico, de corte transversal, com 137 enfermeiras, de 25 UTIs (adulto e infantil) de cinco capitais brasileiras, que responderam um questionário autoaplicável, contendo questões sobre: características pessoais e funcionais, nível de Burnout (MBI) e fatores de estressores. O estudo foi apoiado pela AMIB e aprovado pelo CEP/UEFS.

Resultados: A amostra caracterizou-se por 70,1% de enfermeiras de UTI adulto, 89,1% do sexo feminino, 57,8% com idade entre 31 a 39 anos, 63,8% com título de especialista, 38,2% com até cinco anos de trabalho em UTI, 36,4% com carga horária semanal < 36 horas, 69,3% vínculo institucional em hospital privado, 42,5% responsáveis por até cinco pacientes por plantão. A prevalência de Burnout foi de 45,3%, quando considerado o nível alto em pelo menos uma das dimensões. O nível alto teve uma maior prevalência

EP-406

Prevalence and factors associated with corneal injury in critically ill patients

Tábata Passos Ferreira¹, Andreza Werli-Alvarenga², Rafael da Mota Mariano¹, Clayton Lima Melo², Thais Oliveira Gomes¹, Vitorio Guedes Gomes¹, José Aloísio Dias Massote Mourão Oliveira¹, Jaime de Oliveira Campos Junior¹, Joana Angelica Grossi Honorato¹, Cleidson Rodrigues de Oliveira¹, Karine Letícia de Araujo Costa¹, Graziela da Costa Santos¹

¹Hospital das Clínicas, Universidade Federal de Minas Gerais (UFMG) - Belo Horizonte (MG), Brasil; ²Escola de Enfermagem, Universidade Federal de Minas Gerais (UFMG) - Belo Horizonte (MG), Brasil

Objective: estimate the prevalence and factors associated with corneal injury in adult patients, critically ill and hospitalized in intensive care units.

na dimensão de exaustão emocional (38,0%), seguida de ineficácia (13,9%) e despersonalização (7,3%). Os fatores estressores mais referidos e significativos foram: lidar com a angústia dos familiares; obrigação de lidar com muitas questões simultâneas; e, pouco tempo para lidar com as necessidades emocionais dos pacientes. Destes, apresentaram prevalência de burnout 33.6%, 29,2% e 30,7%, respectivamente. Importante destacar que estes fatores se referem a aspectos relacionais e/ou emocionais.

Conclusão: A prevalência de burnout foi significativa, 45,3%. O conhecimento sobre os fatores estressores e sua associação com o burnout se faz relevante, visto que pode subsidiar estratégias de proteção à saúde destes profissionais.

EP-408

Profile of octogenarian patients admitted to the intensive care unit of a private hospital in the city of São Paulo

Rosianne de Vasconcelos¹, Vinicius Avellar Werneck¹, André Franz da Costa¹, Isabela Netto Macri Brotto¹, Marcelo Luz Pereira Romano¹, Jorge Alcantara Farran¹, Edson Renato Romano¹

¹HCor-Hospital do Coração - São Paulo (SP), Brasil

Objective: Elderly patients account for 42% to 52% of intensive care unit (ICU) admissions and occupy about 60% of available beds. Studies in specific subgroups of the elderly have shown that mortality can range from 4.3% to 22.1% for patients over 85 years admitted for surgical reasons, 15% to 25% for neurosurgical causes and 39 to 48% for medical causes. The objective is to outline the clinical and epidemiological profile of patients aged 80 years or more hospitalized in the ICU of a private hospital in São Paulo from January 2012 to December 2016.

Methods: Retrospective analysis of this information, from January 2012 to December 2016, which includes gender, type of hospitalization, clinical and surgical diagnoses, comorbidities, and main outcomes.

Results: A total of 8698 patients were admitted, of whom 2426 (27.89%) were aged ≥ 80 years and female predominance (51.28%). Regarding the type of hospitalization, 73.86% were clinics and 26.14% were surgical. Among the most frequent clinical diagnoses, the most prevalent were congestive heart failure (14.84%), infection (21%), stroke (6.02%), respiratory failure (4.96%) and atrial fibrillation (4.12%). Regarding surgical diagnoses, hip surgery (6.62%), aortic valve replacement (5.99%) and knee surgery (5.67%) were the most common. The hospital mortality rate was 13.64%.

Conclusion: The octogenarian patient accounts for 27,89% of the admissions in our ICU. Through the information obtained, it is possible to adapt, improve and train the professionals of the multidisciplinary team located in these units, prioritizing and humanizing the elderly patient care.

EP-409

Profile of patients admitted to the intensive care unit of a private hospital in the state of São Paulo

Rosianne de Vasconcelos¹, Vinicius Avellar Werneck¹, André Franz da Costa¹, Isabela Netto Macri Brotto¹, Marcelo Luz Pereira Romano¹, Edson Renato Romano¹, Jorge Alcantara Farran¹

¹HCor-Hospital do Coração - São Paulo (SP), Brasil

Objective: The epidemiological data of a unit allows strategic decisions that aim to improve the quality of the assistance of the multidisciplinary team. To describe the clinical and epidemiological profile of patients admitted to the intensive care unit (ICU) of a private hospital in São Paulo from January 2012 to December 2016.

Methods: Retrospective analysis of the information obtained through the database, from January 2012 to December 2016, which includes information such as sex, age, type of hospitalization, clinical and surgical diagnoses, comorbidities, and main outcomes.

Results: A total of 8698 patients were admitted in the aforementioned period, being the predominant male sex (60.64%). 40.9% were among 65 and 80 years old, with an average of 68.97. Regarding the type of diagnosis, 51.13% were clinical, and 48.87% surgical. Among the most frequent clinical diagnoses, the most prevalent was cardiovascular (38.59%), followed by infection / sepsis (24.47%), neurological (14.58%), respiratory (7.64%) and gastrointestinal (3.45%). The most prevalent surgeries were cardiovascular (52.70%), orthopedic (15.23%), neurosurgery (6.70%), vascular (4.44%) and spine (3.34%). The hospital mortality rate was 11.49%.

Conclusion: The majority of patients were elderly (66,6%). These data is important to improve the patients care in the intensive care unit. With this information, it is possible to adapt, improve and train the professionals of the multidisciplinary team, humanizing care, mainly aimed at elderly and very elderly patients.

EP-410

Profile of surgical patients admitted to the intensive care unit of a private hospital in the city of São Paulo

Rosianne de Vasconcelos¹, Vinicius Avellar Werneck¹, Isabela Netto Macri Brotto¹, Marcelo Luz Pereira Romano¹, André Franz da Costa¹, Jorge Alcantara Farran¹, Edson Renato Romano¹

¹HCor-Hospital do Coração - São Paulo (SP), Brasil

Objective: To outline the surgical profile of patients admitted to the intensive care unit from January 2016 to December 2016.

Methods: Retrospective analysis of the information obtained through our database, from January 2016 to December 2016, which includes information such as sex, age, surgical diagnoses and main outcomes.

Results: A total of 908 surgeries were performed in the period studied, the incidence of male patients were 59.8%, and female

40.2%. In relation to age, they had 30.5% between 45-64 years, 39.09% between 65-79 years and 15.09% over 80 years. Among the surgeries, the most prevalent was cardiac surgery (37.02%), followed by orthopedic (11.7%), neurosurgery (11.45%), endovascular (8.71%), vascular (6.85%) And column (3.85%). Mortality was 4.73% (43 deaths).

Conclusion: Cardiac surgery appears as the main cause of surgical hospitalization in our intensive care unit, followed by orthopedic surgery.

EP-411

Síndrome da estafa profissional em fisioterapeutas trabalhadores de unidades de terapia intensiva

Cleide Lucilla Carneiro Santos¹, Gabriella Bené Barbosa¹, Enéias Ribeiro de Oliveira¹, Roan da Silva Gomes Sampaio¹, Gabriel Silva Rocha¹, Karole Brito Alves Costa¹, Jamile Prado Oliveira Santos¹, Carlito Lopes Nascimento Sobrinho¹

¹Universidade Estadual de Feira de Santana - Feira de Santana (BA), Brasil

Objetivo: Estimar a prevalência e os fatores associados da Síndrome da Estafa Profissional (Burnout), em Fisioterapeutas trabalhadores de Terapia Intensiva de uma grande cidade da Bahia.

Métodos: Estudo epidemiológico de corte transversal, em uma população de 60 fisioterapeutas trabalhadores de Terapia Intensiva de uma grande cidade da Bahia. Um questionário autoaplicável avaliou dados sociodemográficos, características do trabalho e o Burnout por meio do Maslach Burnout Inventory (MBI).

Resultados: A prevalência da síndrome da Estafa Profissional (Burnout) foi de 40,0% quando considerado o nível alto em uma dimensão do Burnout. Observou-se associação estatisticamente significativa entre o Burnout e as variáveis: idade, sexo, situação conjugal, ter filhos, renda mensal, tempo de trabalho, carga horária de plantão semanal em Unidade de Terapia Intensiva, realização de plantão noturno e se vem de outro trabalho antes do plantão.

Conclusão: Observou-se elevada prevalência de síndrome de Burnout entre os fisioterapeutas intensivistas. Estratégias de promoção à saúde desses trabalhadores devem ser discutidas e implementadas nos hospitais estudados.

EP-412

Study of the rates of treatment of complications arising from prosthetic devices, implants, heart and valve grafts

Camylla Santos de Souza¹, Caio Teixeira dos Santos², Livia Liberata Barbosa Bandeira², Bianca de Negri Souza³, Caroline Freiesleben Cruz³, José Mateus de Souza Ribeiro⁴, Victória Queiroz Ramos⁵, João David de Souza Neto⁶

¹Faculdade de Medicina, Universidade Federal do Ceará - Fortaleza (CE), Brasil; ²Universidade Severino Sombra - Vassouras (RJ), Brasil; ³Universidade Luterana do Brasil (ULBRA) - Canoas (RS), Brasil; ⁴Universidade Federal do Piauí - Teresina (PI), Brasil; ⁵Faculdade de Medicina, Universidade de Fortaleza (UNIFOR) - Fortaleza (CE), Brasil; ⁶Hospital de Messejana Dr. Carlos Alberto Studart - Fortaleza (CE), Brasil

Objective: To analyze the complication rates of prosthetic devices, implants, and heart grafts and calculate them with the intention of generating a profile of these hospitalizations in Brazil.

Methods: Descriptive study with DATASUS data from January 2008 to May 2017.

Results: There were 1,816 hospitalizations for treatment of complications of prosthetic devices, implants and cardiac and valvular grafts. Of these, 78 died, with a mortality rate of 4.30. It is noteworthy that more than 75% of the number of hospitalizations were of urgency. The region with the highest incidence of hospitalizations (36.7%) was in the Northeast, with Pernambuco accounting for 48.9% of the cases. In the Southeast, 44.6% of cases are in São Paulo, followed by 31.2% in Minas Gerais, and 18.5% in Rio de Janeiro. In terms of deaths, Pernambuco and São Paulo had more notifications, both 19, 2%. Minimal hospitalizations occurred in Rio Grande do Sul with 2 deaths in 110 hospitalizations, and Santa Catarina with 2 deaths in 96 hospitalizations. The states RJ and Ceará had 102 and 91 admissions, respectively, and no deaths. Finally, the ratio between admissions in the public and private systems remained approximately equal (47.9% in the public regime, 44.3% in the private regime and 7.8% not reported). However, in relation to the deaths, 53.8% were in the private environment, and 35.9% in the public environment (10.3% not informed).

Conclusion: The regions with most hospitalizations differ in relation to those with higher mortality.

EP-413

Survey and analysis of dental records of patients hospitalized in an intensive care unit of a public hospital in the state of Amazonas

Nely Cristina Medeiros Caires¹, Hannah Luiza Batista Almeida¹, Augusto Arcemiro Bittencourt¹, Gabriela de Souza Soares¹

¹Universidade Paulista (UNIP) - Manaus (AM), Brasil

Objective: In the present study, we used the analysis and survey of dental records of patients hospitalized in an intensive care unit in a public hospital in the state of Amazonas, Brazil, from March 2014 to March 2015. The basic intention was to locate, with this survey, possible oral changes resulting from the period of hospitalization, with poor oral hygienization.

Methods: The project was submitted to the research ethics committee of the University of São Paulo under the registrar

of number 48615815.1.0000.5512. The data analysis method chosen for tabulation was "Qui- quadrado", for over 1.200 records.

Results: A total of 400 records of the total sample were discarded for lack of data, where the predominance of the underlying disease of the patients and the prevalence of oral alterations were reported, such as arterial hypertension (94.5%) and type 2 diabetes mellitus (80.25 % Of the total of 800 patients, involving dental calculus (93%), trauma lesions (70%), angular cheilitis (42%) and pseudomembranous candidiasis (37.5%) of the total of 200 oral alterations reported.

Conclusion: The research showed the strong association of the time of hospitalization of these patients, correlating the systemic and oral changes and the need for dental surgeon in the clinical staff of the hospital for the diagnosis and prevention of important infection outbreaks that has repercussions on the increase of Hospital costs

EP-414

The scenario of intensive medicine in medical graduation in Brazil

Morena Peres Bittencourt da Silva¹, Gerson Luiz de Macedo¹, Julian Camilo Alfonso Diaz², Francielly Nardy Souza¹, Paula Pitta de Resende Côrtes¹

¹Universidade Severino Sombra - Vassouras (RJ), Brasil

Objective: Map the teaching of Intensive Medicine in the medical curriculum. List how many and which colleges (public and private) of medicine include discipline in the curriculum. Characterize the type of approach of this, the period (year or semester) in which it occurs, as well as identify if there is association with the discipline of emergency medicine.

Methods: The scenario of the Intensive Care discipline in Brazil was obtained through official secondary data from the curriculum of each faculty, available on the websites of the respective institutions.

Results: In Brazil, there are 273 universities that offer the medical course. Of these, thirty-seven (37) offer the discipline of Intensive Medicine in the curriculum, eighteen (18) are private and nineteen (19) are public, subdividing into eight (8) federal, eight (8) state and three (3) municipalities. As for the approach, it was verified that seven (7) offer in the format of the curricular discipline, six (6) in the fourth year [eighth (8th) period] and one (1) in the third (3rd) year; Twenty-seven (27) during boarding school; One (1) as an elective course (surgery intensive therapy) and one (1) as an internship. The colleges that offer the discipline of Critical Care associated with clinical emergencies are six, while thirty two offer intensive medicine exclusively.

Conclusion: Specialization in Critical care is recent. The number of institutions that make intensive undergraduate experience in Brazil is still small, representing less than 15% of all medical schools in the country.

EP-415

Ventilator-associated pneumonia in the intensive care unit and implementation of the bundle methodology

Ronal Arteaga¹, Jesus Valverde Huaman¹, Luis Gustavo Guerrero Rojas¹, José Luis Bolarte Espinoza¹, Rosario Mucha¹, Willy Diaz Suarez¹, Victoria Astonitas¹, Jesus Araujo Castillo¹

¹National Hospital "Dos de Mayo" - Lima, Peru

Objective: To describe the bundle methodology in the intensive care unit (ICU) for ventilator-associated pneumonia (VAP) from 1 January to 31 December 2016, in the National Hospital "Dos de Mayo" Lima, Peru. Our bundle included, head of bed elevation, assesment of readiness to wean, hand hygiene, technique for aspiration of endotracheal tube (ETT), antiseptics mouthwashes, strict control of the ETT internal cuff pressure and nasogastric tube verification before enteral diet.

Methods: Descriptive, longitudinal and observational study. Data obtained through the direction of epidemiology and environment Health of the "Dos de Mayo" National Hospital. Incidence density (DI) of the year 2016.

Results: The National Hospital "Dos de Mayo" has 668 beds. In the ICU of the hospital there are 26 beds. It is observed that during the period of study, 413 patients were included, in which bundle methodology applied with overall compliance of 76.35%. The incidence density rate of VAP was 6.1 cases per 1000 days of mechanical ventilation in ICU patients of the National Hospital "Dos de Mayo" in 2016.

Conclusion: In our study the incidence Density of Ventilator-Associated Pneumonia is related to the degree of compliance with the BUNDLE methodology.

EP-416

Analysis of the epidemiological profile of intensive care unit patients at an university hospital in the 5th major capital of Brazil

Márcio Flávio Araújo Guanabara Júnior¹, Caio César Jucá Lucena¹, Victor Carneiro de Vasconcelos Gama¹, Luma Maria Tavares de Sousa¹, Daniel Ponte Frota¹, Lívia Rodrigues de Araújo¹, Ana Tallita de Oliveira Xavier¹, Natália Linhares Aragón Bridge²

¹Faculdade de Medicina, Universidade Federal do Ceará - Fortaleza (CE), Brasil; ²Hospital Universitário Walter Cantídio, Universidade Federal do Ceará - Fortaleza (CE), Brasil

Objective: Intensive Care Units (ICUs) dated from the 1950s, in the United States, due to the need for better assistance to patients in a serious condition with full-time monitoring. The characterization of the ICU patients profile is essential for those who work in care, as well as for professionals who manage health services so that the system can be articulated to provide quality support. Therefore, this study aims to trace the epidemiological profile of patients admitted to the ICU at an university hospital in the state of Ceará, Brazil.

Methods: 121 cases were analyzed, which 87 were selected due fully electronic data recorded in medical records. The referred admissions occurred during February 2016 to June 2017.

Results: The mean age was 56.6 years at admission, the majority of the patients were male (52.9%). The mean length of stay in the ICU was 11.5 days. The main comorbidities presented were systemic arterial hypertension (41.7%), coronary artery disease (27.9%), immunodepression (37.9%), diabetes (26.4%) and smoking (26.4%). Furthermore, the outcome of the 87 patients analyzed was death (54%) and hospital discharge (46.7%), with 3 transfers in the period.

Conclusion: Based on the detailed knowledge of the epidemiological profile of public health problems, it is possible to develop preventive actions, as well as strategies for better management of the inputs, in order to minimize the cost and optimize the assistance to ICUs' patients.

EP-417

Association between gender and mortality in critically ill patients: do sex hormones influence the outcome?

Rafael Cabral Teixeira¹, Antonio Pergentino Barreira Neto¹, Alana de Alcântara Brito¹, Milena de Azevedo Teles¹, Marina Parente Albuquerque¹, Carlos Augusto Ramos Feijó¹, Francisco Albano de Meneses¹

¹Hospital Geral de Fortaleza - Fortaleza (CE), Brasil

Objective: To indirectly evaluate the influence of sex hormones on the outcomes of an ICU.

Methods: A retrospective study was carried out, analyzing patients admitted to the ICU of the Hospital Geral de Fortaleza-SESA from April 2014 to June 2016. We categorized the population into three groups: G1 (< 40 years old), G2 (between 40 and 60 years old) and G3 (> 60 years old), comparing them according to gender. Taking into account the hormonal influence, we compared G1 with G3.

Results: Data from 324 patients were analyzed, 53.4% (173) of whom were men, with more clinical admissions (71.9%), and mortality of 27.8%. G1 = 94 patients (58 women) and G3 = 126 patients (78 men). Male and female profiles were homogeneous regarding severity (APACHE II), type of admission and length of stay. Regarding outcomes, G1 women died less ($p = 0.001$) than G2 women; in G1, women died less ($p = 0.001$) than men; and among G2 patients, women died more ($p = 0.001$) than men.

Conclusion: Faced with (1) the lower mortality among younger women compared to older women as well as to younger men, and (2) the worst outcome among older women, our data indirectly suggest that there may be some protection provided by female sex hormones.

EP-418

Burnout em trabalhadores intensivistas de uma grande cidade do Estado da Bahia

Gabriella Bené Barbosa¹, Lucio Couto de Oliveira Junior¹, Enéias Ribeiro de Oliveira¹, Jamile Prado Oliveira Santos¹, Gabriel Silva Rocha¹, Roan da Silva Gomes Sampaio¹, Sílvia Feitosa de Sousa¹, Jailson Vieira Machado¹, Carlito Lopes Nascimento Sobrinho¹

¹Universidade Estadual de Feira de Santana - Feira de Santana (BA), Brasil

Objetivo: Estimar a prevalência da Síndrome da Esgotação Profissional (Burnout), em médicos, enfermeiros e fisioterapeutas intensivistas de uma grande cidade do Estado da Bahia.

Métodos: Estudo epidemiológico de corte transversal, populacional, com médicos, enfermeiros e fisioterapeutas trabalhadores de Terapia Intensiva de sete hospitais da cidade, totalizando 184 trabalhadores. Foi encaminhado aos trabalhadores selecionados, que aceitaram participar do estudo após a leitura e assinatura do Termo de Consentimento Livre e Esclarecido, um questionário individual autoaplicável para coletar dados sociodemográficos, características do trabalho e o Burnout por meio do Maslach Burnout Inventory (MBI).

Resultados: A prevalência da Síndrome da Esgotação Profissional (Burnout) foi de 65,9% quando considerado o nível alto em pelo menos uma das três dimensões do Maslach Burnout Inventory (MBI). Entre os médicos a prevalência foi de 69,4%, nos enfermeiros foi de 64,4% e entre os fisioterapeutas foi de 65,0%. **Conclusão:** Observou-se elevada prevalência de Síndrome de Burnout entre os intensivistas estudados. Estratégias de promoção à saúde desses trabalhadores devem ser discutidas e implementadas nos hospitais estudados.

EP-419

Capital x interior: óbitos por acidente vascular encefálico no Amazonas

Michel dos Santos Domingos¹, Sibila Lilian Osis¹

¹Universidade do Estado do Amazonas - Manaus (AM), Brasil

Objetivo: Descrever a distribuição epidemiológica e geográfica de óbitos por acidente vascular encefálico (AVE) ocorridos no período de 1996 a 2015 no estado do Amazonas.

Métodos: Estudo epidemiológico descritivo, utilizando dados secundários do Sistema de Informações sobre Mortalidade (SIM), disponibilizados no banco de dados do DATASUS.

Resultados: Entre 1996 a 2015 houveram 227.167 óbitos, sendo 10.405 (4,58%) por AVE. Deste total, o sexo feminino apresentou maior razão de chance [OR= 1.492 (IC95% 1.423-1.563); $p = <0,001$], dentre a variável raça/cor, a amarela denotou a mais elevada [OR= 1.753 (IC95% 1.3-2.365); $p = <0,001$], enquanto aqueles com idade igual ou acima de 60 anos possuem duas vezes mais de chances de sofrerem AVE [OR= 2.076 (IC95% 1.972-2.186); $p =$

<0,001]. Do total de AVE, 7.466 (71,75%) ocorreram na região metropolitana de Manaus, enquanto 2.939 (28,25%) foram no interior do estado. Foi identificada uma maior chance entre a população do interior do estado [OR= 1.149 (IC95% 1.1 - 1.2); p= <0,001], sendo maiores as chances na Mesorregião Sul que comporta 10 municípios [OR= 1.304 (IC95% 1.205 - 1.412); p= <0,001].

Conclusão: Os óbitos por AVE são mais prevalentes no sexo feminino, a faixa etária mais acometida foram os indivíduos maiores de 60 anos, a raça/cor mais afetada é a amarela. Foi evidenciado que os habitantes do interior do estado, sobretudo a Mesorregião Sul, apresentaram o coeficiente mais elevado.

EP-420

Características epidemiológicas e causas de óbito em pacientes internados em unidade de terapia intensiva em um município do noroeste Mineiro

Maria da Glória Aragão Martins Ferreira¹, Giselda Martins Romero², Alessandra Gonçalves Ribeiro³, Marisa Afonso de Andrade Brunherotti¹

¹Universidade de Franca - Franca (SP), Brasil; ²Faculdade Atenas - Paracatu (MG), Brasil; ³Unidade de Terapia Intensiva, Hospital Municipal de Paracatu - Paracatu (MG), Brasil

Objetivo: Descrever as características epidemiológicas e causas de óbito dos pacientes internados em uma Unidade de Terapia Intensiva de um Hospital Municipal do noroeste de Minas Gerais de janeiro de 2014 a dezembro de 2016.

Métodos: Estudo epidemiológico, descritivo e retrospectivo. Foram analisados dados registrados no livro de registro de óbito da UTI nos anos de 2014, 2015 e 2016. O instrumento compreende variáveis como sexo, faixa etária e causa principal de óbito. Os dados foram apresentados com distribuição de frequência absoluta e relativa.

Resultados: No período estudado, constatou-se 835 admissões de pacientes com 290 óbitos (34,7%). Dos óbitos, 152 (52,4%) eram do sexo masculino, com idade de 15 a 40 anos, 35 óbitos (23%); de 41 a 70 anos, 92 óbitos (61%) e 25 óbitos (26%) de pacientes com idade superior a 71 anos; já do sexo feminino foram 138 óbitos (47,6%), com idade de 24 a 40 anos, 15 óbitos (11%), de 41 a 70 anos, 87 óbitos (64%) e acima de 70 anos, 36 óbitos (25%). O choque séptico foi o principal motivo de óbito em ambos os sexos, representando 37%, seguido de Falência Múltipla de órgãos com 21,5% e Acidente Vascular Cerebral com 12%. Os demais 29,5% de causa principal de óbito foram com diagnóstico de Embolia Pulmonar, Insuficiência Respiratória Aguda, Abdômen Agudo obstrutivo, Perfuração por arma de fogo e Tromboembolismo Pulmonar.

Conclusão: O conhecimento destes dados possibilita uma análise ampla para planejar e melhorar o cuidado com de saúde nestas unidades.

EP-421

Caracterização de potenciais doadores de órgãos e tecidos de um hospital do interior do Rio Grande do Sul

Julia Goettert¹, Mari Ângela Gaedke², Katiuscia Brandenburg¹, Fernanda da Cunha Salvi¹

¹Hospital Santa Cruz - Santa Cruz do Sul (RS), Brasil; ²Universidade de Santa Cruz do Sul - Santa Cruz do Sul (RS), Brasil

Objetivo: Caracterizar o perfil dos potenciais doadores de órgãos e tecidos, bem como associar as características dos pacientes com o desfecho do processo de doação de órgãos e causas de morte encefálica em hospital de ensino no interior do Rio Grande do Sul.

Métodos: Pesquisa descritiva, exploratória, documental. Foram coletados dados sociodemográficos, causas de morte encefálica e desfecho do processo de 78 prontuários de potenciais doadores num período de 10 anos. Foi realizada análise estatística descritiva para caracterizar a população e verificou-se a prevalência dos desfechos (causa de morte encefálica e desfecho do processo) e sua associação com as variáveis independentes por meio do teste qui-quadrado.

Resultados: Dos 78 potenciais doadores, houve predomínio do sexo masculino (65,3%), idade entre 31 e 60 anos (50%), residindo em zona urbana (86,1%), sendo a principal causa da morte encefálica, o acidente vascular encefálico (41,7%). Em relação ao desfecho do processo de captação, 76,4% dos potenciais doadores tiveram consentimento negativo para a doação dos órgãos, destacando a recusa familiar como o principal motivo para não doação (31,9%). Verificou-se que a morte encefálica de causa traumática foi mais frequente no sexo masculino e em jovens (p<0,001).

Conclusão: A identificação do perfil dos potenciais doadores auxiliará no aperfeiçoamento da equipe multiprofissional no que se refere principalmente à abordagem familiar do potencial doador. Destaca-se como fato relevante, a disponibilidade, manutenção e adequado preenchimento dos prontuários para coleta de dados, porém como todos os registros secundários, podem estar sujeitos a falhas.

EP-422

Caracterización de la mortalidad por trauma en la provincia de Cienfuegos 2001-2013

Andy Rocha Quintana¹, Maykel Lazel Rocha Quintana², Juan Francisco Rocha Hernandez¹, Moises Santos Peña¹, Maria Luisa Quintana Galende³, José Luis Bernal Muñoz¹

¹Hospital Gustavo Aldereguia Lima - Cienfuegos, Cuba; ²Instituto de Medicina Tropical Pedro Kouri - Ciudad de La Habana, La Habana, Cuba; ³Escuela Nacional de Salud Pública - Ciudad de La Habana, La Habana, Cuba

Objetivo: Determinar el comportamiento y la tendencia de la mortalidad por Trauma (Cráneo, Tórax, Abdominal y Múltiples

regiones del cuerpo) en la provincia de Cienfuegos del año 2001 al 2013.

Métodos: Estudio epidemiológico descriptivo, se analizan todas las defunciones por trauma registradas en la provincia de Cienfuegos, se estimó las Tasas de Mortalidad por Traumatismos y se analizó la tendencia de la mortalidad, se estimaron los Años de Vida Potencialmente Perdidos, se ajustó un modelo de Poisson y se procedió a comparar los promedios de cambios anuales.

Resultados: La tendencia de la mortalidad por traumas tuvo un decrecimiento hasta el año 2010, donde ha experimentado un aumento significativo hasta la actualidad, a expensas fundamentalmente del Trauma Abdominal en el sexo masculino, la mortalidad del resto de los traumas ha mostrado una tendencia a decrecer. El grupo etáreo más afectado fue el mayor de 60 años, con una disminución en la mortalidad en las edades más tempranas. Existió un aumento de la mortalidad intrahospitalaria en los pacientes con Trauma Abdominal.

Conclusão: La mortalidad por traumas en general ha aumentado a partir del año 2010 hasta la actualidad, lo cual necesitaría un estudio más profundo en función de determinar las causas de este fenómeno, en particular los pacientes fallecidos por Trauma Abdominal en nuestro hospital.

EP-423

Characterization of patients undergoing coronary artery bypass surgery

Tayse Tâmara da Paixão Duarte¹, Marcia Cristina da Silva Magro², Wellington Luiz de Lima³

¹Universidade de Brasília - Brasília (DF), Brasil; ²Universidade Católica de Brasília - Taguatinga (DF), Brasil; ³Centro Universitário do Planalto Central (UNIPLAN) - Brasília (DF), Brasil

Objective: To characterize the patients submitted to myocardial revascularization in a reference hospital in the Federal District/ Brazil.

Methods: Prospective, longitudinal, quantitative study developed of the cardiology intensive care unit (ICU) in a reference hospital in the Federal District/Brazil. The results were expressed in absolute and relative frequency. The study was approved by the Ethics Committee in Research of the Institute of Cardiology of Federal District, CAAE: 44999215.9.0000.0026.

Results: Among the 57 patients, the age was 63 ± 9 years old, with 54.4% female. About the cardiac function, 43.9% presented ejection fraction $<50\%$ and 10.5% $<40\%$. The main comorbidities presented were hypertension (75.4%) and dyslipidemias (61.4%). The time in ICU was 4.9 ± 8.8 days (98.2%). In the coronary artery bypass surgery, 93% of the patients used a left internal mammary myocardial bypass with a higher proportion of three bypass (61.4%). The use of extracorporeal circulation (CEC) was predominant (96.5%) with extracorporeal circulation time of 93 minutes and 79 minutes of anoxia. The use of diuretics was observed in 73.7% and the need for blood transfusion in 54.4% of cases. According to the KDIGO classification, it was observed that 78.9% presented kidney dysfunction.

Conclusion: Most of patients who underwent coronary artery bypass surgery were elderly, female, hypertensive and dyslipidemic. Regarding the surgery, three myocardial bypass were used, with extracorporeal circulation, and the main complication was kidney dysfunction.

EP-424

Chronic rheumatic heart disease in the Brazilian regions: update of the statistics of the last 5 years

Caio Teixeira dos Santos¹, Camylla Santos de Souza², Livia Liberata Barbosa Bandeira¹, Gustavo Adolfo Kuriyama Massari³, Lucas Roberto da Silva Barbosa⁴, Lara Ferreira Ventura⁵, Ana Vitória Martins Pimentel⁵, João David de Souza Neto²

¹Universidade Severino Sombra - Vassouras (RJ), Brasil; ²Hospital de Messejana Dr. Carlos Alberto Studart - Fortaleza (CE), Brasil; ³Universidade São Francisco - São Paulo (SP), Brasil; ⁴Centro Universitário Cesmac - Maceió (AL), Brasil; ⁵Faculdade de Medicina, Universidade de Fortaleza (UNIFOR) - Fortaleza (CE), Brasil

Objective: To analyze the panorama of chronic rheumatic heart disease (CRC) in Brazilian regions.

Methods: Analytical data study from April 2012 to April 2017 through DataSUS.

Results: Between April 2012 and April 2017 there were 58,599,592 attendances, 39.9% in the Southeast, followed by the Northeast (26.8%), South (17.2%), North (8.3%) and Central West (7.6%). Nationally the values related to CRC are around 321,272,878.33, consequently with the Southeast region holding 41.3%. The age group with the greatest involvement was > 80 (14.89), the lowest age group was 15-19 (3.41). The national mortality rate is 8.03, higher in the North (10.25) and lower in the Northeast (6.42). The female gender was the most affected, with a difference of 7.4%. In contrast to the national panorama, the most affected age group is 40-49 and the lowest is <1 year. The mortality rate is 7.97, being more incident in the age range > 80 (14.89) and lower in the 15-19 (3.41) age range.

Conclusion: CRC had its greatest influence in the Southeast region, where it obtained higher revenues from hospital services. Although the North region is in 4th place in relation to incidence, it has the highest mortality rate. The disease affects women more, a fact that differs from the national panorama. In this context, it is important to emphasize that CRC affects mainly > 80 years and in them is the highest mortality rate of the disease.

EP-425

Desfecho hospitalar e após 30 dias de pacientes submetidos à cirurgia de revascularização do miocárdio

André Luis Valera Gasparoto¹, Carlos Alberto Gonnelli¹, Mauro Sérgio Vieira Machado¹, Thomaz Braga Ceglias¹, Rodrigo Olynto de Almeida¹, Danilo Stabile Gonnelli¹, Rafaela Winter Gasparoto¹

¹Hospital da Real e Benemerita Associação Portuguesa de Beneficência - São Paulo (SP), Brasil

Objetivo: Espera-se que todo paciente submetido à cirurgia de revascularização do miocárdio (CRM) receba alta hospitalar (especialmente os pacientes provenientes de forma eletiva), sem complicações e que em breve retorne a suas atividades laborativas. Linhas de cuidados são implantadas em diversos serviços para padronizar as condutas e minimizar a possibilidade de complicações. Entretanto, existem complicações inerentes ao procedimento, de certa forma inevitáveis, sendo o desfecho final o óbito. **Objetivos:** Avaliar o desfecho dos pacientes submetidos à CRM durante a internação, 30 dias após e a reospitalização.

Métodos: Foram analisados retrospectivamente 3010 pacientes submetidos à CRM (65,9% do sexo masculino, idade média de 61,2 anos, 74,6% com IMC médio de 24,9).

Resultados: Observa-se que dos 3010 pacientes submetidos a CRM, 3,6% evoluiu a óbito durante a internação (n=108), sendo que 0,2% (n=6) ocorreu no centro cirúrgico. 96,4% (n=2900) receberam alta hospitalar. Após 30 dias 6% (n=180) evoluíram a óbito e 7% (n=210) foi reospitalizado. Verificasse que a CRM ainda possui no Brasil alto índice de morbi-mortalidade, mesmo em Hospitais aptos ao tratamento de pacientes de alta complexidade.

Conclusão: Acredita-se que os principais motivos de números elevados, tanto sobre a mortalidade quanto ao retorno de pacientes, deve-se ao escore prognóstico elevado (aferido na admissão), pois a mortalidade ajustada apresenta indicadores de mortalidade dentro e/ou abaixo do esperado.

EP-426

Epidemiological profile of hospitalizations in an adult intensive care unit of a teaching hospital

Lucas de Oliveira Ferrer¹, Ester Telles Rangel¹, Thais Nakamura Okano¹, Joyce Peixoto dos Santos¹, Bruno Eiji Nakano¹, Felipe Lambert Bitarello¹, Pedro Henrique Alves¹, Marta Garroni Magalhães¹

¹Universidade do Vale do Sapucaí - Pouso Alegre (MG), Brasil

Objective: Each Intensive Care Unit (ICU) attends patients with pathologies of greater severity, but the epidemiological profile is defined by the characteristics of the hospital and the most prevalent diseases in the area. The Hospital das Clínicas Samuel Libânio (HCSL) is a high complexity teaching hospital located in Pouso Alegre, Minas Gerais, Brazil, which serves a population of 3,500,000 inhabitants from 191 cities. In the HCSL Adult ICU there are 18 beds, two of which are intended for isolation. The study aims to evaluate the epidemiological characteristics of patients admitted to the HCSL ICU.

Methods: A retrospective cohort study was performed of all patients admitted to the adult HCSL ICU between January 1st and June 27th, 2017.

Results: The Adult ICU received a total of 520 patients in the analyzed period. Among them, 63% are several

postoperative patients from the surgical center. The main operative procedures established were myocardial revascularization (17.11%), exploratory laparotomy (7.20%) and cerebral tumor excision (4.80%). Patients from the hospital emergency room represent 15% of the sample, while cases of sepsis accounted for 6.15% and referrals from hospital wards, such as medical clinic, nephrology and cardiology, totaled 11%. The rest of the patients classified as others, were referred from outside of hospital with various diagnoses.

Conclusion: The epidemiological profile of the HCSL ICU is of a high turnover and composed mostly by postoperative follow-up. Sepsis cases had a small proportion due to the large volume of postoperative patients who required follow-up in ICU.

EP-427

Epidemiology of patients undergoing cardiac surgery in an intensive care unit

Tayse Tâmara da Paixão Duarte¹, Marcia Cristina da Silva Magro¹, Wellington Luiz de Lima²

¹Universidade de Brasília - Brasília (DF), Brasil; ²Centro Universitário do Planalto Central - Brasília (DF), Brasil

Objective: To verify the epidemiological profile and outcome of patients submitted to cardiac surgery in an intensive care unit (ICU) in the Federal District/Brazil.

Methods: Longitudinal, prospective and quantitative study. Fifty patients, older than 18 years old, undergoing cardiac surgery. The analysis of the data consisted of descriptive statistics. The Research approved by the Education and Research Committee of the Institute of Cardiology the Federal District, CAAE: 44999215.9.0000.0026.

Results: The majority of the patients were female (56%), average age were 58 ± 15 years old, presenting ejection fraction of $59.1 \pm 12.3\%$. The APACHE II score was 12.5 ± 5.2 . Among the main comorbidities and systemic arterial hypertension (64%), dyslipidemia (36%) and diabetes mellitus (22%). The surgery of higher incidence were coronary artery bypass surgery 48%, and valve replacement 40%, and only 2% (01) underwent combined surgery (coronary artery bypass and valve). All patients (100%) were submitted to extracorporeal circulation, with average time 101.1 ± 36.7 minutes, with an anoxia time of 87.1 ± 28.3 minutes. The time spent in the ICU was 3.8 ± 2.98 days. The ICU outcome was high in 98% of cases.

Conclusion: Most of patients who underwent cardiac surgery were female with average age of 58 years old and hypertensive. The cardiac surgery of higher incidence was coronary artery bypass surgery with extracorporeal circulation, most of the patients were discharged from the ICU.

EP-428

Estudo da prevalência microbiana em culturas numa unidade de terapia intensiva

Roger Malacarne Caleffi¹, Alexandre Ribas Klippel¹, Dannel da Silva Rocha¹, Julio Meneses Osoria¹, Carolina da Silva Gomes², Thiago de Souza Perussolo², José Laércio de Araújo Filho², Jorge Guilherme Vieira Nogueira²

¹Hospital Geral de Roraima - Boa Vista (RR), Brasil; ²Universidade Federal de Roraima - Boa Vista (RR), Brasil

Objetivo: Estudar a prevalência microbiana em culturas numa Unidade de Terapia Intensiva (UTI), e assim determinar os principais microrganismos presentes nessas amostras, além de analisar o perfil de resistência dos principais antibióticos.

Métodos: Durante o período de março de 2014 a março de 2017, foram analisados os resultados de 559 coletas de culturas nos seguintes materiais: líquido pleural, líquido, sangue, secreção traqueal, urina, escarro, líquido ascítico, líquido pericárdico, ponta de cateter, swab anal, retal e nasal. Os dados foram analisados através do sistema de Gerenciador de Ambiente Laboratorial, disponibilizados em arquivos no formato Excel, provenientes dos pacientes internados. As variáveis foram: sexo, idade, procedência do material, resultados de exames de cultura e antibiograma dos mesmos.

Resultados: Das 559 coletas de culturas, a positividade foi de 20,75%. 66% dos pacientes eram do sexo masculino e 34% do sexo feminino. Na análise, *Klebsiella pneumoniae* foi o organismo de maior prevalência (19,2%), seguido por *Acinetobacter baumannii* (17,2%), *Pseudomonas aeruginosa* (15,5%), *Staphylococcus epidermidis* (11,2%), *E. coli* (10,3%) e *Staphylococcus aureus* (7,7%). A resistência antimicrobiana foi maior para Ampicilina (25%), Ampicilina/sulbactam (23,2%), Ceftriaxona (19,8%) e Amoxicilina/ácido clavulânico (18,9%).

Conclusão: O risco de infecções está proporcionalmente relacionado à gravidade da doença do paciente, às comorbidades, ao tempo de internação, condições físicas, nutricionais e psíquicas, além das características da terapêutica empregada. Na UTI estudada, o agente mais prevalente foi a *Klebsiella pneumoniae* e o perfil de resistência foi maior para a Ampicilina e Ampicilina/sulbactam.

EP-429

Evaluation of the glycemic behavior of the attended patients in the emergency sector of Hospital Governador Flavio Ribeiro Coutinho in Santa Rita - Paraíba

George Robson Ibiapina¹, Nara Percília da Silva Sena¹, Ana Beatriz Nepomuceno Cunha¹, Gabriela de Oliveira Gomes Barbosa¹, Izabela Lima Fonseca¹, Priscila Ribeiro Almeida¹, Laís Henriques de Oliveira¹, André Luiz Santos de Moraes¹

¹FAMENE - João Pessoa (PB), Brasil

Objective: To evaluate the behavior of the carbohydrate metabolism by blood glycemia measure in urgency/emergency patients, verifying their association to comorbidities and hypoglycemic agents use.

Methods: In 7 months, records with blood glycemia by the BGT (Blood Glucose Test) were selected. Divided them in intervals of hypoglycemia with BGT <70 mg/dl, euglycemia ranging 70-180 mg/dl, and hyperglycemia above 180 mg/dl. Related these with age, sex, comorbidities, use of insulin, sulfonylurea and metformin.

Results: The average age was 62,41; and 57.7% were females. The age group with more hypoglycemia, euglycemia and hyperglycemia respectively were 16-29 (18.5%), 16-29 (70,4%) and 50-59 (52.6%). Females had more hyperglycemia (42.4%). In the intervals of hypoglycemia, euglycemia, and hyperglycemia, respectively, diabetics had 12%, 26% and 61.2%; insulin users 14.4%, 11.8% and 73.7%; sulfonylurea 23.7%, 15.8% and 60.5%; metformin only euglycemia 27% hyperglycemia 23%. Hypertensive patients had 12.5%, 62.5% and 25%. Lung disease patients more hyperglycemia (50%). On average, glycemia was more prevalent for patients aged 50-59 (218.36 mg/dl). Females had the mark of 197.57 mg/dl. For diabetics: 232.68 mg/dl; use of insulin, metformin and sulfonylurea respectively 274.28 mg/dl, 260.43 mg/dl 260.43 mg/dl.

Conclusion: The hyperglycemia patients were women in the fifth decade, mostly diabetic using insulin, with lung diseases. Hypoglycemia frequent in males aged 16-29, hypertensive and diabetic in use of sulfonylureas.

EP-430

Extremely severe maternal morbidity in critical care

Juan Francisco Rocha Hernandez¹, Moisés Aramis Santos Peña¹, Andy Rocha Quintana¹, Maykel Lazel Rocha Quintana¹, Maria Luisa Quintana Galende²

¹Hospital Gustavo Aldereguia Lima - Cienfuegos, Cuba; ²Escuela Nacional de Salud Publica - Cidade de La Habana, Cuba

Objective: To characterize Extremely Severe Maternal Morbidity (MMEG) in the province of Cienfuegos and determine the possibilities of its occurrence to relate it to births occurring in a given period.

Methods: A descriptive, retrospective study, from case series, during the years 2012 to 2016. Constituted by 295 patients. The variables collected were age, more frequent diagnoses, parity, type of delivery, obstetric hysterectomy or not, associated diseases, intensive care stay, and post-discharge status. Absolute frequencies, percentages and absolute risk were used by percentage ratio.

Results: The most frequent diagnoses were severe bleeding (23.4%), preeclampsia-eclampsia (20.3%), sepsis (7.8%), chronic decompensated diseases (6.8%) and thromboembolic disease (4.4%). Women 35 years and older have an absolute risk of 2.58 to complicate. Nulliparas have an absolute risk of 2.1 to complicate. The maternal mortality ratio of the series

was 13.4 x 100 000 live births. One patient was diagnosed with MMEG for each 76.4 births and one maternal death occurred for each 98.3 MMEG patients.

Conclusion: The frequency of morbidity in our series when related to births in the same period offers a very satisfactory indicator; which is confirmed by the results of the maternal mortality ratio in the series studied. Patients with extreme age are at high risk for complications, and nulliparas are more likely to develop preeclampsia-eclampsia

EP-431

Falhas e dificuldades no preenchimento da declaração de óbito: estudo exploratório

Fernanda Lemos de Souza Ribeiro¹, Melina de Omena Moura Bertoldo¹, Matheus Lisboa Vieira¹

¹Centro Universitário Tiradentes - Maceió (AL), Brasil

Objetivo: O presente estudo busca explorar as falhas de preenchimento da Declaração de Óbito (DO), assim como dificuldades encontradas pelos médicos e os erros mais frequentes no campo da causa de morte.

Métodos: Foram aplicados dois questionários a 17 médicos, em ambiente acadêmico, que abordavam o grau de conhecimento do Manual de Instruções para o Preenchimento da Declaração de Óbito, as causas das dificuldades no preenchimento da Declaração de Óbito, os campos do Atestado de Óbito que os médicos sentiam mais dificuldade ao preencher e quais os erros mais comuns ao preencher o campo da causa de morte.

Resultados: 49% dos médicos afirmaram ter propriedade sobre o Manual de Instruções, enquanto 51% afirmou não conhecer ou não ter propriedade sobre o mesmo e também não o consultar. Entre os que conheciam o Manual, 69% afirmaram ter tomado conhecimento sobre o mesmo por conta própria e não durante a graduação. 41% afirmou preencher a DO com ajuda de terceiros. A maior dificuldade encontrada no preenchimento da DO foi a insuficiência de informações sobre o paciente que veio a óbito. O campo em que houve mais dificuldade ao preencher foi o da doença ou estado mórbido que causou diretamente a morte, junto à evolução. O erro mais comum citado pelos médicos como causa de morte foi falência múltipla de órgãos.

Conclusão: Os resultados deste trabalho foram próximos aos esperados, apenas reforçando a tese de que o correto preenchimento da DO ainda é negligenciado.

EP-432

Fatores de risco e comorbidades mais prevalentes em pacientes submetidos à cirurgia de revascularização do miocárdio

André Luis Valera Gasparoto¹, Carlos Alberto Gonnelli¹, Mauro Sérgio Vieira Machado¹, Thomaz Braga Ceglias¹, Rodrigo Olynto de Almeida¹, Danilo Stabile Gonnelli¹, Daniel Orselli Comparato¹, Rafaela Winter Gasparoto¹

¹Hospital da Real e Benemerita Associação Portuguesa de Beneficência - São Paulo (SP), Brasil

Objetivo: Fatores de risco cardiovasculares são condições que aumentam a probabilidade de uma pessoa de desenvolver doenças, entre elas o infarto. Alguns podem ser evitados, tratados e controlados; os mutáveis. Outros são imutáveis, como o histórico familiar e a etnia. Conhecê-los serve como alerta para reforçar hábitos saudáveis, intensificar o tratamento e acompanhamento médico regular. A cirurgia de revascularização do miocárdio (CRM) esta indicada quando existe a comprovação de que, independente dos fatores de risco do paciente, comprove-se lesões coronarianas que geram obstruções significativas a ponto de gerar sintomas isquêmicos. Os demais objetivos da intervenção cirúrgica são: proteger o miocárdio isquêmico, melhorar a função ventricular, prevenir o infarto do miocárdio, prolongar a vida e a sua qualidade. **Objetivos:** Avaliar os fatores de risco e comorbidades mais frequentes dos pacientes submetidos à CRM.

Métodos: Análise retrospectiva de 2105 pacientes submetidos à CRM (69,9% do sexo masculino, idade média de 61,7 anos, 76,6% com IMC médio de 24,9).

Resultados: Neste banco de dados avaliamos 2105 pacientes submetidos à CRM e identificamos os fatores de risco e comorbidades mais frequentes nesta população. Diferente de dados estimados na população geral Brasileira, a porcentagem de pacientes portadores de hipertensão arterial sistêmica e de tabagistas é muito maior que da população geral (82% de hipertensos e 55% de tabagistas ativos ou que cessaram há menos de 1 ano).

Conclusão: A população submetida à CRM apresenta em relação à população geral prevalência de hipertensos e tabagistas (ativos ou não) com números significativamente maiores.

EP-433

Guillain-Barré syndrome in an intensive care unit: experience of five years

Pedro Fortes¹, Adriana Watts Soares², Carlos Pereira², António Messias²

¹Serviço de Medicina Interna, Hospital José Joaquim Fernandes - Beja, Portugal; ²Hospital Beatriz Ângelo - Lisboa, Portugal

Objective: Describe the main clinical features of ICU patients with GBS as well as the treatment and functional outcome.

Methods: Unicentric retrospective observational analysis of GBS patients admitted to an ICU from February 2012 to June 2017.

Results: 14 patients were identified, with a mean age of 62 years and male preponderance. Precipitants were established in 10 (71.4%) with gastrointestinal illness predominance. The mean duration between onset of neurological symptoms and hospital admission was

3 days. Arreflexia was found in at least 10 patients. Cranial nerve involvement was initially reported in only one patient. 10 patients were directly admitted to ICU. Quadriparesis and respiratory failure were present in 7 (50%) at ICU admission. Invasive mechanical ventilation was required in 7. Albumino-cytologic dissociation was present in 5 (35.7%) of the lumbar punctures performed. Serum antiganglioside antibodies were positive in 3 (21.4%). A single electromyoneurography (EMNG) was performed, reporting a "mixed" pattern in 7, AMAN in 2 and AIDP in 1 patient. 12 patients (85.7%) were treated with IV Ig and 4 (28.6%) with PEX. 3 patients (21.4%) died and at least 10 recovered completely.

Conclusion: Most clinical features in this series were in agreement with the published data. This study confirms the need for serial EMNG and retrospective support studies to better define the GBS subphenotype.

EP-434

Hospital admission for sepsis and mortality in Brazil from 2008 to 2014 - Analyzing 7 years of Government Database (Datasus) information

Rogério Gomes Fleury¹, Vania Maria Carneiro da Silva¹

¹Hospital Universitário Clementino Fraga Filho - Rio de Janeiro (RJ), Brasil

Objective: Sepsis is a common cause of death among patients in intensive care units in Brazil and worldwide. We analyzed hospitalizations for sepsis and deaths in Brazil from 2008 to 2014, through data from Datasus.

Methods: Data from Datasus (www.datasus.gov.br), government database for health information, about hospitalizations for sepsis and mortality from 2008 to 2014 in patients over 15 years, in Brazil. We analyzed length of hospital stay and mortality by gender and age.

Results: From 2008 to 2014, 412679 patients with diagnosis of septicemia were hospitalized, 214544 males (52%) and 198135 females (48%). Annual mortality rate was average 50%, with rates less than 50% in those below 60 years old and greater than 50% in those over 60 years old, reaching 67.6% in those over 80 years old. Mortality had little risen over the period, 49.5% in 2008, 51.3% 2011 and 51.7% 2014. Analyzing age, 149864 patients (70.7%) were over 60 years old. Age group with highest number of deaths was over 80 years old with 58163 cases (27.4%). Mean length of stay was 11.7 days (range 11.4 days in 2014 and 12.2 days 2013).

Conclusion: Mortality of septicemia at admission is high all over the world. In Brazil we observed rates averaging 50%. Advanced age are at highest risk. Length of hospital stay is average 12 days. Cases of septicemia not diagnosed during hospitalization, alternative diagnoses, or progression to septicemia only during hospitalization may disrupt the correct measurement.

EP-435

Intensive care unit readmission among oncology patients in a referral public cancer hospital - Northeast Brazil

Ana Paula Pierre de Moraes¹, Antônio Augusto Moura da Silva², Gustavo Teixeira Alves¹, José Ricardo Santos de Lima¹

¹Hospital de Câncer do Maranhão Tarquínio Lopes Filho - São Luís (MA), Brasil; ²Universidade Federal do Maranhão - São Luís (MA), Brasil

Objective: To identify admission factors associated with ICU readmission among cancer patients.

Methods: A retrospective study conducted at 11bed ICU of a public cancer hospital in São Luis-Maranhão, northeast of Brazil. We included all patients admitted on ICU between January to December 2016 and exclude those unsuitable for ICU readmission. We evaluated demographic and clinical variables, ICU support and primary outcome: in-hospital mortality. We use statistical tests to comparison between groups and within groups, as appropriate.

Results: Out of 269 patients, 251(93%) had solid tumors, and 18(7%) were onco-hematology patients. The readmission rate was 13% after a median of 6,5 days [3,0-14,5] after discharge. ICU readmitted cancer patients had more hematological malignancy disease ($p=0,02$), but there were no difference in sex, age, type of admission, functional capacity, SAPS3 and SOFA at first day scores, mechanical ventilation and vasopressors during ICU stay between groups ($p>0,05$ for all). Compared to their first ICU admission, upon readmission, cancer patients had higher SAPS3 ($p<0,001$), and their readmissions were due to medical reasons ($p=0,05$). The overall in-hospital mortality was 25%, and readmission was associated to higher in-hospital mortality (20% versus 59%, $p<0,001$).

Conclusion: The severity of illness upon ICU admission were not associated with readmission in our study. Patient condition upon ICU discharge and the recognition of organ dysfunction at the ward might be investigated as factors associated to readmission in order to prevent in-hospital mortality.

EP-436

Incidência de pneumonia associada à ventilação mecânica invasiva em uma unidade de terapia intensiva de Maceió - AL

Rita de Cássia dos Santos Moreira¹, Joyce Annenberg Araújo dos Santos¹, Ana Carolina do Nascimento Calles¹

¹Hospital do Coração de Alagoas - Maceió (AL), Brasil

Objetivo: Investigar a incidência de pneumonia associada à ventilação mecânica em uma UTI de Maceió-AL e o agente etiológico mais prevalente.

Métodos: Tratou-se de um estudo retrospectivo, do tipo transversal, baseado-se em dados obtidos de 73 prontuários de pacientes internados na UTI, submetidos à ventilação mecânica invasiva por tempo superior a 48 horas. Foi realizada após aprovação do Comitê de Ética e Pesquisa da Faculdade Estácio de Alagoas, sob o número de protocolo 171012/042. A análise descritiva e a sua interpretação foi calculada segundo critérios da Agência Nacional de Vigilância Sanitária através do cálculo de taxa de densidade de incidência.

Resultados: Dos dados coletados apenas 17 prontuários estavam de acordo com os critérios de inclusão adotados pela pesquisa. O agente etiológico mais prevalente foi a bactéria *Acinetobacterbaumannii*. Foi constatado maior número de falecimento no gênero masculino.

Conclusão: Na presente pesquisa foi constatado que o agente etiológico mais prevalente para instalação da PAVM foi microrganismo resistente e de difícil tratamento. A profilaxia é o melhor recurso para a não disseminação de agentes infecciosos que contribuem para a pneumonia. Dentre as medidas de prevenção destacam-se a fisioterapia, a traqueostomia precoce e técnicas assépticas de fácil execução.

EP-437

Knowledge of brain death and organ donation in general population: where are we?

Álvaro Réa-Neto¹, Paula Geraldine David João², Luana Scheffer Navarro², Matheus Boer Casonato², Lauana Maschietto Costa², Júlia Forte Giacheto², Solena Ziemer Kusma²

¹Centro de Estudos e Pesquisa em Emergências Médicas e Terapia Intensiva (CEPETI) - Curitiba (PR), Brasil; ²Pontifícia Universidade Católica do Paraná - Curitiba (PR), Brasil

Objective: To analyze the lay population knowledge about brain death and organ donation in Curitiba, Brazil.

Methods: 297 people, aged over 18 years, non-health care workers answered a questionnaire about knowledge of brain death and organ donation, as well as sociocultural data.

Results: Most of the interviewees (97%) were favorable for donation, 85.2% would donate their organs and 77.1% would authorize organ donation of first-degree relatives. The main reason for donor support was "saving lives/helping others". In the unfavorable group, the main reason was "fear. Over 65.3% people informed their families about their decision. More than half of the interviewees believe that organ traffic is a reality in Brazil. Most participants (96.3%) who believed that the rich were more likely to receive a transplant completed at least high school ($p < 0.001$). Regarding the concept of brain death, only 28.3% believe the patient is dead ($p = 0.052$) and just 36% trust in this diagnosis. However, 75.8% do not consider this patient can return to live ($p < 0.01$).

Conclusion: In this study, most participants are favorable for organ donation, even considering that rich people have advantages in donation process and that organ traffic is still

a common practice. Campaigns to disclosure the organ donation process and optimization of both family interview and internal policies of the responsible entities are still a demand.

EP-438

Mortalidade de pacientes admitidos por sepse em uma unidade de terapia intensiva geral de um hospital de alta complexidade

Rafael Amorim da Costa¹

¹Hospital Universitário Professor Polydoro Ernani de São Thiago, Universidade Federal de Santa Catarina - Florianópolis (SC), Brasil

Objetivo: Avaliar a mortalidade geral e os fatores associados à maior mortalidade dentre os pacientes admitidos por Sepse na UTI geral do Hospital Santo Antônio.

Métodos: Foram incluídos no estudo todos os pacientes admitidos por sepse na UTI geral no período de 01 de novembro de 2015 à 31 de maio de 2016. Foi avaliada a mortalidade geral em 90 dias dos pacientes admitidos no período e as variáveis foram analisadas com intuito de verificar os fatores de associação com maior mortalidade.

Resultados: Dos 117 pacientes incluídos no estudo, 51 (43,59%) pacientes evoluíram à óbito no durante os 28 primeiros dias e 58 (49,57%) pacientes evoluíram à óbito ao final de 90 dias. Houve aumento da mortalidade em faixas etárias mais elevadas ($p = 0,0314$) e em pacientes com escore SOFA mais elevado na admissão ($p = 0,0011$). Foram obtidas maiores taxas de mortalidade nos grupos de pacientes com DPOC (60%; OR: 1,709; $p = 0,2424$), AIDS (71,4%; OR: 2,688; $p = 0,2491$), portadores de tumores sólidos (60,8%; OR: 1,767; $p = 0,23$) e neoplasias hematológicas (69,2%; OR: 2,525; $p = 0,1428$), e naqueles com infecção pulmonar (56,9%; OR: 2,178; $p = 0,0452$).

Conclusão: As taxas de mortalidade por sepse na UTI são consideradas elevadas, apesar da alta complexidade de nossos pacientes. É possível que haja correlação entre aumento da mortalidade e idade mais elevada, assim como escore de SOFA mais elevado na admissão e em pacientes com infecção pulmonar.

EP-439

Mortality and functional dependence in patients readmitted to intensive care unit

Sheila Suzana Glaeser¹, Luciane de Fraga Gomes Martins¹, Paula Pinheiro Berto¹, Cassiano Teixeira¹, Daniel Sganzerla², Rodrigo Jefman², Bruno Barcellos Hervé¹, Evelin Carneiro Sanchez²

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil; ²Hospital Moinhos de Vento - Porto Alegre (RS), Brasil

Objective: To evaluate the impact of ICU readmissions on muscle weakness, function and mortality.

Methods: The study belongs to a multicenter cohort of two tertiary hospitals. Adult patients with ICU admission greater than 72 hours, were assessed up to 120 hours post-discharge from the ICU. Muscle strength was evaluated through the Medical Research Council (MRC) scale, considering muscle weakness values ≥ 48 . The functionality was assessed three months after ICU discharge through the Barthel Index, considering functional independence > 75 points. The analyzes were performed with robust poisson regression and survival analysis, adjusted by the hospital of origin and age, considering a significance level of 5%.

Results: There were 412 patients in the period of 2014 and 2016 presenting a readmission rate of 87% at the ICU in the same hospital (36 patients). The prevalence of muscle weakness was 53.3% (16 of 30 patients) and 44.9% (141 of 314 patients) who didn't have readmission. In three months, the risk of death was 5.4 (95% CI 3.1; 9.5) higher in the patients who returned to the hospital, presenting a 50% of mortality rate (18 patients) and a functional dependency ratio of 50% (8 of 16 patients).

Conclusion: Patients readmitted to ICU present higher mortality rate and functional dependence in comparison with those that were not readmitted.

(23% vs 61%, $p=0.01$). Using multivariate analysis, APACHE II ($p=0.04$), SOFA ($p=0.03$), diagnostic of hypovolemic shock ($p=0.02$) and septic shock ($p=0.02$) were independently associated with the need for hemodialysis. Patients that need hemodialysis had higher maternal death (76.9% vs 11.1%, $p=0.01$) and lower recovery renal function (23% vs 96%, $p=0.00$). Need for norepinephrine ($p=0.04$) and hemodialysis ($p=0.01$) were independently associated with mortality.

Conclusion: APACHE II, SOFA, diagnostic of hypovolemic and septic shock were independently associated with the need for hemodialysis. Those had lower recovery renal function.

EP-441

Pacientes cirúrgicos: análise de desfechos em unidade de terapia intensiva

Clarice Teixeira Silva Araujo¹, Isabela Seccato Ruis Chagas¹, Felipe Lessa Soares², Luiz Gustavo Favoreto Genelhu², Jansen Giesen Falcão², Eliana Bernadete Caser²

¹Programa de Residência Médica, Universidade Federal do Espírito Santo - Vitória (ES), Brasil; ²Hospital Unimed Vitória - Vitória (ES), Brasil

Objetivo: Identificar desfechos em uma população de pacientes cirúrgicos.

Métodos: Estudo retrospectivo em uma UTI clínico-cirúrgica com 16 leitos. Foram incluídos pacientes maiores de 18 anos que utilizaram antibiótico >48 horas, entre janeiro a junho de 2016. Foram avaliados: dados demográficos, SOFA da admissão, diagnóstico principal, número de cirurgias, tempo máximo de uso de antibiótico, ventilação mecânica invasiva (VMI), hemodiálise (HD), internação em UTI e hospital, colonização por bactérias multirresistentes e mortalidade na UTI.

Resultados: Incluídos 75 pacientes de 152 admissões cirúrgicas. A idade média foi $64,7 \pm 19$ anos. O escore SOFA da admissão foi $2,6 \pm 3,1$. Os diagnósticos mais comuns foram: trauma (17,3%), obstrução intestinal (14,6%). A média de cirurgias foi $1,4/\text{paciente} \pm 1,1$. O tempo máximo de uso de antibiótico/paciente foi de $10,2 \pm 6,3$ dias. Os tempos de VMI, HD, internação em UTI e hospital foram, respectivamente: $13,2 \pm 12,5$, $12,9 \pm 10,8$, $14,2 \pm 12,8$, $29,4 \pm 32,7$ dias. Vinte e cinco pacientes (33,3%) foram colonizados por bactérias multirresistentes, sendo *Staphylococcus aureus* Resistente à Meticilina (30%), *Acinetobacter baumannii* (17,5%) e *Pseudomonas aeruginosa* resistente a Carbapenênicos (17,5%) os mais comuns. A mortalidade na UTI foi de 20%, principalmente de natureza infecciosa. Entre os desfechos de óbito, 46,7% eram colonizados por bactérias multirresistentes.

Conclusão: Os pacientes foram submetidos à reintervenção cirúrgica com tempos prolongados de VMI, antibiótico e internação. A taxa de colonização por bactérias multirresistentes e a mortalidade foram elevadas na população estudada.

EP-440

Need of hemodialysis in acute kidney injury related to pregnancy at a Brazilian maternal intensive care unit: risk factors and mortality

Dilson Palhares Ferreira¹, Fábio Ferreira Amorim¹, Aline Mizusaki Imoto¹, Amanda Jacomeli Matsuurá², Adriell Ramalho Santana³, Jaqueline Lima de Souza³

¹Programa de Pós-Graduação Stricto Sensu em Ciências da Saúde, Escola Superior de Ciências da Saúde, Fundação de Ensino e Pesquisa em Ciências da Saúde - Brasília (DF), Brasil; ²Hospital de Base do Distrito Federal - Brasília (DF), Brasil; ³Escola Superior de Ciências da Saúde - Brasília (DF), Brasil

Objective: The aim of this study was to assess the factors associated with the need of dialysis and mortality in pregnancy-associated AKI in a public Brazilian maternal ICU.

Methods: Retrospective cohort study conducted in ICU of Hospital Materno Infantil de Brasília, Brasília, Federal District, Brazil, during 28 months. All consecutive patients diagnosed with pregnancy-related AKI were included. The exclusion criteria were chronic kidney disease or kidney transplant.

Results: Of 172 patients included, mean age: 30 ± 2 years, APACHE II: 12 ± 7 , and SOFA was 3 ± 3 . The main cause of ICU admission was eclampsia (63, 36.6%). Patients who needed hemodialysis had higher APACHE II (26 ± 8 vs 11 ± 6 , $p<0.01$), SOFA (10 ± 5 vs 3 ± 2 , $p<0.01$), diagnostic of hypovolemic (38% vs 8%, $p=0.00$) septic shock (38% vs 8%, $p=0.00$), and lower diagnostic of pre-eclampsia/eclampsia

EP-442

Pacientes clínicos e cirúrgicos: análise comparativa em uma unidade de terapia intensiva

Clarice Teixeira Silva Araujo¹, Isabela Seccato Ruis Chagas¹, Felipe Lessa Soares², Luiz Gustavo Favoreto Genelhu², Jansen Giesen Falcão², Eliana Bernadete Caser²

¹Programa de Residência Médica, Universidade Federal do Espírito Santo - Vitória (ES), Brasil; ²Hospital Unimed Vitória - Vitória (ES), Brasil

Objetivo: Comparar variáveis clínicas e desfechos entre pacientes clínicos (Pcli) e cirúrgicos (Pcir) em uso de antibiótico.

Métodos: Estudo retrospectivo. Incluídos pacientes >18 anos que utilizaram antibiótico >48 horas, entre janeiro a junho de 2016. Avaliados: dados demográficos, SOFA admissão, diagnóstico, número de cirurgias, tempos de antibiótico, ventilação invasiva (VI), hemodiálise (HD), internação em UTI/hospital, colonização por bactérias multirresistentes (BMR) e mortalidade na UTI.

Resultados: Incluídos 177 pacientes, 57% Pcli e 43% Pcir. Escores SOFA admissão Pcli 2,7±3,1 e Pcir 2,6±3,1. Diagnósticos clínicos e cirúrgicos mais comuns: pneumonia (28,4%) e trauma (17,3%), respectivamente. Tempo de antibiótico/paciente 9,7±4,7 dias Pcli e 10,2±6,3 dias Pcir (NS). Tempos de VI e HD Pcli: 15,4±14,1 e 14,1±9,9 dias e para Pcir 13,2± 12,5 e 12,9±10,8 dias (NS). Entre Pcli 24 foram colonizados por BMR e entre Pcir 25, sendo *Staphylococcus aureus* resistente à metilina mais comum para ambos (NS). Tempos de internação em UTI e hospital: 14±25 e 27,2±29,1 dias Pcli e 14,2±12,8 e 29,4±32,7 dias Pcir (NS). Mortalidade na UTI foi 34,3% Pcli e 20% Pcir (p 0,043).

Conclusão: Pcli e Pcir tiveram tempos de VI e internação prolongados com colonização por BMR de 27%, sem diferença significativa entre os grupos. Pcli foram submetidos a maior quantitativo de procedimentos invasivos por maior gravidade durante evolução e maior mortalidade

EP-443

Pacientes de longa permanência internados em uma unidade de terapia intensiva universitária: retrato de um problema atual

Paulo Cesar Gottardo¹, Ciro Leite Mendes², Igor Mendonça do Nascimento², Laís Henriques de Oliveira³, Rayanir de Freitas Marinho⁴, Nicole Almeida Leite⁴, Italo Gadelha de Lucena³

¹Hospital Nossa Senhora das Neves - João Pessoa (PB), Brasil; ²Hospital Universitário Lauro Wanderley, Universidade Federal da Paraíba - João Pessoa (PB), Brasil; ³Faculdade de Medicina Nova Esperança - João Pessoa (PB), Brasil; ⁴Faculdade de Ciências Médicas da Paraíba - João Pessoa (PB), Brasil

Objetivo: Analisar a prevalência de pacientes de longa permanência internados em uma UTI universitária de João Pessoa, seu perfil epidemiológico e o impacto das variáveis clínicas.

Métodos: Coorte histórica, pacientes internados no ano 2013, com permanência > 48h na UTI do HULW-UFPB. Foram considerados como longa permanência os que tiveram > 21 dias de internação.

Resultados: Das 270 admissões, 80% permaneceram > 48h internados, por tempo médio de 15,12 dias. 58,8% permaneceram > 7 dias internados; 37,5% > 14 dias; 22,2% > 21 dias; 14,4% > 28 dias e 3,2% > 60 dias. 87,5% é de internação não programada, sendo 52,1% mulheres de 60,66 ± 19,039 anos (55,3% tem > 60 anos) e SAPS3 62,19 ± 14,139. Nas primeiras 24 horas de admissão as variáveis que apresentaram maior risco com p<0,001 foram: utilização de ventilação mecânica (85,4% vs 38,7%, com OR 6,078 IC95% 2,854-12,943) e de drogas vasoativas (70,8% vs 33,3%; OR 3,4 IC95% 1,941-5,955), escala de coma de Glasgow < 12 (70,8% vs 39,9%, OR 2,765 IC95% 1,576-4,841). Subsequentemente, apresentaram maior taxa de utilização de ventilação mecânica durante a internação 91,9% vs 39,9% (p< 0,001), maior mortalidade na UTI 60,4% vs 33,9% (p= 0,001) e hospitalar 77,1% vs 43,5% (p< 0,001).

Conclusão: Acima de 20% dos pacientes permaneceram mais de 21 dias internados, gerando maiores taxas de ventilação mecânica e mortalidade.

EP-444

Pacientes idosos e internados em unidade de terapia intensiva, quem são e como evoluem?

Paulo Cesar Gottardo¹, Ciro Leite Mendes¹, Igor Mendonça do Nascimento², Ana Beatriz Nepomuceno Cunha³, Laís Henriques de Oliveira³, Elbia Assis Wanderley⁴, Mamede Moura dos Santos Neto¹, Matheus Amorim Martins³

¹Hospital Nossa Senhora das Neves - João Pessoa (PB), Brasil; ²Hospital Universitário Lauro Wanderley, Universidade Federal da Paraíba - João Pessoa (PB), Brasil; ³FAMENE - João Pessoa (PB), Brasil

Objetivo: Definir o perfil dos pacientes idosos internados em uma UTI do município João Pessoa e avaliar fatores associados à piores desfechos.

Métodos: Coorte, com seguimento dos pacientes desde a abertura da UTI em maio de 2016.

Resultados: Foram incluídos os primeiros 209 pacientes internados na UTI, dos quais 81,3% apresentavam > 60 anos enquanto 33,2% > 80 anos. 47,3% dos idosos eram do sexo masculino. 44,4% necessitavam de assistência e 29% eram acamados previamente a internação. Provenientes principalmente da emergência (36,7%), do bloco cirúrgico (23,1%), e do apartamento (20,7%). As variáveis com maior risco de óbito foram: admissão oriunda do apartamento OR 2,45 IC95% 1,478-4,061, previamente acamado OR 2,571 IC95% 1,537-4,301, pneumonia 3,546 IC95% 2,104-5,976, lesão renal aguda 3,871 IC95% 2,509-5,972, traqueostomização 3,546 IC95% 2,104-5,976 e fibrilação atrial crônica 2,884 IC95% 1,738-4,788. Os idosos apresentaram: mortalidade na UTI 24,3% vs 2,6%, p=0,002; mortalidade hospitalar 34,9% vs 7,7%, p=0,001; internação > 7 dias 21,9% vs 7,7%, p=0,043; internação prévia hospitalar > 7 dias: 14,8% vs 7,7%, p=0,043. SAPS3 superior 55,81 +/- 20,21 vs 39,07 +/- 16,13 (p<0,001), além de área sob curva ROC de 0,849 IC95% 0,785-0,912 p<0,001.

Conclusão: Pacientes idosos desta amostra tinham maior gravidade, taxa de mortalidade e tempo de internação, influenciados pelas comorbidades.

EP-445

Patients profile from an intensive care unit from Pelotas, Brazil

Leonardo Mendes Nogueira¹, Paulo Orlando Alves Monteiro¹, Heithor de Castro Sell¹, Frederico Balverdu Zauk¹

¹Universidade Católica de Pelotas - Pelotas (RS), Brasil

Objective: To know the demographic and severity profile of the patients from a general intensive care unit (ICU) from Pelotas, southern Brazil.

Methods: Descriptive study of an ICU from an university hospital. The data was extracted from a pre-coded standardized questionnaire applied by intensive care residents from January to April 2017. The frequencies of the categorical variables and the medians for the continuous variables were calculated.

Results: A total of 149 patients were studied, 52.4% were males, with a median age of 58 years (range: 14 and 94 years), 45% from the Pelotas Emergency Room. Clinical patients were 67.8%; surgical patients were 23.5%, the neurological ones being 45.7% of these. The median time of hospitalization was three days, ranging from 0 to 29 days. The median SAPSII score was 55.0, predicting a 29% mortality. 68% of the patients were discharged. Patients on mechanical ventilation (MV), 51.7%, had a median SAPS II of 66, predicting a mortality risk of 51%. Neurological patients had a median SAPS II of 41, predicting mortality of 15%; 55.6% and 12.5% died, respectively.

Conclusion: The demographic distribution was similar to that found in the literature, as well as the length of hospital stay. SAPS II was a good predictor of mortality for all patients, including neurological and in MV.

Results: 100 patients were admitted to the study, mean age 86.3 years, female gender in 69%. Average length of ICU stay of 19.3 days and hospital length of stay of 30 days. This age group accounted for 5.5% of total ICU admissions. Community pneumonia was the main cause of hospitalization (16%), followed by sepsis (11%), urinary tract infection (UTI) in 6%, hemorrhagic stroke (4%), predominance of clinical admissions (81%). Mortality was 41%, superior in relation to the other patient groups (20.5%). There was a correlation between a presence of sepsis and mortality (p 0.005), UTI diagnosis and mortality (p 0.03), and hemorrhagic stroke and ICU LOS (p 0.005).

Conclusion: The octogenarian and nonagenarian are an important part of the ICU admissions, presenting higher mortality than the general population. Sepsis and UTI diagnosis are correlated with statistically significant increased mortality, and hemorrhagic stroke are correlated with statistically significant increased ICU LOS.

EP-447

Perfil clínico de pacientes atendidos pela fisioterapia em uma unidade de terapia intensiva

Rita de Cássia dos Santos Moreira¹, Joyce Annenberg Araújo dos Santos¹, Ana Carolina do Nascimento Calles¹

¹Hospital do Coração de Alagoas - Maceió (AL), Brasil

Objetivo: Traçar o perfil clínico dos pacientes admitidos na UTI, determinando o desfecho clínico durante sua internação.

Métodos: Tratou-se de um estudo transversal, quantitativo e descritivo, realizado com pacientes admitidos na UTI do Hospital Memorial Arthur Ramos, localizado no Estado de Alagoas, sendo a coleta de dados feita a partir da análise dos prontuários.

Resultados: Os resultados apontam que dos 40 pacientes estudados, 50% eram do sexo feminino. A média de idade foi 67,07 anos e a média de permanência na UTI foi de 10,52 dias. 57,5 % dos pacientes fizeram uso de ventilação mecânica invasiva e 17,5% de ventilação não invasiva. A principal causa que levou à internação na UTI foi a Insuficiência Respiratória com 32,5% de frequência. Quanto ao destino dos pacientes, 57% tiveram alta da UTI e 40% foram a óbito, tendo 2,5% de transferências.

Conclusão: A caracterização de pacientes de UTI pode auxiliar nas diretrizes das admissões e altas dessa unidade, pois, o conhecimento do perfil dos doentes críticos favorece o estabelecimento de critérios e/ou criação de instrumentos de avaliação e metodologia, além de obter ganhos na evolução do quadro clínico do paciente em tratamento intensivo, minimizando, dentre outros, a mortalidade e os índices de infecção hospitalar.

EP-446

Peculiarities of the morbimortality of the octogenarian and nonagenarian in intensive care unit

Maysa Nascimento Paula Romanhuk¹, Edmilson Leal Bastos de Moura¹, Fábio Ferreira Amorim¹, Marcelo de Oliveira Maia¹

¹Hospital Santa Luzia Rede D'Or São Luiz - Brasília (DF), Brasil

Objective: To determine a prevalence of this age group in the Intensive Care Unit admissions, length of stay and mortality.

Methods: Retrospective analysis of medical records of 80-years-old patients and older, between January and July 2016, admitted to the tertiary intensive care unit (ICU) of a private hospital in Brasília (DF). Epidemiological data, primary diagnosis and type of admission (clinical or surgical), comorbidities, length of stay (LOS) and mortality were analyzed. The T and Pearson tests were used for statistical analysis.

EP-448

Perfil dos pacientes da unidade de terapia intensiva do Hospital Universitário - UFPI que realizaram cirurgia de revascularização do miocárdio

Igor Almeida Silva¹, Jocélia Resende Pereira da Silva¹, Natália Rodrigues Darc Costa¹, Mikaela Maria Baptista Passos¹, Ester Martins Carneiro¹, Antonio Quaresma de Melo Neto¹, Adrielle Martins Monteiro Alves¹, Luana Gabrielle de França Ferreira¹

¹Instituição Hospital Universitário, Universidade Federal do Piauí (UFPI) - Teresina (PI), Brasil

Objetivo: Analisar o perfil epidemiológico, quanto a aspectos clínicos e sociodemográficos, dos pacientes da Unidade de Terapia Intensiva (UTI) do Hospital Universitário da Universidade Federal do Piauí (HU-UFPI) que realizaram cirurgia de revascularização do miocárdio (RVM).

Métodos: Estudo de delineamento transversal, descritivo e retrospectivo envolvendo indivíduos submetidos a cirurgia de RVM no período de março de 2015 a outubro de 2016, na UTI do HU-UFPI. Foram consideradas variáveis clínicas e sociodemográficas contidas em prontuários on-line e impressos. Para a análise estatística, utilizou-se o programa StatisticalPackage for the Social Sciences (SPSS) versão 21, com um intervalo de confiança de 95% e nível de significância de 5% ($p = 0,05$).

Resultados: A amostra foi constituída por 65 pacientes que realizaram cirurgia RVM, sendo em sua maioria do sexo masculino (63,1%), de cor parda (90,8%), casado (72,3%), com 1º grau incompleto (35,4%) e com uma idade média de 63,5. A maioria não tinha outros diagnósticos (67,7%). A fisioterapia foi realizada em apenas 5 pacientes no pré, e em todos no pós-operatório. O óbito ocorreu em 9,2% dos pacientes. Houve associação entre idade e tempo de internação após a cirurgia, revelando que aquela pode impactar negativamente neste. O tempo de internação pré-operatório extenso influenciou no tempo de internação total.

Conclusão: A cirurgia de RVM no HU-UFPI apresentou características clínicas e sociodemográficas semelhantes às de outras instituições, com um baixo índice de mortalidade.

EP-449

Perfil epidemiológico dos pacientes submetidos à cirurgia cardíaca na unidade de terapia intensiva do Hospital Unimed Costa do Sol Macaé - Rio de Janeiro

Milena Barcelos Lima¹, Shirley de Azevedo Morais¹, Soraya Assef Benhame¹, Fabiana Salles de Sousa Matos¹, Joel Tavares Passos¹, Felipe Barbosa Braga de Castro¹, Antonia Brandão de Jesus¹, Vitor Baptista Tardin¹

¹Hospital Unimed Costa do Sol - Macaé (RJ), Brasil

Objetivo: Descrever o perfil clínico-epidemiológico dos pacientes submetidos à Cirurgia Cardíaca no Hospital Unimed Costa do Sol Macaé.

Métodos: Estudo retrospectivo, utilizando dados do Sistema Epimed® de todos os pacientes submetidos a cirurgia cardíaca no período de 01 de junho de 2015 a 01 de junho de 2017. **Resultados:** Foram realizadas 49 cirurgias cardíacas, sendo 44 (89,79%) de caráter eletivo e 5 (10,20%) de urgência. A prevalência foi a revascularização do miocárdio (48,97%), trocas valvares aórtica (24,48%) e mitral (18,36%). O gênero masculino foi predominante (69,38%), a média de idade de 61 anos. As comorbidades mais presentes foram hipertensão (57,14%); diabetes (24,48%); tabagismo (14,28%); infarto agudo do miocárdio prévio (8,16%) e dislipidemia (4,08%). As medidas de suporte utilizadas na internação destacaram-se a ventilação mecânica (91,83%), drogas vasoativas (40,81%), ventilação não invasiva (14,28%), monitorização hemodinâmica minimamente invasiva (4,08%), balão Intra-aórtico (4,08%), traqueostomia (2,04%) e os hemocomponentes (51,02%). A média de permanência na Unidade Terapia Intensiva foi de 4 dias e de internação hospitalar de 9 dias. Foram registrados 3 óbitos. No escore APACHE II foi de 17,86 e o escore SAPS III de 50. A taxa de mortalidade foi de 6,12%, abaixo do previsto para óbito pelo escore SAPS III de 19,08%.

Conclusão: Os perfis dos pacientes se mostraram equivalentes aos de UTI's similares. A análise dos dados proporciona a melhoria contínua da segurança e qualidade da atenção à saúde.

EP-450

Prevalência de anemia na admissão em pacientes de unidade de terapia intensiva de hospital universitário

Renata Brehm de Oliveira Barbosa¹, Beatriz Longo Bortoletto¹, Gil Gouveia Hans Carvalho¹

¹Hospital Universitário, Universidade Federal de Mato Grosso do Sul - Campo Grande (MS), Brasil

Objetivo: Anemia é distúrbio hematológico mais frequente em pacientes críticos, prevalência entre 40 e 44%, estudos evidenciam aumento de mortalidade quando há necessidade de transfusão, não há consenso sobre anemia isolada associada com mortalidade, justificando o estudo. Os objetivos foram determinar prevalência de anemia na admissão de pacientes de unidade de terapia intensiva (UTI) de hospital universitário Maria Aparecida Pedrossian (HUMAP) entre janeiro de 2016 e junho de 2017 e existência de relação entre anemia e mortalidade no setor.

Métodos: Realizado estudo de coorte retrospectivo baseado na revisão de 255 prontuários de pacientes admitidos no período acima descrito na UTI do HUMAP. Foram incluídos 255 pacientes sendo analisados dados como sexo, idade, motivo de admissão, hemoglobina na admissão, desfecho na unidade e utilizado teste qui quadrado para determinar significância estatística entre anemia e mortalidade.

Resultados: Foram incluídos 255 pacientes, 146 do sexo masculino com idade média de 56,9 anos dos quais 198

apresentavam anemia com valor de hemoglobina menor que 12,0 g/dl, sendo a prevalência de 77,6%, desses 76 (38,38%) foram a óbito no setor, enquanto que de 57 pacientes não anêmicos, 8 (14,03%) faleceram. O teste de qui quadrado apresentou valor de $P < 0,001$.

Conclusão: Conclui-se que prevalência de anemia na UTI estudada encontra-se maior que os valores citados na literatura. Associação entre anemia e mortalidade no setor demonstrou significância estatística nesse estudo, apesar de não haver consenso na literatura, evidenciando necessidade de novas pesquisas para elucidar tal correlação.

EP-451

Prevalência de hiponatremia na admissão em pacientes de unidade de terapia intensiva de hospital universitário

Renata Brehm de Oliveira Barbosa¹, Beatriz Longo Bortoletto¹, Gil Gouveia Hans Carvalho¹, Jean Charles Monteiro Salgado¹

¹Hospital Universitário, Universidade Federal de Mato Grosso do Sul - Campo Grande (MS), Brasil

Objetivo: Hiponatremia é um distúrbio muito comum em pacientes críticos, prevalência entre 9,69 e 15%. Alguns estudos demonstraram associação de hiponatremia com mortalidade na unidade de terapia intensiva (UTI) justificando a realização do presente estudo. Os objetivos foram determinar prevalência de hiponatremia na admissão de pacientes na unidade de terapia intensiva do hospital universitário Maria Aparecida Pedrossian (HUMAP) entre janeiro de 2016 a junho de 2017 e associação do distúrbio com mortalidade no setor.

Métodos: Realizado estudo de coorte retrospectivo baseado na revisão de 255 prontuários de pacientes admitidos no período acima descrito na UTI do HUMAP. Foram incluídos 255 pacientes sendo analisados dados como sexo, idade, motivo de admissão, natremia na admissão e desfecho na unidade e utilizado teste qui quadrado para determinar significância estatística entre distúrbio e mortalidade.

Resultados: Foram incluídos 255 pacientes, 146 do sexo masculino com idade média de 56,9 anos dos quais 44 apresentavam hiponatremia com valor de sódio menor que 136 mEq/L, prevalência de 17,25%, desses 11 (25%) foram a óbito no setor, enquanto que de 211 pacientes não hiponatrêmicos, 73 (34,59%) faleceram. O teste de qui quadrado apresentou valor $P > 0,005$.

Conclusão: A prevalência de hiponatremia encontra-se um pouco acima da relatada em literatura. Nesse estudo não houve relação estatisticamente significativa entre distúrbio e mortalidade no setor, devido resultados conflitantes, é necessário novas pesquisas.

EP-452

Profile of patients admitted to a private intensive care unit

Kássia Pinho da Silva¹, José Albani de Carvalho Junior¹, Mariza Silva Ramos Loesch¹, Sany Aparecida Sant Ana Teixeira¹, Bruna Felix Fernandes Souza¹, Regia Damous Fontenele Feijó¹, Leandro Defacio¹, Anary Isis Rossi Martins Moreira²

¹Hospital e Maternidade São Luiz Itaim - São Paulo (SP), Brasil;

²Universidade Municipal de São Caetano do Sul - Campo Bela Vista - São Caetano do Sul (SP), Brasil

Objective: To identify the epidemiological profile of patients admitted to the Intensive Care Unit and to compare it with data from Brazilian ICUs.

Methods: This is a retrospective, descriptive study in patients admitted to the ICU from January 2016 to June 2017 in a private tertiary hospital in the city of São Paulo with general ICU. The data were extracted from Magma Solution® management software.

Results: 4539 patients were admitted, 56.1% female, average age 57.8 years and 55.65% had some comorbidity. About the provenances 77.9% emergency unit, 15.1% surgical center, 4.6% hospitalization unit and 2.4% others. Regarding the reason for hospitalization, 83.3% were clinics, 11.4% elective surgical and 5.3% were emergency surgeries. Of the clinical reasons, infectious causes represented 38.4%, cardiovascular 20.7%, neurological 9.8%, gastrointestinal 7.3% and others 23.8%. Of the surgical ones, 24.7% spinal surgeries, 18.6% gastrointestinal surgeries, 16.9% orthopedic surgeries and 39.8% other surgeries. 95.4% were discharged from the unit with an observed / expected mortality of 0.44 SAPS3.

Conclusion: Based on the data collected, we found a predominance of female patients differently from the profile identified by AMIB in Brazilian ICUs which in 2016, 50.59% were male. With regard to age we identified similarity in the data. Regarding the observed / expected mortality, we identified a better outcome when compared to general and private Brazilian ICUs.

EP-453

Speech-language pathology in intensive care unit: clinical-epidemiological profile of the critical patient

Raiene Telassin Barbosa Abbas¹, Débora Gonzaga Pedro², Janaina Morandi de Carvalho³, Ananda Ciriaco Losquiavo³, Yasmin Sakimoto Garcia³, Camila de Gouveia E Silva³, Telma Dias dos Santos³, Laís Yasue Taquemori³

¹Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil;

²Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil;

³Hospital Nove de Julho - São Paulo (SP), Brasil

Objective: This study outlined the epidemiological profiles and dietary evolution of patients who were admitted to the

intensive care unit (ICU) at 9 de julho hospital assessed by the speech-language pathologist (SLP) group during 2017.

Methods: Data were retrospectively collected for all patients assessed by SLP in ICU between January and March of 2017. A total of 132 medical charts were reviewed and these data were extracted using MVPEP system and analysed using statistical software package STATA, version 12.0.

Results: There were no statistically significant differences regarding patient gender, and the average age was 72 years. Neurological diseases were the main cause for admission and SLP follow up in ICU with 38% of all diagnosis assessed. The dietary evolution and dysphagia rehabilitation was correlated with the earlier first assessment with 93% of recovering of feeding tube with SLP assessment at the first 48 hours of the patient admission in ICU. The average of therapy sessions was 12 with 96% of recovering (oral feeding mode) at the discharge.

Conclusion: Neurological diseases were the most common ailment among patients assessed by SLP, and the earlier first assessment (=48h) were associated with better prognosis in dietary evolution and dysphagia rehabilitation.

EP-454

Tempo de atendimento do Serviço Móvel de Urgência às pessoas vítimas de acidente vascular cerebral na cidade de Salvador

Jaene Nunes Mello¹, Claudia Almeida Ribeiro Torres¹, Deborah Monize Carmo Maciel¹, Fernanda Cajuh dos Santos², Paloma de Castro Brandão¹, Márcia Maria Carneiro Oliveira¹, Ana Carla Carvalho Coelho¹, Elieusa E Silva Sampaio¹
¹Escola de Enfermagem, Universidade Federal da Bahia - Salvador (BA), Brasil; ²Hospital da Cidade - Salvador (BA), Brasil

Objetivo: O tempo de atendimento do serviço móvel de urgência (SAMU) desde o acionamento da chamada até a chegada ao serviço de saúde as pessoas vítimas de Acidente Vascular Cerebral (AVC).

Métodos: Estudo transversal, retrospectivo, realizado na cidade de Salvador/Bahia. Foram utilizadas as fichas de atendimento do SAMU, do período de janeiro a novembro de 2015, totalizando 229 fichas. O tempo de atendimento desde o acionamento da chamada (T1) até a chegada ao serviço de saúde (T2) foi considerado o tempo total (TT). Os tempos foram apresentados sob a forma de mediana (Md) e intervalo interquartil [Q25-75].

Resultados: Predominaram mulheres (56,3%) com média de idade de 69,4 ± 15,1 anos (variando de 11 a 103 anos), com hipertensão arterial sistêmica (64,2%) e diabetes mellitus (27,9%). Quanto aos atendimentos, 38% ocorreram no turno matutino e 52% foram atendidos pela unidade de suporte avançado. As medianas do tempo de atendimento

(T1, T2 e TT), em minutos foram respectivamente: T1: Md= 22 [15-28,5] min; T2: Md= 20 [13-27] min; TT: Md= 44[32-54,7]min.

Conclusão: O sucesso do tratamento às pessoas vítimas de AVC depende da agilidade do atendimento. Em nosso estudo, o tempo resposta e o tempo total de atendimento do SAMU foram considerados aceitáveis, proporcionando um melhor prognóstico ao paciente.

EP-455

Perfil dos pacientes submetidos à cirurgia cardíaca - implicações no cuidado de enfermagem

Francimary de Alencar Campos¹, Gladson Fernandes Vieira¹, Wiliane Resende Sousa¹

¹Hospital Universitário Walter Cantídio, Universidade Federal do Ceará - Fortaleza (CE), Brasil

Objetivo: Identificar o perfil clínico epidemiológico dos pacientes submetidos à cirurgia cardíaca.

Métodos: Estudo descritivo longitudinal realizado em um hospital universitário no período de abril a junho de 2017, os dados foram extraídos de um formulário específico desenvolvido pelos enfermeiros do centro cirúrgico e foram analisados 35 formulários. Variáveis categóricas foram descritas em porcentagem e contínuas descritas em média e Desvio-Padrão.

Resultados: A variação da idade foi entre 20 e 79 anos, com predominância do sexo masculino (60%). A revascularização do miocárdio foi realizada em 21 (60%) da amostra, troca valvar 11 (31,4%) e os outros procedimentos três (8,6%). O tempo de cirurgia variou entre duas até oito horas, a utilização da circulação extracorpórea (CEC) predominou em 21(60%) dos procedimentos, o tempo de duração de CEC variou entre 50 minutos e 240 minutos. Ocorreram complicações pós-operatórias em 13 (37,1%) dos pacientes sendo pneumonia em 8 (61,5%), derrame pericárdico 3(23%) e sangramento no pós-operatório em 2 (15,3%). Quanto às morbidades a hipertensão arterial sistêmica foi predominante em 20 (57,1%), dislipidemia em 09 (25,7%) e diabetes mellitus em 13(37,1%), outras patologias em 15(42,8%). O tempo de internamento foi entre 09 a 58 dias, sendo que em terapia intensiva variou de 02 dias a 17 dias e 06 dias a 56 dias em enfermaria. Dos pacientes 33 (94,2%) evoluíram para alta e o óbito ocorreu em dois (5,7%).

Conclusão: A tecnologia desenvolvida pela equipe de enfermagem promove a adequada avaliação dos pacientes, assim, colabora para diminuição das complicações e na melhoria do cuidado prestado.

Terminalidade, humanização e ética

EP-456

Assessment of knowledge of health students about palliative care: is there an interface with intensive care?

Maria Gouvêa de Lacerda¹, Ângela Scarparo Caldo Teixeira², Franceline Pivetta Roque², Renata Borba de Amorim Oliveira¹

¹Universidade Federal do Rio de Janeiro - Campus Macaé - Macaé (RJ), Brasil; ²Universidade Federal Fluminense - Campus Nova Friburgo - Nova Friburgo (RJ), Brasil

Objective: To evaluate knowledge of undergraduate health professionals about palliative care and its interface with intensive care.

Methods: A qualitative exploratory study was conducted with 59 undergraduate students of speech and language pathology, nutrition and dentistry from two federal universities of Brazil's southeastern region. Guiding questions were proposed to verify student's prior knowledge about definition, principles and criteria for palliative care assistance, as well as to investigate the connection of the subject with intensive care. Discursive textual analysis was carried out in two stages: interpretation of the significant units and categorization by similarity, allowing the description and interpretation about the phenomenon.

Results: In seeking to understand the definition of palliative care, 44.8% seem to be clear about their meaning, 17.2% have partial knowledge, and 38% have not understood the concept. However, 98.3% assure the importance of their performance in the management of these patients. Regarding the principles of care, 52.5% indicate preservation of life quality and 47.5% consider the control of symptoms, such as dysphagia, respiratory problems, swallowing, chewing, speech, neurological impairment, orofacial motricity, memory loss and difficulty in communication (speech and language pathology), weight loss, anorexia, nausea and vomiting (nutrition) and oral hygiene, pain management, aesthetic procedures for low self-esteem and depression (dentistry). Only 3.4% associate palliative care with the intensive care setting.

Conclusion: The students have different opinions regarding the perception of palliative care concept, the discourse of the subjects demonstrates insufficient knowledge and most don't perceive association with intensive care.

EP-457

Avaliação sobre os conhecimentos legais de eutanásia, distanásia e ortotanásia entre profissionais de saúde em dois centros de terapia intensiva

Rogério Ribeiro da Silveira¹, Sandro de Gouvêa Montezano¹, Luiz Antônio da Silva¹, Renata Gonçalves Kasakewitch², Ulisses de Oliveira Melo¹, Humberto Villacorta Junior³

¹Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil; ²Hospital Estadual João Batista Caffaro - São Gonçalo (RJ), Brasil; ³Universidade Federal Fluminense - Niterói (RJ), Brasil

Objetivo: Avaliar o grau de conhecimento sobre os procedimentos legais relacionados a eutanásia, distanásia e ortotanásia entre profissionais de saúde em dois centros de terapia intensiva (UTI). **Métodos:** Foi aplicado um questionário a 78 profissionais de saúde que trabalham em UTI. Desses, 68 eram profissionais de UTI de adultos (UTI-A) e 10 de UTI pediátrica (UTI-P). No grupo UTI-A, 28 (41%) eram médicos, 22 (32,3%) enfermeiros, 17 (25%) fisioterapeutas e 1 (1,7%) psicólogo. No grupo UTI-P, 3 eram médicos, 3 enfermeiros e 4 fisioterapeutas. O questionário constava de nove perguntas que avaliavam noções legais sobre o tema, assim distribuídas: duas avaliavam questões de responsabilidade médica, duas sobre eutanásia, uma sobre distanásia e quatro sobre ortotanásia.

Resultados: No grupo UTI-A, a média de idade foi 41,3±7,6 anos e 32 (47%) eram homens. No grupo UTI-P, a idade foi 34±5,4 anos e 3 eram homens. No grupo UTI-A, o percentual de concordância em relação ao modelo considerado "mais adequado do ponto de vista jurídico" nos itens responsabilidade, eutanásia, distanásia e ortotanásia foram 40%, 56%, 66% e 48%. No grupo UTI-P, os mesmos percentuais foram 25%, 70%, 50% e 35%.

Conclusão: Observa-se que, entre profissionais de saúde que trabalham em UTI, existe grau considerável de discordância sobre questões legais e éticas. Nos dois grupos houve maior discordância nas questões de responsabilidade e ortotanásia. As maiores concordâncias foram distanásia no grupo adulto e eutanásia no grupo pediátrico.

EP-458

Cross-cultural adaptation of the General Comfort Questionnaire for Brazilians with myocardial infarction: semantic and conceptual equivalence

Joselice Almeida Góis¹, Katia Santana Freitas¹, Pollyana Pereira Portela¹, Fernanda Carneiro Mussi², Katherine Kolcaba³

¹Universidade Estadual de Feira de Santana - Feira de Santana (BA), Brasil; ²Escola de Enfermagem, Universidade Federal da Bahia - Salvador (BA), Brasil; ³Akron University - Akron Ohio, United States

Objective: This study aims to describe the early stages of the cross-cultural adaptation process of the General Comfort Questionnaire (GCQ) for people with myocardial infarction in the intensive care unit (ICU).

Methods: The methodological design was based on the qualitative and quantitative approach. We carried out conceptual, item, semantic and operational equivalences. Fifteen items were added to the original tool to better represent the comfort experienced specifically by people with infarction in ICU. Besides, the content validity index

(CVI) was used for the analysis of the experts' responses, by considering suitable indexes above 0.78.

Results: The experts suggested some changes, which were adopted, to provide a better understanding of the items. All the items of the GCQ were maintained, which provided a range of sixty-three items in total. In the pre-test, conducted with 30 subjects, it was verified the adequacy of the instrument to the target audience.

Conclusion: The GCQ-AMI is an adequate version suitable to be used in the target population. For greater robustness of the study, it is essential to carry out the measurement equivalence.

EP-459

Cuidados paliativos na terminalidade dos pacientes em unidades de terapia intensiva: revisão sistemática e metanálise

Raimundo Marcial de Brito Neto¹, Paula Pitta de Resende Côrtes¹

¹Universidade Severino Sombra - Vassouras (RJ), Brasil

Objetivo: O implemento de cuidados paliativos (CP) está associado a melhor qualidade de vida do paciente em estado terminal (PET. Acredita-se que PET não deveria estar internado e nem morrer em UTI. Dessa forma, procurou-se determinar se a instalação de equipes de CP pode diminuir o tempo de internação e a mortalidade na UTI de PET.

Métodos: Estudo observacional de artigos que compararam PET internados em UTI que receberam cuidados após a instituição de CP com aqueles que receberam os cuidados quando ainda não havia sido instituída a equipe. Os desfechos analisados foram o tempo de internação em UTI apresentado pela diferença de média com o correspondente, mortalidade em UTI apresentado como razão de risco com o correspondente e qualidade de vida. Foram pesquisadas as bases de dados: PUBMED, LILACS, SCOPUS, EMBASE e Cochrane CENTRAL.

Resultados: Foram selecionados 27 estudos para a análise de texto completo, e finalmente excluídos 19, restando 8 artigos para inclusão, envolvendo 7846 participantes. Sete estudos foram realizados nos Estados Unidos e um na Austrália. Foi realizada metanálise para o tempo de internação em UTI, utilizando quatro estudos, que resultou em redução de aproximadamente 2,5 dias no tempo de internação com a aplicação da intervenção. Também foi realizada metanálise da mortalidade em UTI com quatro estudos, que resultou na mortalidade menor no grupo que sofreu intervenção.

Conclusão: A instalação de equipes de CP pode diminuir o sofrimento dos familiares e dos pacientes que estão recebendo cuidados de fim de vida em UTI.

EP-460

Death and dying in the hospital context

Roberta Teixeira Prado¹, Josete Luzia Leite², Lidiane Miranda Milagres¹

¹Hospital Regional João Penido, Fundação Hospitalar do Estado de Minas Gerais - Juiz de Fora (MG), Brasil; ²Escola de Enfermagem Anna Nery - Universidade Federal do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objective: Discuss the performance of the health care team in the process of death/dying adult patients at a public hospital in Minas Gerais, Brazil.

Methods: Grounded Theory was adopted with the theoretical contribution of Complex Thought. Data were collected through semi-structured interviews, from May 2015 to January 2016, with three sample groups: nurses, nursing technicians and technical members of the multidisciplinary team, totaling 41 participants. Data analysis followed the steps of open, axial and selective coding.

Results: Most of the health professionals have difficulty dealing with the idea of having to take care of terminally ill patients in the ward. That is why, many patients are transferred to intensive care sectors for the family to keep more calm in the face of death/dying process of the loved one or for the medical professional to be legally supported, avoiding accusations of omission of distress or neglect in the face of worsening clinical picture of the patient.

Conclusion: Palliative care need to be discussed with the professionals so that they have the necessary clarification and have policies to address these issues with patients and their families. From the moment the professionals have more knowledge and awareness, accepting the completion of life and death as the natural course of some diseases and a certainty of life, you can take care of the patients and family, ensuring a life and a death/dying process.

EP-461

Early severity scores indicating the need for follow-up by the Palliative Care Service - experience of a university hospital in Fortaleza, Brazil

Zilfran Carneiro Teixeira¹, Arnaldo Aires Peixoto Júnior¹, Natália Linhares Ponte Aragão¹, Vitor Nogueira Araújo¹, Beatriz Amorim Beltrão¹, Antônio Brazil Viana Júnior¹, Daniely Viana da Silva Costa¹

¹Hospital Universitário Walter Cantídio, Universidade Federal do Ceará - Fortaleza (CE), Brasil

Objective: To identify variables that may signal the need for follow-up of severe patients in conjunction with palliative care services.

Methods: A retrospective study of hospitalized patients from May to June 2017 in a clinical ICU of a university hospital in Fortaleza, Brazil.

Results: Eighty patients were evaluated, twenty were followed by the palliative care service. There was no difference in mean age and sex among patients who needed or not this follow-up. The mean APACHE II was higher in the patients who needed this care (23,16,9 vs. 19,16,3 points; $p = 0,022$). There was no difference in organic dysfunctions, measured by SOFA at admission to the ICU (8.04% vs. 9.74%, $p = 0.185$); However, the SOFA after 3 days of hospitalization was higher in the subgroup of patients requiring Palliative Care (8.94.6 vs. 6.15.2 points, $p = 0.018$). The length of stay and the death rate in the ICU was higher among patients who were followed by the Palliative Care Service ($p = 0.001$) and ($p = 0.004$).

Conclusion: Early indicators of severity, as well as worsening of organ dysfunctions seem to signal the need for follow-up by the Palliative Care service. Efforts to disseminate such care can avoid obstinate measures and optimize the quality of care.

EP-462

Evaluation of communication of critical patients at Hospital Geral de Caxias do Sul

Júlia Bertholdo Bossardi¹, Fabricio Piccoli Fortuna¹

¹Hospital Geral de Caxias do Sul, Fundação Universidade de Caxias do Sul - Caxias do Sul (RS), Brasil

Objective: Evaluate the effectiveness of communication between medical staff and families of patients admitted to a tertiary ICU in Brazil.

Methods: A cross-sectional study where 30 family members of ICU patients were interviewed. Inclusion criteria was at least 48 hours length of stay at ICU and acceptance and signature of consent form. Interview answers were compared with medical bulletin of that day in order to assess the comprehension of three domains: diagnosis, treatment and prognosis.

Results: Forty-six percent of the respondents had a good understanding of the three domains. The worst understood domain was prognosis (53%), followed by treatment (67%) and diagnosis (70%). When comparing clinical and surgical admissions, families of surgical patients presented better comprehension of diagnosis (78,6 x 62,5). Most of the family members were parents of the patients and 90% of them said they were very satisfied with the assistance at the HGCS ICU.

Conclusion: The quality of communication found in this study is comparable to others studies in the literature. Of the three domains evaluated, prognosis is the one that needs most improvement.

EP-463

Evaluation of the prognosis of cancer patients treated in intensive care units

Hülya Sungurtekin¹, Gokhan Kilinc¹, Simay Serin¹

¹Pamukkale University - Denizli, Turkey

Objective: The number of cancer cases and mean life expectancy are increasing with improvements of diagnosis and treatment options. This increase brings the need for an intensive care unit for cancer patients.

Methods: In this study, we analyzed variables about cancer patients followed in Pamukkale University Faculty of Medicine Anesthesiology Intensive Care Unit (ICU). The variables we analyzed were: 1) admission rate to our unit, 2) intensive care prognosis, mortality rates 3) risk factors affecting mortality and 4) cost per patient. ICU patient's folders, epicrisis reports and follow-up documents of 251 patients with solid or systemic malignancies who were admitted to ICU of Pamukkale University Faculty of Medicine, Anesthesiology Department between January 2012 and December 2014 were analyzed.

Results: The most common reason for admission was respiratory failure 63,34% (n=159), followed by sepsis 16,33% (n=41) and cardiac arrest 5.17% (n=13). Cost of per patient per day in ICU was between 186,86 TL-4407,39 TL and mean cost was 1628,49±524,12 TL. Mortality rate of these cancer patients was 89.2%.

Conclusion: In conclusion when patients are evaluated for admission to ICU, the patient's primary physician and the ICU physician should reach consensus about whether they are terminal or not, and whether palliative care should be given to them.

EP-464

Impacto da comunicação empática sobre a saúde mental de familiares de pacientes internados no centro de tratamento intensivo do Hospital Universitário Pedro Ernesto

Merian Paula Santos de Albuquerque¹, Janete Alves Araújo¹, Leticia Pontual Souto Maior Tavares¹, Irapuã José Garcia Junior¹, Sérgio da Cunha¹, Marcos Lopes de Miranda¹

¹Universidade do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objetivo: A comunicação empática pode auxiliar na redução de sintomas de transtorno pós-traumático, ansiedade e depressão em indivíduos que vivenciam a internação de parentes em unidades de terapia intensiva. Dessa forma, o presente estudo foi desenvolvido com objetivo de avaliar o impacto desse tipo de comunicação sobre a saúde mental de familiares de pacientes internados no Centro de Tratamento

Intensivo do Hospital Universitário Pedro Ernesto (CTI/HUPE).

Métodos: Foram incluídos no estudo clínico randomizado todos os familiares adultos de pacientes admitidos no CTI/HUPE no período da pesquisa. Após inclusão, os familiares foram divididos em dois grupos de acordo com o tipo de comunicação estabelecido com eles: "tradicional" ou empática. Trinta dias após a alta ou óbito do parente, os familiares foram entrevistados por telefone e responderam aos questionários Posttraumatic Stress Disorder (PTSD) e Hospital Anxiety and Depression Scale (HADS).

Resultados: De 38 familiares incluídos no estudo, 10 no grupo de comunicação "tradicional" e 17 no grupo de comunicação empática responderam aos questionários, com maior perda de seguimento no grupo "tradicional" (8 vs. 3). Houve diferença significativa entre os grupos nos dados basais analisados ($p < 0,05$; grupos heterogêneos); por outro lado, não houve diferença significativa nos escores PTSD e HADS.

Conclusão: O estudo não foi capaz de demonstrar redução nos sintomas de transtorno pós-traumático, ansiedade e depressão em familiares acompanhados através de comunicação empática. É possível que a perda de seguimento (desigual entre os grupos) e constituição de grupos heterogêneos tenha influenciado nesse resultado.

EP-465

Os cuidados paliativos em terapia intensiva segundo as representações sociais de enfermeiros

Natyele Rippel Silveira¹, Eliane Regina Pereira do Nascimento¹, Giovanna Mercado Torres¹, Maria Itayra Coelho de Souza Padilha¹, Patrícia Madalena Vieira Hermida¹, Bárbara Duarte Dutra¹, Heloísa Costa¹, Emily Smith Rufino¹

¹Universidade Federal de Santa Catarina - Florianópolis (SC), Brasil

Objetivo: Os cuidados paliativos reconhecem o respeito do processo de morte/morrer do paciente em terapia intensiva. A equipe de enfermagem deve compreender esse tipo de cuidado para promover a qualidade de vida do paciente/família em situação de terminalidade de vida. O estudo teve como objetivo identificar as Representações Sociais dos enfermeiros acerca dos cuidados paliativos em Unidade de Terapia Intensiva (UTI).

Métodos: Pesquisa descritiva, com abordagem qualitativa, realizada com 30 enfermeiros de UTI da grande Florianópolis/Santa Catarina, Brasil, selecionados mediante a técnica de bola de neve. A coleta de dados foi realizada entre abril a agosto de 2015, com entrevista semiestruturada. Os dados foram coletados, organizados e analisados com o auxílio do software Qualiquantisoft versão 1.3c do Discurso do Sujeito Coletivo.

Resultados: Identificaram-se duas ideias centrais: cuidado paliativo é a qualidade de vida na terminalidade e a UTI

requer um cuidado terapêutico e não paliativo. Os elementos que caracterizam as Representações Sociais neste estudo foram: a promoção do conforto, o alívio dos sintomas, a redução do sofrimento, a preservação da individualidade do paciente/família, o bem-estar do paciente/família, a humanização e a inserção da família no cuidado e, a UTI não é um lugar para a terminalidade da vida.

Conclusão: O cuidado paliativo é visto como uma modalidade de cuidado presente no cotidiano dos enfermeiros incluídos nesse estudo, porém deve ser mais difundida junto aos profissionais que ainda não percebem a UTI como um local de cuidado na finitude de vida.

EP-466

Palliative care and therapeutic limitation: positioning of the medical professional

Tereza Cristina Vinhas Sarges¹, Tatiana Victória Leandro¹, Lilian Coutinho Cabral Chabu¹, Priscila da Silva Nascimento¹, Felipe Ribeiro Henriques¹

¹Instituto Sócrates Guanaes, Hospital Estadual Azevedo Lima - Niterói (RJ), Brasil

Objective: To evaluate the position of the medical professional in the face of palliative care and therapeutic limitation.

Methods: Research based on the Social Representations Theory, a descriptive, exploratory, quantitative-qualitative study developed in an adult clinical intensive care unit (ICU) at a public hospital in the city of Niterói. Twenty-one randomized physicians were interviewed, and answered a survey. The analysis used the methodology of the Discourse of the Collective Subject.

Results: Up to 1 year (10%), from 01 to 05 years (19%), from 06 to 10 years (14%) and above 10 years (57%). Contact with the subject in the academy: yes (54%), no (76%). Participated in courses on the subject: yes (67%) and no (33%). Starting palliative care: admission (37%), 25% after therapeutic effort and 38% after terminal diagnosis. Feel comfortable in begin therapeutic limitation: 29% answered no. Recognize when to stop curative care: (24%) yes, (5%) not and (71%) sometimes. Religious influence: 5% yes. About the insert of the family into the decision: 95% yes. Team decision: (86%) yes, (5%) not and (9%) sometimes. Experience on implementing: (90%) yes and (10%) no. Negative experience with the subject: (67%) yes and (33%) no. Team opposition: 86%.

Conclusion: Regardless of the training time, this theme isn't well known and is also controversial. Doctors still don't know when to start palliative care and stop treating. There is limited experience in the subject and the participation of families helps a lot. Other external influences are not significant.

EP-467

Palliative care in the critical care: analysis of a rapid response team in a University Hospital

Thalita Bento Talizin¹, Ivanil Aparecida Moro Kauss¹, Cintia Magalhães Carvalho Grion¹, Lucienne Tibery Queiroz Cardoso¹, Cláudia Maria Dantas de Maio Carrilho¹

¹Universidade Estadual de Londrina - Londrina (PR) - Brasil

Objective: The aim of this study is to describe patients in palliative care in the critical care.

Methods: A retrospective cohort study of adult patients in palliative care in an University Hospital was performed between January 2010 and December 2016. All PC patients, with indication of an intensive care unit (ICU) bed, were studied and followed by rapid response team (RRT). The studied hospital wasn't specialized in oncology.

Results: 305 patients were studied. Median of age was 74 years (IQR: 61 - 84). RRT followed the patients for the median of 3 days (IQR: 1 - 6). Most frequent specialties with patients in PC were General Medicine (31.5%), Neurology (19.3%) and Gastroenterology (6.9%). Frequency of PC over the years was 7.5% in 2010, 6.2% in 2011, 12.1% in 2012, 12.5% in 2013, 15.4% in 2014, 24.3% in 2015 and 22.0% in 2016. Discharge happened to 4,9% of the patients.

Conclusion: The increasing demand in PC for non-cancer patients proposes a greater discussion about this subject in the critically ill patient.

EP-468

Perspectivas de acompanhantes em unidade de terapia intensiva em tempo integral - Análise retrospectiva de 11 anos

Firmino Haag Ferreira Junior¹, Ester de Oliveira Pinto¹, Cristiane Bertoldo Duarte¹, Camila Lima¹, Nadja Roberta Melo dos Santos Warrak¹, Edésio Vieira da Silva Filho¹

¹Hospital Geral de São Mateus - São Paulo (SP), Brasil

Objetivo: Analisar o impacto na presença de acompanhantes em tempo integral em uma Unidade de Terapia Intensiva Adulto.

Métodos: Análise retrospectiva e temporal através de banco de dados entre maio de 2006 a maio de 2017. Foram avaliados tempo de permanência, mortalidade e índice de satisfação através de questionário dirigido pelo serviço de psicologia. Todos os pacientes avaliados encontravam-se lúcidos e orientados no momento da internação.

Resultados: Dos 7.244 pacientes admitidos no período, obtivemos um total de 3.002 com acompanhantes em tempo integral na unidade (41,7% dos pacientes). Não houve diferença significativamente estatística entre os pacientes que se encontravam com acompanhantes e pacientes que não tiveram quanto ao Apache II (mediana de 20 pts).

Dos pacientes que tiveram acompanhantes, 81% tiveram alta para outra clínica e 19% evoluíram a óbito. A permanência em UTI neste grupo foi de 3,89 dias. Do grupo de pacientes que não tiveram acompanhantes em tempo integral, 65% tiveram alta e 35% evoluíram a óbito. A média de permanência em UTI neste grupo foi de 4,5 dias. Pela análise de percepção de satisfação através de questionário dirigido pelo serviço de psicologia, todos os pacientes que tiveram acompanhantes em período integral demonstraram alto índice de satisfação, minimizando quadros de depressão e ansiedade na amostra analisada.

Conclusão: A melhora no aspecto psicossocial tornou-se fator preponderante para a melhora clínica e precoce, demonstrando a importância do acolhimento e da presença de familiares junto a pacientes em unidade de terapia intensiva adulto por período integral.

EP-469

Práticas de final de vida em pacientes internados em unidade de terapia intensiva

Silvane Damasceno de Oliveira¹, Cristiane Hubner Florindo¹, Wylcker Gustavo Wagmaker¹, Luiz Gustavo Favoreto Genelhu¹, Felipe Lessa Soares¹, Eliana Bernadete Caser¹

¹Hospital Unimed Vitória - Vitória (ES), Brasil

Objetivo: Identificar as condutas frente aos pacientes com limitações de final de vida.

Métodos: Estudo prospectivo, observacional em pacientes maiores de 18 anos que vieram a óbito ou que tiveram alguma limitação de suporte de vida entre 01/02 a 31/07/2016. As condutas de final de vida foram definidas: limitação e suspensão terapêutica.

Resultados: Incluídos 42 pacientes, 11,2% das internações, 36 pacientes evoluíram a óbito (85,7%) sendo 10,6% com limitação terapêutica (LT). Idade média 71 anos ($\pm 19,3$), 52,4% feminino. Causa de admissão mais frequente: causas infecciosas 26 pacientes (61,9%). Doenças crônicas associadas: hipertensão (52,3%), doença neurológica (28,5%) e oncológica (26,1%). A LT foi instituída em 38 pacientes, sendo as mais frequentes: ordem de não reanimação cardiopulmonar 35 pacientes (88,3%), infusão de vasopressor 15 pacientes (35,7%) e ventilação mecânica invasiva 11 pacientes (26,1%). A suspensão ocorreu com nutrição enteral e hemodiálise. As limitações foram sugeridas à família de 26 pacientes (69,9%), sendo consensado em 23 delas (88,4%). Motivo para não discutir a conduta com a família foi falência terapêutica em 14 pacientes (33,3%). A média de internação foi 23,9 dias ($\pm 33,9$) e média de 7,5 dias ($\pm 13,8$) após a limitação até a morte.

Conclusão: A frequência de limitação terapêutica foi baixa, sendo a ordem de não reanimar a forma mais comum. A participação da família foi sugerida de forma positiva com boa performance no processo decisório, embora essas medidas são ainda adotadas de forma tímida.

EP-470

Psychological disorders in intensive care unit cancer patients

Maria Inês Amaro Assunção de Melo¹, Delmiro Becker¹, Pérciles Almeida Delfino Duarte¹

¹Hospital do Câncer, UOPECCAN - Cascavel (PR), Brasil

Objective: The objective of this study was to evaluate the incidence of psychological disorders (PD) in cancer patients hospitalized in an oncological ICU, analyzing clinical and demographic data associated with these disorders.

Methods: Retrospective study of a cohort of adult patients attended and evaluated by the psychologist during ICU admission, in a Cancer Hospital. Only communicating patients who were able to undergo psychological evaluation were included in the sample.

Results: A total of 74 patients (62% male, 58.1 years old) were evaluated, with 86.5% solid tumors (most common: 48% gastrointestinal and 19% head & neck). 51% were postoperative elective surgeries. 58.1% of the patients had some type of psychological disorder, being 44% anxiety, 17.5% depression and 29% alterations of thought organization. There were no differences between the groups regarding age (56.2y PD x 60.8y noPD), male sex (58.1% x 67.7%), type of neoplasia, solid (83.7% vs. 83.9%), or ICU length of time (5.3 x 5.9 days). Among the types of psychological disorders, only patients with memory disorders had a trend to higher hospital mortality.

Conclusion: The incidence of psychological disorders in cancer ICU patients is high, regardless of the type of neoplasia and the hospital outcome. Although these results may suggest that the psychological disorders do not correlate with higher severity, however, they show that all oncological ICU patients may benefit from screening for psychological disorders for possible specialized follow-up regardless of their current severity.

EP-471

Psychological interventions in intensive care unit

Isabella Barros Rabelo Gontijo¹, Alyne Borges dos Santos², Daniela Occhiena Gomes de Oliveira Avelar¹, Fernando de Souza Machado¹

¹Intensicare - Goiânia (GO), Brasil; ²IESGO - Formosa (GO), Brasil

Objective: To identify the psychological interventions performed with patients and their relatives in an intensive care unit.

Methods: Descriptive observational study with quantitative approach. An intensive care psychologist participated collecting data between August and November 2016, and was to daily log valuable information in a specifically designed diary of interventions.

Results: 586 interventions were performed with relatives, including 214 (36.5%) psychoeducational interventions,

125 (21.3%) crisis intervention, 75 (12.7%) differential reinforcement, 62 (10.5%) Mobilization of functional coping strategies, 56 (9.5%) cognitive restructuring, 37 (6.3%) death preparations and 17 (2.9%) extended visits. With 179 patients, 51 (28.49%) crisis intervention, 46 (25.6%) psychoeducational interventions, 27 (15%) differential reinforcement, 24 (13.4%) mobilization of functional coping strategies, 7 (3.9%) cognitive distraction, 7 (3.9%) preparation for procedures and 17 (9.4%) extended visits.

Conclusion: The psychoeducational interventions were particularly frequent and may be useful as a tool to manage patient's and its relatives level of distress. However, it is necessary to better plan psychological interventions for patients unable to verbal communication. Intensive care environment seems to favour the cognitive behavioral approach.

EP-472

Who gets home: a retrospective analysis of outcome of intensive care unit patients

Ivana Zykova¹, Dusan Morman¹

¹Anaesthesiology and Intensive Care Department, Regional Hospital Liberec - Liberec, Czech Republic

Objective: Quality of life after ICU is the most important parameter for our patients. Acceptable quality of life differs. A frequent question from patients or relatives is whether the patient will ever get home. In our study we have tried to answer this simple but difficult question.

Methods: A retrospective analysis of outcome of patients discharged from ICU in 2008 after a stay longer than 72 hours. Patients with a longer ICU stay than 72 hours are followed in postintensive care clinic. This analysis was done as a part of 5 year-follow up visit. The goal was to find out how many patients reached home.

Results: 272 patients were admitted to our ICU in 2008. 44(16.2%) patients died in ICU. 80(29.4%) patients were discharged after a stay shorter than 72 hours. 148(54.4%) patients were discharged from ICU after a stay longer than 72 hours and were followed in postintensive care clinic. From these patients 31(21%) patients never left healthcare facility and 31(21%) patients were lost to follow up. 86(58%) patients reached home. With increasing age less patients left healthcare facility but even in the oldest group (80+ years) after subtracting the patients lost to follow up half of patients reached home.

Conclusion: More than half of our patients with a longer stay than 72 hours reached home, the number of patients decreased with age, but even in the higher age groups the results were encouraging. This simple parameter can be important for our patients.

EP-473

Assistência humanizada na unidade de terapia intensiva adulto, através da implantação do Programa Reabilitação Integrativa

Gabriela Pereira do Carmo¹, Osvaldo Shuquichi Iochida¹, Luiz Antônio Nunes¹, Joel Malaquias Junior¹, Carmem Rocha Nunes¹, Poliana Garcia Menezes¹, Simone Gabetto Bruno Processi¹, Juang Horng Jyh¹

¹Hospital Municipal do Tatuape - São Paulo (SP), Brasil

Objetivo: Diversos projetos são idealizados com o objetivo de resolver ou pelo menos, controlar os custos assistenciais na saúde, mantendo a qualidade assistencial e promovendo a humanização. Na UTI, a sobrevida dos pacientes críticos tem aumentado em consequência da evolução tecnológica, farmacológica, bem como da interação da equipe multidisciplinar de saúde, contudo a incidência de complicações decorrentes da longa permanência na UTI, contribui adversamente para o status funcional, emocional e social, que afeta a qualidade de vida na internação e pós-alta.

Métodos: O presente estudo objetiva apresentar a implantação do Programa de Reabilitação Integrativa, criado em 2015, numa UTI adulto de um Hospital Público Municipal de São Paulo, SP, Brasil. Utilizando a metodologia do Bundle ABCDEF (Marra 2017) para manter o status funcional, a capacidade física, cognitiva, emocional, mental e ocupacional, com posterior análise do seu impacto na qualidade de sobrevida.

Resultados: O programa consiste na articulação das medidas de humanização e incentivo à valorização humana, e integrando todos os profissionais da saúde dentro da UTI (Enfermeiros, Médicos, Fisioterapeutas, Terapeutas Ocupacionais, Fonoaudiólogos, Farmacêuticos, Psicólogos, Nutricionistas e Assistente Social). Foram implantadas uma assistência multidisciplinar integrada de casos complexos. Acrescentando às intervenções de rotina da UTI, são utilizados novos recursos terapêuticos: cicloergômetros, bicicletas ergométricas, esteiras ergométricas, prancha ortostática, cadeiras adaptadas para o leito, jogos interativos, e áudio visuais.

Conclusão: Em dois anos do programa, vimos maior integração multiprofissional inclusive, entre pacientes, familiares e os próprios profissionais cuidadores, trazendo maior harmonia e humanização dentro de um ambiente considerado extremamente estressante.

EP-474

Correlação dos desfechos clínicos dos pacientes admitidos em uma unidade de terapia intensiva clínica X pacientes submetidos aos cuidados paliativos

Danielle Conceição Costa Tavares¹, Igor Mendonça do Nascimento¹, Sérgio Luz Domingues da Silva¹, Alexandrina Maria Cavalcante Lopes Veloso Galvão¹, Manuela Pires Montenegro¹, Rosilene Linhares de Souza¹, Antônio Ferreira Lopes Neto¹, Paulo Cesar Gottardo²

¹Hospital Alberto Urquiza Wanderley - João Pessoa (PB), Brasil; ²Centro Universitário de João Pessoa (UNIPÊ) - João Pessoa (PB), Brasil

Objetivo: Os cuidados paliativos são utilizados como uma estratégia no manejo dos pacientes que necessitam de uma terapia de conforto e redução do sofrimento, porém, ainda é pouco difundido em no Brasil. Diante disto, o estudo tem como objetivo correlacionar os dados dos pacientes que foram submetidos aos cuidados paliativos com aqueles que não foram submetidos.

Métodos: Estudo retrospectivo e descritivo. Dados extraídos do Epimed e prontuário eletrônico. O período analisado foi o primeiro e segundo semestre de 2016 e, o primeiro semestre de 2017.

Resultados: No primeiro semestre de 2016, 110 pacientes admitidos na Uti, destes 4 foram submetidos aos cuidados paliativos. No grupo submetido aos cuidados a mortalidade esperada foi de 56,46% e a mortalidade observada 50%. Já no segundo semestre de 2016, 93 foram admitidos e 4 submetidos aos cuidados. A mortalidade esperada no grupo de cuidados paliativos foi de 81,25% e a mortalidade observada 100%. Por fim, no grupo de paliativos primeiro semestre de 2017, a mortalidade esperada foi de 70,84% e a observada foi de 75%.

Conclusão: Foi possível observar que a indicação de cuidados paliativos não teve correlação com o índice de óbitos encontrados nos grupos analisados. Não ocorreu relevância significativa ao comparar os índices de óbitos com a morte esperada nos semestres analisados.

EP-475

Critical patient in the intensive care unit: what is the family member's expectation?

Tatiana Victória Leandro¹, Lilian Coutinho Cabral Chabu¹, Tereza Cristina Vinhas Sarges¹, Priscila da Silva Nascimento¹

¹Instituto Sócrates Guanaes, Hospital Estadual Azevedo Lima - Niterói (RJ), Brasil

Objective: To identify the expectations of family members about patients hospitalized in the adult intensive care unit.

Methods: Research based on the Social Representations Theory, a descriptive, exploratory, quantitative-qualitative study developed in an adult clinical intensive care unit (ICU) at a public hospital in the city of Niterói. We interviewed 36 randomized family members, who completed a structured questionnaire. The analysis of the data used the Methodology of the Discourse of the Collective Subject.

Results: Regarding the family gender: male (36%) and female (64%). Schooling: elementary education (20%), medium (47%) and higher (33%). About patient's hospitalization time: from 01 to 04 days (25%), from 05 to 10 days (19%) and above 10 days (56%). About solving doubts and problems during the visit, 78% said they had their demand always resolved. About the satisfaction of the service user, they were 100% satisfied. About comfort, 92% were satisfied. About the duration

of visit (1 hour), just 54% were satisfied. In relation to the ICU discharge expectation, 94% were optimistic and 6% were not. After discharge from the ICU, 75% believe that their relative will lead a normal life, 22% will not and 3% did not respond.

Conclusion: Most of the family members' expectations are met and they are satisfied with the service provided and regardless of the length of stay and the severity of the patient, they believe in their withdrawal from the ICU and full recovery.

EP-476

Cuidados paliativos: uma escolha do paciente com fibrose pulmonar

Samara Ribeiro Alves da Silva¹, Fernanda Cajuhy dos Santos¹, Claudia Almeida Ribeiro Torres¹, Isamin Lima Aguiar¹, Isabella Batista Pires²

¹Hospital da Cidade - Salvador (BA), Brasil; ²Escola de Enfermagem, Universidade Federal da Bahia - Salvador (BA), Brasil

O cuidado paliativo é uma conduta assistencial que tem como finalidade melhorar a qualidade de vida do paciente e da família, através de uma abordagem que vai além do manejo de sintomas e complicações físicas do paciente, incluindo aspectos psicológicos, sociais e espirituais do indivíduo e de sua família. GCL, 69 anos, sexo masculino, médico, com diagnóstico prévio de Fibrose Pulmonar em acompanhamento regular, fez tratamento dentário recente evoluindo com fistula buco sinusal, admitido na unidade de emergência com dispneia progressiva, sendo encaminhado para unidade de cuidados intensivos. Iniciado antibioticoterapia e pulsoterapia, mantendo quadro de taquipneia e dessaturação, mesmo em uso de máscara com reservatório, mantendo-se lúcido e orientado. Após 7 dias de internação e sem melhora progressiva do estado geral, o paciente manifestou a vontade de não ser intubado e priorizar cuidados paliativos, porém a família foi contra essa decisão. Após várias discussões com a equipe, familiares e paciente, a família aceitou a decisão do mesmo. Assim, foram priorizadas condutas como controle da dor e outros sintomas, visita prolongada dos familiares, suporte psicossocial. Após 3 dias, cursou com piora do padrão respiratório e hipoxemia, sendo iniciado morfina e dormonid em baixa dosagem, evoluindo para óbito ao lado da esposa. Vale ressaltar que quando o paciente decide sobre sua finitude causa um grau de conforto para os familiares. Pode-se concluir a importância dos cuidados paliativos no atendimento aos pacientes fora de possibilidades terapêuticas de cura, onde o processo de cuidar é prioritário ao de tratar.

EP-477

Evaluation of an extended visit policy in an adult intensive care unit

Cláudia Severgnini Eugênio¹, Tarissa da Silva Ribeiro Haack¹, Daiana Barbosa da Silva¹, Diana da Silva Russo¹, Cassiano Teixeira¹, Regis Goulart Rosa¹, Emiliane Nogueira de Souza²

¹Hospital Moinhos de Vento - Porto Alegre (RS), Brasil; ²Universidade Federal de Ciências da Saúde de Porto Alegre - Porto Alegre (RS), Brasil

Objective: To evaluate a policy of visitation extended from the point of view of the care team and the family.

Methods: A cross-sectional study performed at a hospital in the southern region of Brazil. The population was relatives of patients hospitalized in the adult ICU and members of the care team unit. The sample consisted by 95 members in each group. The assess of the policy of extended visitation to the team was performed through an instrument used in a previous study. The same instrument was used to evaluate the policy with family members. Data were analyzed in a descriptive, analytical and multivariate manner. After approval by the Ethics and Research Committee, data collection was initiated.

Results: 95 subjects participated in the study. The questions which have difference of responses were related to the decrease of anxiety and stress in the family, information, patient recovery, interferences in the work and discomforts. The factorial analysis identified that the instrument used in the study can be divided into domains to better type of questions.

Conclusion: The family member has a more positive view of the extended visit than the care team group. The principal benefits are anxiety and stress reduction in the family and contributions in the recovery of the patient

EP-478

Factors associated with anxiety in relatives of hospitalized patients in intensive therapy

Larissa Tomé Ferreira¹, Katia Santana Freitas¹, Joselice Almeida Góis¹, Pollyana Pereira Portela¹, Marluce Alves Nunes Oliveira¹, Quécia Lopes da Paixão¹, Lorraine Alves de Souza Santos¹, Ana Caroline Sampaio Amaral¹

¹Universidade Estadual de Feira de Santana - Feira de Santana (BA), Brasil

Objective: To evaluate factors associated with anxiety in relatives of people hospitalized in intensive care.

Methods: A cross-sectional study with convenience sampling, including family members of hospitalized patients who were older than 19 years and had visited the patient more than once with a minimum stay of 48 hours. In order to evaluate

the symptoms of anxiety the sociodemographic and clinical characterization instruments and the GAD-7 (Generalized Anxiety Disorder) were used after the consent form being signed. Family members who had a GAD-7 score above 11 points were considered anxious. The data were analyzed using descriptive and analytical statistics applying the multivariate logistic model through the SPSS software.

Results: A total of 339 family members with a mean age of 39.6 years were interviewed, the majority were women (71.7%), married (42.2%), Catholic (49.3%), employed (37.2%), had an average level of schooling (49%) and did not live with the hospitalized relative (52.2%). The majority of the relatives had previous psychiatric problems (90.9%) and had no previous experience with hospitalization in ICUs (69%). It was found that 53.7% of the relatives presented positive cases of anxiety. In the multivariate model, anxiety was associated with the gender of the relative ($p = 0.007$), demonstrating that female relatives are 2.13 times more likely to develop anxiety symptoms.

Conclusion: Relatives, especially women, may develop anxiety symptoms that tend to interfere with their well-being and quality of life during hospitalization.

EP-479

Family's perception about patients' humanization admitted to an intensive care unit

Taina da Silva de Cussatti¹, Greice Lithiele Klug da Cruz¹, Cristiane Aparecida Souza Saraiva¹, Cláudia Kist Fortino¹

¹Universidade Feevale - Novo Hamburgo (RS), Brasil

Objective: Analyze the factors of stress in ICU by the perception of the family, demographic profile and describe the clinical profile of patients.

Methods: Descriptive cross-sectional quantitative study, sample for convenience, with inclusion criteria of first-degree relatives or spouses of patients admitted to the ICU for more than 72 hours visited more than twice. It was used as an instrument of Scale Stressors in ICU, adapted by Barth (2016), study in a public hospital at Vale do Sinos.

Results: The sample consists of 19 family members, 74% of the female gender and 26% male, about schooling, 26% primary incomplete, 26% secondary education incomplete. As for occupation, 37% individuals worked, degree of kinship, 53% spouse, concerning Religion, 89% Catholic. In relation to the patients, 68% of males and 32% were female, about the reason of stay, 32% polytrauma, 32% postoperative abdominal thoracic. Concerning the length of stay, the average 11.7 ± 7.9 days. The main factors to family stressors were the reason for the hospitalization 84%, followed by endotracheal intubation 68%, the lack of communication from the sick 58%, and the permanence in ICU 58%.

Conclusion: The admission of someone in ICU generates great stress in their families, and it is important that the multi professionals' team embrace this family and inform in a clear and objective way the state of the patient and the apparatus of which it makes use.

EP-480

Humanized assistance in the adult intensive care unit, through the implantation of the integrative rehabilitation program

Gabriela Pereira do Carmo¹, Osvaldo Shuquichi Iochida¹, Luiz Antônio Nunes¹, Joel Malaquias Junior¹, Carmem Rocha Nunes¹, Poliana Garcia Menezes¹, Simone Gabetto Bruno Processi¹, Juang Horng Jyh¹

¹Hospital Municipal do Tatuapé - São Paulo (SP), Brasil

Objective: Several projects are designed with the purpose of solving or at least controlling the costs of healthcare, keeping the quality of care and promoting humanization. In ICU, the Median survival time of patients in critical condition has been increasing as a consequence of technological and pharmacological advancements combined with a multidisciplinary healthcare team. Nevertheless, complications resulting from long stays in the ICU, adversely contribute to patients functional, emotional and social status, which affects the quality of life through the hospitalization and post-discharge.

Methods: The objective of this paper is present the implementation of the Integrated Rehabilitation program, created in 2015 at an adult ICU of a Public Municipal Hospital in São Paulo, Brazil. Applying the ABCDEF Bundle methodology (Marra 2017) in order to keep patients functional status as well as physical, cognitive, emotional, mental and occupational abilities, with a post-assessment of its impact on the quality of life during survival time. The program consists in a combination of humanization actions and encouraging a human-centered approach, integrating all health care professionals within the ICU (nurses, doctors, physiotherapists, occupational therapists, speech therapists, pharmacists, psychologists, nutritionists and social workers).

Results: An integrated multidisciplinary assistance of complex cases was implemented. In addition to ICU's routine interventions, new therapeutic resources are used: cycle ergometers, stationary bikes, treadmills, orthostatic boards, bedside adapted chairs and interactive audiovisual games.

Conclusion: In two years of the program, we have seen greater multi-professional integration and also among patients, family members, bringing greater harmony and humanization to ICU.

EP-481

Impacto psicossocial em pacientes com longa permanência em unidade de terapia intensiva

Ester de Oliveira Pinto¹, Nadja Roberta Melo dos Santos Warrak¹, Cristiane Bertoldo Duarte¹, Camila Lima¹, Edésio Vieira da Silva Filho¹, Firmino Haag Ferreira Junior¹

¹Hospital Geral de São Mateus - São Paulo (SP), Brasil

Objetivo: Análise comportamental de pacientes com longa permanência em Unidade de Terapia Intensiva adulto, através de escuta e entrevista semi dirigida.

Métodos: Estudo retrospectivo através de levantamento de dados de janeiro de 2016 até maio de 2017.

Resultados: Foram analisados 10 pacientes que tiveram longa permanência em unidade de terapia intensiva com corte acima de 20 dias de internação. Através de questionário dirigido pelo serviço de psicologia, foram observados como aspectos principais a despersonalização em decorrência de permanecerem em um ambiente desconhecido. Destes pacientes 20% foi observado medo da morte, 50% com quadro grave de depressão e 30% apresentavam-se angustiados devido estarem fora do seu ambiente familiar, social e profissional, acentuados por sinais de impotência diante da situação e da limitação relacionada a internação prolongada. Foram realizadas intervenções sob o aspecto psicoterapêutico específico para cada caso, abrindo espaço na subjetividade de cada paciente internado, minimizando o impacto psicoemocional durante o período de internação.

Conclusão: Observamos que a intervenção do serviço de psicologia, assim como o acolhimento da equipe multiprofissional em identificar e promover junto aos pacientes suas necessidades individuais, pode minimizar os aspectos negativos e evidenciar positivos, amenizando o sofrimento destes pacientes com internação prolongada em terapia intensiva.

EP-482

Mensurando o conforto de familiares como resultado dos cuidados da equipe de enfermagem intensivista

Mari Ângela Gaedke¹, Sabine de Bona¹

¹Universidade de Santa Cruz do Sul - Santa Cruz do Sul (RS), Brasil

Objetivo: Um dos resultados esperados do cuidado em enfermagem é o conforto. Desta forma, objetivou-se mensurar o conforto de familiares de pacientes em estado crítico de saúde.

Métodos: Estudo observacional descritivo do tipo transversal desenvolvido em duas Unidades de Terapia Intensiva adulto no Rio Grande do Sul. Para coleta de dados aplicou-se por meio de entrevista a escala de conforto para familiares de pessoas em estado crítico de saúde (ECONF), composta por quatro dimensões: segurança, suporte, interação familiar/ente e integração consigo e com o cotidiano. Para a interpretação do nível de conforto dos itens avaliados foi considerado o escore: pouco conforto - média do nível de conforto = 2,9; Médio conforto - média de 3,0 a 3,9; Alto conforto - média = 4.

Resultados: Foram entrevistados 49 familiares, predominantemente do sexo feminino, idade média de 44 anos, sendo a maioria filho(a) ou cônjuge do ente internado. A média geral do nível de conforto foi de 3,68. Observou-se que o maior escore de conforto foi na dimensão segurança (4,04), e o menor na dimensão integração consigo e com o cotidiano (2,90), verificando-

se que a descontinuidade da vida diária, acaba gerando mudanças na vida social, profissional e pessoal.

Conclusão: Apesar do desafio de humanizar a assistência perante toda tecnicidade e racionalidade, demonstrou-se que os familiares confiaram na competência da equipe e sentiram que estes sensibilizaram-se com a situação que estavam vivenciando. Reforça-se a reflexão sobre ações que ajudem a promover o conforto de familiares.

EP-483

Organ donation in the intensive care unit of the General Hospital of Itapepecerica da Serra

Aline Andrea Martins Moreira¹, José Albani de Carvalho Junior¹, Liliane Nunes Aires¹, Anamelia Menezes Gouveia Gama¹, Anary Isis Rossi Martins Moreira², João Paulo Venturilli Martins¹, Kássia Pinho da Silva³

¹Hospital Geral de Itapepecerica da Serra - Itapepecerica da Serra (SP), Brasil; ²Universidade Municipal de São Caetano do Sul - Campo Bela Vista - São Caetano do Sul (SP), Brasil; ³Hospital e Maternidade São Luiz Itaim - São Paulo (SP), Brasil

Objective: Describe the profile of the donors and organ captured.

Methods: A retrospective, analytical study was carried out between January-2017 and June-2017 with patients who had Brain Death (B.D) at the intensive care unit of the General Hospital of Itapepecerica da Serra. Four cases were excluded because they were not potential donors. Data from the Magma Solution® management software were used and for statistical analysis t-test was used.

Results: Of the thirteen cases of B.D, 69.2% donated, 17.7% had a family refusal and 5.9% had technical problems ($p < 0.05$), 100% of the families followed proof of brain death. Of the donors, average age was 42 years, 55.6% were male ($p > 0.05$), 77.8% had external causes ($p < 0.05$). Twenty-three organs were collected, being 39.1% kidneys, 26.1% cornea, 21.7% liver, 8.7% pancreas and 4.3% heart.

Conclusion: The study identified 77.8% of donation effectiveness, being above the national average of 53% and emphasizing humanized care to the relatives of potential donors. It is believed that the possibility of participating in all processes related to the diagnosis of B.D corroborated the increase in donations.

EP-484

Organ donation: a multidisciplinary challenge

Liliane Nunes da Silva¹, Aline Andrea Martins Moreira¹, Kássia Pinho da Silva², Anamelia Menezes Gouveia Gama¹, Anary Isis Rossi Martins Moreira³, José Albani de Carvalho Junior¹

¹Hospital Geral de Itapepecerica da Serra - Itapepecerica da Serra (SP), Brasil; ²Hospital e Maternidade São Luiz Itaim - São Paulo (SP), Brasil; ³Universidade Municipal de São Caetano do Sul - Campo Bela Vista - São Caetano do Sul (SP), Brasil

Objective: To demonstrate the quantitative donation of organs in donor potentials in brain death (B.D.).

Methods: Retrospective, descriptive study, performed at the General Hospital of Itapecerica da Serra, from January-2014 to June-2017. As exclusion criterion was used: advanced age, previous disease that makes donation impossible and current infection. To analyze the data, we used descriptive statistics and the binomial test of a sample.

Results: During the period, 112 cases of B.D. were confirmed. From 85.7% (96) were potential donors. Of the potential donors 51% donated and 49% donated ($p > 0.05$). Of the cases that didn't donate 78.7% were by family refusal and 21.3% due to technical problems ($p < 0.05$).

Conclusion: A significant family refusal has been observed, it is believed that a systematic and humanized assistance can impact the increase in the number of donors. Despite all the health policies employed, the number of donors is still small if we consider developed countries. New approaches should be created to increase this number and thus decrease the number of family refusals as well as train the teams to maintain stability.

EP-485

Paciente crítico na unidade de terapia intensiva: qual a expectativa do familiar?

Tatiana Victória Leandro¹, Priscila da Silva Nascimento¹, Tereza Cristina Vinhas Sarges¹, Lilian Coutinho Cabral Chabu¹

¹Hospital Estadual Azevedo Lima - Niterói (RJ), Brasil

Objetivo: Identificar as expectativas dos familiares dos pacientes internados na unidade de terapia intensiva adulto. **Métodos:** Pesquisa baseada na Teoria das Representações Sociais, do tipo estudo de caso, descritiva, exploratória, quanti-qualitativa, desenvolvida em uma unidade de terapia intensiva (UTI) clínica adulta, em um hospital estadual, no município de Niterói. Foram entrevistados 36 familiares aleatoriamente, os quais preencheram um questionário estruturado. A análise dos dados foi através da metodologia do Discurso do Sujeito Coletivo.

Resultados: Quanto ao gênero dos familiares: masculino (36%) e feminino (64%). Escolaridade: ensino fundamental (20%), médio (47%) e superior (33%). Referente ao tempo de internação do paciente: de 01 à 04 dias (25%), de 05 à 10 dias (19%) e acima de 10 dias (56%). Quanto ao esclarecimento de dúvidas no horário de visita, 78% afirmaram ter suas dúvidas esclarecidas e 22% às vezes. Sobre a satisfação do usuário pelo atendimento, 100% satisfeitos. Em relação ao conforto, 92% acham que seu paciente está recebendo conforto e 8% às vezes. A respeito da duração de 01 hora de visita, 54% satisfeitos e 46% insatisfeitos. Quanto à expectativa de alta da UTI, 94% demonstraram-se

otimistas e 6% não. Após a alta da UTI, 75% acreditam que seu familiar levará uma vida normal, 22% não e 3% não responderam.

Conclusão: Em sua maioria as expectativas dos familiares são atendidas e estes estão satisfeitos com o serviço prestado e independente do tempo de internação e da gravidade do paciente, os mesmos acreditam na sua saída da UTI e recuperação plena.

EP-486

Prevalence of common mental disorders in relatives of people in need of intensive care

Katia Santana Freitas¹, Claudiane Silva Pereira Cedraz¹, Lorena Cerqueira Marques Bastos¹, Bruna Luiza Pinheiro de Carvalho¹, Mirella Almeida Souza¹, Ednaldo Magalhães Ferreira Filho¹, Camila Oliveira Valente¹, Renata Sampaio Santana¹

¹Universidade Estadual de Feira de Santana - Feira de Santana (BA), Brasil

Objective: To evaluate the prevalence of common mental disorders in relatives of people in intensive care and the existence of an association between CMD and characteristics of these relatives.

Methods: Cross-sectional study with convenience sampling that was comprised by relatives who met the eligibility criteria. For the data collection, after having the consent form signed, the Self Reporting Questionnaire (SRQ-20) was used. The cut-off point was 6/7. In order to verify the connection between the risk of CMD and the characteristics related to the hospitalized person and the relatives, the variables were dichotomized and the prevalence, prevalence ratios (PR) and their respective confidence intervals (CI) of 95% were calculated through the OpenEpi spreadsheet.

Results: A total of 143 relatives were interviewed, and 52.4% of these presented a common mental disorder. Regarding the degree of kinship, 54.5% were the children. The analysis of the prevalence ratio of family characterization variables showed a significant association between the patient's level of severity and the probability that the relative develop the common mental disorder (PR: 1.268, 95% CI: 1.051, 1.53), be a female (PR: 1.895, 95% CI: 1.499; 2.395), live in the same city (PR 1.405, 95% CI: 1.068, 1.849), have a religion (PR: 1.458, 95% CI: 1.071; 1.985), have a mental health problem (PR: 1.536, 95% CI: 1.239, 1.905), and live with the relative (PR: 1.22, 95% CI: 1.033, 1.439).

Conclusion: There was a high prevalence of common mental disorders and these are associated with the characteristics of the family member and the hospitalized relative.

EP-487

Profile of patients receiving palliative care treatment admitted to intensive care unit of the municipality of João Pessoa, Paraíba, Brazil

Paulo Cesar Gottardo¹, Ciro Leite Mendes¹, Igor Mendonça do Nascimento², Ana Beatriz Nepomuceno Cunha³, Laís Henriques de Oliveira³, André Luiz Santos de Moraes³, Erick Cesar de Farias Albuquerque¹, Waneska Lucena Nobrega de Carvalho¹

¹Hospital Nossa Senhora das Neves - João Pessoa (PB), Brasil; ²Hospital Universitário Lauro Wanderley, Universidade Federal da Paraíba - João Pessoa (PB), Brasil; ³FAMENE - João Pessoa (PB), Brasil

Objective: Evaluate the profile and the prognosis particularities of the palliative care patients, admitted at the intensive care unit (ICU) of a private hospital in João Pessoa, Brazil.

Methods: Analyse the first 209 admissions in an ICU.

Results: During that period 14 patients received palliative care (6.7%), of which 78.6% were women with average age=80.14years (92.9% above 60). Most coming from wards (42.9%) and emergency (35.7%), com SAPS3=71.42+/-16.20. 28.6% were discharged from ICU, but all died during hospitalization. Most were confined to bed and unable to do daily activities (71.4%). 18.4% from the previously confined to bed elderly (49 patients-23.6%) progressed to palliative care. There was lower readmission rate to ICU in 24 and 48 hours after discharge from ICU (respectively: 0 vs 2.5%, p=0.635 and 11.1% vs 17.5%, p= 0.643). However, there was higher mortality rate in ICU (77.8% vs 35%, p=0.0047) and in hospital (100% vs 52.5%, p=0.009); besides the longer hospitalization time in ICU (10.88+/-6.88 vs 6.57+/-7.77 days, p=0.05), higher SAPS3(74.66+/-17.79 vs 68.9+/-20.20, p=0.326), and no age difference (83.11+/-6.41 vs 80.7+/-9.28, p=0.5).

Conclusion: The study showed higher prevalence in ICU of dependent elderly patients, of which minority receives palliative care. This situation is not different from other ICUs in Brazil.

EP-488

Profile of the patients indicated to palliative care hospitalized in adult intensive care units

Mara Galdino Müller¹, Izabella Liguori Corsino Vabo¹, João Pedro Moreira Sampaio¹, Renata Cristina Teixeira Ribeiro¹

¹Hospital e Maternidade Therezinha de Jesus - Juiz de Fora (MG), Brasil

Objective: The insertion of Palliative Care in the hospital has been growing significantly, especially in Intensive Care Units To analyze the profile of the indicated patients to palliative care hospitalized in Adult Intensive Care Units.

Methods: The present study was descriptive observational type. This study included 33 patients hospitalized in the adult ICUs of a teaching hospital 100% SUS, indicated to the Palliative Care, from May to July 2017. The Palliative Care Screening Tool (PCST), in line with the multidisciplinary

discussions, was Used to identify the candidates. The indication was established in patients with PCST=4. Clinical and socio-demographic variables were obtained through the electronic chart of the selected patients.

Results: Of the 333 patients analyzed in the study period, 33 met the inclusion criteria. Of these 51% were males, 33% married and white (51%) prevailed. The mean age of the patients studied was 81 years, with 82% retired. The most frequent diagnoses were pulmonary and neurological diseases prevailing respectively to COPD (69%) and Alzheimer's disease (36%).

Conclusion: With the technological advance in the health area there was an increase in life expectancy, raising the prevalence of chronic-degenerative diseases. However, it did not lead to an improvement in the quality of life of patients in the process of becoming ill, but in increasing the suffering of these patients and their families. Analyzing the profile of inpatients in Adult Intensive Care Units will contribute significantly to the knowledge and planning of care for patients facing potentially life threatening diseases, as well as an understanding of the increasingly early need to be instituted at Palliative therapy in this sector.

EP-489

Stress factors and coping strategies: experiences of a nursing staff in the organ donation process for transplantation

Ahlana Francine Trevisan¹, Mari Ângela Gaedke¹

¹Universidade de Santa Cruz do Sul - Santa Cruz do Sul (RS), Brasil

Objective: The nursing care to patients with Brain Death (BD) is characterized by a number of situations, which makes it stressful. Thus, this research has as general aim identify coping strategies of the nursing staff front stress factors present in the organ donation process for transplantation of an Intensive Care Unit (ICU) of a teaching hospital in Vale do Rio Pardo.

Methods: It is descriptive and exploratory, with qualitative approach. The subjects were nurses and nursing technicians who work at ICU, and the survey was composed of 14 subjects. The semi-structured interview was used as data collection method and the data analysis was the content analysis in the form of thematic analysis.

Results: Three main themes have been identified, being the first, the stressors of the organ harvesting process and among them the contact with the family, the young patient, the delay in the harvesting process and the lack of training. The second category was the coping strategy, wherein the strategy found among subjects was the denial. The third category was the stressor atmosphere: who looks after the caretaker.

Conclusion: The conclusion is that, despite the staff report stressful situations in the care of the potential donor of organs and tissues, and recognize the unit as a stressor atmosphere, coping strategies were observed, except the denial of their existence. The need for support and psychological counseling for those professionals was evident for coping with their emotional reactions front stressors.

Suporte nutricional, metabólico e renal

EP-490

Impacts of the hyponatremia on patients at intensive critical unit

Luanna Gabarrão Silva¹, Luiz Felipe Moraes Schwerz Bonadiman Blanco², Iorran Noceti Silvestri², Beatriz Brandel Bosio¹, Guilherme Luiz Rodrigues Ramajo², Luciano de Andrade³, Milene Cripa Pizarro de Araújo², Sergio Seiji Yamada²

¹Faculdades Ingá - Maringá (PR), Brasil; ²Departamento de Medicina, Centro de Ciências da Saúde, Universidade Estadual de Maringá - Maringá (PR), Brasil; ³Division of Emergency Medicine, Department of Surgery, Duke Global Health Institute, Duke University - Durham, North Carolina, United States

Objective: Determine the incidence of hyponatremia (HypoNa) and its impact on prognostic, in patients hospitalized in intensive care unit (ICU).

Methods: Retrospective analyses of medical records from patients hospitalized at a philanthropic hospital in Maringá, Parana State, Brazil, from January 1ST to May 31ST 2017. It was evaluated the prevalence of HypoNa, furthermore its influence on patient prognosis.

Results: During the appointed period, there had been 470 hospitalizations, being 153 (32%) developed HypoNa at any moment. In those with HypoNa, 83 (54%) were man and the average age was 59,86 (SD=21,2) years. The main causes motivating hospitalizations were: immediate post-operative, stroke and sepsis; sepsis was the most related to HypoNa (44%). The average sodium blood level in patients with HypoNa was 130meq/L. Regarding to the average of total hospitalization time, in days, it was noted 29,49 for the ones who developed HypoNa, whereas the ones who did not, stayed at the hospital for 12,3. Evaluating only time spent in ICU, patients with HypoNa spent 22,34 days against 6,88 to negatives for HypoNa. Considering the mortality in patients who developed HypoNa, it was rated 42%, while the other group showed 24% ($p<0.0001$).

Conclusion: HypoNa is a frequent disorder in patients admitted to the ICU. Length of stay in ICU, as well as mortality is higher when compared to those who do not present this disorder. In this way an intensive early management is necessary to correct this disorder during hospitalization.

EP-491

AKIpredictor model application in a Brazilian cohort of critically ill patients with unplanned admissions to the intensive care unit

Raphael Augusto Gomes de Oliveira¹, Pedro Vitale Mendes¹, Marcelo Park¹, Leandro Utino Taniguchi¹

¹Disciplina de Emergências Clínicas, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Objective: To compare the observed incidence and predicted probability of acute kidney injury (AKI) from an online prognostic calculator (AKIpredictor[®]).

Methods: We conducted a post-hoc analysis from a prospective cohort study of patients admitted to the Intensive Care Unit (ICU) of Hospital das Clínicas (São Paulo, Brazil), between November 2013 to October 2014. All patients were admitted for unplanned reasons. AKI was defined and classified according to KDIGO guidelines. Predicted probability of AKI at ICU admission was calculated using an online prognostic calculator (AKIpredictor[®]) and area under the ROC curve (AUC) was calculated for accuracy evaluation.

Results: We studied 83 patients during the study period (mean age was 49.5 years, mean SAPS3 was 48, 41% used vasoactive drugs, 51% required invasive mechanical ventilation, 65% had AKI and 31% died during hospitalization). The most common reasons for admission in our cohort were trauma (26%), neurological events (24.1%) and sepsis (21.7%). AKIpredictor[®] performed poorly to predict AKI development during ICU hospitalization (AUC of 0.51, CI95% 0.37 to 0.65. $p=0.88$).

Conclusion: AKIpredictor[®] performed poorly in our cohort of ICU unplanned admission.

EP-492

Analysis of the impact of ageing over renal function using rats as in vivo model

Luciana da Costa Nogueira¹

¹Universidade Federal do Rio de Janeiro - Macaé (RJ), Brasil

Objective: Study the impact of ageing over renal function.

Methods: Were divided in the following experimental groups: Young (Y), Adult (A) and Old (O). The systolic, diastolic and mean blood pressure were measured. Urine samples (24h urine) were collected. Food and water intake and urinary flow were measured. Kidneys were excised where their weights were determined (with animal under deep anesthesia and sedation). Glomerular filtration rate and clearance of sodium, potassium, chloride, urea, glucose and protein were calculated. Statistical analysis was performed by One-Way ANOVA. Animal ethics committee MACAÉ 015.

Results: The systolic, diastolic and mean blood pressure were higher in O. The GFR was lower in A and O groups compared to Y group. The sodium and potassium clearance was lower in A and O groups compared to Y group. The protein and glucose clearance was lower in A and O groups compared to Y group. The enzymes SOD and CAT activity, indicates increase in oxidative stress. Differences were observed in CAT activity. Regarding the expression of the chloride transporter CIC-5 in the renal cortex, a drastic reduction of its expression in the older animals could be observed. While the megalin expression was higher in adult animals, old animals had similar expression levels as the young group.

Conclusion: The renal function changes during the aging. Reduction in GFR and a rising in blood pressure. Changes in the pattern of antioxidant enzymes activity in the process of aging and change tubular proximal endocytosis transporters.

EP-493

Association between nutrition adequacy and hospital mortality in critically ill patients stratified by the NUTRIC Score in a Brazilian tertiary hospital

Ivens Augusto Oliveira de Souza¹, Fabiana Ruotolo¹, Silmara Machado Rodrigues¹, Sandra Regina Alves Belo¹, Paulo César Ribeiro¹, Leandro Utino Taniguchi¹, Nutrition Support Team¹

¹Hospital Sírio-Libanês - São Paulo (SP), Brasil

Objective: To evaluate the impact of nutrition adequacy on hospital mortality of critically ill patients stratified by the NUTRIC Score.

Methods: We conducted a prospective cohort study of patients admitted to the Intensive Care Unit (ICU) of Hospital Sírio-Libanês (São Paulo, Brazil) between June 2016 and June 2017. High-risk patients were classified using a NUTRIC Score = 5. Nutrition adequacy was considered if the patient achieved at least 80% of calories and protein goals from day 4 to day 9 of the nutrition therapy initiation.

Results: We studied 122 patients during the study period (median age was 73 years, 76.2% were medical admissions and 48.4% required mechanical ventilation). Nutritional adequacy was achieved in 48 (39.3%) patients. Among low-risk patients (n: 71), the mortality rate was 24.1% in those that achieved nutritional adequacy and 38.1% in those that did not achieve, $p=0.217$. Among high-risk patients (n: 51), the mortality rate was 26.3% in those that achieved nutritional adequacy and 56.3% in those that did not achieve, $p=0.038$.

Conclusion: The NUTRIC Score can identify critically ill patients who benefit most from nutrition adequacy and should be applied in all critically ill patients undergoing nutrition therapy.

EP-494

Diabetic ketoacidosis after introduction of sodium-glucose co-transporter type 2 inhibitors: a three case report

Luiza Macedo Travalloni¹, Paulo Cezar Pires Martins Junior¹, Jorge Eduardo da Silva Soares Pinto¹, Gustavo Canine da Costa¹, Sergio Teixeira Sant Anna Junior¹

¹Hospital Norte D'Or - Rio de Janeiro (RJ), Brasil

Diabetic ketoacidosis (DKA) is one of the main acute complications of Diabetes Mellitus (DM), with great potential for morbidity and mortality. Classically it is described in DM1, starting this condition in children and

adolescents. Nevertheless, it is not unusual for patients with DM2 to develop DKA due to precipitating events such as infections, AMI, stroke and pancreatitis. Signs and symptoms include dehydration, abdominal pain, metabolic acidosis, hyperventilation and sensory alteration. In addition to these precipitating events, with the advent of SGLT2 inhibitors, drugs approved for the management of DM2, cases of euglycemic DKA have been reported, characterized by blood glucose < 250, whose decompensation factor seems to have been the introduction of the medication. In these cases, the glucosuria caused by the drug, associated with reduction of insulin doses, fasting and greater stimulation to glucagon production culminate with ketogenesis and acidosis, but with normal or low blood glucose. In our service, in 14 months, we admitted three cases of DKA in patients with recent onset of Dapagliflozin, two of whom had blood glucose < 250 at ingress. The age range varied between 19 and 50 years; two of them DM1 and one DM2. All came on insulin regimen and had started Forxiga® less than 15 days before. They had good evolution after venous hydration, regular venous insulin and correction of electrolytic disturbances. Antibiotic therapy was also required in two of the cases due to underlying infectious process. After compensating for acidosis and adjusting blood glucose, they were discharged with Glargina insulin only.

EP-495

Disfunção renal versus meta proteica em pacientes críticos em terapia intensiva: metanálise

Raimundo Marcial de Brito Neto¹, Paula Pitta de Resende Côrtes¹

¹Universidade Severino Sombra - Vassouras (RJ), Brasil

Objetivo: As recomendações vigentes de oferta proteica para o doente crítico orientam uma grande quantidade, sendo a orientação de até 2,0 g/kg/dia. Todavia, os grandes estudos demonstram que esta oferta proteica não é atingida, trazendo prejuízos à evolução dos pacientes. A utilização de uma oferta proteica elevada frente a uma disfunção renal instalada também é tema de discussão na condução da terapia nutricional. Buscou-se, então, avaliar dados e chegar a uma possível conclusão acerca dos principais pontos dos estudos atuais relacionados ao tema.

Métodos: Estudo longitudinal observacional, em que foram avaliados artigos de 2010 até 2016, na base de dados PubMed e LILACS, que relatavam a oferta proteica oferecida aos doentes críticos.

Resultados: A maioria dos estudos tinha desenho observacional, sendo possível notar que, em grande parte destes estudos, a oferta proteica mínima recomendada não foi atingida, tanto no grupo intervenção como controle. Outro ponto importante é que o aumento da oferta para 1,5 g/kg/dia a 2 g/kg/dia ocorre aumento significativo do balanço nitrogenado, sem alterar a função renal. Não foram encontrados estudos

randomizados que mostrem melhora do desfecho com uma oferta proteica mais elevada.

Conclusão: Pacientes críticos apresentam geralmente elevado catabolismo proteico, desta forma existe um racional de recomendação de elevada oferta proteica. Entretanto, a maioria dos estudos mostra que tal recomendação não é cumprida na prática clínica. Dúvidas persistem em relação à meta proteica, particularmente na primeira semana da doença grave de pacientes com lesão renal aguda.

EP-496

Effect of indirect calorimetry in the clinical outcomes of patients in the intensive care: systematic review

Cecília Flávia Lopes Couto¹, Angela Pinho Dariano¹, Ricardo Kuchenbecker¹, Cassiano Teixeira², Jorge Amilton Hoher², Gilberto Friedman³

¹Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil;

²Universidade Federal de Ciências da Saúde de Porto Alegre - Porto Alegre (RS), Brasil; ³Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: The method of indirect calorimetry is considered more accurate to optimize nutritional support when compared to predictive equations. We emphasize, however, that more clinical evidence is needed on the real influence of indirect calorimetry on clinical outcomes (length of MV; length of stay in ICU and ICU mortality, hospital mortality).

Methods: The complete studies published were retrieved by searching the following electronic databases: MEDLINE/Pubmed, Cochrane/Library, EMBASE, SCOPUS, Web of Science, CINAHL, and LILACS. The selection of the studies was divided into two phases and carried out by the main author with the support of 3 other researchers, where studies were evaluated regarding the reading of the study titles and abstracts in the first phase, and the studies eligible for the second review were identified. Abstracts and full papers were obtained where necessary so that only adequate studies were included in the systematic review.

Results: 3,860 references were retrieved and we selected three cohort studies (n = 1247) and one randomized clinical trial (n = 130). In this systematic review, four papers were included because they evaluate the influence of the adequacy of nutritional support by indirect calorimetry on clinical outcomes (length of stay in MV, length of stay in ICU and mortality in ICU). It was possible to conduct the qualitative analysis due to the characteristics of papers.

Conclusion: We did not find studies that showed the influence of indirect calorimetry on clinical outcomes. More clinical trials with more patients are needed to determine the influence of indirect calorimetry on clinical outcomes.

EP-497

Enteral nutrition in critically ill adults: are the prescription according to their requirements?

Roberto Villa¹

¹Osplad - Caba 1425, Argentina

Objective: Identify factors that impede the delivery of enteral nutrition, and assess the amount of nutrients prescribed.

Methods: In a prospective cohort study 55 consecutive patients aged 58.2 ± 11.4 years, who received enteral nutrition for > 2 days through gastric or post-pyloric tubes, were followed from admission until the first 15 days of nutritional delivery. The amounts of prescribed / delivered energy were recorded daily and compared with basal metabolic rate (goal energy) according to the recommendations of WHO. The reasons for cessation of enteral feeding were evaluated.

Results: The mean caloric intake was 19.5 ± 8.8 kcal/kg/day, 60% of the median caloric amount required, and 85% of the prescribed. The ratio delivery/required was > 90% of the goal energy in only 44% of enteral nutrition days (164/370). Low prescription rate was the predominant reason for not achieving the goal energy in the first five days of enteral nutrition; after this study point, other factors were associated. In bivariate analysis, factors significantly associated with low energy delivery were: APACHE II > 14, gastrointestinal complications, use of adrenergic vasoactive drugs regardless of the dose with which the patient is. When the logistic regression model was applied, only the use of adrenergic vasoactive drugs was a independent and significant factor ($p=0,043$).

Conclusion: The prescription and delivery of energy were not appropriated in > 50% of enteral nutrition days. Among the factors analyzed, a low rate of enteral nutrition prescription and the use of adrenergic vasoactive drugs showed association with low energy delivery.

EP-498

Fatores associados à lesão renal aguda em pacientes clínicos e cirúrgicos de um hospital privado

Cariston Rodrigo Benichel¹, Silmara Meneguini¹

¹Faculdade de Medicina de Botucatu, Universidade Estadual Paulista "Júlio de Mesquita Filho" - Botucatu (SP), Brasil

Objetivo: Identificar os fatores associados à lesão renal aguda (LRA) em pacientes clínicos e cirúrgicos, durante hospitalização em unidade de terapia intensiva (UTI).

Métodos: Estudo caso-controle em UTI adulto de hospital privado do interior paulista, com 656 pacientes internados no período de 2014 a 2015. Foram elegíveis aqueles com idade igual ou superior a 18 anos, de ambos os sexos e que desenvolveram LRA conforme critério creatinina da classificação Acute Kidney Injury Network;

e respectivos controles pareados a partir da idade média. Excluiu-se pacientes portadores de doença renal crônica e reinternações. Foi investigado variáveis sociodemográficas, de hospitalização e fatores de risco para LRA descritos na literatura e registrados em prontuário, e realizado análise univariada e regressão logística múltipla, considerando significantes valores de $p < 0,05$.

Resultados: A prevalência da LRA foi 12%. Pacientes majoritariamente masculinos, com idade média de 72 anos e tempo médio de internação de 9 dias. Utilizaram mais ventilação mecânica (60%; < 0.0001) e apresentaram maior mortalidade (49%; < 0.0001). Os fatores associados entre os clínicos foram: hipertensão (OR=1.9615), hipovolemia (OR=5.607), insuficiência cardíaca (OR=5.3123), noradrenalina (OR 9.4912), antibiótico simultâneo (OR=3.4821) e associação > três fatores (OR=5.0074). E entre os cirúrgicos foram: hipovolemia (OR=3.2778), furosemida (OR=2.3701), noradrenalina (OR=4.8851), glico/polipeptídeo (OR=22.9281) e associação > três fatores (OR=1.2682).

Conclusão: LRA relacionou-se com idade avançada, maior tempo de internação e mortalidade, e associou-se a etiologias cardiovasculares, complicações hemodinâmicas e medicamentos nefrotóxicos.

EP-499

Gastrointestinal disorders in the intensive care unit (no, it's not all about diarrhea)

Fernando Lucas Soares¹, Maureen Allage Mendes², Camila Werner Engelhardt², Jaqueline Naomi Fujimura², Ludimilla Mendonça², Bruna Mansur Lago², Paula Geraldine David João², Luana Alves Tannous²

¹Pontifícia Universidade Católica do Paraná - Curitiba (PR), Brasil;

²Hospital Universitário Cajuru - Curitiba (PR), Brasil

Objective: Analyze the main gastrointestinal disorders in Intensive Care Units (ICU) patients in a university hospital in Curitiba-Brazil.

Methods: Retrospective observational analysis of medical records data of 393 ICU patients in exclusive enteral nutrition from January 2015 to May 2017. Patients who underwent to gastrointestinal surgeries, with colostomies or with a length of stay in the ICU shorter than 4 days were excluded. The following gastrointestinal problems were considered in this study: constipation (absence of bowel movements for 3 days or more), diarrhea (3 or more episodes per day), low (50-500 mL) and high (>500 mL) gastric residual volumes (GRV) per day.

Results: The mean age of the patients was 54.20 years; 245 were male (62.3%); the mean length of stay in the ICUs was 14.58 days and the majority was discharged from the units (68.4%). The main reasons for hospitalization were neurological events (54.5%) and trauma (33.6%). Their

mean APACHE II was 21.08 and mean SOFA was 5.92. Gastrointestinal disorders were present in 92.9% of the patients during their stay in the ICU. GRV were present in 177 patients (45%) and 96 of them had high GRV. Regarding intestinal function, only 70 patients presented diarrhea (17.81%) lasting in average 1 day. However, the prevalence of constipation was 83.97% (330) lasting in average 6.71 days.

Conclusion: Critical care patients in exclusive enteral nutrition have a high prevalence of gastrointestinal problems, mainly constipation, followed by gastric residual volume.

EP-500

Insuficiência renal aguda tratada por diálise em unidade de tratamento intensivo e seu desfecho clínico

Sergio Aparecido Cleto¹, Késia Alves dos Santos¹, Jaques Sztajnbock¹, Fatima Venancio Porfírio¹, Brenda Marjorie Gregoratto Lee¹, Lucia da Conceição Andrade²

¹Instituto de Infectologia "Emílio Ribas" - São Paulo (SP), Brasil;

²Disciplina de Nefrologia, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Objetivo: Analisar os aspectos clínicos de pacientes internados em uma UTI referência em doenças infectocontagiosas na cidade de São Paulo - Brasil, com IRA, submetido a terapia renal substitutiva (TRS) e seu desfecho.

Métodos: Foram analisados todos pacientes admitidos na UTI do Instituto de Infectologia Emílio Ribas entre janeiro de 2016 a junho de 2017, que apresentavam IRA dialítica na admissão ou seu desenvolvimento durante sua internação. Os dados foram armazenados e analisados através da plataforma Epimed[®].

Resultados: No período foram admitidos 626 pacientes, 69% sexo masculino, idade média de 45 anos. Dos pacientes internados no período 140 (22,15%) foram submetidos a TRS. Destes a idade média foi de 44,3 anos, suporte de TRS com média de 10,1 dias, tempo de internação na UTI de 15,4 dias e tempo de internação hospitalar com média de 36 dias. A gravidade dos pacientes foi medida pelo SOFA com média de 9,10 pontos, e pelo escore SAPS3, que teve a média de 63,44 pontos (29-88). A probabilidade de óbito hospitalar foi de 43,33% para equação geral e 54,47% na equação customizada para América Latina, no desfecho da unidade. A letalidade observada na UTI foi de 54,3% (76 pacientes) e hospitalar de 58,6% (82 pacientes).

Conclusão: A IRA dialítica se mostrou elevada (22,15%), sendo uma das complicações mais frequente na UTI e com alta letalidade (54,3%). O escore SAPS 3 apresentou boa calibração na avaliação da UTI analisada neste trabalho.

EP-501

Lesão renal aguda dialítica em unidade de terapia intensiva: perfil de pacientes e carga de trabalho de enfermagem

Natália Medeiros Pereira¹, Mari Ângela Gaedke¹, Bruna Letícia da Silva², Katiúscia Brandenburg², Andréia Schubert de Carvalho²

¹Universidade de Santa Cruz do Sul - Santa Cruz do Sul (RS), Brasil;

²Hospital Santa Cruz - Santa Cruz do Sul (RS), Brasil

Objetivo: Verificar a prevalência de lesão renal aguda dialítica e o perfil epidemiológico dos pacientes, e mensurar o tempo de assistência de enfermagem nas 24 horas em uma Unidade de Terapia Intensiva no interior do Rio Grande do Sul.

Métodos: Estudo descritivo, de caráter documental e retrospectivo. A amostra foi composta de pacientes que apresentaram Lesão Renal Aguda e necessitaram de tratamento dialítico no período de um ano. Realizou-se consulta aos prontuários para coleta de dados sociodemográficos, clínicos e mensuração da carga de trabalho por meio da aplicação da Nursing Activities Score.

Resultados: Houveram no período 1004 internações, verificou-se dentre estas uma prevalência de Lesão Renal Aguda dialítica de 6,9%, média de idade de 62,37 anos e predominância do sexo do masculino (63%). A principal causa de internação destes pacientes foi Infarto Agudo do Miocárdio (16%), seguido por Sepsis (14%). A taxa de mortalidade foi de 61% e a média de internação de 17 dias. Observou-se que estes pacientes requerem em média 16 horas de assistência de enfermagem nas 24 horas.

Conclusão: A prevalência de lesão renal aguda e a taxa de mortalidade continuam elevadas mesmo com os avanços tecnológicos, pois muitos fatores de risco contribuem para seu desenvolvimento. A identificação do perfil destes pacientes e da alta carga de trabalho, além do tempo de internação prolongado, contribui para o dimensionamento de pessoal e planejamento da assistência de enfermagem. Ressalta-se ainda que os profissionais devam estar qualificados para detecção precoce da lesão renal aguda.

EP-502

Lesão renal aguda e balanço hídrico em pacientes cirúrgicos internados em unidades de terapia intensiva do município de João Pessoa

Paulo Cesar Gottardo¹, Ciro Leite Mendes¹, Igor Mendonça do Nascimento², Mamede Moura dos Santos Neto¹, Rurick Chumacero Vanderlei³, André Luiz Santos de Moraes³, Italo Gadelha de Lucena³, Nicole Almeida Leite⁴

¹Hospital Nossa Senhora das Neves - João Pessoa (PB), Brasil; ²Hospital Universitário Lauro Wanderley, Universidade Federal da Paraíba - João Pessoa (PB), Brasil; ³FAMENE - João Pessoa (PB), Brasil; ⁴Faculdade de Ciências Médicas da Paraíba - João Pessoa (PB), Brasil

Objetivo: Avaliar como o balanço hídrico e a presença de Lesão Renal Aguda podem interferir no desfecho de pacientes na UTI.

Métodos: Coorte, multicêntrico, seguimento 07 dias em 11 UTIs de João Pessoa.

Resultados: 108 pacientes (25 cirúrgicos), média 55 anos, Creatinina 1,058. 41,7% apresentaram BH negativo 24h; 25% 48h; 12,5% 72h e 4,2% > 72h; 56% LRA (8% AKIN1, 20% AKIN2, 24% AKIN3) média BH negativo 1,12 dias, com 6.409,88mL. Relação óbitos-sobreviventes: 80% admissão não programada vs 50% (p=0,355) 40% trauma vs 20% (p=0,359); BH negativo por 24h, 48h, 72h, > 72h nenhum faleceu. Creatinina 1,67mg/dL vs 0,88mg/dL (p=0,067); BH positivo 4,8 dias (p=0,408); BH acumulado 12.274,2mL vs 4.866,63mL (p=0,088); 100% dias BH positivo 83,35 dias (p=0,097); OR óbito: AKIN3: 3,29 (IC95% 1,239-8,735), AKIN2: 0,881 (IC95% 0,335-2,317); AKIN1: 1,142 (IC95% 0,464-2,812); AKIN 2,671 (IC95% 0,655-10,896); Sem AKIN 0,395 (IC95% 0,097-1,607); BH negativo 24 horas 0,126 (IC95% 0,03-0,523) 48 horas 0,16 (IC95% 0,022-1,146); 72 horas 0,313 (IC95% 0,045-3,191). OR não óbito BH negativo >72 horas 1,243 (IC95% 1,121-1,378). Predição mortalidade área sob ROC: Porcentagem BH positivo 0,929 (IC 0,757-1 (p=0,04); BH positivo por dia 0,762 (IC95% 0,457-1 (p=0,21); SAPS3 0,595 SOFA máximo 0,524.

Conclusão: Apesar de inexistir diferença significativa entre os que evoluíram a óbito, houve tendência aos que tiveram elevado BH positivo e os que tiveram AKIN evolução para óbito, sendo possíveis fatores de risco e a porcentagem de BH positivo sendo um bom preditor de mortalidade.

EP-503

Mortality predictors in dialysis patients admitted to Brazilian intensive care unit

Ludymila Nascimento Veiga¹, Juan Carlos de Arruda Oliveira², Gabriel Pedreira Leal Araponga³, Kryssia de Oliveira Brito de Queiroz¹, Leticia Porto da Silva⁴, Sylvia Márcia Fernandes dos Santos Lima⁵, Andre Luiz Nunes Gobatto², Nivaldo Menezes Filgueiras Filho³

¹Núcleo de Ensino e Pesquisa, Hospital da Cidade - Salvador (BA), Brasil;

²Hospital da Cidade - Salvador (BA), Brasil; ³Universidade do Estado da Bahia - Salvador (BA), Brasil; ⁴Núcleo de Pesquisa Clínica, Universidade Salvador (UNIFACS) - Salvador (BA), Brasil; ⁵Universidade Salvador (UNIFACS) - Salvador (BA), Brasil

Objective: Dialytic patients has a high mortality rate in Intensive Care Unit (ICU). **Objective:** To evaluated mortality predictors in dialysis patients admitted in a general Brazilian ICU.

Methods: Prospective cohort study placed in a general ICU. In the study were included patients submitted to dialysis, admitted to general ICU, from August 2015 to June 2017. The variables were: age, gender, days in hospital, catheter duration, catheter's site, SAPS3 point and presence of infection. Logistic regressions analysis was used to verify mortality prediction in our sample.

Results: There were analyzed 144 patients, 84 (59.3%) males. Mean age: 65.7 ± 17.2 years. Hospital mortality

72 (50%). Median time of 12.5 days of hospitalization (IQR: 5 - 27). Median of catheter duration: 6 (IQR: 2 - 6) hours. According the catheter's site: 87 (60.4%) internal jugular vein, 46 (31.9%) femoral vein, 11 (7.6%) subclavian vein. Infections: 50 (34.7%) patients. Sepsis: 32 (22.2%) patients. Mean SAPS 3: 51.25 ± 10.9 points. The logistic regression showed age ($p < 0.01$), catheter duration ($p < 0.05$) and SAPS 3 points ($p < 0.03$) as a mortality predictor for patients submitted to dialysis.

Conclusion: Age, catheter duration and SAPS 3 points were predictors of mortality in patients submitted to dialysis in a general Brazilian ICU.

EP-504

NUTRIC escore modificado em pacientes críticos com risco nutricional para prever mortalidade

Diogo Oliveira Toledo¹, Dyaiane Marques dos Santos¹, Branca Jardim de Freitas¹, Flavia Julie do Amaral Pfeilsticker¹, João Manoel Silva Junior¹

¹Hospital Israelita Albert Einstein - São Paulo (SP), Brasil

Objetivo: Uma das variáveis do NUTRIC (Nutrition Risk in Critically ill) é o APACHE II no qual tem sido substituído pelo SAPS 3. O estudo tem por objetivo validar o escore NUTRIC com a modificação da variável APACHE II pelo SAPS 3 e verificar o poder discriminatório deste índice em pacientes críticos com risco nutricional.

Métodos: Trata-se de estudo prospectivo, realizado em UTI de hospital terciário, envolvendo pacientes admitidos no período de 1 ano, excluiu-se pacientes com idade inferior a 18 anos, pacientes que permaneceram tempo inferior a 24 horas na UTI. Os pacientes foram acompanhados até a alta hospitalar. A habilidade preditiva do índice NUTRIC modificado, utilizando o SAPS 3 como uma das variáveis ao invés do APACHE II, em diferenciar sobreviventes e não sobreviventes foi verificada utilizando curva ROC comparando com o NUTRIC de realização padrão, o qual utiliza o APACHE II como uma das variáveis do escore.

Resultados: Foram incluídos no estudo 100 pacientes. A média de idade foi 68,7 destes 77,0 % eram clínicos. A média do IMC foi $25,6 \pm 4,7$ Kg/m², 19,0% desnutridos pelo IMC. Comparando o poder discriminatório dos escores encontramos área da ROC para o NUTRIC padrão de 0,71 e NUTRIC modificado de 0,67 (diferenças entre as áreas de 0,05, $P = 0,37$, IC95% -0,06-0,17. A correlação entre NUTRIC padrão e NUTRIC modificado foi R^2 0,71 $P < 0,001$, IC95% 0,59-0,79.

Conclusão: O sistema NUTRIC modificado é válido comparando com NUTRIC padrão

EP-505

NUTRIC score as prognostic marker in critically ill patients

Natália Linhares Ponte Aragão¹, Arnaldo Aires Peixoto Júnior¹, Beatriz Amorim Beltrão¹, Vitor Nogueira Araújo¹, Daniely Viana da Silva Costa¹, Zilfran Carneiro Teixeira¹, Ana Cecilia Santos Martins Cláudio Mourão¹, Antônio Brazil Viana Júnior¹

¹Hospital Universitário Walter Cantídio, Universidade Federal do Ceará - Fortaleza (CE), Brasil

Objective: To compare the NUTRIC nutritional risk score with severity of illness indicators regarding death prediction during ICU admission.

Methods: 80 adults admitted to the general ICU of the Walter Cantídio University Hospital were prospectively evaluated from March to June 2017. The NUTRIC score was calculated to assess nutritional risk. APACHE II and SOFA were calculated to assess patient's severity of illness. The determination of the cut-off point of these scores was performed through the ROC curve construction.

Results: 53.7% male, age average 56.5 ± 19.2 years. The mean APACHE II was 20.0 ± 6.6 , the SOFA at the admission was 8.4 ± 4.6 , and the SOFA at day 3 was 6.9 ± 5.1 . The mean NUTRIC score was 5.0 ± 1.9 . The area under the curve of the APACHE II, and SOFA scores on the first and third days were 0.711; 0.701 and 0.809; respectively. The area under the NUTRIC score curve was 0.713; and a cut-off mark of 5 points allowed us to identify the risk of death with a sensitivity of 80.4%, specificity of 56.4% and accuracy of 73.6% (95% CI: 0.628-0.844). As for the prediction of death, there was no difference between NUTRIC and APACHE II scores ($p = 0.76$); NUTRIC and admission SOFA ($p = 0.83$); or NUTRIC and SOFA on the third day of ICU ($p = 0.09$).

Conclusion: The NUTRIC nutritional risk score, originally used to identify patients who would benefit from early nutritional therapy, may predict an unfavorable outcome

EP-506

NUTRIC score: what else can it signal us?

Natália Linhares Ponte Aragão¹, Arnaldo Aires Peixoto Júnior¹, Vitor Nogueira Araújo¹, Beatriz Amorim Beltrão¹, Daniely Viana da Silva Costa¹, Zilfran Carneiro Teixeira¹, Ana Cecilia Santos Martins Cláudio Mourão¹, Antônio Brazil Viana Júnior¹

¹Hospital Universitário Walter Cantídio, Universidade Federal do Ceará - Fortaleza (CE), Brasil

Objective: To evaluate the NUTRIC nutritional risk score as a predictor of prognosis in critically ill patients.

Methods: 80 adults admitted to the general ICU of the Walter Cantídio University Hospital were prospectively evaluated from March to June 2017. They were divided into

two subgroups: G1 - patients with high NUTRIC score (≥ 5 points); and G2 - patients with low NUTRIC (< 5 points). **Results:** 53.7% were males, average age 56.5 ± 19.2 years. The mean APACHE II was 20.0 ± 6.6 , the mean SOFA at admission was 8.4 ± 4.6 and the mean SOFA on the third day of was 6.9 ± 5.1 . The mean NUTRIC was 5.0 ± 1.9 . Most patients were allocated to the G1 (62.5%). This subgroup had a higher degree of organ, when measured by SOFA on the third day in ICU (8.8 ± 4.8 vs. 4.2 ± 4.3 points, $p < 0.001$) and a higher in-ICU mortality (66.0 vs. 26.7% , $p = 0.002$). However, there was no difference in length of in-ICU stay (11.2 ± 10.1 vs. 9.8 ± 11.6 days, $p = 0.56$); length of hospital stay after discharge from ICU (9.0 ± 7.4 vs. 9.5 ± 6.5 days, $p = 0.83$); need for tracheostomy for weaning from prolonged mechanical ventilation (36.0 vs. 26.7% , $p = 0.38$) or follow-up by the palliative care service (32.0 vs. 13.3% , $p = 0.062$). **Conclusion:** Nutritional risk score NUTRIC seems to be useful in identifying patients with unfavorable prognosis, regarding the development of dysfunctions and mortality

EP-507

Nutritional delivery in the first week of intensive care unit admission is not correlated with long term outcomes in mechanically ventilated patients

Angela Pinho Dariano¹, Cecília Flávia Lopes Couto¹, Bibiana de Almeida Rubin¹, Gilberto Friedman¹

¹Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: Optimal nutritional intake for critically ill patients remains controversial. Our goal is to analyze if the amount of enteral nutritional support during the first week of ICU stay is associated to physical function of mechanically ventilated patients after 6 months of ICU discharge.

Methods: We prospective studied mechanically ventilated patients on exclusive enteral nutrition support and length of ICU stay > 72 hours. Physical function was evaluated on admission and after six months of ICU discharge, using the Instrumental Activities of Daily Living Scale.

Results: We show the preliminary results on 74 patients. APACHE II score was 25 ± 10 and NUTRIC score was 6 ± 2 . Sixteen patients (31%) died in ICU and 9 patients (12%) after discharge. Among ($n=49$) survivors, 45 completed physical function assessment in the 6 months follow-up. Nutrition delivery was adequate ($\geq 80\%$) for 23 patients. Only 17 had a length of stay > 7 days. Survivors and non-survivors has similar target percentages for caloric ($84 \pm 7\%$ vs. $82 \pm 12\%$; $p=NS$) and protein ($82 \pm 7\%$ vs. $84 \pm 12\%$; $p=NS$) intakes. Nutritional delivery in the first week of ICU stay was not associated to the physical function after 6 months of ICU discharge ($r^2=0.210$; $p=NS$). In addition, there was no association between nutrition delivery and length of ICU stay ($r^2=0.131$; $p=NS$) or duration of MV ($r^2=0.194$; $p=NS$).

Conclusion: Enteral nutritional amount during the first week of ICU stay does not seem to influence ICU survivors physical function after 6 months.

EP-508

Perfil epidemiológico do paciente com injúria renal aguda em unidade de terapia intensiva, associação com outras patologias e seus desfechos

João Victor Moraes de Melo¹, Mauricio Gomes da Silva Serra¹, Leticia Santos de Carvalho¹, Bruno Sousa Pereira¹, Mateus Andrade Alvaia¹, Suzane Pereira de Souza¹, Eduardo da Silva Oliveira¹, Lucio Couto de Oliveira Junior¹

¹Universidade Estadual de Feira de Santana - Feira de Santana (BA), Brasil

Objetivo: Identificar o perfil epidemiológico em população diagnosticada com Injúria Renal Aguda (IRA) em Unidade de Terapia Intensiva (UTI) bem como desfechos.

Métodos: Estudo prospectivo, observacional, em que foram incluídos pacientes com idade entre 16 e 85 anos, internados na UTI, diagnosticados com IRA, no período de 01 de junho de 2016 a 28 de fevereiro de 2017. Foram excluídos os pacientes com diagnóstico de Injúria Renal Crônica agudizada.

Resultados: Dos 515 pacientes admitidos na UTI no período, observou-se prevalência de IRA em 16,1%. A população composta de 83 pacientes apresentou idade média de 50 anos (± 20 anos), predomínio do sexo masculino (57,8%) e tempo de internação médio na UTI de 13 dias (± 10 dias). A mortalidade foi de 49,4%, com um risco 69% maior quando comparado com a mortalidade média da unidade. Feito acompanhamento 90 dias após alta da unidade, a mortalidade foi de 66,2%. Pacientes que utilizaram Drogas Vasoativas (DVas) nas primeiras 24 horas de internação na unidade apresentaram risco de mortalidade 47,7% maior em relação aos que não utilizaram, após alta. Diabetes Mellitus (DM) foi a comorbidade mais frequente, (55,4%), depois Sepses (25,3%) e Pneumonia Nosocomial (19,2%).

Conclusão: IRA se apresenta como importante fator prognóstico, durante internação na UTI e no pós-alta. Em nossa amostra houve significante associação entre IRA e DM, bem como entre IRA e Sepses, compatível com a literatura, e com o aumento do desfecho de morte. O mesmo visto quanto ao uso de DVA em 24 horas.

EP-509

Phase angle evaluation by bioelectrical impedance analysis as a prognostic tool in critically ill patients

Ricardo Schilling Rosenfeld¹, Speranza Vieira¹, Carmen T Cordier Damasceno¹, Valéria Abrahão Schilling Rosenfeld¹

¹Casa de Saúde São José, Associação Congregação de Santa Catarina - Rio de Janeiro (RJ), Brasil

Objective: Evaluate the phase angle (PhA) obtained through bioelectrical impedance analysis (BIA) in the first 15 days of ICU stay as an indicator of prognosis in mechanical ventilated (MV) critically ill patients.

Methods: Patients in medical-surgical ICU, more than 72 hours ICU stay. Inclusion criteria: (MV) more than 3 days, BIA days 1, 5 and 15. Standard protocol for measuring resistance, reactance and PhA calculation. Variables: sex, age, diagnostic group, Apache, SOFA, SAPS3, nutritional risk, NUTRIC score, sepsis, PCrT, albumin, caloric and protein balance D7 and D15 (BCal; BPtn) and complications. Administration of nutritional support by nutritional support team protocol. The RJL Quantum II device (RJL Systems).

Results: 20 patients were included; age = 73 years; 7 pneumonia, 4 stroke; 6 surgical; 12 sepsis; NRS 2002 = 4.35; Nutric = 3.75; Apache = 16.35; SOFA = 3.30; SAPS3 = 52.10; BCal D7: (-) 661 (72.05%); BPtn D7: 49.56 (64%); BCal D15: 3788 (79.57%); BPtn D15: (-) 322g (73.52%); MV: 10.35 days; Albumin D1 = 1.8g /%; PCrT D1: 18.06g%; ICU length stay: 39.65 days. Mean PhA (total group): D1 = 3.72; D5 = 3.76; D15 = 3.18; PhA survivors: D1 = 3.82; D5 = 3.69; D15 = 3.20. PhA non-survivors: D1 = 3.43; D5 = 3.92; D15 = 3.12.

Conclusion: AF decreased in the first 15 days of ICU; patients who died had greater reduction of PhA D1-D15. There was no significant difference between groups.

EP-510

Renal dysfunction in patients on mechanical ventilation with positive pressure

Natália Vieira Araújo Cunha¹, Marcia Cristina da Silva Magro²

¹UDF Centro Universitário - Brasília (DF), Brasil; ²Faculdade de Ceilândia, Universidade de Brasília - Brasília (DF), Brasil

Objective: To characterize the influence of mechanical ventilation with positive end-expiratory pressure (PEEP) on renal function in patients admitted to the Intensive Care Unit (ICU).

Methods: Longitudinal, prospective, quantitative study. It was developed at the Intensive Care Unit (ICU) of a Public Hospital during the period of one year. The sample consisted of 31 patients. Patients older than 18 years were included in support of invasive mechanical ventilation with PEEP and without history of previous renal dysfunction according to the medical record and application of the KDIGO classification. The patients selected were allocated to groups according to the PEEP value. The data were obtained through the medical record. A descriptive and inferential analysis of the data was performed. Values $p < 0.05$ were considered significant.

Results: The mean age of the 31 patients was 43 years. The majority (61.3%) were male. The use of PEEP with values > 5 and $= 10$ cmH₂O and > 10 cmH₂O revealed a significant association with the occurrence of renal dysfunction ($p < 0.04$) in those patients on mechanical ventilation. Mortality was associated with a higher body mass index ($p < 0.001$). In addition, both age ($p = 0.05$) and body mass index ($p = 0.02$) showed a significant change among female patients. Patients in the PEEP group greater than 10 cmH₂O used more noradrenaline and

furosemide in relation to the other groups. All patients with renal dysfunction required a greater supply of PEEP.

Conclusion: A (PEEP) has a significant influence on the occurrence of renal dysfunction.

EP-511

Retrospective analysis of dialitical patients in an intensive critical care unit

Rubens Sergio da Silva Franco¹, Walter Carlos Girardelli Baptista¹, Amauri Francisco de Marchi Bemfica¹, Aline Ribeiro Moreira¹, Maria Cristina Cesar¹, João Henrique Bignardi¹, Dinora Alves Bezerra¹, Manoela Moreira de Sousa¹
¹Hospital Novo Atibaia - Atibaia (SP), Brasil

Objective: Retrospective analysis of patients who started Renal Replacement Therapy (RRT) in the Intensive Care Unit (ICU) in the period from January 2013 to December 2016 and the correlation of the clinical and surgical patients profile with the outcome.

Methods: 106 patients started RRT in this period, which 81 of them (76.4%) were patients with clinical pathology and 25 (24.6%) were surgical. The variables evaluated were: vasoactive drug, mechanical ventilation, meta-protein and meta-caloric, SAPS III, urea and creatinine on the admission and on the indication of hemodialysis.

Results: The clinical patients had an average age of 70.5 years, an average SAPS of 72.1 points and an expected mortality of 54.4%. 16 patients (19.7%) with an average SAPS of 68.5 points and an expected mortality of 43.6% were hospital discharged, while 65 patients (80.3%) with an average SAPS of 65.5 points and an expected mortality of 61.2% passed away in the ICU. The variables which presented statistical correlation with the death were: vasoactive drugs, mechanical ventilation, age, urea and creatinine in the in the admission and in the moment of hemodialysis indication. 25 surgical patients, that had an average age of 62.7 years, an average SAPS of 73.9 points and an expected mortality of 58.7%, 6 of them (24%) were hospital discharged, and the caloric target was the only variable that interfered in the outcome.

Conclusion: Vasoactive drugs, mechanical ventilation, urea and creatine have statistical correlation with death in clinical patients, while in the surgical patients only the caloric target has statistical correlation with hospital discharge.

EP-512

Risk of hypoglycemia associated with failures in glycemic measurements in critically ill patients with intravenous insulin

Raquel de Mendonça Nepomuceno¹, Lolita Dopico da Silva²

¹Complexo Américas Medical City - Rio de Janeiro (RJ), Brasil; ²Faculdade de Enfermagem, Universidade do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objective: To analyze the factors related to the procedure of glucose measurement performed by nursing that can influence the result of glycemia.

Methods: This is an observational, cross-sectional, and prospective study with quantitative analysis, included patients over 18 years of age, who were given intravenous insulin for a minimum of 12 hours, after signing the consent in intensive surgical cardiology unit of a public hospital in Brazil. The variables of this study were submitted to measures of association.

Results: It was observed 417 glycemia in 42 patients. . It was found hypoglycemia incidence at 35.7%, all of them using the arterial blood sample. It was observed that in all technique steps of the measurement there was implementing deviation. The observed deviations which showed positive association ($RR > 1$) and statistical significance ($p = 0.05$) for patients with hypoglycemia were: lack of glucometer calibration ($RR 3,54$); no verification of the validity and integrity of the tape test ($RR 3,54$); lack of hand sanitation ($RR 1,95$); and not collecting up to 1 mL of blood ($RR 1,47$).

Conclusion: It became clear that the proper understanding of the factors that affect glucose measurement is essential for nurses in obtaining reliable blood glucose results, and, thus, avoiding mistakes in titration administering insulin doses, since falsely elevated blood glucose leads to increase of insulin doses, maximizing the risks of hypoglycemia. However it was no possible to determinate how the deviations found influence the accuracy of glycemic measurement or compromise the safety of intravenous insulin administration.

EP-513

Suporte nutricional hipocalórico versus normocalórico em pacientes com insuficiência respiratória: revisão sistemática e metanálise

Raimundo Marcial de Brito Neto¹, Paula Pitta de Resende Côrtes¹

¹Universidade Severino Sombra - Vassouras (RJ), Brasil

Objetivo: Existem controvérsias quanto às estratégias de terapia nutricional hipocalórica versus normocalórica nos desfechos clínicos e de tolerância gastrointestinal em pacientes com insuficiência respiratórias na UTI. Buscou-se comparar o efeito de duas estratégias de terapia nutricional enteral nos desfechos clínicos e na tolerância gastrointestinal desses pacientes.

Métodos: Estudo observacional de ensaios clínicos randomizados que compararam o efeito das estratégias de nutrição hipocalórica versus normocalórica nos desfechos clínicos principais e nos sinais e sintomas gastrointestinais. Extraiu-se informações sobre a execução e qualidade dos estudos e características dos pacientes. As estimativas de risco relativo e média da diferença foram sintetizadas sob o modelo de efeitos aleatórios. A heterogeneidade foi avaliada com Teste Q e I². A análise de sensibilidade foi conduzida através de análise de subgrupos os quais foram classificados conforme a estratégia de terapia nutricional enteral utilizada.

Resultados: Dentre os estudos encontrados, quatro ensaios clínicos randomizados que avaliaram 1540 pacientes foram incluídos na avaliação qualitativa e quantitativa. A análise de subgrupos verificou mortalidade geral significativamente menor no subgrupo que recebeu 59-72% das necessidades nutricionais. Não foram encontradas diferenças entre os grupos quanto à mortalidade na UTI ou tempo de permanência nesta. Quanto à avaliação da tolerância gastrointestinal, o grupo que recebeu nutrição hipocalórica foi associado a uma menor ocorrência de efeitos gastrointestinais quando comparado ao grupo nutrição normocalórica.

Conclusão: A estratégia de terapia nutricional hipocalórica em aporte moderado foi associada à menor mortalidade geral, devendo ser preferida em pacientes críticos. Ademais, A tolerância gastrointestinal foi superior no grupo que recebeu nutrição hipocalórica.

EP-514

The effect of early nutrition at in patients in an intensive care unit

Celso Gustavo Ritter¹, Irla Maiara Silva Medeiros¹, Patricia Rezende do Prado¹, Thatiana Lameira Maciel Amaral¹, Mariane Albuquerque Lima Ribeiro¹, Kelly Regina Pires da Silva Cacicano¹, Claudia Sena de Pádua², Márcia Odília Marçal de Vasconcelos²

¹Universidade Federal do Acre (UFAC) - Rio Branco (AC), Brasil;

²Secretaria do Estado de Saúde do Acre - Rio Branco (AC), Brasil

Objective: To analyze the effects of early nutrition (EN), prior to 48 hours of hospitalization, in patients on enteral nutritional therapy (ENT) of an intensive care unit.

Methods: Analytical cross-sectional study carried out at a public intensive care unit in Rio Branco, Acre, from may 2016 to april 2017. Descriptive analysis were performed by absolute and relative frequency; and analytics through binary logistic regression. Level of significance of 95%, through the program SPSS, version 17.0.

Results: Among the 493 patients, the EN occurred at 89.2% of these, being 63.5% of males, 89.5% aged < 60 years old and 89.9% that suffered trauma. The average total energetic value (TEV) was 2,108 kcal and its range at 100%, during any hospitalization period, was reached by 97.6% of patients receiving EN. Intercurrences related to nutrition were seen at 59.6% of all hospitalizations, as constipation being the most prevalent with 26.2%. There were no adverse events at 89.4% of the patients who received EN and the discharge as a result was observed at 92.0% of these individuals. EN increased by 9 times the patient's chance to reach 100% of the TEV ($p < 0.001$) and reduced at 2 times the chance of these to go to death ($p = 0.007$) compared to those who did not receive EN.

Conclusion: EN favored the reach of 100% of the TEV and decreased the occurrence of death in patients who started a diet in the first 48 hours of hospitalization, allowing a greater ENT supply, range of energy prescription and better prognosis.

EP-515

The obesity paradox in critically ill patients: a protective factor?

Raissa Laruxa Oliveira Silva¹, Juan Carlos de Arruda Oliveira², Bruno Bulhões Ribeiro Ramos², Isabela Bonifácio Brige Ferreira³, Mateus Lisboa Otero⁴, Sylvia Márcia Fernandes dos Santos Lima², Andre Luiz Nunes Gobatto⁵, Nivaldo Menezes Filgueiras Filho³

¹Núcleo de Pesquisa Clínica, Universidade Salvador (UNIFACS) - Salvador (BA), Brasil; ²Núcleo de Ensino e Pesquisa, Hospital da Cidade - Salvador (BA), Brasil; ³Universidade do Estado da Bahia - Salvador (BA), Brasil; ⁴Universidade Salvador (UNIFACS) - Salvador (BA), Brasil; ⁵Hospital da Cidade - Salvador (BA), Brasil

Objective: To evaluate the impact of the body mass index (BMI) on mortality in patients admitted to the Intensive Care Unit (ICU) of a general hospital in Northeast region of Brazil.

Methods: Prospective cohort study. There were included all patients above age of 18 years old admitted to general ICU, from August 2015 to July 2017. BMI was calculated using the formula: BMI = body weight/height² (kg/m²), and patients were grouped as underweight (<18.5 kg/m²), normal weight (18.5-24.9 kg/m²), overweight (25-29.9 kg/m²) and obese (≥30 kg/m²). The hazard ratio (HR) of ICU death were determined by a multivariate Cox regression.

Results: There were analyzed 1404 patients, 729 (51.9%) female. Mean age was 67.1±17.9 years. The median (in points) in SAPS3 (Simplified Acute Physiology Score 3) was 46 (IQ=38-53). The mean BMI was 25.57±5.5 kg/m², 42.3% had normal BMI, 8.1% were underweight, 32.1% overweight and 17.5% obese. The ICU mortality rates in the cohort was 16.7%. On multivariate Cox regression analysis, obesity (HR: 0.562; 95% CI, 0.355 - 0.889; p = 0.014) was independently associated with a lower mortality, while underweight (HR: 1.478; 95% CI, 1.039-2.104; p = 0.030) showed a higher mortality risk.

Conclusion: The results showed that being obese was associated with decreased risk of ICU mortality, while being underweight showed a higher ICU mortality risk for this sample.

EP-516

The role of body mass index in outcome among critically ill patients admitted to a general intensive care unit

Gabriel de Oliveira Araújo¹, Paula de Souza Pereira¹, Jaqueline Lima de Souza¹, Juliana Regis de Almeida¹, Lucas Barbosa Bezerra¹, Adriell Ramalho Santana¹, Fabricio Duarte Caires², Fábio Ferreira Amorim¹

¹Escola Superior de Ciências da Saúde - Brasília (DF), Brasil; ²Hospital Regional de Taguatinga - Brasília (DF), Brasil

Objective: The objective of this study was to assess the association between body mass index and 28-day mortality of patients admitted to an Intensive Care Unit (ICU).

Methods: Retrospective cohort study conducted on patients admitted to the ICU of Hospital Regional de Taguatinga,

Brasília, DF, Brazil, during 24 months. Patients were divided in groups according to the body mass index (in Kg/m²): underweight (<18.50), normal range (18.50-24.99), overweight (25.00-29.99), and obese (≥30.00). Patients transferred to another ICU were excluded.

Results: Of 216 patients included, 17(7.9%) were underweight, while 55(25.5%) were overweight and 50(23.1%) obese. Total 28-day mortality was 36.1%. Increased 28-day mortality among underweight (52.9%) and obese patients (56.0%) were observed compared to normal range (28.7%) and overweight patients (25.5%), p<0.01. There was no difference between the groups regarding ICU-LOS (p=0.10). 28-day mortality was associated with SOFA score upon ICU admission (p<0.01), underweight (p<0.01), obesity (p<0.01), and age (p=0.01).

Conclusion: Underweight and obesity were independently associated with 28-day mortality.

EP-517

Acute kidney injury in surgical patients hospitalized at the intensive care unit of the tertiary public hospital

Natália Vieira Araújo Cunha¹, Marcia Cristina da Silva Magro², Lisaine Fideski²

¹Centro Universitário do Distrito Federal (UDF) - Brasília (DF), Brasil; ²Faculdade de Ceilândia, Universidade de Brasília - Brasília (DF), Brasil

Objective: Identify the renal profile of surgical patients hospitalized in a cardiology intensive care unit (ICU) of a tertiary public hospital in the Federal District.

Methods: Retrospective and quantitative observational study developed at the Coronary Intensive Care Unit of a tertiary public hospital in the Federal District. The sample consisted of patients over 18 years of age, undergoing ICU admission in the postoperative period of cardiac surgery. The data were recorded in a structured questionnaire. This project was submitted and approved by the Research Ethics Committee of the Foundation for Teaching and Research in Health Sciences - FEPECS (CAAE: 16649113.3.0000.5553). Results were considered significant with p <0.05.

Results: Of the 31 patients submitted to cardiac surgery, 55% were male, and the mean age was 61 years. Hypertension and diabetes were the most prominent comorbidities, respectively. Myocardial revascularization surgery was performed more frequently, followed by valve replacement. Of the total number of patients, 25% required postoperative transfusion and 64% had renal dysfunction. The majority of patients were stratified in stages 1 (risk) and 2 (renal damage) of renal dysfunction according to the KDIGO classification. In this study the blood transfusion (p=0.04), arterial hypertension (p=0.03), hospitalization time (p=0.002), postoperative time (p=0.02) showed significant relation with renal disfunction.

Conclusion: Most of the patients were stratified in stages 1 and 2, ie risk and renal damage (stages of mild and intermediate severity) by means of the KDIGO classification.

EP-518

Acute kidney injury in the postoperative cardiac surgery

Marcia Cristina da Silva Magro¹, Wellington Luiz de Lima², Tayse Tâmara da Paixão Duarte¹

¹Universidade de Brasília - Brasília (DF), Brasil; ²Centro Universitário do Planalto Central (UNIPLAN) - Brasília (DF), Brasil

Objective: To verify the kidney impairment of patients who underwent cardiac surgery in the intensive care unit (ICU) in Federal District/Brazil.

Methods: Longitudinal, prospective and quantitative study. Fifty patients with age over 18 years old were included, and those with chronic kidney failure were excluded. Fisher's exact test and Kruskal Wallis were used to analyze the data. Results were considered significant with $p < 0.005$.

Results: Most of the patients were female (56%), aged 58 ± 15 years old, with ejection fraction of $59.1 \pm 12.3\%$, 76% received diuretics, 98% used vasoactive drugs in the ICU, the mortality was 10%. According to KDIGO (Kidney Disease, Improving Global Outcomes) classification, 22% of the individuals presented normal kidney function and 78% presented kidney dysfunction, with: 34% in stage 1 (risk), 4% in stage 2 (injury) and 2% in stage 3 (failure). When comparing the group with normal kidney function / risk vs those with kidney failure / failure, we observed: lactate $21.5 (16-35)$ vs $24 (18.5-33)$ $p = 0.92$, time of mechanical ventilation $880 (682-1020)$ vs $(701-1576)$ $p = 0.20$ and need for blood transfusion 20 vs 7 patients ($p = 0.35$). There wasn't difference ($p = 0.5$) hospitalization time in ICU (± 3 days).

Conclusion: The individuals with kidney injury or failure, there was a need more time of mechanical ventilation in the ICU, but there wasn't significant difference in the period of hospitalization in the intensive care setting.

EP-519

Acute kidney injury in the postoperative period of cardiac surgery: characterization and outcome

Marcia Cristina da Silva Magro¹, Tayse Tâmara da Paixão Duarte², Wellington Luiz de Lima³

¹Universidade de Brasília - Brasília (DF), Brasil; ²Universidade Católica de Brasília - Taguatinga Sul (DF), Brasil; ³Centro Universitário do Planalto Central (UNIPLAN) - Brasília (DF), Brasil

Objective: To verify the clinical profile and outcome of patients with acute kidney injury in the postoperative of cardiac surgery in an intensive care unit (ICU) in the Federal District/Brazil.

Methods: Longitudinal, prospective and quantitative study. Fifty patients, older than 18 years old, who underwent cardiac surgery were included. Fisher's exact test and Kruskal Wallis were used to analyze the data. The research approved by the Ethics and Research Committee of the Instituto de Cardiologia do Distrito Federal, CAAE: 44999215.9.0000.0026.

Results: Most of the patients were female (56%), aged 58 ± 15 years. The APACHE II score was 12.5 ± 5.2 . The most frequent surgeries were myocardial revascularization (48%) and valve replacement (40%). According to the KDIGO (Kidney Disease, Improving Global Outcomes) classification, 22% there was normal kidney function and 78% had kidney dysfunction. Using the criteria of creatinine vs urine flow, we observed: 34.0% vs 40.0% in stage 1 (risk), 4.0% vs 26.0% in stage 2 (Injury) and 2.0% vs 0.0% in stage 3 (failure). When comparing the group with normal kidney function/risk vs kidney injury/failure, we obtained: age $64 (53-70)$ vs $62 (49-70)$ $p = 0.9$, time of mechanical ventilation $880 (682-1020)$ vs $(701-1576)$ $p = 0.20$ and need for blood transfusion 20 vs 7 patients ($p = 0.35$).

Conclusion: Most of the patients presented kidney dysfunction, there was a higher concentration of individuals in stage 1 of kidney commitment.

EP-520

Acute renal injury in critically ill patients with diabetes mellitus

Camila Leal Cardoso¹, Marcia Cristina da Silva Magro¹

¹Faculdade de Ceilândia, Universidade de Brasília - Brasília (DF), Brasil

Objective: To investigate the incidence of acute renal injury in critically ill diabetic patients hospitalized in the intensive care unit.

Methods: An observational, longitudinal, prospective and quantitative study developed at the general adult intensive care unit of a regional hospital in the Federal District. Data were collected through a structured questionnaire during the six-month period. The sample consisted of 19 patients. A descriptive and inferential analysis of the results was performed.

Results: According to the classification kidney disease: improving overall outcomes, 100% of the patients developed renal dysfunction, combining the serum creatinine criterion with the urinary output criterion, the majority of the patients developed renal failure, and only 15.8% were stratified in the stage 1 (lesser gravity), by the urinary flow criterion.

Conclusion: It was noted that acute renal injury is multifactorial and was present in all study patients. Hyperglycemic patients showed a tendency to evolve to death during hospitalization.

EP-521

Alcalose metabólica grave relacionada ao uso de diuréticos

Danilo Voltan Franciotti¹, Jocimar Antonio Machado¹, Mauricio Beitia Kraemer¹, Rafaella Santos Dantas Beltrame¹, Yara Lucia de Souza Machado¹

¹Santa Casa de Misericórdia de Bragança Paulista - Bragança Paulista (SP), Brasil

Relatamos o caso clínico de paciente do sexo masculino, 81 anos, internado na Unidade de Terapia Intensiva após infarto agudo do miocárdio com supradesnívelamento do segmento ST de parede anterior extenso com 72 horas de evolução, sem terapia de reperfusão, Killip IV, evoluindo com instabilidade hemodinâmica (FEVE 25%) necessitando de noradrenalina, dobutamina e furosemida intravenosa. Após 6 dias de internação o paciente apresentou quadro de rebaixamento do nível de consciência, sonolência com retenção de gás carbônico e gasometria arterial mostrando alcalose metabólica grave com "compensação" respiratória (pH = 7,62; PaCO₂ = 65; PaO₂ = 80; Bicarbonato = 38) atribuído ao uso do diurético. Iniciado administração de acetazolamida e ácido ascórbico intravenoso com discreta melhora, mantendo quadro de alcalose metabólica, sendo então, suspensa a administração de furosemida, ocorrendo piora da congestão venosa pulmonar, necessitando de maior assistência pulmonar (aumento do FiO₂ e suporte ventilatório não invasivo). O paciente apresentou melhora dos parâmetros clínicos, hemodinâmicos (FEVE 35%, SVcO₂ = 64%, Lactato = normal) e ácido-básico após 4 dias de terapia (pH = 7,37; PaCO₂ = 41; PaO₂ = 98; Bicarbonato = 26), evoluindo com retirada das drogas vasoativas, otimização da terapêutica para insuficiência cardíaca via oral e posterior alta da UTI. Entendemos que este relato de caso apresenta relevância devido ao manejo de alcalose metabólica grave, que neste caso foi atribuído ao uso de diurético, necessário no manejo do paciente com quadro de insuficiência cardíaca grave; destacando-se a melhora das disfunções orgânicas (neurológica, cardíaca, pulmonar, renal) e normalização do equilíbrio ácido-básico com o conjunto de medidas instituídas.

EP-522

Analysis of the range of total energetic value of in patients in an intensive care unit

Celso Gustavo Ritter¹, Irla Maiara Silva Medeiros¹, Patricia Rezende do Prado¹, Thatiana Lameira Maciel Amaral¹, Mariane Albuquerque Lima Ribeiro¹, Jakeline de Lima Israel¹, Claudia Sena de Pádua²

¹Universidade Federal do ACRE (UFAC) - Rio Branco (AC), Brasil;
²Secretaria do Estado de Saúde do Acre - Rio Branco (AC), Brasil

Objective: To analyze the range of total energetic value (TEV) in critical patients in use of the enteral nutritional therapy.

Methods: Analytical cross-sectional study carried out at a public intensive care unit in Rio Branco, Acre, from may 2016 to april 2017. Descriptive analysis were performed by absolute and relative frequency; and analytics through binary logistic regression. Level of significance of 95%, through the program SPSS, version 17.0.

Results: Total of 493 evaluated patients, the range of total estimated energetics needs, during any period of hospitalization, were not reached by 56.8% of them. Of

those who reached 100% of the prescribed TEV, most were women (45.8%), greater than 60 years (46.4%), with diagnosis of trauma (44.7%), which had no complications related to nutrition (49.8%) and were discharge (46.6%). In the analysis of the range of the TEV, there was statistically significant difference for early nutrition ($p < 0.001$) and intercurrents ($p < 0.001$). The occurrence of early nutrition increased by 9 times the chance of reaching 100% of the TEV and its range decreased almost 3 times the occurrence of adverse events related to nutrition.

Conclusion: The total range of the TEV (100%) reduced the intercurrents in patients within the hospitalization period, and occurred more satisfactorily in those who received early nutritional therapy in the first 48 hours.

EP-523

Chloroform ingestion and intoxication

Fernanda Baeumle Reese¹, Bruna Cassia Dal Vesco²

¹Hospital do Trabalhador - Curitiba (PR), Brasil; ²Universidade Federal do Paraná - Curitiba (PR), Brasil

The chloroform, a compound once used as anesthetic, is a toxic substance associated with dysrhythmia, respiratory depression and death. It is a solvent in some industries and a component of a drug called "lança-perfume" or "loló" in Brazil. Some reports describe the intoxication caused by chloroform inhalation, nevertheless, its effects after ingestion are less known. A young man, with history of drug abuse, was admitted unconscious in the emergency department after inhaling and ingesting chloroform. The primary survey was assessed and the patient was hospitalized in the intensive care unit, where acute kidney and liver injuries were diagnosed, requesting hemodialysis and supportive care. Later on, the patient developed sepsis and pulmonary complications that demanded two thoracotomies and pulmonary decortication. However, the patient was discharged 48 days after the admission, in stable clinical conditions, spontaneously breathing and walking. Although the poisoning effects after chloroform ingestion remain undefined, the central nervous system, the liver and the kidneys are the majorly damaged organs described in literature. The diagnosis of chloroform intoxication can be confirmed by gas chromatography, but this technique was not accessible in the case reported. Because chloroform is radiopaque, it can be seen in abdominal radiographies as soon as the compound is ingested, and that can help in the diagnosis. The supportive therapy is the only approach available, since there is no specific antidote, although some articles present a successful treatment with activated charcoal plus 70% sorbitol or with N-acetylcysteine to prevent hepatic injuries.

EP-524

Comparison between prescribed and infused volumes in patients hospitalized in intensive care unit

Irla Maiara Silva Medeiros¹, Celso Gustavo Ritter¹, Guilherme Henrique Caspary Ribeiro Filho², Manuela Albuquerque Lima Ribeiro¹, Jakeline de Lima Israel¹, Mariane Albuquerque Lima Ribeiro¹, Patricia Rezende do Prado¹

¹Universidade Federal do Acre - Rio Branco (AC), Brasil; ²Secretaria Estadual de Saúde do Acre - Rio Branco (AC), Brasil

Objective: To evaluate the adequacy of the volume prescribed by nutritional therapy in patients hospitalized in an intensive care unit (ICU) public in Rio Branco, Acre.

Methods: Cross-sectional study was performed with 39 patients hospitalized in an ICU from January to June 2017. The prescriptions and infusions were recorded and evaluated during 07 days, and the percentage of adequacy of the volumes infused was subsequently calculated. In the descriptive analysis, absolute and relative frequencies were used. Data were analyzed using SPSS program 17.0. **Results:** Of the 39 patients, 61.5% were males, 41.0% elderly, and 51.3% presented a probability greater than 40% of death, according to APACHE II. The main causes of hospitalization were neurological diseases (30.8%), followed by gastrointestinal disorders (15.4%). It was identified to the adequacy of 87.2% of the prescribed volume versus the infused on the first day, of 97.4% on the third day and 93.3% on the seventh day. The adequacy of the total energy value (TEV) was 83.3% evidenced on the seventh day.

Conclusion: The infusion of the prescribed diet has surpassed the value established by the literature recommendations of 80%, contributing positively to reach the nutritional needs of the critical patients.

EP-525

Effect of protein-calorie adequacy on the prognosis of the critical patients

Celso Gustavo Ritter¹, Patricia Rezende do Prado¹, Thatiana Lameira Maciel Amaral¹, Mariane Albuquerque Lima Ribeiro¹, Claudia Sena de Pádua², Íris de Lima Ferraz Siqueira²

¹Universidade Federal do Acre (UFAC) - Rio Branco (AC), Brasil; ²Secretaria do Estado de Saúde do Acre - Rio Branco (AC), Brasil

Objective: To evaluate the protein-calorie adequacy offered on the prognosis of patients' hospitalization in intensive care unit of Rio Branco, Acre.

Methods: Prospective cohort with 64 critical patients using enteral nutrition therapy from February to July 2017. The Kaplan Meier method was used to estimate the conditional probability of death in patients with protein-calorie inadequacy at 3 and 7 days of follow-up, using the log-rank test 95% to evaluate the differences between the curves through the SPSS program.

Results: The profile of critical patients was age < 60 years (64.1%), men (60.9%), admitted with clinical diagnosis (51.6%). Apache

II > 40% was identified at 46.9% of patients and 23.4% were deaths during the hospitalization period. The average total energy value was 2,113 kcal (\pm 255.7). The presence of tissue lesion (surgical or pressure) occurred at 51.1% of hospitalization. In the first 48 hours, 72 hours and the seventh day of hospitalization 71.9%, 67.2% and 60.0% of individuals reached 80% of the protein-calorie supply, respectively. The estimated probability of death among individuals who didn't obtain protein-calorie adequacy in the first 48 hours was 16.7%, 9.5% in 72 hours and 5.6% on the seventh day of hospitalization.

Conclusion: The adequacy greater than 80% of the calculated calorie and protein requirements was higher in the first 48 hours of nutritional therapy, and the estimated probability of decreasing deaths among individuals who attained nutritional goals.

EP-526

Eficácia e efetividade do protocolo de diarreia aplicado em pacientes de terapia intensiva com nutrição enteral

Ana Cristina D Vasconcelos¹, Alexandra Coelho de S Lopes¹, Fabíola Vital Munhoz¹, Fabio Zanerato¹, Mayara Elisa M Moura¹

¹Centro de Terapia Intensiva/Unidade Coronariana, Cruz Azul de São Paulo Hospital e Maternidade - São Paulo (SP), Brasil

Objetivo: Identificar a eficácia e a eficiência do Protocolo de Diarreia aplicado em pacientes com uso de Nutrição Enteral em Terapia Intensiva.

Métodos: Análise retrospectiva da efetividade do protocolo aplicado aos pacientes em uso de Nutrição Enteral que apresentaram diarreia na unidade de terapia intensiva, no período de Janeiro à Junho de 2017. Protocolo de diarreia dividido em 4 fases: Fase 1- Dieta polimérica com fibra solúvel (isenta de lactose, sacarose, gluten e baixa osmolaridade) e probiótico 4 sachês /dia, durante 3 dias; Fase 2- Dieta oligomérica (peptídeo, prebiótico, FOS e inulina), modulo de glutamina 1 sachê /dia e manter probiótico 2 sachês/ dia, durante 7 dias; Fase 3- Dieta oligomérica com volume de 20ml/h e considerar Nutrição Parenteral; Fase 4- Melhora sustentada: Dieta polimérica com fibras solúvel. Se antibioticoterapia, manter 1 sachê /dia de probiótico.

Resultados: Foram acompanhados 278 pacientes que utilizaram Terapia Nutricional Enteral, no período de janeiro à junho de 2017, sendo que 21 pacientes (7,5%) apresentaram diarreia e inclusos no protocolo. Tivemos 20 registros (7,1%) de pacientes que apresentaram melhora dos sintomas dentro da fase 1 e 2 do protocolo, e apenas 1 paciente (0,4%) evoluiu para a fase 3, também apresentando melhora nesta fase.

Conclusão: A implantação do protocolo de diarreia na instituição, mostrou-se eficaz e efetivo, contribuindo assim para um melhor desfecho nutricional e quadro clínico do diminuindo o tempo de permanência na unidade de Terapia Intensiva.

EP-527

Euglycemic diabetic ketoacidosis: report of two cases

Picón Xavier¹, Lucero Pablo¹, Rojas Balcázar Nicolás¹, Balletero Florencia María¹, Sebastian P Chapela²

¹Hospital Británico de Buenos Aires - Buenos Aires, Argentina; ²Cátedra de Bioquímica Humana, Facultad de Medicina, Universidad de Buenos Aires - Buenos Aires, Argentina

The objective is describe two clinical cases of euglycemic diabetic ketoacidosis. Case 1: A 50 years old woman with history of type 2 diabetes in treatment with dapagliflozin. She presented with abdominal pain, diarrhea and fever. Acid-base state pH: 7,22; Bicarbonate: 5,1 meq/l; base excess: -20; Gap: 35; Glucose: 137mg/dl and positive ketonemia. She is admitted to intensive care, initiates resuscitation with volumen, insulin therapy and emergency hemodialysis due to severe metabolic acidosis. At 48 hours, she leaves to general medical ward. Case 2: A 22 years old woman with history of type 1 diabetes in treatment with insulin, and two hospitalizations for diabetic ketoacidosis. She consults for vomiting and abdominal pain. In laboratory pH: 7.25; Bicarbonate: 10 meq/l; base excess: -14.9; Glucose: 153mg/dl and positive ketonemia. A diagnosis of pregnancy of 11.6 weeks is performed. Resuscitation is initiated with crystalloids and continuous insulin infusion. After four days patient is discharged at home. Euglycemic diabetic ketoacidosis is a rare entity, it presents with ketone bodies in blood and urine, severe metabolic acidosis and normal values of glycemia. This is, during pregnancy due to increased consumption of glucose by tissues, associated with hormonal changes and in the treatment with dapagliflozin, increased secretion of glucagon by the pancreas and increased urinary glucose loss. Should be suspected in diabetic patients with severe metabolic acidosis, undergoing pregnancy or treatment with dapagliflozin, in order to establish the corresponding treatment as soon as possible, thus improving the short-term results.

EP-528

Evaluation of the nutritional status of critically ill patients hospitalized in an intensive care unit

Paulo Cezar Nunes Fortes¹, Mirian Carla Bortolamedi da Silva², Mirian Cozer², Marciele Estela Fachinello³, Vitor Takashiba¹

¹UNIOESTE - Cascavel (PR), Brasil; ²Hospital Regional do Sudoeste Walter Alberto Pecoits - Francisco Beltrão (PR), Brasil; ³Universidade Paranaense - Cascavel (PR), Brasil

Objective: The prevalence of malnutrition in hospitalized patients affects between 19% and 80% of the hospitalized individuals, increasing according to the hospitalization time (CUPPARI, 2014). To determine the nutritional status and the prevalence of malnutrition in patients admitted to an intensive care unit (ICU).

Methods: Retrospective cross-sectional study with data analysis in medical records. The study population consisted of individuals of both sexes, aged between 18 and 60 years, in the years of 2015 and 2016. The nutritional status was determined using the classification and adequacy of the arm circumference (AC), the first measurement was in 24 hours of admission to the ICU and then sequentially. It is highlighted that AC is the evaluation method that shows reliable values ??to the critical patient's reality.

Results: The evaluation of the nutritional status initially identified that 33.97% of the patients were malnourished, 58.33% were eutrophic, 3.85% were overweight and obese, respectively. After new evaluations, 44% of all patients presented malnutrition.

Conclusion: Most of the patients were eutrophic in the initial evaluation, however, there was a prevalence of 44% of malnutrition considering AC evaluation. The evaluation of the initial nutritional status and its monitoring is relevant in the early diagnosis of malnutrition, thus enabling an immediate intervention with appropriate and individualized nutritional therapy to reverse the nutritional status of the critical patient.

EP-529

Evolução do estado nutricional e alterações alimentares de sobreviventes de unidade de terapia intensiva geral, noventa dias após a alta hospitalar

Claudia Regina Felicetti Lordani¹, Péricles Almeida Delfino Duarte¹, Amaury Cezar Jorge¹, Thais Tsing Chung¹

¹Hospital Universitário do Oeste do Paraná - Cascavel (PR), Brasil

Objetivo: Avaliar evolução do estado nutricional e alterações alimentares de sobreviventes de UTI-Geral.

Métodos: Avaliamos retrospectivamente, 49 sobreviventes de UTI-Geral aos noventa dias após alta hospitalar em ambulatório multiprofissional pós-UTI.

Resultados: 57,2% eram homens, idade média 50,2, causa de internação 38,78% trauma, 30,61% pós-cirúrgicos e 30,61% clínicos, tempo de internação na UTI 11,6 dias e hospitalar 43,4 dias; 55,1% receberam nutrição enteral em UTI; 12,3% continuavam em enteral quinze dias após a alta e aos noventa dias, 4,1%. A oferta calórica e protéica foi, em média, de 21kcal/kg e 1,3g/kg, na UTI. Para os alimentados via oral, houve diferença entre normalização do apetite e quantidade alimentar ingerida entre 15 e 90 dias após alta ($p < 0,0001$) e melhora funcional da mastigação e deglutição após 90 dias ($p < 0,02$), mas não em 15 dias após alta para ambas as variáveis. Na admissão hospitalar, 40,8% eram eutróficos e 59,2% apresentavam sobrepeso. Durante a internação, 91,8% dos pacientes apresentaram perda de peso em comparação aos 30 dias antes da internação ($p = 0,02$), perda média de 15,7%. Noventa dias após alta, 81,6% apresentaram ganho de peso, média de 12,9%; 14,3% mantiveram perda de peso; 46,9% encontravam-se eutróficos; 6,2% desnutrição grau I e 46,7% sobrepeso.

Conclusão: O paciente sofre alterações alimentares e de peso durante internação. Apesar da maioria apresentar melhora após alta, esta não ocorre precocemente.

EP-530

Fatores associados ao óbito em pacientes submetidos à terapia de substituição renal por lesão renal aguda em uma unidade de terapia intensiva

Delmaria Teixeira Marinho¹, Tamara Missão da Silva Rios¹, Alana de Souza Reis Carneiro¹, Ester Maria do Nascimento¹, Jaianúzia Souza Silva¹, Roberta Pereira Goes¹, Márcia Maria Carneiro Oliveira¹

¹Escola de Enfermagem, Universidade Federal da Bahia - Salvador (BA), Brasil

Objetivo: Analisar os fatores associados ao óbito em pacientes submetidos à terapia de substituição renal (TSR) por lesão renal aguda (LRA) em uma unidade de terapia intensiva (UTI).

Métodos: Estudo transversal, com análise retrospectiva de prontuários de pacientes internados na UTI que sofreram LRA e foram submetidos à TSR de um hospital privado da cidade de Salvador/Bahia no período de junho de 2013 a fevereiro de 2017. Foram excluídos pacientes admitidos com doença renal crônica, submetidos a transplante renal ou TSR anterior ao internamento. Foi utilizado o teste Qui-quadrado para análise de associação sendo considerado significativo estatisticamente $p < 0,05$.

Resultados: A amostra foi constituída por 51 pacientes, com mediana de idade de 72 anos (variando entre 18 à 93 anos), do sexo masculino (52,9%), com Hipertensão Arterial Sistêmica (60,8%) e 68,6% evoluíram para Choque séptico, sendo que 80,4% (41 pacientes) foram a óbito. A maioria dos pacientes apresentava uma forma mais grave de injúria renal com classificação Kidney Disease: Improving Global Outcomes (KDIGO) 3 (54,9%). Observou-se que 56,9% tinham valores de creatinina sérica três vezes maiores no dia da primeira sessão de TSR quando comparados com a admissional. Dentre os modos de TSR, 72,5% realizaram Sustained Low-efficiency Dialysis (SLED). Houve associação de choque séptico com óbito ($p=0,039$). Não foi evidenciado significância com as outras variáveis para óbito.

Conclusão: Predominou pacientes do sexo masculino, hipertensos e KDIGO 3 que desenvolveram LRA com necessidade de TSR, choque séptico foi associado ao óbito.

EP-531

Impact of continuous renal replacement therapy on hemodynamics of the critically ill patient

Camila Jimbo Torii¹, Beatriz Medeiros Gurgel¹, Heloisa Baruffi¹, Isabela Macedo Ribas¹, Fábio Henrique Bento da Costa¹, Gabriel Bortoli Ramos¹, Gabriel Antonio Fernandes Messias¹, Sergio Seiji Yamada¹

¹Departamento de Medicina, Centro de Ciências da Saúde, Universidade Estadual de Maringá - Maringá (PR), Brasil

Objective: To define if continuous renal replacement therapy not only promotes a decrease in mortality, but also the requirement for vasoactive drugs to guarantee hemodynamic stability in patients admitted to an intensive care unit (ICU).

Methods: ICU patients who received continuous dialysis therapy, from January 2016 to May 2017, were selected from a philanthropic hospital in Maringá, PR. Those who died in less than 24 hours were excluded from the study, subsequently, epidemiological parameters have been analyzed, as well as mortality and mean arterial pressure (MAP), associated with the decrease in necessity of vasoactive drugs used within a 72-hour period.

Results: 14 patients were evaluated, 72% composed by men. 72% of patients with sepsis as their cause, 7% urinary tract infection, 7% CRF, 7% polytrauma and 7% ARF. The mean age of the patients was 62.6 years (SD = 19.0). The MAP before starting dialysis was 85.7 mmHg (SD = 16.7), and at the end of 72 hours of continuous therapy, it was 85.3 mmHg (SD = 16.9). Infused norepinephrine dose at the beginning of therapy was 1.20 (SD=0.91) mcg/kg/min whereas vasopressin dose was 1.0 (SD = 0.7) UI/min. After 72 hours, both decreased to 0.27 (SD=0.31) mcg/kg/min and 0.0 (SD = 0.4) UI/min, respectively.

Conclusion: The analysis of the paired sample T-test data showed that there was statistical difference ($p < 0.01$) in the reduced necessity of vasoactive drug, evincing the hemodynamic stability acquired.

EP-532

Incidência de constipação intestinal e suas implicações em pacientes em uso de nutrição enteral em uma unidade de terapia intensiva

Karoline Colombelli Trai¹, Hélio Anjos Ortiz Junior¹, Vanessa do Amaral¹, Denis Conci Braga², Edna Vitoria Martins¹, Lucio Jary Almeida de Moraes², Mariella de Moraes¹, Franciele Ortiz Machado Gazola¹

¹Hospital Hélio Anjos Ortiz - Curitiba (SC), Brasil; ²Universidade do Oeste de Santa Catarina - Joaçaba (SC), Brasil

Objetivo: Determinar a incidência de constipação intestinal e suas implicações em pacientes em uso de nutrição enteral em uma Unidade de Terapia Intensiva (UTI).

Métodos: Coletados dados epidemiológicos, grupo diagnóstico na internação, tempo de internação, ocorrência de constipação intestinal e evolução dos pacientes internados na UTI em uso de nutrição enteral no período de janeiro de 2015 até junho de 2017. Foram excluídos os pacientes submetidos a cirurgia gastrointestinal, que usaram nutrição parenteral e que permaneceram internados por período igual ou menor do que 3 dias. Os dados foram analisados através do programa STATA utilizando-se o teste do qui-quadrado.

Resultados: A amostra foi composta por 191 pacientes, após exclusão de 48 indivíduos de acordo com os critérios descritos. A incidência de constipação intestinal, caracterizada como 3 dias sem evacuar em qualquer período da internação, foi de 28,8% e não houve diferença significativa ($p < 0,05$) entre o grupo

constipado e o grupo não constipado em relação ao tempo de internação e ocorrência de óbito. Gênero e diagnóstico na internação não se relacionaram com a ocorrência de constipação intestinal.

Conclusão: A incidência de constipação intestinal encontrada foi de 28,8% e não se relacionou ao tempo de internação ou à ocorrência de óbito. Como parte do protocolo de terapia nutricional a unidade monitora diariamente a ocorrência de evacuação e no caso de ausência de evacuação por 3 dias medidas corretivas e preventivas, como lavagem intestinal, uso de laxantes, aumento da oferta de água e fibras, são aplicadas.

EP-533

Incidência de lesão renal aguda na cetoacidose diabética: revisão sistemática e metanálise

Anderson Cardoso da Silva¹, Maurício Barcellos Bernardes Carvalheira¹, Julian Camilo Alfonso Diaz¹, Alexandre Mitsuo Mituiassu¹

¹Universidade Severino Sombra - Vassouras (RJ), Brasil

Objetivo: A prevalência de diabetes mellitus tem aumentado em todo o mundo, assim como a incidência das suas complicações. Destaca-se a cetoacidose diabética (CAD) como a complicação aguda mais frequente, que ocorre principalmente, no diabetes mellitus tipo 1. A lesão renal aguda (LRA) é uma complicação conhecida da CAD. Quando presente, aumenta a severidade do quadro, requerendo assistência de maior complexidade. O objetivo deste trabalho é verificar a incidência de LRA na CAD, haja vista que há informações divergentes publicadas sobre o tema.

Métodos: Foi realizada uma revisão de literatura utilizando artigos publicados nos últimos 25 anos, em português e em inglês. A busca foi feita nas bases BVS e PubMed, empregando-se os descritores "lesão renal aguda", "injúria renal aguda" e "cetoacidose diabética", nos dois idiomas. Os critérios de inclusão foram: estudos de coorte que tivessem como objetivo primário ou secundário determinar a incidência de LRA, utilizando os critérios RIFLE ou KDIGO, em casos de CAD.

Resultados: Quatro trabalhos atenderam os critérios e foram incluídos na revisão. Apesar da heterogeneidade das populações estudadas, todos os trabalhos encontraram elevadas taxas de incidência, variando entre 50% e 86,9%. A taxa de incidência combinada foi de 69,2%. A maior parcela dos casos teve evolução favorável e não necessitou de diálise renal.

Conclusão: Conclui-se que LRA é uma complicação frequente da CAD. Pacientes admitidos com CAD devem ter sua função renal monitorada com atenção. LRA tende a ser transitória, responsiva à ressuscitação volêmica, não requerendo terapia dialítica.

EP-534

Indicadores de qualidade e terapia nutricional em oncologia no contexto hospitalar

Arielle Suzy Dias de Oliveira¹, Jair Rodrigues Trindade Junior¹, Marcelo de Oliveira Maia¹, Priscila Martins Cseke Campos¹, Sabrina Souza Martins dos Santos¹

¹Hospital Santa Luzia - Brasília (DF), Brasil

Objetivo: Avaliar o estado nutricional de pacientes oncológicos em uso de suplemento alimentar. Avaliar os indicadores de qualidade em oncologia e terapia nutricional. **Métodos:** Estudo clínico, descritivo, transversal, com variáveis quantitativas e qualitativas, aberto e controlado. Os dados foram coletados de janeiro a maio de 2017. Total de 31 pacientes. Critérios de inclusão: Trato gastrointestinal preservado, sem obstruções mecânicas, hemodinamicamente estáveis, que se alimentam por via oral, capacidade de comunicação preservada, em risco nutricional ou com diagnóstico de desnutrição. São critérios de exclusão: Pacientes com obstrução gástrica, em uso de sonda nasointestinal, instáveis, com doenças graves associadas (HIV, hepatite, renal crônico), tratamento paliativo.

Resultados: Durante os 5 meses de avaliação dos pacientes oncológicos encontramos os seguintes dados: (51%) foram admitidos para internação com diagnóstico prévio de desnutrição. A adesão a terapia nutricional oral foi ótima (n = 43%), boa (n = 47,2%) e insuficiente (n = 26,4%) dos pacientes internados. Os dados coletados se referem aos indicadores contabilizados entre os meses de janeiro a maio de 2017. Observamos os seguintes resultados: número de pacientes que obtiveram melhora do estado nutricional: (n = 2), pacientes que obtiveram piora do nutricional (n = 4) e pacientes que mantiveram estado nutricional sem alterações (n = 25). Perfil nutricional dos pacientes admitidos: Eutrofia (n=24), Sobepeso (n = 9), Desnutrição (n = 37), Obesidade (n = 5).

Conclusão: Conclui-se que o uso de indicadores de qualidade em terapia nutricional é útil na assistência a pacientes internados em oncologia. Através dessa ferramenta é possível identificar falhas nos processos e buscar aprimorar a terapia nutricional.

EP-535

InsulinAPP-ICU: a safe and effective digital platform for continuous intravenous insulin therapy in intensive care unit

Alexandre Barbosa Camara de Souza¹, Priscilla Cukier¹, Marcos Tadashi Kakitani Toyoshima¹, Elizandra Oliveira², Ricardo Teixeira Di Rienzo², Marcia Nery¹

¹Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil; ²Hospital Santa Catarina - São Paulo (SP), Brasil

Objective: Continuous intravenous insulin (CII) therapy is the preferred treatment for management in critically ill patients, but several existing protocols are considered difficult to be performed at intensive care units (ICUs). This study evaluated the safety and efficacy of glycemic control by the InsulinAPP-ICU protocol (<http://tinyurl.com/UTI-InsulinAPP>).

Methods: InsulinAPP-ICU is an easy-to-use digital platform that suggests the optimal dose of CII therapy in critically ill patients. It was based on protocols already existing in the literature. We analyzed the bedside glucose measurements of the patients with hyperglycemia who were submitted to the InsulinAPP-ICU protocol in four ICUs of the Hospital Santa Catarina - São Paulo - SP from May 2016 to April 2017. Time to glycemic target (180mg/dL), number of hypoglycemic episodes and severe hypoglycemia were evaluated.

Results: InsulinAPP-ICU protocol was applied 100 times in 84 patients, totaling 5,844 glucose measurements and 6,208 hours of insulin therapy. The glycemic target was reached in 7.0 (4.0-10) hours (median, 25-75th percentile). After reaching the glycemic target, the percentage of patients who remained with blood glucose lower than 180mg/dL without hypoglycemia was 75.6%. Hypoglycemia (<70mg/dL) and severe hypoglycemia (<40mg/dL) episodes were rare (0.41% and 0.05%, respectively). These data are similar to those of other digital protocols used in reference services worldwide, such as Glucomanager®.

Conclusion: InsulinAPP-ICU has been shown to be a simple, safe and effective tool for the control of patients with hyperglycemia at ICU.

hyperinsulinism was confirmed. She received glucose solution. Magnetic resonance and endoscopic ultrasound were performed. A therapeutic reunion including Biliopancreatic Surgery, Endocrinology, Perinatology and Critical Care Obstetrics was performed, with ulteriores surgical treatment with enucleation of the 2.5x2x2cm insulinoma located in the head of pancreas. The infusion of glucose solution was interrupted progressively with acceptable glycemic values. The patient was transferred to perinatology with viable pregnancy of 18.5 weeks. The histopathology as the immunohistochemical test confirmed insulinoma. This case shows the importance of the insulinoma diagnosis in a young pregnant woman during the second trimester with clinical data of hypoglycemia and multidisciplinary consensus of surgical treatment at an opportune moment, avoiding this way an indirect maternal death and fetal morbidity-mortality.

EP-537

Nitrogen balance in intensive care unit trauma patients

Pérciles Almeida Delfino Duarte¹, Thais Tsing Chung¹, Amaury Cezar Jorge¹, Claudia Regina Felicetti Lordani¹, Tarcísio Lordani¹

¹Hospital Universitário do Oeste do Paraná - Cascavel (PR), Brasil

Objective: To evaluate the evolution of the nitrogen balance in post-trauma ICU patients.

Methods: Cohort study, for three months, with ICU post-trauma patients. Previous Chronic Renal Failure (CRF), anuria and dialysis at the moment of urinary collection and <24 hours of hospitalization were excluded. The 24hour urine was collected at admission(first), the fifth and tenth day of ICU (but not at the ward). Ingested nitrogen was considered calculating by the total of proteins ingested. The total protein infused per patient (in nutritional support) was variable as it was calculated from the current weight and severity of every patient.

Results: Of 38 trauma patients, 75.6% were men, age 38.2 years, APACHE II 19.5, Mechanical ventilation length of time 10.5 days, and 13.4 days in the ICU. The mean of the first, second and third nitrogen balance, respectively, were -4.9; -9.8 and -12.8g, and ingested proteins were: 29.5g; 49.8g and 74.8g (p<0.0001). Only 16.2% of the patients performed the three nitrogen balance measurements, whose means were: -6.13; -6.16 and -12.8 (p=0.12). The ICU mortality rate was 21.6%.

Conclusion: In ICU trauma patients, the nitrogen balance worsens during hospitalization, especially between the fifth and tenth day of hospitalization, but without significant statistical difference.

EP-536

Insulinoma and pregnancy: case report

José Antonio Viruez Soto¹, Carla Maria Vallejo Narvaez¹, Carlos Briones Vega², Francisco Javier Ochoa Carrillo³, Jesus Carlos Briones Garduño¹

¹Hospital General de México "Dr. Eduardo Liceaga" - Mexico City, Mexico; ²Instituto de Genética y Fertilidad - Mexico City, Mexico;

³Instituto Nacional de Cancerología - Mexico, Mexico

Insulinoma is the most frequent neuroendocrine pancreatic tumor with an estimated incidence of 1-4 cases per million of habitants by year, with a lower incidence during pregnancy with no more of 30 cases reported in the literature. The objective is to relate a case of insulinoma treated successfully in 18-year old patient with 16.5-week pregnancy. 31-year old patient, with dizziness 3 years ago associated to tonic-clonic seizures, pregnancy was confirmed and was transferred to the Critical Care Obstetrics Unit of the Hospital General de México "Dr. Eduardo Liceaga". Endogenous

EP-538

Nursing Activities Score e a lesão renal aguda

Filipe Utuari de Andrade Coelho¹, Mirian Watanabe¹, Cassiane Dezoti da Fonseca¹, Katia Grillo Padilha¹, Maria de Fátima Fernandes Vattimo¹

¹Escola de Enfermagem, Universidade de São Paulo - São Paulo (SP), Brasil

Objetivo: Avaliar a carga de trabalho de enfermagem em pacientes de terapia intensiva com lesão renal aguda (LRA). **Métodos:** Estudo quantitativo, retrospectivo, multicêntrico, realizado em unidades de terapia intensivas, no período de abril a agosto de 2015. O Nursing Activities Score (NAS) e o Kidney Disease Improving Global Outcomes (KDIGO) foram utilizados para medir a carga de trabalho de enfermagem e classificar o estágio da LRA, respectivamente. **Resultados:** Foram incluídos 936 pacientes, dos quais 404 (43,1%) desenvolveram LRA. Os antecedentes clínicos mais prevalentes foram a hipertensão arterial sistêmica e o Diabetes Mellitus, sendo que mais da metade dos pacientes com LRA utilizaram droga vasoativa e ventilação mecânica e 23,3% necessitaram de terapia de substituição renal. Os pacientes que desenvolveram LRA possuíam NAS superiores quando comparados aos sem LRA (67% vs 63%, $p=0,002$). Os pacientes com KDIGO 1 apresentaram NAS de 67%, KDIGO 2 de 62% e KDIGO 3 de 72%.

Conclusão: Os pacientes com LRA apresentaram valores de NAS mais elevados. Os pacientes classificados como de maior gravidade da LRA pelo KDIGO apresentaram maiores valores de NAS, confirmando que quanto maior a gravidade, maior a necessidade de suporte de enfermagem.

EP-539

Nutritional influence in the phonoaudiological rehabilitation in a UCI of Brasília (Distrito Federal)

Alice Maria Camilo de Aguiar¹, Deise Andrade Marinho Brandão¹, Marcelo de Oliveira Maia¹, Priscila Martins Cseke Campos¹, Rayanne Furtado de Sousa¹, Francineide de Oliveira Santos¹, Ana Gabriela Fernandes Ramos¹, Dorcelina Correa de Sousa Lopes¹

¹Hospital Santa Luzia Rede D'Or São Luiz - Brasília (DF), Brasil

Objective: Nutritional influence in the phonoaudiological rehabilitation in a UCI of Brasília (Distrito Federal).

Methods: Analyse the relation of dysphagia and nutritional health during the phonoaudiological rehabilitation.

Results: Qualitative and descriptive data were collected in the UCI of Hospital Santa Luzia-Rede D'Or - Regional DF by the groups of Phonoaudiology and Nutrition therapy, from January to May 2017. Among the two hundred seventy three (273) patients who were in SNE in this period in UCI, 140 were assisted by the Phonoaudiological Therapy Group.

Conclusion: Thirty nine (39) had nutritional therapy and phonoaudiological therapy. (Lipschitz 1994). The scores collected were: APACHE II, 17,34; Average age 73,61. Among the 26 patients who had deglutition improvement, most of them (77%) had the nutritional health stable, 15%

had an improvement also in the nutritional health and only two were worse in their nutritional health (8%).

EP-540

Oral diet adequacy rate in patients at risk of bronchoaspiration at a private cardiological hospital in the Federal District - Brasília

Deise Andrade Marinho Brandão¹, Alice Maria Camilo de Aguiar¹, Caroline Davanzo Dutra¹, Carlos José Dornas Gonçalves Barbosa¹, Dorcelina Correa de Sousa Lopes¹, Ernesto Jocelin Carneiro Pinto¹, Ana Tereza de Almeida Costa¹, Ana Gabriela Fernandes Ramos¹

¹Hospital do Coração do Brasil - Brasília (DF), Brasil

Objective: To analyze the percentage of patients in the risk group for dysphagia, with orally released diet, who needed to change the consistency to minimize the risk of bronchoaspiration.

Methods: Prospective method, observational, in patients included in the protocol for the prevention of bronchoaspiration admitted to the UCI and Coronary Unit of Hospital do Coração do Brasil, from January 2016 to May 2017.

Results: Of the 606 patients evaluated by speech therapy, 274 (45.21%) required adjustment in food consistency. This high index of food consistency is due to several reasons, among them patients with dysphagia, dental problems (absence or failure of teeth), lowering of the level of consciousness, among others.

Conclusion: The initial evaluation of swallowing, performed early by the speech therapy in hospitalized patients, is essential to reduce the risk of bronchoaspiration. Food consistency adequations are made that better fit the clinical and structural conditions of the patient, making the speech therapy intervention together with the multidisciplinary team in the hospital environment essential to reduce bronchoaspirations.

EP-541

Perfil nutricional de pacientes submetidos a terapia nutricional enteral em um hospital público ao norte do Estado do Rio Grande do Sul

Celso Fruscalso Junior¹, Vivian Polachini Skzypek Zanardo¹, Jean Carlos Zanardo²

¹Universidade Regional Integrada do Alto Uruguai e das Missões - Erechim (RS), Brasil; ²Fundação Hospitalar Santa Terezinha de Erechim - Erechim (RS), Brasil

Objetivo: Identificar o perfil nutricional de pacientes submetidos a terapia nutricional enteral, admitidos num hospital público.

Métodos: Estudo transversal, quantitativo, descritivo. O estado nutricional foi verificado através de medidas antropométricas (peso atual, altura e dobra cutânea tricipital) e Avaliação Subjetiva Global. Foram coletados dos prontuários informações referentes

a dados sociodemográficos e método de administração da dieta. Os pacientes foram avaliados a partir de um período máximo de 48 horas após a prescrição de dieta enteral pelo médico assistente. Aprovado pelo Comitê de Ética em Pesquisa, CAAE 50726415.0.0000.5351, parecer 1.355.329.

Resultados: Foram incluídos 24 pacientes em uso de Terapia de Nutrição Enteral, internados num hospital público, nos setores Unidade de Terapia Intensiva e clínicas médicas, com predomínio feminino (n= 17; 70,83%), idade média de 67,58±17,37 anos, sendo 41,67% com diagnóstico de Acidente Vascular Cerebral e 20,83% câncer; 87,5% (n= 21) utilizavam sistema fechado de administração de dieta. Segundo o Índice de Massa Corporal, 54,17% apresentaram desnutrição; para a dobra cutânea tricipital 70,83% (n= 17) encontravam-se em algum grau de desnutrição, sendo n=13 (54,17%) gravemente desnutridos. Conforme a Avaliação Subjetiva Global, a maioria dos pacientes (n= 15; 62,5%) foi considerado bem nutrido, e 37,5% com desnutrição moderada.

Conclusão: O perfil nutricional dos pacientes apresentou diagnóstico de desnutrição através dos diferentes métodos, objetivos e subjetivos utilizados, evidenciando a importância da utilização de mais de um método de avaliação para pacientes internados, visando diagnóstico adequado para eficiente intervenção nutricional.

EP-542

Renal replacement therapy in oncologic intensive care unit patients

Joaquim Henrique de Carvalho Lobato Filho¹, Ana Paula Pierre de Moraes¹, Felipe Seabra Costa Cunha², Gustavo Teixeira Alves², Jos Ricardo Santos de Lima²

¹Centro Universitário do Maranhão (UNICEUMA) - São Luís (MA), Brasil;

²Hospital de Câncer do Maranhão Tarquinio Lopes Filho - São Luís (MA), Brasil

Objective: To evaluate characteristics and outcomes of dialytic Acute Kidney Injury (AKI) in oncologic ICU patients.

Methods: Retrospective study conducted in 11-bed ICU of a public cancer hospital in São Luis-Maranhão, northeast of Brazil. All patients with a definitive cancer diagnosis requiring ICU from January to December 2016 were classified in Renal Replacement Therapy (RRT) and non-RRT groups. We evaluate demographic and clinical variables at ICU admission, ICU support and outcomes: ICU and hospital length of stay (LOS), ICU and hospital mortality, respectively. The statistical difference was tested using Pearson's chi-square or Mann-Whitney tests. The significance level adopted was 0,05.

Results: Out of 495 patients, 41(8,3%) patients need RRT. The main reasons for RRT were post-renal AKI 19 (45,2%) and renal AKI 9 (21,4%). The main tumor sites were cervix 12 (27,2%), kidney and urinary tract 8 (18,2%) and prostate 6 (13,6%). RRT and non-RRT did not differ in sex and type

of cancer(p>0,05). RRT cancer patients had more medical admissions, higher SAPS 3 and SOFA scores, higher ICU length of stay(p<0,001 for all). The RRT ICU and hospital mortality were 61% and 80% respectively much higher than non-RRT ones (29% and 48%) (p<0,001).

Conclusion: Cancer patients that required RRT had poor prognosis had worse outcomes compared to those non-RRT patients. The results corroborate the importance of early diagnosis, recognition, ICU admission and treatment of organ dysfunction.

EP-543

Role of combined furosemide and human albumin treatment in acute kidney injury patients from intensive care unit: a retrospective study of a metropolitan region's hospital from Salvador

Jilson Leão de Almeida Junior¹, Albert Bacelar de Sousa¹, Lana Ferreira Moreira¹, Mayane Queiroz da Mota¹, João Vítor Nunes Sobreira Cruz¹, Milena Gomes Almeida¹, Waléria Rios Carneiro¹

¹Faculdade de Tecnologia e Ciências - Feira de Santana (BA), Brasil

Objective: Hypoalbuminemia in critically ill patients is very common and is associated with worse clinical outcomes. Few studies have been clear regarding the combined albumin and furosemide solution in patients who developed acute renal injury and have hypoalbuminemia during ICU admission. The goal of our study is evaluate the effects of combined furosemide and albumin in the critical patients' diuresis.

Methods: A retrospective study was conducted in a population of 25 critically ill patients who presented acute renal injury (ARI) and hypoalbuminemia. The study population was discriminated into two groups: those using albumin alone (A) and those using combined albumin and furosemide (A/F). Chi-square test was used to test the association between A and A/F and accumulated fluid balance (FB) percentage and Fisher's exact test for the association with weaning of vasoactive drugs (VAD) and mechanical ventilation (MV).

Results: In our study population, 52% had ARI, 64% needed to use at least one VAD, and 100% used MV. Use of albumin alone was performed in 12% of the patients and the combined A/F in 88%. Combined A/F was strongly associated with an increase in the reduction of accumulated FB and the reduction of weaning time of both VAD and MV.

Conclusion: Compared to the isolated use of albumin, combined A/F use has been shown improve key parameters involved in the longer stay of critically ill patients in the ICU. However, prospective and controlled studies are needed to better establish these associations.

EP-544

Use of the Functional Oral Ingestion Scale (FOIS) to monitor the degree of dysphagia in patients admitted to a cardio intensive unit in Rio de Janeiro, Brazil

Rogério Gomes Fleury¹, Livia Barroso Ribeiro¹, Danielly Moreira Gonçalves Cabral¹, Mariana Fischer da Silva Oliveira¹, Luise Alexandre Rocha Soutinho¹, Júlio Cesar Jacob Junior¹, Andressa Marques¹

¹Hospital Universitário Clementino Fraga Filho - Rio de Janeiro (RJ), Brasil

Objective: Oropharyngeal dysphagia occurs in patients admitted to intensive care unit (ICU), prolonging length of stay in hospital. Identifying risk of dysphagia is important to reduce infections due to bronchoaspiration pneumonia. We studied the patients comparing, through a specific scale, the degree of initial dysphagia and its evolution.

Methods: A descriptive, retrospective study was carried out at the Hospital Universitário Clementino Fraga Filho, UFRJ, in Rio de Janeiro, Brazil, through an evaluation of patients hospitalized at the cardiologic ICU from 2015 to 2016. We analyzed demographic data and Functional Oral Ingestion Scale (FOIS).

Results: There were 35 patients, 23 men (65.7%) and 12 women (34.3%), with a mean age of 66.9 ± 11.9 years. The mean initial FOIS was 2.26 ± 1.6 and the mean final FOIS was 4 ± 2.7 ($p=0.006$). About patients with an initial FOIS of 1 (18 cases, 51.4%), 7 patients (38.8%) had final FOIS of 7. Twenty-one patients underwent endotracheal intubation with an average of 7.4 ± 6.8 days, and nine patients had tracheostomy. The mean number of visits was 9.3 ± 7 . Regarding the classification of dysphagia, 15 patients (49%) presented mechanical dysphagia, 14 (40%) risk of dysphagia and 3 (8.6%) had neurological dysphagia.

Conclusion: Evaluation tools of swallowing problems helps us analyze and characterize the evolution of dysphagic patients, contributing to reduce the risk of bronchoaspiration. Our main cause was mechanical dysphagia with almost 50%. The elderly represent the main group of our study.

Neurointensivismo

EP-545

Impact on morbimortality after implantation of the intensive care unit dedicated to neurosurgery at a public reference hospital in Pernambuco - Brazil

Fernando Ramos Gonçalves¹, Cinthia Gomes da Silva¹

¹Universidade de Pernambuco - Recife (PE), Brasil

Objective: To identify the impact of the implantation of an Intensive Care Unit in Neurosurgery on postoperative Morbi-mortality; To describe the clinical and epidemiological characteristics of patients admitted to the Intensive Care Unit in Neurosurgery.

Methods: Descriptive study, exploratory of quantitative character. The population and sample represent 440 patients admitted to the Advanced Support Unit in Neurosurgery, from January to December, 2015. The study was performed at Hospital da Restauração, Recife-PE. It was submitted to the Ethics Committee. The collected data were entered into a database in SPSS software version-23, where relevant tabulations and statistical analyzes were carried out.

Results: Regarding Gender, 56% were men and 44% were women; About 95% come from the operating room; The mean stay was 1-2 days, resulting in low permanence. The age group with the highest prevalence was 40-50 years with 24%, this information is important, since the great majority 62.8% were of patients below 50 years, that is, a highly productive age group. Mortality was 5.8%; With regard to operative diagnosis, 39.1% were Cerebral Tumor, and 23.1% Cerebral Aneurysm.

Conclusion: We concluded that the Intensive Care Unit in Neurosurgery -USAN had a significant impact on the reduction of post-neurosurgical morbidity and mortality. The data provide optimism to the neurointensivism team, representing a positive response to the efforts undertaken in its opening. That is, shorter hospitalization time, better postoperative recovery, fewer sequelae, and rapid social reintegration of patients.

EP-546

Analysis of extracranial organ dysfunction in patients victims of head trauma hospitalized in intensive care units

Flavia Castanho Hubert¹, Camila Fernanda de Carvalho¹, Álvaro Réa-Neto¹, Mirella Cristine de Oliveira¹, Luana Alves Tannous¹, Fernanda Baumele Reese¹, Paula Geraldine David João¹, José Arthur Santos Brasil¹

¹Centro de Estudos e Pesquisa em Emergências Médicas e Terapia Intensiva (CEPETI) - Curitiba (PR), Brasil

Objective: Patients with head trauma (HT) are often hospitalized in intensive care units and the development of non-neurological complications are common. **Objectives:** To describe the frequency of extracranial organ dysfunctions in patients admitted with HT. To correlate organ dysfunctions with epidemiological, clinical and outcome data.

Methods: Historical cohort study based on the analysis of medical records of patients with head trauma (HT) in patients of three hospitals in Curitiba, Brazil, in 2015. The association between variables was analysed by chi-square test and logistic regression. P values lower than 0.05 were considered significant.

Results: A total of 271 patients with HT were evaluated, 217 men and 54 women, 45.75% between 18-40 years old and 23.61% had more than 60 years old. Among the patients, 23% developed renal failure, 67.3% had low platelet count, 53% had bilirubin elevations, 47% had no ventilatory changes and 21% presented hospitalization SOFA between 6 and 8. We also highlight: the higher first APACHE greater the risk of vasoactive drugs use, development of renal and hematological insufficiency. The increase of bilirubin occurs more frequent in admission APACHE from 21 to 25. The lower glasgow score in admission

represent a greater risk of developing all organic dysfunctions. There is a significant association between risk of death and the development of acute renal failure but there is no relationship between hematological dysfunction and outcome.

Conclusion: Organic dysfunctions in patients victims of head trauma hospitalized in intensive care units are frequent and may negatively impact the outcome.

EP-547

Association between the mortality rate and the first 24 hours of blood pressure measurement of cerebral vascular accident in a tertiary hospital

Nazah Cherif Mohamad Youssef¹, Thays Taborda Damas¹

¹Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil

Objective: Evaluation of the mortality rate (MR) and its association with the blood pressure levels (BP) in the first 24 hours of an hemorrhagic cerebral vascular accident (H CVA) of patients in the ICU of the Clínicas Hospital Complex of UFPR (CHC - UFPR) and, among the survivors, evaluation of the consequences by using scales of Rankin and Barthel.

Methods: Analytical, retrospective and observational study of 47 medical records of patients hospitalized in the Adult ICU of the CHC-UFPR with diagnosis of H CVA in the years 2012, 2013 and 2014. The patients were divided in 3 groups according to the arrival systolic blood pressure (SBP). The group 1: SBP between 110-140 mmHg, group 2: between 140-180 mmHg, group 3: above of 180 mmHg. Three functional scales were used to analyses the results: Glasgow coma scale, Barthel index and modified scale of Rankin.

Results: Among the 47 patients, 25 developed to death (53,19%). The group 1 with 7 patients in total showed the highest MR (71,42%), followed by the group 3 with 19 patients (52,63%) and, the last one, the group 2 with 21 patients (47,61%). In the evaluation of the modified scale of Rankin the values were from 1 (10%) to 5 (20%) and for the Barthel index were from 5 (5%) to 100 (11%).

Conclusion: The BP levels in the first 24 hours of an H CVA could not work alone, however in association with age, days of hospitalization and arrival Glasgow values for example to determinate the mortality rate.

EP-548

Characteristics and outcome of septic patients with subarachnoid hemorrhage

Bruno Gonçalves Silva¹, Ricardo Turon Costa da Silva¹, Daniel Ferreira de Barros Rodrigues¹, Nívea Melo¹, Fábio Guimarães de Miranda¹, Pedro Kurtz¹, Fernando Augusto Bozza², Cássia Righy Shinotsuka¹

¹Instituto Estadual do Cérebro Paulo Niemeyer - Rio de Janeiro (RJ), Brasil; ²Instituto de Pesquisa Clínica Evandro Chagas, Fiocruz - Rio de Janeiro (RJ), Brasil

Objective: The present study aims to describe the incidence of systemic inflammatory response syndrome (SIRS) and sepsis and its relation to the outcome in patients with subarachnoid hemorrhage (SAH), being a highly inflammatory disease by itself.

Methods: From April 2016 to March 2017, all patients admitted with aneurysmal SAH to the ICU of Paulo Niemeyer State Brain Institute were enrolled. Demographic and clinical characteristics related to sepsis were collected during the first 14 days of hospital stay. The primary endpoint was mortality and poor functional outcome (Modified Rankin Scale 4-6) at hospital discharge.

Results: Fifty-five patients were enrolled. Median age was 51 years. Forty (73%) patients developed SIRS. Twelve patients (22%) had sepsis. Sequential Organ Failure Assessment score was assessed. The neurological score was altered in 11 of the septic patients due to SAH (before sepsis). Cardiovascular score was the most frequently altered on sepsis (10 patients - 83%). Five developed changes on respiratory score, three on renal, and one on the coagulation score. The most infection was pulmonary (6 patients). Median time to infection was ten days. Among septic patients, 6 had vasospasm, 2, DCI, 2 died, and 9 (75%) had poor outcome. In non-septic, 16 had vasospasm (p=0.42), 10, DCI (p=0.62), 4 died (p=0.47) and 11 (25%) had poor outcome (p=0.001).

Conclusion: Our results support the hypothesis that SAH patients have a high incidence of SIRS. About a quarter developed sepsis, which was associated with poor outcome, but not mortality or DCI.

EP-549

Clinical characteristics and outcomes of patients treated with mechanical thrombectomy and/or intra-arterial thrombolysis for acute ischemic stroke

Raíssa Soraya Souza de Oliveira¹, Michelle dos Santos Lobato¹, Renata Carolina Acri Nunes Miranda¹, Flávia Fernandes Manfredi de Freitas¹, Rodrigo Massaud¹, Thiago Giansante Abud¹, Carlos Baccin¹, Gisele Sampaio Silva¹

¹Hospital Israelita Albert Einstein - São Paulo (SP), Brasil

Objective: To evaluate the clinical characteristics and outcomes of patients treated with mechanical thrombectomy and or intra-arterial thrombolysis for acute ischemic stroke.

Methods: Descriptive, exploratory, and retrospective study with data collection from medical records in a private hospital in São Paulo of consecutive patients treated with mechanical thrombectomy and or intra-arterial thrombolysis for acute ischemic stroke from January 2014 to December 2015. We included patients older than 18 years old. Patients with incomplete medical records were excluded. The statistical analysis was performed in the Statistical Program for Social Sciences. Multivariate analysis was not performed due to the low number of outcomes.

Results: We evaluated 43 patients (46.5% females, mean age 78+/- 13 years old). The median National Institutes of Health Stroke Scale Scores (NIHSS) was 14 [9,20]. Death was more frequent in older patients (OR 1.1 95% CI 1.03-1.28), those with a higher NIHSS at admission (OR 1.76 95% CI 1.19-2.59, $p=0.01$), lack of effective reperfusion ($p<0.04$) or hemorrhagic transformation (OR 9.3 95% CI 1.80-48.24, $p<0.01$) after the procedure.

Conclusion: Clinical and epidemiological characteristics at admission like age and the severity of deficits and of the procedure (hemorrhagic transformation and reperfusion status) have impact upon clinical prognosis of patients treated with mechanical thrombectomy or intra-arterial procedure for acute ischemic stroke.

EP-550

Clinical profile and outcomes in patients admitted to the intensive care unit with neurotrauma: data from a reference trauma hospital profile and outcomes in patients admitted to the intensive care unit with neurotrauma: data from a reference trauma hospital

Rogério Ribeiro da Silveira¹, Marcos Correa¹, Herika Lucia da Costa Silva¹, Humberto Villacorta Junior², Ulisses de Oliveira Melo¹, Ederlon Alves de Carvalho Rezende¹

¹Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil;

²Universidade Federal Fluminense - Niterói (RJ), Brasil

Objective: To describe the clinical profile and outcomes of patients admitted to the intensive care unit (ICU) with neurotrauma in a reference trauma hospital.

Methods: Between July 2013 and April 2017, 1,087 patients were admitted in the ICU with neurotrauma. We sought to assess outcomes in such patients by using data from an electronic multicenter database. Patients were classified into two groups: head trauma (HT, $n=923$) and spinal cord injuries (SCI, $n=164$). The expected mortality rate was calculated using the SAPS3 score. Standardized mortality ratio (SMR) was calculated by the formula [observed mortality rate / expected mortality rate]. SMR was compared with 16,580 patients (pts) from the remaining hospitals in a multicenter database.

Results: Mean age for group HD was 42±20 years and 747 (81%) were male. In the SCI group 84% were male. In the HD group, 140 (15%) underwent surgical treatment. In the SCI, 18 (11%) had a surgical treatment. Such patients were younger than patients with SCI and medical treatment (29±12.7 vs 41±18 years, $p=0.006$). In the last year mortality analysis, all four groups had lower SMR than the observed with other hospitals (surgical HD 0.75 vs 1.17; medical HD 1.10 vs 1.37; surgical SCI 0 vs 1.73; and medical SCI 1.36 vs 2.67).

Conclusion: Patients with neurotrauma had good outcomes in this reference hospital, especially those in the surgical groups, where observed mortality was lower than predicted.

EP-551

Efficacy of the use of phenytoin in the prophylaxis of seizures after craniotomy

Álvaro Réa-Neto¹, José Arthur Santos Brasil², Ana Paula Lopes Luiz³, Luana Malczewski³, Felipe Menezes Varela de Araújo³, Bruno Vinícius Struzik⁴

¹Centro de Estudos e Pesquisa em Emergências Médicas e Terapia Intensiva (CEPETI) - Curitiba (PR), Brasil; ²Instituto de Neurologia de Curitiba - Curitiba (PR), Brasil; ³Faculdade Evangélica do Paraná - Curitiba (PR), Brasil; ⁴Pontifícia Universidade Católica do Paraná - Curitiba (PR), Brasil

Objective: To evaluate whether prophylactic therapy with phenytoin is effective in preventing seizures in the postoperative period of craniotomies.

Methods: It was analyzed 230 medical records of patients submitted to craniotomy and hospitalized at the Intensive Care Unit (ICU) of the Institute of Neurology of Curitiba (INC) who did not receive prophylactic treatment with phenytoin. Data were collected regarding the prior use of antiepileptic and seizure registry in the postoperative period, with an average duration of 7 days in the ICU. Patients of both sexes, over 18 years old, underwent craniotomy for resection of tumors, clipping of aneurysms, among other procedures were included on the study. Patients who died in the analyzed period and patients who underwent procedures in the posterior fossa were excluded.

Results: It was verified that 227 patients (98.7%) did not present episodes of seizures during the analyzed period. Of these patients, 70.4% did not use any antiepileptic drugs before the procedure and 9.6% used phenytoin previously due to other conditions. Of the 208 patients who did not use phenytoin prior to surgery, only 3 had seizures, showing that 98.5% of patients who did not use phenytoin at no time before surgery did not experience seizures.

Conclusion: The use of phenytoin does not influence the occurrence of seizures during the first week of the postoperative period of craniotomies.

EP-552

Epidemiology of patients hospitalized for severe brain trauma in an intensive care unit at Hospital das Clínicas de Ribeirão Preto

Aline dos Santos Carvalho¹, Leandro Moreira Peres¹, Clara Monteiro Antunes Barreira², Karina Tavares Weber², Thátiana Barboza Carnevali Bueno², Daniel Rodrigues Ribeiro³, Octavio Marques Pontes Neto⁴

¹Divisão de Terapia Intensiva, Departamento de Cirurgia e Anatomia, Hospital das Clínicas, Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil; ²Hospital das Clínicas, Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil; ³Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil; ⁴Serviço de Psicologia, Departamento de Neurociências e Ciências do Comportamento, Hospital das Clínicas, Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo - Ribeirão Preto (SP), Brasil

Objective: Traumatic brain injury (TBI) is an important cause of functional incapacity, economic depreciation and death in society. This study aimed to evaluate the epidemiological, clinical and morbimortality characteristics of severe TBI patients hospitalized at the Intensive Care Unit (ICU) of the Hospital das Clínicas of Ribeirão Preto (HCFMRP).

Methods: Retrospective observational study, with analysis of medical records of adults hospitalized for severe TBI in the ICU of the HCFMRP Emergency Unit, from January 2011 to July 2015. We excluded patients admitted to the ICU after five days of trauma and those who stayed less than 24 hours in the ICU.

Results: Two hundred and fifty-four patients were evaluated, with a mean age of 34.11 and a predominance of males (89.76%). The main mechanism of trauma were traffic accidents (71.64%); at hospital admission, the majority of patients were hemodynamically stable (87%), mean RTS was 5.04 and the mean ISS was 30.8. The most frequent findings at initial cranial tomography (CT) were fractures, cerebral edema and contusion. More than half of the patients (61.8%) underwent neurosurgery. The mortality rate was 26.77% and risk factors independently associated with death were scene Glasgow, presence of cerebral edema and midline shift on initial CT and acute renal failure.

Conclusion: The profile of patients attended by our service (young people and male predominance) corroborates international data. The high mortality rate prompts special attention to these patients, with preventive and therapeutic measures directed to their particularities.

EP-553

Evaluation of early mobilization in neurocritical patients

Thais Kawagoe Alvarisa¹, Natalia Fioravanti Postalli¹, Raquel Telles da Silva Vale¹, Phillipe Pereira Travassos¹, Marcelo Ribeiro Bueno¹, Lígia Maria Coscrato Junqueira Silva¹, Viviane Cordeiro Veiga¹, Salomon Soriano Ordinola Rojas¹

¹Unidade de Terapia Intensiva Neurológica, Hospital BP - A Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objective: The objective of this study is to evaluate the impact of early mobilization on the days in ICU and hospital, mechanical ventilation time, and immobilization complications in neurocritical patients.

Methods: Data were collected from April / 2015 - April / 2016 through the available local information system (SGH), totalizing a sample of 200 neurocritical patients admitted to the ICU.

Results: Of 120 neurocritical patients, 56% are female, with a mean age of 59.8 years. Main admission reasons include 21% - surgery of brain tumors, 18% - stroke, 12.5% - surgery of aneurysm embolization. All patients

were submitted to the local protocol of early mobilization. The modes applied include: 69% - sedation and deambulation; 11% - passive and sedation when possible; 8% - sedation and active bed exercises; 7% - sedation and assisted orthostatism; 5% other modality. Six (5%) patients presented some adverse conditions during the early mobilization, and the most common was hypotension. Six (5%) patients on the other hand presented pressure ulcer. 13% of patients used mechanical ventilation and the mean time was 8.7 days. Length of stay in the average ICU was 8.5 days and hospital stay 17.6 days. 9 patients had a final outcome as death.

Conclusion: The early mobilization program proved to be a safe tool in neurocritical patients, with an impact on the quality of care.

EP-554

Evaluation of muscle strength evoked by electrical stimulation in critically ill elderly

Fernanda Angela Rodrigues¹, Vinicius Zacarias Maldaner da Silva¹, Paulo Eugênio Silva²

¹Mestrado Profissional, Fundação de Ensino e Pesquisa em Ciências da Saúde - Brasília (DF), Brasil; ²Universidade de Brasília - Brasília (DF), Brasil

Objective: To correlate the muscle architecture of rectus femoris (MARF) with peak torque of rectus femoris (RF) in critically ill elderly to mechanical ventilation.

Methods: We performed a cross-sectional study in the intensive care unit. The evoked peak torque (PT) was evaluated by means of adapted device the bed, with the following electrical stimulation: pulse width, 400 μ s, frequency, 100 Hz, intensity, 69 mA. We performed three stimuli with two minutes of rest between each bout and we considered the highest value in KgF. MARF was assessed using B- mode ultrasonography and the images were analyzed in ImageJ®. Therefore, we measure muscle thickness and echointensity. To evaluate the correlation between PT and MARF we used the Pearson correlation. Data were expressed in mean and 95% confidence interval (95% CI) or median and interquartile range (IQR).

Results: We evaluated 10 male patients, 65 years (95% CI, 61-69); APACHE II, median 27 (IQR, 23-30), body mass index, 24.7 kg / m² (95% CI, 21.5-27.9). The mean PT was 1.4 KgF (95% CI, 0.6-2.0), the RF thickness and echointensity were respectively 1.07 cm (95% CI 0.7 - 1.4) and 56, 3 au (95% CI, 44-62). There was a weak correlation between PT and thickness ($r = 0.39$), as well as PT and echointensity ($r = -0.32$).

Conclusion: We demonstrated a weak correlation between PT MARF. Evoked PT may not be associated MARF assessed by ultrasonography. Some confounding factors can be involved in this relationship.

EP-555

Frequency of utilization of diagnostic methods for the evaluation and treatment of delirium in inpatientsAna Beatriz Rodrigues Romansini¹, Luana Alves Tannous¹¹Pontifícia Universidade Católica do Paraná - Curitiba (PR), Brasil

Objective: The objective is to identify the frequency of utilization of different diagnostic methods for the evaluation delirium in hospitals in Curitiba.

Methods: Interview participants included 70 physicians linked to two hospitals in the city of Curitiba (Paraná, Brazil). A set of printed clinical case and questionnaire was presented to each participant. The interviewees were divided into two groups according to the time of academic formation: Group 1 (n = 35) comprised professionals trained for more than 2.5 years and Group 2 (n = 35), with training of 2.5 years or less.

Results: The Confusion Assessment Method was utilized by 75.7% of respondents as a clinical instrument in delirium screening. Some important tests were requested less frequently, such as liver function tests (30%), thyroid stimulating hormone (25.7%) and serum calcium (11.4%). Most of the interviewees adopted non-pharmacological therapies and 68.57% prescribed some medication. The most prescribed drug was haloperidol.

Conclusion: In general, the methods adopted by the physicians for diagnosis and treatment of delirium follows the current standard. Most physicians indicated pharmacological therapy. The prescription of 5 mg haloperidol was made by 52.17% of respondents who specified the utilized dose.

EP-556

Incidence of stroke in postoperative patients of cardiac surgery admitted to an intensive care unit of a private hospital in São PauloIsabela Netto Macri Brotto¹, Rosianne de Vasconcelos¹, Vinicius Avellar Werneck¹, Marcelo Luz Pereira Romano¹, André Franz da Costa¹, Dimas Tadahiro Ikeoka¹, Edson Renato Romano¹, Vivian de Biase¹¹HCor-Hospital do Coração - São Paulo (SP), Brasil

Objective: Stroke is one of the main postoperative complications of cardiac surgery. Data show that its incidence is 6% in Brazil, the most common is the ischemic type (53-85%), with an estimated mortality of up to 40%. Besides the neurological impact, the stroke also causes organic repercussion in other aspects of the patient, such as mechanical ventilation time and risk of infections, demonstrating the importance of adequate prophylaxis. The objective is to evaluate the incidence of stroke occurring in the postoperative period of cardiac surgeries performed at a private hospital during the period from 01/01/2010 to 12/31/2015.

Methods: Retrospective analysis of the service database, including sex, age, time of cardiopulmonary bypass (CPB), and other complications of the patients who suffered stroke in the postoperative period.

Results: 2050 surgeries were performed on the period studied, of which 1544 were coronary artery bypass graft (CABG), and 506 (24.69%) valvular surgeries; 2.63% evolved with stroke, being (1.61%) postoperative of CABG and (1.02%) valvular surgery. The stroke was most common in male patients (68.51%), aged 61-70 years (31.48%) and CPB time lower than 120 minutes (81.48%). Mortality rate was 22.2%.

Conclusion: The rate of stroke in patients submitted to cardiac surgery at our hospital is lower than described in the literature. The major risk factors were advanced age and male gender.

EP-557

Intracranial hypertension and cerebral blood flow in critical care patients with non-hepaticMilena Cristina Outuki¹, Alexandre Sanches Larangeira¹, Camila Bobato Lara¹, Juliana Moreira¹, Josiane Festti¹, Cintia Magalhães Carvalho Grion¹¹Universidade Estadual de Londrina - Londrina (PR), Brasil

Objective: Evaluate the association of non-hepatic hyperammonemia and intracranial hypertension by transcranial Doppler and measurement of the optic nerve sheath.

Methods: A prospective cohort study of critical care patients consecutively admitted to an intensive care unit was carried out from March 2015 to February 2016. The Glasgow coma scale, use of sedatives, vasoactive drugs, and dialysis were recorded. Samples for serum ammonia were drawn and classified according to its severity. The patients had its main cerebral arteries insonated by transcranial doppler and whenever the Glasgow coma scale was less than 8, a measure of the optical nerve sheath was taken.

Results: The mean systolic flow velocity of the middle cerebral arteries insonated among patients with hyperammonemia (107.4 standard deviation-SD: 40.6) were similar to those without it (125.0 SD: 19.8 cm/s; p = 0.23). Patients with hyperammonemia had longer length of stay in ICU (12 days) compared to patients without hyperammonemia (3.5 days, p = 0.004). The group with severe hyperammonemia had a larger optic nerve sheath (6.3 SD: 0.9 mm) than those with moderate hyperammonemia (5.0 SD: 0.6; p < 0.001). The presence of intracranial hypertension defined as 8 or lower points in Glasgow coma scale and increase in optic nerve sheath was more frequent in the group with severe hyperammonemia. Higher mortality was observed in this group.

Conclusion: There was an association between higher serum ammonia and intracranial hypertension and increase in optic nerve sheath. Hyperammonemia was associated with high mortality.

EP-558

Knowledge of nurses in the route of care for patients with external ventricular drainage

Cinthia Gomes da Silva¹, Fernando Ramos Gonçalves¹, Katia Cabral de Sousa Arruda do Vale²

¹Universidade de Pernambuco - Recife (PE), Brasil; ²Hospital da Restauração - Recife (PE), Brasil

Objective: The External Ventricular Derivation- EVD consists of a closed drainage system of the Liquor Spinal Cord using a neurosurgical procedure. It is usually used in the treatment of cases of Intracranial Hypertension, in addition to the control of CSF drainage in patients with ventricular complications and / or bleeding treatments. The present study aims to analyze the level of knowledge of nurses in the routine care of patients with External Ventricular Derivation in the Units of Neurological Intensive Adult Therapy and Neurosurgery Ward.

Methods: This is a cross-sectional, descriptive, prospective, quantitative study conducted with nurses working in the Neurological Intensive Care Unit and Neurosurgery of the Hospital da Restauração - Pernambuco-Brazil.

Results: It is observed that 92.3% of the professionals interviewed are female; Among the most frequent specialties are: ICU 31.8% Neurology 18.2%, Neurosurgery 18.2%, Family Health 13.6%. With regard to care for patients with EVD, 56.0% of nurses work with EVD over a period of up to two years; Approximately 80% of the interviewed professionals responded unsatisfactorily or incorrectly when questioned about the labeled procedures applied to the patient with EVD, including not knowing signs and symptoms of hypodrainage, hyperdrainage and Intracranial Hypertension.

Conclusion: This study contributes to the knowledge and analysis of the factors for infections related to EVD, as well as the reflection on the quality of care provided by the nursing team in the intervention and prevention of this series. It is suggested the elaboration of a nursing care protocol.

EP-559

Mortality of spontaneous subarachnoid hemorrhage in a middle income country

Pedro Kurtz¹, Rodolfo Eduardo de Andrade Espinoza², Cássia Righy Shinotsuka¹, Robson Correa Santos³, Giuliana Martinez Morales⁴, Fabio Guimaraes de Miranda¹, Fernando Augusto Bozza⁵

¹Instituto Estadual do Cérebro Paulo Niemeyer - Rio de Janeiro (RJ), Brasil; ²Instituto Nacional do Câncer - Rio de Janeiro (RJ), Brasil; ³Hospital Estadual Adão Pereira Nunes - Rio de Janeiro (RJ), Brasil; ⁴Hospital Estadual Getúlio Vargas -Rio de Janeiro (RJ), Brasil; ⁵Instituto D'Or de Pesquisa e Educação - Rio de Janeiro (RJ), Brasil

Objective: The purpose of this study was to investigate the impact of clinical and organizational characteristics on hospital mortality in patients admitted with subarachnoid hemorrhage in a state network of public hospitals in a middle-income country.

Methods: We performed a retrospective cohort study of consecutive patients admitted with spontaneous subarachnoid hemorrhage (SAH) to a network of public hospitals in Rio de Janeiro, Brazil, during 2014 and 2015. We retrieved patients' data from an electronic ICU registry. We used mixed multivariable logistic regression analysis to identify characteristics associated with hospital mortality.

Results: A total of 680 patients were included from 4 major institutions (hospitals with less than 10 SAH patients per year were excluded). Median age was 55 (interquartile range 42 - 65) and median ICU length of stay was 7 (IQR 3 - 14). Median SAPS 3 score was 49 (37 - 64) and SOFA score was 4 (1 - 8). A total of 334 (49%) patients presented with poor grade SAH (WFNS IV and V). ICU and hospital mortality rates were 32.4% and 40.4.4%, respectively. ICU and hospital mortality rates were 32.4% and 40.4.4%, respectively. Age was higher (57 ± 18 vs 51 ± 17 , $P < 0.001$) and poor grade SAH was more frequent (82% vs 36%, $P < 0.001$) among nonsurvivors. ICU mortality was lower in patients admitted in a neurological ICU as compared to general ICUs (13% vs 40%, $P < 0.001$).

Conclusion: Lower age, good clinical grade and admission to a neurological ICU were associated with lower mortality.

EP-560

Mortality prediction using APACHE II in neurosurgical patients

Mariana Rabelo de Brito¹, Guilherme Menezes Mescolotte¹, Otavio Alves de Souza², Fabricio Buchdid Cardoso¹, Alexandre Guimarães de Almeida Barros¹, Claudinéia Muttere Logato Marmiroli¹, Desanka Dragosavac¹, Antonio Luis Eiras Falcão¹

¹Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil; ²Universidade do Oeste Paulista (UNOESTE) - Presidente Prudente (SP), Brasil

Objective: This study aims to evaluate the performance of APACHE II for mortality prediction in neurosurgical patients admitted to the intensive care unit (ICU) of UNICAMP.

Methods: This was a retrospective, observational study based on data analysis of patients admitted to the neurosurgery ICU of UNICAMP from January 2013 to December 2016. APACHE II score was calculated for all patients in 24 hours from admission. Statistical analysis were performed using MedCalc Statistical. Discrimination was evaluated through area under the ROC curve (AUROC) using the De-Long method. P -value < 0.05 were considered significant.

Results: The present study assessed 612 neurosurgical patients with a mean age of 47.33 ± 15.39 and hospitalization time of 4 ± 5 days. Calculated mortality was 3.1% with a mean APACHE II value of 9.98 ± 4.22 . APACHE II mortality prediction yield an AUROC of 0.805 (95%CI: 0.771 to 0.835), and a Hosmer-Lemeshow goodness-of-fit test with a Chi-squared of 10.72 and a P value of 0.21. Therefore, APACHE II reveals very good discrimination and

calibration features in our population. Moreover, a cutoff point bigger than 14 for mortality prediction resulted in an odds ratio of 9.49 (95%CI 3.70 to 24.36).

Conclusion: In this study, we concluded that APACHE II prognostic score has a good predictive value for death in patients admitted in neurosurgical ICU. Further studies are necessary to corroborate our results and shed light on prognostic models applicability in critical care.

EP-561

Multinomial logit model assessment on risk factors for dysnatremia and it's impact as an independent factor on neurointensive care patient's prognosis

Caio Moreno Perret Novo¹, Gustavo da Fontoura Galvão², Leonardo Baron Spolidoro², Jairo Guedes Fioravante Rezende², César Augusto Ferreira Alves-Filho³, José Massoud Salame⁴, Sion Divan Filho⁴, Herbert Missaka⁴

¹Escola de Medicina e Cirurgia, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ²Universidade Federal do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ³Hospital Municipal Souza Aguiar - Rio de Janeiro (RJ), Brasil; ⁴Centro de Terapia Intensiva 2, Hospital Municipal Souza Aguiar - Rio de Janeiro (RJ), Brasil

Objective: To analyze potential risk factor for the development of dysnatremia in neurointensive care and determine whether post-operative dysnatremia can be assessed as an independent factor for poorer patient's outcomes.

Methods: Retrospective evaluation of neurosurgical post-operative patients admitted in a level 1 intensive care unit in Rio de Janeiro, between 2016 and 2017 (n=50). Patients' odds ratios for developing dysnatremia (mean Na⁺ of the first 14 days < 135 or > 145) was assessed through multinomial logit regression models, considering potential influencing factors (systemic arterial hypertension, diabetes mellitus, presence of a tumor, age>60years old, pneumonia, tonic-clonic crisis, sex and Glasgow Coma Score<8 on admission). Further multinomial logit regression models were used to assess the impact of mean hyponatremia, hypernatremia and any dysnatremia as lone factors on patient's outcome.

Results: From the potential risk factors assessed, tonic-clonic crisis appears as the only factor statistically correlated with the development of dysnatremia (OR=0.04, p<0.05, CI=95%). Hyponatremia, hypernatremia and any dysnatremia were not significantly correlated with longer ICU internment period (OR=9.18, p>0.05, CI=95%; OR=6.99 CI=95%; OR=0.48, p>0.05, CI=95%) or higher mortality in 30d (OR=3.33, p>0.05, CI=95%; OR=1.70, p>0.05, CI=95%; OR=4.86, p>0.05, CI=95%).

Conclusion: Sodium serum levels evaluation, as a lone factor, is not statistically appropriate for the assessment of poorer prognosis in neurointensive care patients.

EP-562

Neurosurgery impact on survival of traumatic brain injury before intensive care unit admission in a low income country: the Tanzanian traumatic brain injury registry

João Felipe Hermann Costa Scheidt¹, Luciano de Andrade², Gabriel Antonio Fernandes Messias¹, Mark Mvungi³, Maria Dalva de Barros¹, Sandra Marisa Peloso¹, João Ricardo Nickenig Vissoci², Catherine Staton²

¹Departamento de Medicina, Centro de Ciências da Saúde, Universidade Estadual de Maringá - Maringá (PR), Brasil; ²Division of Emergency Medicine, Department of Surgery, Duke Global Health Institute, Duke University - Durham, North Carolina, United States; ³Kilimanjaro Christian Medical Center - Moshi Urban, Tanzania

Objective: The aim of this study was to analyse the survival of traumatic brain injury (TBI) patients admitted to an intensive care unit (ICU), after receiving or not receiving neurosurgery.

Methods: Data on the medical records of ICU patients (N=344) were retrieved from the Kilimanjaro Christian Medical Center's prospective TBI registry, from 2013 - 2016. A survival analysis was conducted using Kaplan-Meier curves and multivariate cox proportional regression models.

Results: From the 344 patients who were admitted to the ICU, 65,1% of them received neurosurgery. Male gender (82,1%) was dominant and motor vehicle injury (59.5%) was the major reason injury. The mortality rate was 55% of patients who didn't have surgery prior to admission to ICU and 28,1% of patients who did. Survival rates were significantly different (p<0.0001). Brain surgery before ICU appeared to be a prognostic parameter in patient survival (Log-rank: 0.398; 95%CI: 0.281-0.565; p<0.001).

Conclusion: Intensive care of TBI cases presented lower mortality and neurological evolution with a lower degree of effects when performed neurosurgery before admission to the ICU.

EP-563

Predictive factors of mortality for primary pontine haemorrhage in an Asian population

S. Suretheran¹, Ramez Kirillos², Thangaraj Munusamy², Eugene Yang¹, Pang Boon Chuan¹

¹Division of Neurosurgery, Department of Surgery, Khoo Teck Puat Hospital - Singapore, Singapore; ²Department of Neurosurgery, Cambridge University Hospitals, Nhs Foundation Trust - United Kingdom, Cambridge, England

Objective: Primary pontine haemorrhage is the most devastating form of haemorrhagic stroke accounting for about 10% of intracerebral haemorrhages with an overall mortality rate of 40-50% as reported in the literature. In our study, we analysed the correlation between outcome and clinical and radiological parameters to determine the predictive factors and prognosis in primary pontine haemorrhage.

Methods: We retrospectively reviewed the clinical data of 47 patients admitted to Khoo Teck Puat Hospital, Singapore with a confirmed radiological and clinical diagnosis of primary pontine haemorrhage. Subsequently, predictive factors of mortality were identified by statistical analyses. We also analysed the correlation between acute blood pressure lowering and mortality.

Results: Overall 30-day mortality rate was 25.5%. Positive predictive factor of 48-hour mortality was mean systolic blood pressure of 160 mmHg or above in the first 48 hours of admission. Positive predictive factor of 30-day mortality was GCS score of 8 or less on arrival. Lowering of mean systolic blood pressure by 20% or more in the first 48 hours correlate with reduction in 48-hour and 30-day mortalities.

Conclusion: The overall 30-day mortality rate of 25.5% for patients with primary pontine haemorrhage in our study population is better than that reported in the literature. We attribute this to acute reduction of mean systolic blood pressure by 20% or more in the first 48 hours of admission. Persistently raised mean systolic blood pressure in the first 48 hours and GCS score of 8 or less on arrival are positive predictors of mortality.

EP-564

Predictors of malignant course in middle cerebral artery infarction

Arnaldo Alves da Silva¹, Mayana da Silva Almeida²

¹Unidade de Terapia Intensiva, Hospital Israelita Albert Einstein - São Paulo (SP), Brasil; ²Faculdade de Medicina da Bahia, Universidade Federal da Bahia - Salvador (BA), Brasil

Objective: Space-occupying, malignant middle cerebral artery infarctions (MCAI) are still one of the most devastating forms of ischaemic stroke, with a mortality of up to 80% in untreated patients. Early identification of patients at risk of space-occupying malignant MCA infarction is needed to enable timely decision for potentially life-saving treatment such as decompressive hemicraniectomy.

Methods: To evaluate characteristics of patients with MCAI, admitted in an intensive care unit, a retrospective review of medical records of 155 patients hospitalized with principal diagnosis of stroke was carried out between January 2007 and December 2010.

Results: The only variables that remained significant independent predictors of malignant MCAI were NIHSS score, reduction of SBP at admission, axillary temperature over 24h and history of atrial fibrillation. The mean NIHSS was 18.5 ± 7.1 , ranging 0-34. Modified Rankin Scale (mRS) score at discharge of ICU and after three months in the group with malignant MCAI were 5.1 ± 1.5 and 4.4 ± 2.1 respectively.

Conclusion: Malignant MCAI course can be predicted by admission NIHSS associated with several modifiable patient characteristics, such as decreasing BP, hyperthermia and atrial fibrillation. The influence of actively treating each of these factors to prevent malignant MCAI should be investigated.

EP-565

Profile of the patients thrombolysed before stroke

Gabriel Antonio Fernandes Messias¹, José Guilherme Frediani Oliveira², Jean Carlos Bofi Rodrigues², José Alaor da Veiga Júnior², Vanessa Yummy Nishi², Luiz Felipe Moraes Schwerz Bonadiman Blanco¹, Amanda Gorla Cobra², Jair Francisco Pestana Biatto²

¹Departamento de Medicina, Centro de Ciências da Saúde, Universidade Estadual de Maringá - Maringá (PR), Brasil; ²UNICESUMAR - Maringá (PR), Brasil

Objective: This study aims, besides characterizing the associated factors for stroke, present the benefits of the premature treatment for cerebral ischemia, showing the effectiveness of the Alteplase (rt-PA) in patients with this condition.

Methods: Unicentric descriptive study, having as data base records and outpatient visits with thrombolized patients in a hospital in Paraná between the years 2013 and 2016. In the records, it was possible to identify the national Institutes of Health Stroke Scale (NIHSS) of admission and Intensive Care Unit (ICU) discharge. The Rankin scale was used to assess the functional status, there was also research on possible comorbidities and associated factors that may have been determining for the occurrence of stroke.

Results: 13 patients were selected in the sample, observing a 15,4% mortality rate. The profile of the patients assessed in the Rankin scale was: 4 patients (31%) scored 0; 4 (31%) scored 1; 1 (7,5%) scored 4; none scored 5; and 2 (15,5%) scored 6. The main modifiable risk factors were: physical inactivity, high blood pressure (hypertension) and heart disease.

Conclusion: The prevention of modifiable associated factors, the early recognition of signs and symptoms, as well as time of diagnosis and institution of appropriate therapy for stroke, proven to reduce the mortality rate and patient's sequelae, contributing to better outcomes, better quality of life and lower rates of disability.

EP-566

Prophylaxis of postoperative venous thromboembolism of cerebral aneurysm correction

Viviane Cordeiro Veiga¹, Thais Kawagoe Alvaris¹, Natalia Fioravanti Postalli¹, Raquel Telles da Silva Vale¹, Phillipe Pereira Travassos¹, Lígia Maria Coscrato Junqueira Silva¹, Luciana Souza Freitas¹, Salomon Soriano Ordinola Rojas¹

¹Unidade de Terapia Intensiva Neurológica, Hospital Bp - A Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objective: To evaluate the safety of the early introduction of venous thromboembolism prophylaxis in the postoperative of cerebral aneurysm repair.

Methods: Data were collected from January 2014 to September 2015. 157 patients were submitted to cerebral aneurysm repair, 81 of which were surgically and 76 were endovascular. Were evaluated the type of prophylaxis and time of onset, as well as

its complications (venous thromboembolism and pulmonary thromboembolism) and outcomes during hospitalization and at 6-month follow-up, and survival at 30 days and 6 months.

Results: Of the 157 patients, 80.2% were male, with a mean age of 54.5 ± 14.4 years. Twelve percent had subarachnoid hemorrhage at the time of admission. In the analyzed period, venous thromboembolism was found in 1.27% of patients and pulmonary thromboembolism in 1.91%. Mechanical prophylaxis was used in 94.9% of patients, pharmacological in 25.5% and in 24.4%, combined therapy. Of the patients who received pharmacological prophylaxis, there was one case of thrombocytopenia induced by heparina and one case of major bleeding. Venous thromboembolism prophylaxis was started in 24 to 48 hours in 95.5% of the patients and survival in 30 days in the studied group was 98.7% and 96.21% in 6 months.

Conclusion: The introduction of venous thromboembolism prophylaxis in patients with postoperative cerebral aneurysm is a safe practice and should be established routinely in this group of patients.

EP-567

Sudden death in association with subarachnoid hemorrhage

Atsushi Sawamura¹

¹Department of Acute and Critical Care Medicine, Hokkaido University Hospital - Sapporo, Hokkaido, Japan

Objective: The number of cardio pulmonary arrest (CPA) patients who are treated in our hospital has increased in comparison to the previous decade. The likelihood of sudden death has been on the rise with the increase in the prevalence of diseases among adults in recent years. Subarachnoid hemorrhage is a relatively frequent cause of sudden death. We reviewed the cases of subarachnoid hemorrhage associated with sudden death, with references to the pertinent literature.

Methods: We selected the cases that led to death or brain death, and had been transported emergently to our tertiary emergency hospital in Sapporo. We reviewed with the medical record database and searched for cases of sudden death in which the cause was subarachnoid hemorrhage. The study period covered from June 2000 to April 2017.

Results: We identified 173 cases of subarachnoid hemorrhage confirmed by diagnostic imaging (computed tomography [CT]) and lumbar puncture (LP). Regarding the breakdown of aneurysm types, a dissecting vertebral artery aneurysm was found in 18, a non-dissecting basilar vertebral artery aneurysm in 14, an anterior communicating artery aneurysm in 26, other types (internal cerebral artery [ICA], middle cerebral artery [MCA] etc.) were observed in 33, while the type was

unclear in 12. A basilar vertebral artery aneurysm, which included dissecting vertebral artery aneurysms, was the most common cause (32 cases).

Conclusion: We concluded that subarachnoid hemorrhage of the posterior fossa, which included dissecting vertebral artery aneurysms, tended to easily result in sudden death.

EP-568

The functional outcome after hospital discharge in aneurysmal subarachnoid hemorrhage patients: data from a cohort in a public reference hospital Southern Brazil

Carla Bittencourt Rynkowski Di Leoni¹, Luisa Gomes Klein², Natalia Britz de Lima¹, Gabriela da Silva¹, Vanessa Pegoraro Maschke¹, Paula Buchs Zucatti¹, Tobias Ludwig do Nascimento¹, André Martins de Lima Cecchini¹

¹Hospital Cristo Redentor - Porto Alegre (RS), Brasil; ²Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: Report the characteristics of a single-center cohort of subarachnoid hemorrhage (SAH) patients as well as analyze predictors of outcome and their functional status.

Methods: This study analyzed consecutive data of SAH databank (Redcap[®]) prospective collected between September 2016 and April 2017. Besides epidemiological characteristics, complications and hospitalar mortality, the functional status was measured 3 months after hemorrhage.

Results: Of the 65 patients included, 75.5% were women and the mean age was 57 years old. The modified Fisher III or IV was present in 79% of them and 28% of all patients were poor grade (World Federation of Neurosurgical Societies grade 4 and 5). Tobacco use was present in 54% and hypertension in 60%. The most common symptom at presentation was headache (74%). Around 90% of them came from another hospital. 75% of the cases were treated and clipping the aneurysmal was the option in 89% of them. The hospitalar mortality was 18%. In 36.6% of the survivors, there was a good outcome -modified Rankin Scale (mRS) = 3 - 3 months after hemorrhage. The development of pneumonia ($p=0.013$), cerebral infarction ($p=0.044$), as well as the necessity of mechanical ventilation ($p=0.009$) and tracheostomy ($p=0.022$) were related to poor outcome (mRS = 4) after hospital discharge.

Conclusion: In our study the initial neurological status and image scales could not predict outcome. Even with a hospitalar mortality of 18%, one-third of all survivors had a good outcome in 3 months.

EP-569

Characteristics of patients with traumatic brain injury in an intensive care unit

Jakeline de Lima Israel¹, Kelly Regina Pires da Silva Caciano¹, Celso Gustavo Ritter¹, Irla Maiara Silva Medeiros¹, Íris de Lima Ferraz Siqueira², Mariane Albuquerque Lima Ribeiro¹, Patricia Rezende do Prado¹

¹Universidade Federal do Acre - Rio Branco (AC), Brasil; ²Secretaria Estadual de Saúde do Acre - Rio Branco (AC), Brasil

Objective: To identify and characterize the profile of patients who suffered traumatic brain injury (TBI) hospitalized in an intensive care unit (ICU) in Rio Branco, Acre.

Methods: This is a cross-sectional descriptive study whose data collection was performed analysing all medical records of patients diagnosed with TBI from december 2016 to july 2017. Descriptive analyzes were carried out absolute and relative frequencies using the SPSS program, 17.0.

Results: Of the 35 patients, 77.1% were male and 68.6% were < 40 years old. The causes were 34.4% for motorcycle accident and 25.0% for physical aggression. During the weekdays most of the TBI were registered. The severe TBI was observed at 97.1%, respiratory insufficiency was observed in 82.4% and circulatory failure at 65.7%. The main conduct adopted was surgical at 62.9%, and the types of lesions were by contusion at 60.1%. The occurrence of multiple lesions was verified at 62.9% and 66.7% had nosocomial pneumonia, and the pulmonary focus was responsible for 93.3% of septicemia. The development of pressure injury occurred at 45.5% and the presence of sequelae in the discharge at 45.5% for neurological deficit and 36.4% for motor deficit, and the death occurring at 26.5%.

Conclusion: The percentage of deaths was high among patients hospitalized with TBI in the ICU, being a concern hospital pneumonia and the permanence of neurological deficit in hospital discharge, since these are men in the economically active.

EP-570

Clinical variables of neurocritical patients: what is their impact on that population's outcome?

Paulo Cesar Gottardo¹, Igor Mendonça do Nascimento², Ciro Leite Mendes¹, Mamede Moura dos Santos Neto¹, Elbia Assis Wanderley¹, André Luiz Santos de Moraes³, Nara Percília da Silva Sena³, Rayanir de Freitas Marinho⁴

¹Hospital Nossa Senhora das Neves - João Pessoa (PB), Brasil; ²Hospital Universitário Lauro Wanderley, Universidade Federal da Paraíba - João Pessoa (PB), Brasil; ³FAMENE - João Pessoa (PB), Brasil; ⁴Faculdade de Ciências Médicas da Paraíba - João Pessoa (PB), Brasil

Objective: Evaluate impact of clinical variables on neurocritical patients' outcome admitted to intensive care unit (ICU).

Methods: Historical cohort involving surgical ICU patients of João Pessoa, Brazil.

Results: 210 patients, 64.4% male, 49.95±21years and Simplified Acute Physiology Score 3(SAPS3)=60.7±15.13. Variables which differed between dead and alive and showed Odds Ratio(OR) meaning risk of death: Platelets=209.95±107.42 10³/mm³ vs 267.43±132.99 10³/mm³, platelets OR<100 10³/mm³=2.579; Glasgow Coma Scale(GCS)=8.27±3.17 vs 11.28±2.25, GCS OR<10 =3.014, GCS OR< 8=2.739; Creatinine=1.61±1.88mg/dL vs 0.86±0.71mg/dL, Creatinine OR>1.2mg/dL=1.552; Urea=51.18±35.9mg/dL vs 34.36±22.61mg/dL and Urea OR>45mg/dL=2.014; Lactate=3.13±2.50mmol/L vs 2.25±0.75mmol/L, Lactate OR>4mmol/L=1.657 and Lactate OR>2mmol/L=1.634; PaO₂/FiO₂=187.47±88.19 vs 234.26±99.22, PaO₂/FiO₂<200=1.62, PaO₂ OR<60mmHg=2.094 and FiO₂ OR>60%=1.8; Systolic blood pressure(SBP)=94.44±18.43mmHg vs 106.83±18.27mmHg and SBP OR<90mmHg =1.885; Mean arterial pressure(MAP)=67.44±18.13mmHg vs 79.58±15.96mmHg and MAP OR<70mmHg=2.02.

Conclusion: GCS evaluation associated to arterial pressure parameters, oxigenation and laboratory can be good predictors of neurocritical patients' outcome.

EP-571

Control of temperature in a neurocritical patient by endovascular system (Thermogard®)

Natalia Fioravanti Postalli¹, Salomon Soriano Ordinola Rojas¹, Viviane Cordeiro Veiga¹, Thais Kawagoe Alvarisa¹, Raquel Telles da Silva Vale¹, Phillipe Pereira Travassos¹, Luciana Souza Freitas¹, Mariana Zanzini Torrano¹

¹Unidade de Terapia Intensiva Neurológica, Hospital BP - A Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objective: Report the initial experience of using endovascular system (Thermogard®), in the control of temperature in neurocritical patients.

Methods: Four cases were evaluated. Three were male (66.7%), with a mean age of 58.5 years. The causes of ICU admission were: two patients in the postoperative period of neurosurgery (one case of posterior fossa tumor resection and the other of cerebral aneurysm clipping); polytrauma with severe cranioencephalic trauma and a hemorrhagic encephalic stroke. In one case, the device was placed for temperature control, with induction temperature of 35.8 ° C; in two cases there was hypothermia at the time of insertion (34.3°C) and in one patient the indication was the control of hyperthermia (initial of 39.1°C). The esophageal sensor was used in all patients, and in one the rectal sensor was also associated.

Results: The target temperature was 36.0 ° C and the time to reach the target was 6 hours with 96 hour therapy duration. There were no complications related to the device as well as its permanence. No case of shivering was observed.

Conclusion: The endovascular method for temperature control has been shown to be safe and effective in neurocritical patients, however, there is a need for additional studies that contemplate a greater number of patients

EP-572

Dural venous sinus thrombosis in a patient using oxandrolone and anastrozole: case report and literature review

Phillipe Pereira Travassos¹, Miguel Cenacchi Garcia Pereira¹, Barbara Cristina de Abreu Pereira¹, Viviane Cordeiro Veiga¹, Salomon Soriano Ordinola Rojas¹

¹Unidade de Terapia Intensiva Neurológica - Hospital BP - A Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

DVST is a rare and often underdiagnosed condition. It represents 0,5-2% of strokes, being more common in young women using Combined Oral Contraceptives and smokers. The most common symptoms are headache and vomiting. However, it can present as four major syndromes: Isolated Intracranial Hypertension; Focal Neurological Deficits; Epileptic Crises and Sudden Deterioration in Neurologic Status. Treatment is based on the combination of LMWH, general management for ICH control, and symptomatic, such as anticonvulsants and analgesics. Endovascular treatment, despite the lack of large randomized studies, is restricted to cases refractory to anticoagulation or those that are more severe, which present as venous infarction or refractory ICH. The objective of this article is to report the case of 30 years old female patient using Oxandrolone and Anastrozole, who entered the service presenting severe headache, vomiting, sudden deterioration in neurological status (GCS 8) and tetraparesia (MSGs 2). Orotracheal Intubation and general measures for CIH control were performed. She was immediately referred for Angiography, which revealed extensive thrombosis of Sagittal Sinus, Left Transverse and Sigmoid Sinus, and Ipsilateral Internal Jugular Vein. Thrombectomy was performed and anticoagulation with LMWH started. It evolved with CIH, being submitted of general measures of 1st line with adequate evolutionary control. Tracheostomy was performed after 14 days and adequate weaning was done. She was discharged from ICU after 19 days presenting tetraparesia (MSGs 4), and hospital discharge after 31 days without neurological deficits.

EP-573

Experience of using milrinone in delayed cerebral ischemia

Lucas Strufaldi Nunes¹, Miguel Cenacchi Garcia Pereira¹, Phillipe Pereira Travassos¹, Thais Kawagoe Alvarisa¹, Natalia Fioravanti Postalli¹, Raquel Telles da Silva Vale¹, Viviane Cordeiro Veiga¹, Salomon Soriano Ordinola Rojas¹

¹Unidade de Terapia Intensiva Neurológica - Hospital BP - A Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objective: The aim of this study is to evaluate the use of milrinone in delayed cerebral ischemia.

Methods: We retrospectively assessed all cases of milrinone use in delayed cerebral ischemia, in a large hospital Neurological ICU.

Results: In the period, 8 patients used milrinone because of delayed cerebral ischemia. The mean age of the patients was 68.8 years, 6 were female (75%). Four patients had Fisher IV on admission and three, Fisher III. In none of the cases milrinone loading dose was performed, to minimize the risk of hypotension. The dose used in all cases was 0.75 mcg / kg / min and the use of noradrenaline was required in five patients (62.5%). In all cases, patients underwent aneurysm clipping or embolization within 48 hours of symptoms onset. In five cases, there was an improvement in the deficit after using milrinone (62.5%). The evaluation was clinical and angiographic. Transcranial Doppler was not used in all cases. The survival of these patients was 50%, and in one case it was not related to neurological causes (pulmonary thromboembolism).

Conclusion: The use of milrinone in delayed cerebral ischemia has been shown to be beneficial in patients with delayed cerebral ischemia, with hypotension being the most frequent complication. Despite the methodological limitation due to the small number of cases, there was a satisfactory clinical response in the cases used, given the severity of the cases.

EP-574

Interference of blood pressure control within 24 hours in acute ischemic stroke: systematic review and meta-analysis

Araldo Alves da Silva¹, Mauricio Reis Pedrosa², Gisele Sampaio Silva³, Alvaro Nagib Atallah²

¹Unidade de Terapia Intensiva, Hospital Israelita Albert Einstein - São Paulo (SP), Brasil; ²Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil; ³Hospital Israelita Albert Einstein - São Paulo (SP), Brasil

Objective: Stroke is the third most common cause of death in most industrialised countries, with an estimated global mortality of 4.7 million yearly. A stroke occurs every 53 seconds in North America and by 2002 was projected to become the fourth leading burden of disease worldwide. Stroke killed 283,000 people in 2000 and accounted for about one in every 14 deaths in the United States.

Methods: We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2013, Issue 12), MEDLINE (1954-July 2013), EMBASE (1980-July 2013), CINAHL (1982-July 2013), Database of Research in Stroke (DORIS) (2008-2013), Latin American and Caribbean Health Sciences Literature (LILACS) (1982-December 2013) and reference lists of articles. We contacted researchers in the field. We did a grey literature search for articles published until July 2013. We also searched Dissertation Abstracts International via Dissertation Express and the meta-register of Controlled Trials. To identify further published, unpublished and ongoing trials, we searched ongoing trials registers and SCOPUS.

Results: The studies were more likely to have favourable efficacy results in relation to blood pressure control(risk

ratio 1.32, 95% confidence interval 1.21 to 1.44) and harm results (risk ratio 1.87, 95% confidence interval 1.54 to 2.27) than other studies.

Conclusion: We have been hypothesised to influence HT care include strategies for blood pressure control in acute ischemic stroke within 24 hours.

EP-575

Mortality in the general and neurosurgical intensive care unit: permanence time in a public reference hospital in Recife-PE

Fernando Ramos Gonçalves¹, Cinthia Gomes da Silva¹, Sara Larissa de Melo Araújo¹, Rayssa Santos Botelho¹

¹Universidade de Pernambuco - Recife (PE), Brasil

Objective: Due to high complexity of neurosurgeries, they require a long time of hospitalization and special care because of high mortality rates. Therefore, the objective is correlate the time of permanence and mortality of neurosurgeon patients hospitalized in general ICU and in an advanced support unit in neurosurgery (USAN) of a hospital in Recife-PE.

Methods: This is an observational, analytical, quantitative study realized at the ICU and USAN of a hospital in Recife-PE, from 2013 to 2015. 780 medical records were selected, of these, 284 general ICU patient files and 496 USAN, all of which were elective neurosurgeries.

Results: Most of the patients were admitted after the procedure of Cerebral Aneurysm Clipper, 24% and Craniotomy by TU Cerebral, 40%. The hospital mortality rate for elective neurosurgery in the ICU was 19.4%, compared to 8.3% in the USAN, Odds ratio = 2,665 (CI:95% = 1,726 - 4,116). For USAN patients, those died had an average permanence time (11.1 days, standard deviation = 9.6) much higher than those did not die (3.7 days, standard deviation = 6.9). The distribution of deaths over time indicates 51.2% of these occurred within the first 7 days. And the correlation between permanence time and death was also moderate and significant (Spearman = 0.301; p-value <0.000).

Conclusion: The chance of death for an elective neurosurgery patient admitted to the ICU exceeds 2.7 (Odds ratio) than in the USAN and the implementation of these units to reduce the mortality pattern of the patients.

EP-576

Neurointensive management to prevent delayed cerebral ischemia in aneurysmal subarachnoid hemorrhage

Sâmia Yasin Wayhs¹, Marcia Barbosa Trarbach¹, Edson Pedro Rocha¹, Edwin Koterba¹, Guilherme Alves Lepski¹

¹Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Objective: To analyze the evolution, clinical and neurological complications in patients with aneurysmal subarachnoid hemorrhage, associated with delayed cerebral ischemia.

Methods: We retrospectively reviewed cases of aneurysmal subarachnoid hemorrhage consecutively treated in 2015-2016 at the Neurological Intensive Care Unit of a university hospital.

Results: Seventy-five cases of aneurysmal subarachnoid hemorrhage were treated at the neurointensive unit in 2015-2016. We show the SAPS 3 (Simplified Acute Physiology Score) and epidemiological data, as delayed cerebral ischemia, the cases submitted to decompressive craniectomy and they relation to N-terminal fraction of pro-BNP > 500 pg / dL pro-natriuretic type B (pro-BNP). The majority was submitted to neurosurgical clipping. There were 14 deaths.

Conclusion: The incidence of delayed cerebral ischemia remains high among patients with aneurysmal subarachnoid hemorrhage, causing high morbidity and mortality. It is important to know the evolution and the clinical and neurological complications of these patients in the neurointensive unit, in order to anticipate and prevent secondary lesions.

EP-577

Neurological adverse event following yellow fever immunization

Michele Pereira de Lima¹, Bruno da Silva Baron¹, Gabriela Bazin¹, Ulisses de Oliveira Melo², Humberto Villacorta Junior³

¹Hospital Estadual Azevedo Lima - Rio de Janeiro (RJ), Brasil; ²Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil; ³Universidade Federal Fluminense - Niterói (RJ), Brasil

A 64-year-old man presented to the emergency department with disorientation, psychomotor agitation, and fever since ten days. He had undergone yellow fever immunization (17D/17DD live attenuated virus vaccine) 18 days before admission. Cranial CT scan without contrast at admission showed mild cortical/subcortical hypodensity in the left insular region, with no mass effect, suggesting ischemic vascular injury. He had normal leucogram; anti-HIV test was negative and all other laboratory tests were normal. He was admitted to the intensive care unit (ICU) due to worsening symptoms (labial commissure deviation to the left side, motor aphasia, paresis on the right side, and fever). CT scans from multiple organs were normal, as well as culture results, serology's results, and transthoracic echocardiogram. Cranial CT scan with contrast after ten days of admission in the ICU showed worsening of the hypodensity area and edema, compression of adjacent areas, and midline shift. The hypotheses of acute disseminated encephalomyelitis (ADEM) or viral encephalitis (post-vaccination or herpetic) were made. The patient underwent lumbar puncture and mechanical ventilation was indicated for protection

of airways. He was treated with pulse therapy with methylprednisolone for five days and intravenous acyclovir for 14 days. The analysis of the cerebrospinal fluid was positive for yellow fever (IgM antibody, MAC-ELISA). He remained in mechanical ventilation for 18 days. Neurologic symptoms improved, and he was discharged from the ICU after 40 days, with a tracheostomy tube, interacting with the environment, with aphasia and paresis on the right side.

EP-578

Nursing interventions for the control of intracranial hypertension in critical patient

Kelly Regina Pires da Silva Caciano¹, Jakeline de Lima Israel¹, Celso Gustavo Ritter¹, Irla Maiara Silva Medeiros¹, Íris de Lima Ferraz Siqueira¹, Mariane Albuquerque Lima Ribeiro¹, Patricia Rezende do Prado¹

¹Universidade Federal do Acre - Rio Branco (AC), Brasil

Objective: To identify nursing interventions (NICs) used in critical care patient with intracranial hypertension (IIH). **Methods:** Cross-sectional study conducted in an intensive care unit (ICU) public in the city of Rio Branco, Acre, from february to july, 2017. The NIC were based on nursing diagnosis of decreased intracranial adaptive capacity, Risk for ineffective cerebral tissue perfusion, aspiration, ineffective breathing pattern and impaired skin integrity. The analysis descriptive of the data with absolute and relative frequencies was performed through the SPSS program.

Results: Of the 50 patients, 68.0% were male, 50.0% < 40 years, 58.0% presented Severe Traumatic Brain Injury and 44.0% with pressure injury. Neurological sequelae remained during discharge at 43.9%. As for the NICs, Glasgow Coma Scale was evaluated at 75.0%, the Richmond scale at 88.2%, pupils, the frequency and heart rate at 80.0%, blood pressure at 72.0%, frequency and respiratory pattern at 54.0%, temperature, as well as monitoring of pulse oximeter oxygenation occurred at 84.0% and Etco2 in 16.7%. Maintained neck in neutral position at 40.0% and headboard elevated at 100%. Accomplished Braden evaluation at 36.0% and there was no monitoring by catheter to measure intracranial pressure (ICP) at 100%.

Conclusion: The NICs are essential for the neurocritical care patient, with emphasis on effective monitoring with catheter for ICP, efforts should be directed to facilitate the control of IIH and prevent pressure injury.

EP-579

Perfil clínico-epidemiológico de pacientes em um hospital de grande porte da cidade do Recife acometidos de acidente vascular cerebral isquêmico

Fernando Ramos Gonçalves¹, Cinthia Gomes da Silva¹, Rayssa Santos Botelho¹, Sara Larissa de Melo Araújo¹

¹Universidade de Pernambuco - Recife (PE), Brasil

Objetivo: O Acidente Vascular Cerebral Isquêmico caracteriza-se por uma obstrução de vasos que impedem a irrigação sanguínea a uma parte do cérebro. Investigar as características clínico-epidemiológicas de pacientes acometidos por AVCI atendidos em um hospital extraporte da cidade do Recife-PE.

Métodos: Estudo retrospectivo, descritivo e exploratório com abordagem quantitativa realizado no Serviço de Arquivo Médico e Estatística do hospital através da coleta de dados em prontuário. A amostra foi constituída de 96 prontuários de pacientes, atendidos em 2015.

Resultados: Não foi encontrado diferenças de gênero; a prevalência maior em adultos acima de 40 anos, provenientes do Recife e região metropolitana (67 pacientes), baixa escolaridade e poder aquisitivo; média de 25 dias de internamento. Sinais e sintomas clássicos mais encontrados durante a admissão: 68 pacientes apresentaram-se hemiparéticos, 31 afásicos; 31 com nível de consciência rebaixado, 55 apresentaram níveis pressóricos elevados. Comorbidades mais encontradas foram: hipertensão em 63 pacientes, diabetes em 27, cardiopatias em 23, e os territórios cerebrais mais atingidos foram aqueles irrigados pelas artérias cerebrais médias sem preferência entre os hemisférios cerebrais. Seqüelas foram encontradas em 77 pacientes com prevalência das hemiparesias; 74,77% destes haviam sido acometidos pelo primeiro AVCI; 13 foram à óbito.

Conclusão: Foi possível perceber as principais características clínicas e epidemiológicas destes indivíduos, fornecendo subsídios para elaboração de ações eficazes para diminuição deste agravado, entendimento dos fatores de risco, e possíveis formas de enfrentamento desta entidade nosológica, tanto na emergência quanto na Unidade de Terapia Intensiva Neurológica.

EP-580

Perfil de enfermeiros que atuam na neurocirurgia em um hospital de referência de Pernambuco

Fernando Ramos Gonçalves¹, Cinthia Gomes da Silva¹

¹Universidade de Pernambuco - Recife (PE), Brasil

Objetivo: A presente pesquisa tem como objetivo descrever o perfil de enfermeiros que atuam no serviço de Neurocirurgia do hospital da restauração- Recife-PE.

Métodos: Trata-se de um estudo transversal, descritivo, prospectivo e quantitativo, a coleta de dados deu-se no período de fevereiro a abril de 2017, após apreciação e aprovação pelo Comitê de Ética e Pesquisa da instituição selecionada, mediante a assinatura do Termo de Consentimento Livre e Esclarecido (TCLE) pelos enfermeiros, com o preenchimento de um questionário desenvolvido pelos autores contendo perguntas abertas e fechadas, através de entrevista semi-estruturada respeitando à resolução 466/2012 do Conselho Nacional de Saúde que envolve pesquisa em seres humanos.

Resultados: Observa-se que 92,3% dos profissionais entrevistados são do sexo feminino; a maioria 57,7% encontra-se na faixa etária entre 30 a 44 anos. Em relação a tempo de formação 76,9% possui até 5 anos de graduação, enquanto que 23,1% possui entre 5 e 10 anos de formação. Ainda na mesma tabela observamos que 84,6% são especialistas, entre as especialidades mais frequentes destacam-se: UTI 31,8%, Neurologia 18,2%, Neurocirurgia 18,2% e Saúde da família 13,6%.

Conclusão: Constatou-se que a maioria da equipe é composta por enfermeiros com faixa etária entre 30 a 44 anos e até 5 anos de graduação. chama atenção que mesmo trabalhando na neurologia/neurocirurgia a especialidade mais frequente é UTI o que demonstra o interesse no atendimento a paciente criticamente instáveis, característica dos pacientes neurocirúrgicos.

EP-581

Perfil dos pacientes internados por hemorragia subaracnóide não traumática em uma unidade de tratamento intensivo de um hospital universitário do Sul do Brasil

Bianca Rodrigues Orlando¹, Gabriela dos Santos Ança¹, Leonardo Mendes Nogueira¹, Marina Peres Bainy², Marcio Osorio Guerreiro¹

¹Hospital Universitário São Francisco de Paula - Pelotas (RS), Brasil;

²Hospital Escola, Universidade Federal de Pelotas - Pelotas (RS), Brasil

Objetivo: Descrever e apresentar o perfil dos pacientes internados por hemorragia subaracnóidea (HSA) não traumática em uma unidade de terapia intensiva (UTI) de um hospital com alta complexidade em neurocirurgia.

Métodos: Estudo retrospectivo a partir de dados coletados em prontuários de pacientes internados com HSA não traumática de janeiro de 2015 a maio de 2017. As classificações relacionadas a HSA foram escalas de Hunt Hess e Fisher e os registros foram realizados em instrumento semi estruturado elaborado pelos pesquisadores.

Resultados: De um total de 46 pacientes admitidos por HSA no intervalo da observação 65,2% eram mulheres com idade média de 54,6 anos. A mediana do tempo entre o sangramento e a admissão na UTI foi de 3 dias. A maioria da amostra foi composta por pacientes de maior gravidade na admissão, com classificação de Hunt Hess 3 em 30,3% dos casos, enquanto Hunt Hess 4 e 5 em 21% e 15%, consecutivamente. Quanto à magnitude do sangramento observamos padrão semelhante ao já descrito com 70% dos pacientes classificados com escala de Fisher 4. Verificamos 65% de sobrevida em nossa amostra e a mediana do tempo de permanência foi de 6 dias.

Conclusão: Em relação à faixa etária, nossos dados são condizentes à literatura, porém na maioria de nossos pacientes a apresentação clínica dramática associada ao importante atraso na chegada a UTI é fonte de preocupação, pois influenciam na morbimortalidade agregada a esta patologia, visto que a neuroproteção precoce visa reduzir os piores desfechos deste evento catastrófico.

EP-582

Perfil epidemiológico dos pacientes com traumatismo crânio encefálico admitidos em uma unidade de tratamento intensivo de referência no Sul do Brasil

Marina Peres Bainy^{1,2}, Bianca Rodrigues Orlando^{1,2}, Marcio Osorio Guerreiro², Jean Pierre Osés³, Karen Jansen³, Marina Baladon Bainy³, Vanessa Martins de Oliveira³

¹Hospital Escola, Universidade Federal de Pelotas - Pelotas (RS), Brasil;

²Hospital Universitário São Francisco de Paula, Universidade Católica de Pelotas - Pelotas (RS), Brasil;

³Universidade Católica de Pelotas - Pelotas (RS), Brasil

Objetivo: Traçar o perfil epidemiológico de pacientes vítimas de traumatismo crânio encefálico (TCE) admitidos em uma unidade de tratamento intensivo (UTI) de referência de um hospital universitário do sul do Brasil.

Métodos: Estudo de base documental, retrospectivo, tendo como população alvo vítimas de TCE admitidos em internação na UTI de referência para trauma, em um município do sul do Brasil. Foram elegíveis todos os pacientes internados nesta unidade durante o período de janeiro de 2010 a janeiro de 2017, tendo seus dados registrados em formulário semiestruturado elaborado pelos pesquisadores. Para classificação da gravidade do TCE foi utilizada a Escala de Coma de Glasgow.

Resultados: Foram incluídos no estudo 220 vítimas de TCE, sendo a maioria homens (80,9%), com idade média de 38,63 anos (+19,42), com idade mínima de 11 e máxima de 93 anos. Quanto a gravidade do TCE, de acordo com a Escala de Coma de Glasgow, 58,20% foi grave, 28,20% moderado e 12,7% leve. Entre as causas mais comuns estão os acidentes automobilísticos, seguidos de atropelamentos, quedas de altura e violência urbana. Quanto ao desfecho 32,9% evoluíram para óbito e 67,1% obtiveram alta clínica.

Conclusão: O presente estudo evidenciou que o traumatismo crânio encefálico acomete, em maior proporção, adultos jovens e do sexo masculino, que os acidentes automobilísticos representam o principal mecanismo do trauma e que o TCE grave foi o mais ocorrente entre as admissões.

EP-583

Prevalence of central nervous system infection related to intracranial pressure catheters and external ventricular drain (preliminary results)

Miguel Cenacchi Garcia Pereira¹, Thais Kawagoe Alvarisa¹, Natalia Fioravanti Postalli¹, Raquel Telles da Silva Vale¹, Phillippe Pereira Travassos¹, Daniela Di Girolamo¹, Viviane Cordeiro Veiga¹, Salomon Soriano Ordinola Rojas¹

¹Unidade de Terapia Neurológica, Hospital Bp - A Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objective: Central nervous system infections present with high rates of morbidity and mortality, being related to

catheter insertion, manipulation and length of permanence. Our aim in this study is to evaluate the prevalence of cases of central nervous system infection related to the monitoring devices of intracranial pressure catheters and external ventricular drain, correlating with device permanence time and clinical outcome.

Methods: Review of all cases of placement of central nervous system pressure monitors and external ventricular drain from March 2017 to June 2017 in a large hospital.

Results: Thirteen patients were evaluated in the period, with 8 (61.5%) males, 5 (38.5%) females with a mean age of 41.6 years. The mean permanence time of the device was 11 days. One patient (7.6%) had infection associated with the intracranial pressure monitoring device, with a 23 day device permanence time. The infection occurred on the 22nd day of monitoring. Among the patients undergoing monitoring and external ventricular drainage, the survival rate was 84.7%. The patient who presented infection related to the device died due to cutaneous focus sepsis, not related to central nervous system infection.

Conclusion: In our series, the rate of infection of the central nervous system was similar to that of the literature, however, with no correlation with death, despite the limited number of this series.

EP-584

Repetitive peripheral sensory stimulation and upper limb performance in stroke: a systematic review and meta-analysis

Adriana Bastos Conforto¹, Sarah Monteiro dos Anjos², Arnaldo Alves da Silva³, Juliana Conti⁴, André G Machado⁵, Leonardo G Cohen⁶

¹Hospital Israelita Albert Einstein - São Paulo (SP), Brasil; ²University of Alabama at Birmingham - Birmingham, Alabama, United States; ³Unidade de Terapia Intensiva, Hospital Israelita Albert Einstein - São Paulo (SP), Brasil; ⁴Neurologia, Universidade de São Paulo - São Paulo (SP), Brasil; ⁵Center for Neurological Restoration, Neurological Institute - Cleveland, Ohio, United States; ⁶Human Cortical Physiology and Stroke Rehabilitation Section, National Institutes of Neurological Disorders and Stroke, National Institutes of Health - Bethesda, Maryland, United States

Objective: Enhancement of sensory input in the form of repetitive peripheral sensory stimulation (RPSS) can enhance excitability of the motor cortex and upper limb performance. To perform a systematic review and meta-analysis of effects of RPSS compared to control stimulation on improvement of motor impairments in the upper limb of subjects with stroke.

Methods: We searched studies published between 1948 until July, 2016 and selected eight studies that applied a specific paradigm of stimulation (trains of 1 millisecond pulses at 10Hz delivered at 1 Hz). Continuous data were analyzed with pooled means of standard deviations of results of active versus control interventions with the Cohen and Hedges formulas. Adverse events were also assessed.

Results: There was significant heterogeneity when data from all eight studies that included subjects at early (n=3)

or chronic (n=5) stages after stroke were included, but not when only data from studies in the chronic phase were analysed. There was a statistically significant beneficial effect of RPSS on motor performance in subjects in the chronic phase with an overall medium effect size (standard mean difference between active and control RPSS, 0.44; 95% confidence interval, 0.06,0.83). When data from the three studies that included subjects at an early stage after stroke were added, the effect was no longer statistically significant. No serious adverse events were reported.

Conclusion: RPSS is a safe intervention with the potential to become an adjuvant tool for upper extremity paresis rehabilitation in subjects with stroke in the chronic phase.

EP-585

Síndrome de Guillain-Barré: qualidade da comunicação entre pacientes traqueostomizados e profissionais de enfermagem

Cinthia Gomes da Silva¹, Fernando Ramos Gonçalves¹, Rayssa Santos Botelho¹, Sara Larissa de Melo Araújo¹

¹Universidade de Pernambuco - Recife (PE), Brasil

Objetivo: A síndrome de Guillain-Barré trata-se de uma doença autoimune que acomete o sistema neurológico, causando inflamação e desmielinização dos nervos periféricos. Diante disso, viu-se a necessidade de avaliar a qualidade da comunicação de profissionais de enfermagem diante dos pacientes traqueostomizados vítimas desta síndrome, internados em uma Unidade de Terapia Intensiva (UTI) de um hospital de grande porte em Recife-PE.

Métodos: Pesquisa descritiva, exploratória, prospectiva e de enfoque quantitativo. Foi utilizado um questionário com questões objetivas, aplicado aos profissionais de enfermagem lotados na nesta UTI. A coleta dos dados foi de agosto a setembro de 2015. Sendo excluídos da pesquisa os profissionais de enfermagem que não estavam no momento da coleta.

Resultados: Os resultados mostram que a grande maioria dos profissionais de enfermagem conhecem a referida síndrome, porém, os métodos de comunicação não-verbal mais utilizado por estes profissionais são os gestos (67%), discordando da literatura que afirma que o melhor método a ser utilizado é a associação dos gestos com o alfabeto, apesar dos profissionais afirmarem que os meios de comunicação por eles utilizados são eficazes correspondendo a 57%.

Conclusão: O paciente traqueostomizado fica privado das suas manifestações emocionais e sentimentais, faz-se necessário a utilização de meios eficientes de comunicação não verbal no estabelecimento do relacionamento entre os profissionais e seus clientes, pois a excessiva atenção dada à comunicação verbal, faz com que sejamos profundamente desinformados a respeito da linguagem não verbal, e da importância que dela em nossos relacionamentos, sejam eles pessoais ou profissionais.

EP-586

Stroke in an intensive care unit adult: profile of hospitalized patients in an extra-sized hospital in the city of Recife-PE

Fernando Ramos Gonçalves¹, Cinthia Gomes da Silva¹, Sara Larissa de Melo Araújo¹, Rayssa Santos Botelho¹

¹Universidade de Pernambuco - Recife (PE), Brasil

Objective: Stroke represents a major risk of morbidity and mortality because it sets in quickly and sometimes leads to death without a specific cause. In this context, the objective of this study is analyze the profile of hospitalized patients for stroke in the Intensive Care Unit (ICU) Adult of an extra-hospital hospital in Recife-PE.

Methods: Descriptive and exploratory study of retrospective and quantitative character. The analysis was based on data collected from patients diagnosed with ischemic and/or hemorrhagic stroke admitted in the ICU at the Extra-Hospital Hospital from March 2014 to 2016. Variables: gender, age, type of stroke, part of the affected brain, whether or not recurrent, signs and symptoms of admission, mortality, permanence time, sequels and origin.

Results: N = 118 medical records were studied. These, 63.6% had AVCH and 43 (36.4%) AVCI. Prevalence of males 60% and age range from 50 to 60 years 30%. As for the clinic of origin, 47% were referred from Emergency Clinics. The most common clinical manifestations were hemiparesis, lowering of consciousness level and aphasia. Cerebral Area: Talamo and the frontal region presented an incidence of 18.65% and 10.12% of the cases, respectively. Respiratory insufficiencies and infections, which in most cases lead to death, were the most common complications during ICU admission.

Conclusion: Stroke affected 18.5% of the 640 patients admitted to the ICU in the study period. It was notorious diabetes, hypercholesterolemia, sedentary lifestyle, smoking, alcohol abuse and hypertension as risk factors for a significant percentage of cases.

EP-587

Suporte ventilatório e nível de mobilização em uma unidade de terapia intensiva neurocirúrgica de Fortaleza-CE

Daísa Carla Bezerra Silva¹, Luiza Raira Viana Parrião², Emília de Alencar Andrade¹, Aila Maria da Silva Bezerra¹, Maria Cymara Pessoa Kuehner², Karoline Sampaio Nunes Barroso², Maria Jaqueline Braga Bezerra², Mariana Lima Fernandes²

¹Hospital Geral de Fortaleza - Fortaleza (CE), Brasil; ²Centro Universitário Christus (UNICHRISTUS) - Fortaleza (CE), Brasil

Objetivo: Identificar o suporte ventilatório e a relação com o nível de mobilização de pacientes neurocirúrgicos em uma Unidade de Terapia Intensiva em Fortaleza-Ce.

Métodos: Estudo documental, retrospectivo com abordagem quantitativa. CEP no.1.627.225. Os dados foram coletados dos prontuários e analisados pelo SPSS 20.0.

Resultados: Somou-se 167 prontuários das internações de julho a dezembro de 2015. Dos 47 pacientes admitidos em Ventilação Mecânica Invasiva (VMI), 32 saíram em ar ambiente, 2 traqueostomizados em macronebulização e 13 permaneceram sob VMI. Sobre o nível de mobilização, no momento da admissão, 74 apresentaram nível 1 (sedados ou fraqueza muscular generalizada), 14 nível 2 (fisioterapia ativa-assistida), 16 nível 3 (sedestação); 43 nível 4 (ortostatismo); e 20 nível 5 (deambulação). Já na alta, apresentaram nível 1: 40, nível 2: 15, nível 3: 36, nível 4: 53 e nível 5: 23. Quanto a correlação do nível de mobilização na alta com o desfecho, houve significância estatística, onde 40 apresentaram nível 1, destes 25 foram de alta e 15 a óbito, dos 53 com nível 4 todos tiveram alta.

Conclusão: Mesmo com alguns dos pacientes necessitando de VMI, a maioria recebeu alta da UTI em ar ambiente. Com relação ao nível de mobilização, os que obtiveram nível 4 receberam alta da unidade e somente foram a óbito os que apresentaram nível 1, onde sugere que pacientes que foram retirados do leito após a descontinuação da ventilação mecânica apresentaram menor taxa de mortalidade em relação aos que permaneceram no leito.

EP-588

Venous thrombosis of multiple cerebral sinuses with severe intracranial hypertension in young woman puerpera

Onilmar de Oliveira Kohler¹, Mariana Nunes Lisboa¹

¹Hospital Estadual Adão Pereira Nunes - Rio de Janeiro (RJ), Brasil

Cerebral venous thrombosis is a rare condition associated with risk factors including prothrombotic disorders, infections, collagenosis, neoplasia, thrombophilia, vasculitis, pregnancy, puerperium, arteriovenous malformation, local factors such as tumors, chemotherapy, contraception and head trauma-encephalic. We report a rare case of the patient, female, 20 years old, attended at a public hospital in labor, with 39 weeks of gestation. Performed vaginal birth, without anesthesia. Be discharged with her child on the second day postpartum. On the 17th day in home, presented insidious holocranial headache and in 24 hours evolved to torpor, aphasia and coma. She returned to the same hospital, was intubated and coupled to mechanically ventilated (MV). Computed tomography (CT) of the skull revealed Superior, Straight, Right Transverse, Right Sigmoid and Jugular sinus thrombosis without bleeding or ischemia. Due to hemodynamic instability and intracranial hypertension (IH), she was admitted to the intensive care unit. Full anticoagulation was instituted with low molecular weight heparin and control measures. Presented seizures and prolonged weaning of MV and she was tracheostomized.

CT showed partial recanalization of the vessels and small left frontotemporal ischemia. Specific sorological markers were negative. She was discharged from the ICU on the 39th presenting right hemiparesis already using warfarin. After 78th days she gets discharged from the hospital, eupneic, mobilizing the four limbs, with a slight cognitive deficit. This is a rare case of multiple thrombosis with severe IH that responded to conventional heparin and warfarin therapy.

EP-589

Giant intracranial aneurysm in a patient admitted for pneumonia

Rogério Ribeiro da Silveira¹, Thamara Farias Marchiori¹, Ulisses de Oliveira Melo¹, Humberto Villacorta Junior²

¹Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil;

²Universidade Federal Fluminense - Niterói (RJ), Brasil

A 77-year-old woman was admitted with dyspnea, fever and altered state of consciousness. She had a medical history of hypertension and diabetes mellitus. Chest radiography confirmed the diagnosis of pneumonia in the lower lobe of the right lung. Because of a history of progressive motor deficit in the left arm and left leg since one year, she underwent computed tomography angiography of the head which showed a partially thrombosed giant aneurysm of the right cavernous internal carotid artery, measuring 5.0 cm by 5.9 cm by 6.8 cm. Due to the pneumonia diagnosis, the aneurysm surgery was withheld in the first moment. Nevertheless, the patient died of septic shock five days after admission.

Emergências e coronariopatias

EP-590

Cardiopulmonary arrest in the emergency room: characterization and outcome

Priscilla Satie Makino da Silva¹, Jéssica Marques Oliveira¹, Jane Walkiria da Silva Nogueira¹, Marcia Cristina da Silva Magro¹, Paula Regina de Souza Hermann¹

¹Faculdade de Ceilândia, Universidade de Brasília - Brasília (DF), Brasil

Objective: To describe the epidemiological clinical profile of patients with CA and CPR in a emergency room of a tertiary hospital in the Federal District.

Methods: A cross-sectional study developed at the Trauma Center (TC) and at the Neurocardio Center (NC) of the Emergency Room of the Federal District Hospital. Data were collected from December 2016 to January 2017. The sample consisted of 71 patients. The information was collected through the consultation of the medical records

and records of in-hospital care and transcribed for the form translated into the Portuguese language of the in-Hospital Utstein Style.

Results: Predominant males with a median age of 47 years in the TC and 66 in the CN were predominant. The most common complication was heart disease, return of spontaneous circulation occurred in 38% of patients, pulseless electrical activity and asystole were the most reported rates, IV access and maintenance of the definitive airway with orotracheal intubation were performed in all patients with return of spontaneous circulation, 26,8% survived the first 24 hours and 4.2% were discharged from hospital. Post-CA care was observed in 23.9% of the patients. The greatest difficulty found in this study was the lack of annotations in the patients' records.

Conclusion: The patients affected by the CA were predominantly male, being young adult related at TC and elderly at NC. The heart disease had a higher occurrence and pulseless electrical activity the rate of CA. CPR interventions are in line with the American Heart Association guideline.

EP-591

Cold saline versus regular saline in endovascular therapeutic hypothermia in acute ST segment elevation myocardial infarction

Luis Augusto Palma Dallan¹, Natali Schiavo Giannetti¹, Claudia Yanet San M de Bernoche¹, Sílvia Helena Gelas Lage¹, Ludhmila Abrahão Hajjar¹, José Carlos Nicolau¹, Múcio Tavares Oliveira¹, Expedito Eustaquio Ribeiro da Silva¹, Roberto Kalil Filho¹, Pedro Alves Lemos Neto¹, Sérgio Timerman¹

¹Instituto do Coração, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Objective: Therapeutic hypothermia (TH) reduces damage by ischemia/reperfusion cell syndrome in cardiac arrests, however the role of cold saline as an adjuvant therapy to endovascular cooling in STEMI remains controversial. The aim was evaluation of infusion of cold saline solution (CSS) versus no cold saline solution (NCSS) concomitant to endovascular TH in STEMIs.

Methods: Patients with 6h onset of chest pain, presenting anterior / inferior STEMIs. Administration of anti-shivering drugs (buspirone / meperidine) and TH induced by implant of Proteus® Endovascular System to induce TH, by cooling for at least 18 minutes before coronary recanalization at target temperature of 32°C before PCI. Patients were randomized to administration of 1L CSS at 1-4°C versus NCSS. Maintenance of TH for 3h and active rewarming (1°C/h for 4h). Primary endpoint was lower temperature by primary PCI.

Results: TH was successfully induced and maintained in 10 patients with target temperature of 32°C - 5 CSS and 5 NCSS - which was reached after a median of 29 min. There was a tendency for better cooling with 1L CSS prior to PCI, with a faster cooling compared to NCSS. There was a 0.6°C lower temperature by the

time of balloon angioplasty in the CSS as compared with NCSS. The rates of mortality (8,3%) and ventricular arrhythmias (16,7%) were similar between both groups. **Conclusion:** Patients reached the target temperature faster and more easily with the infusion of 1L of cold saline concomitant to endovascular cooling than without cold saline in primary PCI.

EP-592

Comparison of intraosseous vascular access versus intravenous whilst wearing CBRN personal protective equipment

Tim Collins¹

¹Clinical & Medical Affairs, Teleflex Medical - Buckinghamshire, England

Objective: A cross over study aimed to determine comparisons of success rates and ease-of-use ratings in achieving intraosseous access in both wearing and non-wearing of Chemical, Biological, Radiation and Nuclear (CBRN) personal protective equipment (PPE) in a cadaver model.

Methods: Using a cross over study, 8 paramedics inserted an intraosseous (IO) device (Arrow EZ-IO®) into a cadaver specimen wearing their standard pre-hospital clothing. The sample then crossed over and applied CBRN PPE and repeated IO insertions. IO insertion times were recorded and assessed for clinical accuracy both before and after cross over with wearing CBRN PPE. Data collection involved the sample completing a confidential questionnaire assessing self-perceived ease-of-use scores for IO access measured in Likert scales (0-10). Qualitative data was captured following structured focus group interviews.

Results: The results found no statistical difference between ease-of-use scores for IO access between wearing or non-wearing CBRN PPE. No difference in determining land marking for IO insertion ($p=0.726$), humeral site insertion ($p=0.593$), administration of IO saline flush (M 9.25 vs 8.75 $p=0.405$), holding & manipulating driver ($p=0.593$) & trocar removal ($p=0.405$). The mean ease-of-use scores were found to be lower in CBRN group but not significant. Insertion times (25secs $p=0.0002$) were statistically longer with wearing CBRN PPE but the focus group felt this would not be clinically significant. **Conclusion:** IO can be safely and quickly established whilst wearing CBRN PPE.

EP-593

Correlação entre o tempo de duração do atendimento da parada cardiorrespiratória e o status neurológico dos sobreviventes atendidos pela equipe SAVI do Hospital Evangélico de Cachoeiro de Itapemirim

Marlus Muri Thompson¹, Samira Fiorot Lodi¹, Camila Ronchetti dos Santos Gomes¹, Lorena Toledo Rodrigues¹, Claudio Henrique Pinto Gonçalves¹, Agliberto Baliano Careta Junior¹, Wilza Abreu de Brito¹, Jessica de Souza Luiz¹

¹Hospital Evangélico de Cachoeiro de Itapemirim - Cachoeiro de Itapemirim (ES), Brasil

Objetivo: Estabelecer uma correlação entre o tempo de duração de atendimento e cada nível de status neurológico medidos pela Glasgow Outcome Scale (GOS).

Métodos: Análise retrospectiva do banco de dados da equipe SAVI e das informações do status neurológico no momento da alta entre os 40 pacientes que receberam alta hospitalar.

Resultados: Entre 2011 e 2016 foram atendidos 570 pacientes, com 40% (228) de sobrevida inicial e 17,54% (40) com alta. O GOS médio dos sobreviventes foi de 4,52. Desses, a duração do atendimento foi < 2 minutos em 21 (52,5%); entre 2-10 minutos em 11 (27,5%); entre 10-30 minutos em 7 (17,5); > 30 minutos em 1 (2,5%). O GOS do grupo de < 2 min foi 5 em 17 pacientes (80,95%) e 4 em 4 pacientes (19,05%). O GOS do grupo 2-10min foi: 5 em 5 pacientes (45,45%); 4 em 5 pacientes (45,45%); 3 em 1 paciente (9,09%). O GOS do grupo de < 2 min foi: 5 em 17 pacientes (80,95%); 4 em 4 pacientes (19,05%). O GOS do grupo 10-30min foi: 5 em 2 pacientes (28,57%); 4 em 2 pacientes (28,57%); 3 em 3 pacientes (42,85%). O único sobrevivente com duração > 30 min apresentou um GOS de 5.

Conclusão: O percentual de sobrevida tardia atendimento > 30 minutos foi extremamente baixo (1 paciente em 570 atendimentos). O GOS de 5 foi mais prevalente no tempo < 2 minutos, apesar do desfecho favorável na maioria dos pacientes.

EP-594

Desfecho tardio dos sobreviventes de uma reanimação cardiopulmonar da equipe SAVI do Hospital Evangélico de Cachoeiro de Itapemirim

Marlus Muri Thompson¹, Samira Fiorot Lodi¹, Camila Ronchetti dos Santos Gomes¹, Lorena Toledo Rodrigues¹, Lyvia Barbosa Machado¹, Claudio Henrique Pinto Gonçalves¹, Thais Soares Marins¹, Awdry Elle Abreu Barreto Cardoso¹

¹Hospital Evangélico de Cachoeiro de Itapemirim - Cachoeiro de Itapemirim (ES), Brasil

Objetivo: Analisar o desfecho final dos sobreviventes do atendimento inicial de uma parada cardíaca (PCR) realizados pela equipe de reanimação (SAVI) do Hospital Evangélico de Cachoeiro de Itapemirim, um hospital terciário de alta complexidade, entre eles a mortalidade < 24h; na mesma internação; 6 meses e 1 ano; além do resultado neurológico dos sobreviventes finais através do Glasgow Outcome Scale (GOS).

Métodos: Análise retrospectiva do banco de dados de todos os seus atendimentos realizados desde o início de suas atividades em 2011 até o final de 2016, verificação de dados

em prontuários e contato telefônico com sobreviventes finais.

Resultados: No período entre janeiro de 2011 e dezembro de 2016 foram realizados 570 atendimentos. Sobreviveram ao atendimento inicial 228 pacientes (40%). Destes faleceram 108 (47,36%) em < 24h e 80 (35,08%) antes da alta hospitalar. Receberam alta 40 pacientes (17,54%). Entre esses houve um óbito em < 6 meses (0,43%); 2 entre 6 meses/1ano (0,87%) e 4 após 1 ano (1,75%). Permanecem vivos 33 pacientes (14,47%). O GOS médio dos 40 que receberam alta hospitalar foi de 4,52.

Conclusão: Apesar de uma taxa de sucesso inicial adequada (40%), a PCR teve uma elevada mortalidade final, acima de 80%. Isso mostra a importância da adoção de medidas preventivas e não apenas o treinamento e organização de equipes de reanimação. Mas, mesmo com uma elevada mortalidade intra-hospitalar, nota-se a relevância de uma equipe bem treinada para o bom desfecho neurológico tardio, pela análise do Glasgow Outcome Scale dos sobreviventes.

EP-595

Evaluation of safety and viability of endovascular therapeutic hypothermia as an adjuvant therapy in acute ST segment elevation myocardial infarction

Luis Augusto Palma Dallan¹, Natali Schiavo Giannetti¹, Claudia Yanet San M de Bernoche¹, Sílvia Helena Gelas Lage¹, Ludhmila Abrahão Hajjar¹, José Carlos Nicolau¹, Mcio Tavares Oliveira¹, Expedito Eustaquio Ribeiro da Silva¹, Roberto Kalil Filho¹, Pedro Alves Lemos Neto¹, Sérgio Timerman¹

¹Instituto do Coração, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Objective: Therapeutic hypothermia (TH) reduces the damage by ischemia/reperfusion cell syndrome in cardiac arrests, however its role in STEMI remains controversial. The aim was the evaluation of safety in the development of HT protocol in STEMI.

Methods: Patients with up to 6h of the onset of chest pain, presenting anterior/inferior STEMI, and eligible for percutaneous intervention procedures (PCI). Administration of anti-shivering drugs (buspirone/meperidine) and TH induced by 1L of cold saline solution at 4°C, and implant of Proteus® Endovascular System to induce TH, by cooling for at least 18 minutes before coronary recanalization at target temperature of 32°C before PCI. Maintenance of TH for 3 hours and active rewarming (rate of 1°C/h for 4h). The primary safety endpoints included death, reinfarction, need for target vessel revascularization (MACE), ventricular arrhythmias or major bleeding within 72 hours after infarct onset.

Results: TH induction was induced in 20 patients with a target temperature of 32°C reached after a median of 28 min. There was successful cooling and maintenance in ICU in all

of them (100%). The mortality rate was 5% (n=1). Ventricular arrhythmias occurred in 25% of patients during TH (n=5). Absence of bleeding / severe complications in 90% of patients (n=18). There was no delay in door-to-balloon time primary PCI (<90min).

Conclusion: Therapeutic hypothermia protocol in awaken STEMI patients is feasible and safe. There were no delays in the door-to-balloon time in endovascular TH as an adjuvant therapy to primary PCI.

EP-596

Functional status of patients in a cardiac intensive care unit

Nayla Raabe Venção de Moura¹, Luana Gabrielle de França Ferreira¹, Laís Sousa Santos², Vinicius de Sá Patrício Franco², Igor Almeida Silva¹, Samya Raquel Soares Dias¹, Eric da Silva², Nádia Alessa Venção de Moura³

¹Hospital Universitário, Universidade Federal do Piauí - Teresina (PI), Brasil; ²Unidade de Terapia Intensiva, Hospital Universitário, Universidade Federal do Piauí - Teresina (PI), Brasil; ³Hospital Universitário Presidente Dutra, Universidade Federal do Maranhão - São Luís (MA), Brasil

Objective: Evaluate the functional status of patients undergone to cardiac surgeries admitted in an intensive care unit (ICU).

Methods: Descriptive, retrospective study performed in a Public Hospital from Piauí State, Brazil. Records from patients who underwent to cardiac surgery in the period of May to July/2017 after the implementation of an early mobilization protocol were analyzed. Demographic data, Intensive Care Unit Mobility Score (IMS) and hospital stay were investigated. The statistical analysis used a confidence interval of 95% and $p < 0.05$. The research was approved by the Ethics Committee in Research Legal Opinion no. CAAE: 70795417.9.0000.8050.

Results: Twenty patients were evaluated, 55% from male sex, age (average±DP) 53.3 ± 15.7 and 50% underwent to heart valve replacement surgery. The initial IMS was 0.8 ± 0.4 indicating functional status of inactive or restriction to bed/armchair. The final IMS was 5.5 ± 3.1 being 55% IMS between 7 and 8 indicating a functional status of walking still at ICU. A difference between final and initial IMS was observed ($p < 0,001$), and during the implementation of the protocol, 55% patients had least 1 criterion of exclusion (33.3% due to the use of vasoactive drug). Hospital stay in the ICU was 5.5 ± 2.5 .

Conclusion: Data reveal that patients had IMS hospital discharge from ICU higher than initial evaluation one, demonstrating importance of using early mobilization protocols. We recommend other studies to improve investigation the early mobilization impact in the hospital stay in the ICU.

EP-597

Inserção de protocolo de capacitação de dor torácica em unidade de emergência

Marlon Mohamud Vilagra¹, Victor Felipe Justiniano Barbosa¹, Lahis Werneck Vilagra¹, Andre Luiz Dias Lima Bonfim¹, Barbara Hang Loos¹, Sandra Maria Barroso Werneck Vilagra¹, Henrik Werneck Vilagra¹, Eduardo Tavares Lima Trajano¹

¹Universidade Severino Sombra - Vassouras (RJ), Brasil

Objetivo: A dor torácica (DT) é um dos sintomas mais frequentes nas emergências de todo o mundo, apresenta-se como um desafio diagnóstico para o emergencista em virtude da sua múltipla abrangência diagnóstica, flutuando entre doenças de baixo e elevado risco. O treinamento da equipe de emergência é crucial em minimizar os riscos inerentes ao retardo do atendimento. Diante disso, o objetivo deste estudo é avaliar a eficácia da inserção de um protocolo de treinamento multidisciplinar na redução do retardo do tempo Porta-ECG na emergência hospitalar.

Métodos: Foi avaliado o tempo Porta-ECG de pacientes com DT antes e depois da inserção de protocolo de treinamento da equipe multidisciplinar quanto à abordagem da DT. O protocolo de treinamento consistiu em abordar os principais pontos referentes à Dor Torácica e a importância do ECG nesta patologia. O trabalho foi aprovado pelo comitê de ética (1.843.401).

Resultados: Foram verificados 199 boletins de atendimento médico no qual foi identificado o horário de chegada do paciente na sala de espera da emergência com DT e o horário que foi realizado o ECG. O tempo médio de espera foi de 62 min, 64 min no plantão diurno e 58 min no plantão noturno. Após a capacitação verificamos uma redução significativa de 50% no tempo de espera geral ($p < 0,001$), 51% ($p < 0,001$) no plantão diurno e 49% ($p < 0,001$) no plantão noturno.

Conclusão: A capacitação da equipe multidisciplinar na abordagem da DT reduziu o tempo Porta-ECG, minimizando os riscos para o paciente.

EP-598

Intraosseous vascular access provides a bridging tool whilst gaining central venous access

Tim Collins¹

¹Clinical & Medical Affairs, Teleflex Medical - Buckinghamshire, England

Objective: Central venous catheter (CVC) insertion requires time, expertise and has complications but provides definitive access for the critically ill patient. However Intraosseous (IO) humeral vascular access can provide drug administration to the central circulation within 3 seconds. Objective: To evaluate humeral IO insertion times, accuracy and success rates following attendance at an education course.

Methods: Using an observational design, 8 paramedics attended an IO education session. Following the course they

were then timed on inserting an IO device (Arrow EZ-IO®) into a proximal humeral cadaver specimen. IO insertion times were recorded and assessed for clinical accuracy. Data collection involved the sample completing a confidential questionnaire assessing self-perceived ease-of-use scores measured in Likert scales (0-10) as well as length of insertion times recorded in seconds.

Results: Ease-of-use scores for humeral land marking (Mean 9.11), insertion (Mean 9.13), administration of flush (M 9.25), manipulating driver (Mean 9.13) were all favourable. The mean scores were all high indicating IO access was not perceived difficult to insert. Insertion times (25secs mean SD 3.46). All inserted IOs flushed effectively and were assessed as correctly inserted. Studies demonstrate CVCs take between 8 to 16 minutes to insert resulting in more attempts compared to IO.

Conclusion: IO access can be effectively and promptly achieved following a short period of education by non-physicians and can be used as bridging device whilst the necessary time and expertise is available to insert a CVC in the critically ill patient.

EP-599

Prevalence, associated factors and outcomes of anemia in acute coronary syndrome

Bruno Ferraz de Oliveira Gomes¹, Cinthia Arakaki Watanabe¹, Gustavo Henrique de Oliveira Amorim¹, Marcelo Ferreira Palomo Valle¹, Daniella Teotônio Araujo Cartaxo Queiroga¹, Catarina Schiavo Grubert¹, Andre Casarsa Marques¹, João Luiz Fernandes Petriz¹

¹Hospital Barra D'Or - Rio de Janeiro (RJ), Brasil

Objective: Evaluate the prevalence of anemia in acute coronary syndromes (ACS) as well as associated factors and long-term outcomes.

Methods: Included all patients hospitalized for ACS from July 2011 to February 2016. The hematimetric parameters of all hospitalization were evaluated. Anemia was defined as hemoglobin (Hb) levels below 12g / dL in women and 13g / dL in men any time during the hospitalization. Clinical and laboratory characteristics were evaluated in both groups as well as the occurrence of long-term death. Statistical analysis performed through the student t test and chi-square test.

Results: 611 patients, 66.1% men, age=66.5±12.5 years, mean follow-up = 3.07 ± 1.49 years. Prevalence of anemia was 62,7%. 71 deaths occurred (11,6%). Anemia was more prevalent in women (33.9% x 25.4%, $p = 0.017$), SAH (72.8% x 61.9%, $p = 0.003$), ASA users (36.3% x 26.3%, $p = 0.034$), heart failure (37.6% x 26.3%, $p = 0.001$), elderly (66.5 x 60.5 years, $p < 0.001$) and high risk patients (GRACE 126.7 x 111.1 pts, $p < 0.001$). Observed a higher mortality rate (16.4% x 3.5%, $p < 0.001$) as well as longer hospitalization time (4.93 x 11.49 days, $p < 0.001$).

Conclusion: Anemia was highly prevalent in ACS causing higher long-term mortality and higher length of hospital stay, especially in women, hypertensives, ASA users, elderly and high-risk patients.

EP-600

Acute intoxication by imidazoline

Mayara Martins Alves¹, Desanka Dragosavac¹, Brenno Belazi Nery de Souza Campos¹, Renan Alves da Cruz¹

¹Hospital Fundação Centro Médico de Campinas - Campinas (SP), Brasil

Female patient, 18 years old, healthy, admitted to the emergency room with weakness and dizziness, associated with a reduction in temperature and heart rate, measured at home one hour ago. He presented isochoria pupillary dilatation, sinus bradycardia, hypotension, hypothermia and abundant sweating. He denied drug use, except the use of oral and nasal decongestants, on demand, four days ago per superior airway infection. Admitted to the ICU for monitoring and diagnostic elucidation. The electrocardiogram alternated sinus bradycardia and junctional rhythm with isorhythmic dissociation and laboratory tests were normal. Echocardiogram and cardiac resonance were performed, which excluded structural or functional impairment, excluding myocarditis. Diagnostic hypothesis of acute nafazolin intoxication was made. This may occur by ingestion or topical application. They act by stimulating post-synaptic alpha-2 adrenergic receptors with local vasoconstriction and can stimulate the presynaptic of the cardiovascular control nerve center, determining the inhibition of sympathetic activity, with consequent neurological, respiratory and cardiovascular depression. The diagnosis is clinical with inaccurate toxicological data on urine and gastric secretion. Treatment is symptoms after discontinuation of nafazolin. There have been reports since 1970 warning of the risk of indiscriminate use of these medications, most cases in children, and the diagnosis in adults is rare. Due to the uncontrolled sale and the use without medical guidance, there is a significant risk of cardiovascular and neurological complications, requiring early diagnosis in order to avoid greater severity or even death.

EP-601

Analysis of pre-hospital and in-hospital components of reperfusion time in patients with ST segment elevation myocardial infarction

Alexandre de Souza Narciso¹, Ricardo Jose Rodrigues¹, Vivian Biazon El Reda Feijó¹, Cezar Eumann Mesas¹, Arthur Eumann Mesas¹, Cintia Magalhães Carvalho Grion¹

¹Universidade Estadual de Londrina - Londrina (PR), Brasil

Objective: To prospectively evaluate the pre-hospital and in-hospital individual components of reperfusion time in patients with ST segment elevation myocardial infarction consecutively treated at Northern Paraná University Hospital (Hospital Universitário Norte do Paraná) in 2012. **Methods:** Medical records were reviewed for the determination of the reperfusion time, as well as their main components

(patient delay and system delay), secondary components and the variables concerning hospital access. The cognitive responses were evaluated using a semi-structured questionnaire.

Results: Fifty patients with a mean of 59 years of age (standard deviation SD: 10.5) were included, 64% being male. The reperfusion time was 430 minutes (interquartile range IQR: 315-750). The Patient delay was 45 minutes (IQR: 30-140), 18.9% of reperfusion time. The system delay was 319 minutes (IQR: 220-615), 81.1% of the reperfusion time. There was low use of the Mobile Emergency Service: 23.5%. Patients assisted in intermediate units had significant increase in reperfusion time ($p = 0.0085$). The cognitive variable "I thought it was not serious" increased the patient delay average in 40 minutes ($p: 0.024$).

Conclusion: In a tertiary public hospital, patient delay is greater than recommended by national and international guidelines, mainly due to the increase in the system delay, negatively influenced by time spent in intermediate care units. The low patient perception of severity increased the system delay. Initiatives such as public campaigns for population clarification and optimization of patient flow could have a positive impact on the reduction of reperfusion time.

EP-602

Avaliação das variáveis hemodinâmicas e bioquímicas em reanimadores durante simulação de parada cardiorespiratória

Igor Almeida Silva¹, Eric da Silva¹, Nayla Raabe Venção de Moura¹, Ana Cláudia Medeiros Serra¹

¹Instituição Hospital Universitário, Universidade Federal do Piauí - Teresina (PI), Brasil

Objetivo: O presente estudo teve por objetivos avaliar e comparar variações bioquímica, hemodinâmica e ventilatórias em indivíduos durante a simulação das manobras de reanimação cardiorespiratórias em manequins.

Métodos: Para tanto, foram selecionadas 14 estudantes da graduação do Centro Universitário de Ensino Uninovafapi (UNINOVAFAPI), para uma simulação de reanimação cardiorespiratória. Em um ciclo de quatro séries de dois minutos com intervalos de um minuto entre as mesmas, foram coletados frequência cardíaca, respiratória, pressão arterial e lactato.

Resultados: Na verificação dos resultados podemos constatar alterações significativa na frequência cardíaca em repouso e a máxima atingida ($p < 0,0001$), aumento significativo da frequência respiratória em repouso e no segundo minuto ($p < 0,05$), mantendo durante toda a simulação.

Conclusão: A partir da análise dos resultados, pode-se inferir que a manobra de RCPC impõe estresse significativo na ventilação e na hemodinâmica dos reanimadores.

EP-603

Avaliação do protocolo de infarto com supra em um hospital privado**Antonio Gonçalves de Oliveira¹, Hilton de Castro Chaves Junior¹**¹Hospital Unimed Recife III - Recife (PE), Brasil

Objetivo: Avaliar os casos de infarto agudo do miocárdio com supra (IAMCS) nem um hospital privado.

Métodos: Avaliamos todos os casos em que foi acionado o protocolo de infarto agudo do miocárdio com supra (IAMCS) no período de janeiro de 2016 a maio de 2017.

Resultados: Após analisarmos os prontuários, utilizando a ferramenta do business intelligence (BI), em que foi acionado o protocolo de IAMCS encontramos em 2016 uma taxa de 32,16% no tempo porta eletrocardiograma (ECG), a nossa meta é de 10 minutos. Com relação ao tempo porta balão (meta de 90 minutos) encontramos uma taxa de 15,91% em 2016, com uma efetividade de 97,25%. Com relação ao ano de 2017 encontramos no tempo porta ECG taxa de 34,86% e no tempo porta balão taxa de 66% com uma efetividade de 95%.

Conclusão: Realizamos reunião a cada 3 meses com os envolvidos e após identificação dos pontos críticos é definido um plano de correção. Durante o segundo e terceiro trimestre de 2016 não conseguimos melhoria significativa, e a partir do quarto trimestre optamos por um plano maior que envolveu: re-treinamento da equipe com conscientização da importância do protocolo, re-estruturação da auditoria clínica, construção e implementação do protocolo no prontuário eletrônico, incorporado critério de adesão ao protocolo como item de avaliação para pagamento por performance do corpo clínico. Com estas medidas melhoramos um pouco o tempo porta ECG de 32,165 para 34,86%, o tempo porta balão de 15,91% em 2016 subiu para 66% em 2017.

EP-604

Carga horária de enfermagem aplicado ao paciente com infarto agudo do miocárdio através da classificação Killip**Nickson Scarpine Malheiros¹, Leonardo dos Santos Pereira¹**¹Universidade Veiga de Almeida - Cabo Frio (RJ), Brasil

Objetivo: Identificar a Carga Horária de enfermagem voltada ao IAM, de acordo com a classificação de Killip e Kimball, utilizando o escore TISS 28.

Métodos: Pesquisa qualitativa, descritiva, exploratória, de coorte retrospectiva. Foi utilizado prontuários de pacientes internados em UTI que obtiveram como diagnóstico IAM. Teve como método de inclusão as primeiras 24 horas de internação com o diagnóstico de IAM, e aplicado a Classificação de Killip. A partir daí foi aplicado o escore TISS 28. As primeiras 24 horas foram estabelecidas para

que os resultados em relação à gravidade/ carga horária de enfermagem estivesse relacionados diretamente com a clínica de IAM. Para a análise os pacientes foram classificados de acordo com a classificação de Killip e, concomitantemente, a classificação de Cullen, avaliando a carga horária de enfermagem para o paciente com IAM, Considerando que cada ponto do TISS-28 equivale a 10,6 minutos. A análise de dados foi feita através do método de Bardin.

Resultados: Foram avaliados 150 prontuários. Dos prontuários avaliados 28% foram classificados como Killip I, 18,5% como Killip II, 23,5% Killip III e 30% Killip IV. Dentre os pacientes Killip I 100% se adequaram a classe I com 03,1 horas de assistência de enfermagem. Dos pacientes Killip II 20% se adequaram a classe I da classificação TISS 28. Os outros 80% se adequaram a classe II com 04 horas de assistência de enfermagem.

Conclusão: A carga horária de enfermagem utilizando o TISS 28 para cada paciente com IAM difere de acordo com a classificação Killip.

EP-605

Changes in ischemic electrocardiogram and association with risk factors for heart disease in patients with chest pain**George Robson Ibiapina¹, Nara Percília da Silva Sena¹, Ana Beatriz Nepomuceno Cunha¹, Jeovana Soares Mourão¹, Laís Rodrigues Caldas¹, Rayssa Macedo Rodrigues¹, Danilo Tavares Silva¹, André Luiz Santos de Moraes¹**¹FAMENE - João Pessoa (PB), Brasil

Objective: Describe the association between ischemic changes seen in electrocardiograms (ECG), chest pain that took the patient to the emergency room and clinical variables related to the increased likelihood of coronary artery disease.

Methods: In two-month, records of 138 patients treated in the emergency of the Governador Flávio Ribeiro Coutinho Hospital were collected. Only records with ECG were selected. Age, sex, hypertension, diabetes and chest pain were observed, and the characteristics related to the ECG signs of ischemia.

Results: The averaged age was 58.21 years, with 85.5% aged 40 or more. Females represented 68.8%. 57.2% didn't know if they were hypertensive and 39.9% were; 10.1% had diabetes. 47.1% had chest pain and in 14.5% of ECGs had suggestive of ischemic abnormalities. Among those over 60, 17.4% had ECG changes with some ischemia, but not statistically significant; the men examination result was altered by 23.3%. Relating to clinical variables among patients with chest pain, 21.5%, showed ECG with ischemic signs. Individuals with hypertension, on anti-hypertensive medication and diabetic patients showed electrocardiographic changes in, respectively, 14.5%, 16.3% and 21.5% of cases, all without statistical significance. Chest pain and its relation to age and sex: those above 60 years in 47.5% of the time, they felt; and the female, 47.4%, had the symptom.

Conclusion: The male has most altered electrocardiograms, and less than 1/3 of patients with typical chest pain have ECG signs of ischemia.

EP-606

Characterization and outcome of pre-hospital cardiorespiratory arrest

Jéssica Marques Oliveira¹, Tayse Tâmara da Paixão Duarte¹, Marcia Cristina da Silva Magro¹, Paula Regina de Souza Hermann¹

¹Faculdade de Ceilândia, Universidade de Brasília - Brasília (DF), Brasil

Objective: To identify and describe the response to CRA in adults and the elderly in the pre hospital environment and the clinical outcome.

Methods: This is a cross-sectional study performed at the emergency medical services (EMS). Where the sample consisted of 33 victims of CRA seen in the out-of-hospital setting in december 2015. Data were obtained from the care records and electronic medical records. Were calculated mean, standard deviation and median, 25% and 75% percentile, Mann-Whitney test, Anova and Fisher's exact test, $p < 0.05$.

Results: In the 33 victims there was a prevalence in males (69.7%). In 81.8% of cases, the victims died on the spot. Most of the occurrences were in the home environment (57.5%). The mean survival was 3.8 days. Only 6% of the victims received basic support from laity. The prevalence of external causes was higher in adults, where more cases with immediate survival were also observed.

Conclusion: There was a predominance of male elderly with high mortality at the place of occurrence, the residence.

EP-607

Clinical profile and hospital outcomes of patients admitted to the intensive care unit with acute myocardial infarction

Humberto Villacorta Junior¹, Aline Sterque Villacorta¹, Herika Lucia da Costa Silva², Cláudio Heitor Tavares Gress³, Renata Gonçalves Kasakewitch³, Valquiria de Abreu Ramos Queiroz², Rogerio Ribeiro da Silveira², Ulisses de Oliveira Melo²

¹Universidade Federal Fluminense - Niterói (RJ), Brasil; ²Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil; ³Hospital Estadual João Batista Caffaro - São Gonçalo (RJ), Brasil

Objective: To assess the clinical profile and hospital outcomes of patients admitted to the intensive care unit (ICU) with acute myocardial infarction (AMI).

Methods: Between July 2013 and January 2017, among 10,512 admissions in the ICU of two hospitals, 727 (6.9%) patients (pts) had AMI. The expected mortality rate was calculated using the SAPS3 score. Standardized mortality ratio (SMR) was calculated by the formula [observed mortality rate / expected mortality rate]. These rates were compared to those of 4,828 pts from the remaining hospitals registered in a multicenter electronic database.

Results: Mean age was 63 ± 13 years and 450 (62%) were male. ST-segment elevation myocardial infarction (STEMI)

was found in 344 (47.3%) and non ST-segment elevation myocardial infarction (NSTEMI) in 383 (52.7%). SAPS3 score for STEMI and NSTEMI were, respectively, 52 ± 19.8 and 55.4 ± 21 and the predicted mortality rate was 26% and 30%. SMR in the year 2016 as compared with 2014 was reduced both in STEMI (1.36 vs 1.24) and NSTEMI (1.34 vs 1.05). In 2016, SMR was lower than the observed in the remaining hospitals from the database in NSTEMI (1.05 vs 1.2), but not in STEMI patients (1.24 vs 1.22).

Conclusion: Mortality rates were reduced in patients with NSTEMI. Although hospital mortality has been improved in STEMI, it remains above that observed in other hospitals, probably as a result of no interventional cardiology in our hospitals.

EP-608

Clinical profile and mortality rates in patients admitted with severe heart failure in the intensive care unit of two public hospitals

Humberto Villacorta Junior¹, Aline Sterque Villacorta¹, Herika Lucia da Costa Silva², Cláudio Heitor Tavares Gress³, Rogerio Ribeiro da Silveira², Ulisses de Oliveira Melo², Ederlon Alves de Carvalho Rezende²

¹Universidade Federal Fluminense - Niterói (RJ), Brasil; ²Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil; ³Hospital Estadual João Batista Caffaro - São Gonçalo (RJ), Brasil

Objective: To describe the clinical profile and hospital outcomes of patients admitted in the intensive care unit (ICU) with severe heart failure (HF).

Methods: Between July 2013 and January 2017, among 10,512 admissions in the ICU, 668 (6.35%) patients had HF. The expected mortality rate was calculated using the SAPS3 score. Standardized mortality ratio (SMR) was calculated by the formula [observed mortality rate / expected mortality rate]. These rates were compared to those of 4,176 pts from the remaining hospitals in a multicenter database. In 2013 a management plan was established in the ICU to monitor and improve outcomes.

Results: Mean age was 67 ± 15.5 years and 331 (49.6%) were male. Main secondary diagnoses were respiratory failure 130 (19%), community-acquired pneumonia 109 (16.3%), sepsis 57 (8.5%), acute kidney injury 51 (7.63%) and acute myocardial infarction 38 (5.7%). SAPS3 was 64.3 ± 20 and the predicted hospital mortality was 43%. Standardized mortality rates in the years 2014, 2015, and 2016 were 1.39, 1.26 and 1.13. In 2014, the standardized mortality rate was lower than that from other hospitals in the database (1.39 vs 1.45) and this was also observed in the year 2016 (1.13 vs 1.29).

Conclusion: Pts admitted in the ICU with severe HF have high mortality rate. These rates have been reduced since the implementation of a management plan. Infectious conditions and acute renal failure are important triggers of decompensation in such patients.

EP-609

Fatores associados ao óbito em pacientes submetidos à cirurgia cardíaca

Delmaria Teixeira Marinho¹, Bruna Borges de Cerqueira¹, Livia Magalhaes Costa Castro², Claudia Almeida Ribeiro Torres³, Cláudia Geovana da Silva Pires¹, Ana Carla Carvalho Coelho¹, Elieusa E Silva Sampaio¹, Márcia Maria Carneiro Oliveira¹

¹Escola de Enfermagem, Universidade Federal da Bahia - Salvador (BA), Brasil; ²Núcleo de Ensino e Pesquisa, Hospital da Cidade - Salvador (BA), Salvador; ³Hospital Santa Izabel - Salvador (BA), Brasil

Objetivo: Analisar os fatores associados ao óbito em pacientes submetidos à cirurgia cardíaca.

Métodos: Estudo transversal, com análise retrospectiva de prontuários de pacientes internados na UTI em pós-operatório imediato de cirurgia cardíaca de um hospital privado da cidade de Salvador/Bahia no período de janeiro de 2011 a janeiro de 2016. Aplicou-se o Teste Qui-quadrado de Pearson ou Exato de Fisher para medidas de associação ($p < 0,05$).

Resultados: Amostra de 105 pacientes, com mediana de idade de 60 anos (variando entre 23 à 89 anos), sexo masculino (67,6%), com Hipertensão Arterial Sistêmica (75,2%), DM (33,3%) e Índice de Massa Corpórea (IMC) elevado em 66,6%. Os tipos de cirurgia realizada foram prevalentes a revascularização do miocárdio (RM) em 63,8%, valvuloplastia (19%) e troca valvar (13,3%). A maioria dos pacientes (61,9%) fizeram as pontes mamária e safena. A troca da valva mitral predominou com 67,7%. Uso da Circulação Extracorpórea (CEC) foi de 95,2%. As complicações no pós-operatório foram: sangramento (29,9%), instabilidade hemodinâmica (20,9%), acidose metabólica (14,9%), parada cardiorrespiratória em fibrilação ventricular (10,4%), Fibrilação Atrial (9,0%) e ventilação mecânica superior às 24h (9,0%). Fatores associados para óbito: Instabilidade hemodinâmica ($p=0,036$), sexo feminino ($p=0,007$) e ventilação mecânica superior às 24h ($p=0,000$).

Conclusão: Predominou sexo masculino, hipertensos, diabéticos, IMC elevado, cirurgia de RM e sangramento como complicação. Instabilidade hemodinâmica, sexo feminino e ventilação mecânica superior às 24h foram associados a óbito.

EP-610

Lidocaína intravenosa como alternativa para o controle da dor isquêmica na unidade de terapia intensiva: relato de caso

Rodrigo Alves dos Santos¹, Camila Borela², Leticia Santos de Oliveira², Vitoria de Paula Bettin², Jorge Alberto Martins Pentiado Junior¹

¹Hospital de Câncer de Barretos, Fundação Pio XII - Barretos (SP), Brasil; ²Faculdade de Ciências da Saúde de Barretos Dr. Paulo Prata - Barretos (SP), Brasil

A lidocaína é um bloqueador dos canais de sódio utilizada como anestésico local ou antiarrítmico. Outros efeitos decorrem

da ação em receptores NMDA (N-metil-D-aspartato) em situações de hiperalgesia/alodinia. Relatamos o caso de um senhor de 63 anos, ex-tabagista, admitido na unidade de terapia intensiva (UTI) após uma cistoprostatectomia radical com derivação a Bricker. O paciente foi extubado três horas após e começou a queixar-se de dor forte (escala visual analógica - EVA 9/10) em membro inferior esquerdo. Um Doppler sugeriu obstrução arterial sendo submetido à embolectomia. Menos de 12 horas depois o paciente evoluiu com dor intensa na porção distal da perna apesar de melhora circulatória. Avaliação neurológica evidenciou alterações da sensibilidade superficial e profunda abaixo do joelho; fraqueza muscular e hiporreflexia profunda. Considerada a hipótese de neuropatia isquêmica. Apesar do uso de dipirona e morfina, o paciente relatava dor 10/10. Sua prescrição foi acrescida de gabapentina, nortriptilina, além do aumento da morfina. Ainda sem melhora, a opção foi o uso da lidocaína 2% intravenosa (3mg/kg diluído em 100ml de solução fisiológica em 1 hora). Decorridos 20 minutos após a infusão o paciente relatou melhora de 50% na dor (de 10 para 5). A lidocaína é particularmente segura e possui pequena probabilidade de eventos adversos; sua utilização apresentou redução da intensidade da dor e redução da necessidade de opioides. Na UTI, onde o paciente é cercado por diversos procedimentos dolorosos, é salutar indicarmos a lidocaína como estratégia alternativa no controle da dor.

EP-611

Preoperative risk factors for post-operative atrial fibrillation in patients undergoing myocardial revascularization and length of stay in intensive care unit

Rogério Gomes Fleury¹, Vania Maria Carneiro da Silva¹, Maria Beatriz Altschuller¹, José Hugo Gameiro Salles¹

¹Hospital Universitário Clementino Fraga Filho - Rio de Janeiro (RJ), Brasil

Objective: Post-operative atrial fibrillation (AF) is a frequent complication in patients undergoing myocardial revascularization (CABG). Knowledge of preoperative (PreOp) factors contributes to its management.

Methods: 225 patients underwent CABG from January 2003 to December 2009 at Hospital Universitário Clementino Fraga Filho, in Rio de Janeiro, Brazil. Risk factors for AF analyzed were: age, gender, prior Acute Myocardial Infarct (AMI), PreOp creatinine, left coronary trunk lesion (TCE), use PreOp beta-blocker, use PreOp statins, systemic arterial hypertension (SAH), diabetes mellitus (DM), concomitant mitral valve surgery and previous history of AF.

Results: Incidence of AF was 17.8%. Mean age was 61.9 ± 10.6 years. Factors associated with AF: age ($p=0.001$), concomitant mitral surgery ($p=0.009$) and previous AF ($p<0.001$). Multivariate analysis the factors associated with AF: age OR=1.06 ($p=0.002$ CI=1.02-1.10), previous AF OR=31.9 ($p=0.002$ CI=3.683-278.047) and concomitant mitral surgery OR=4.064 ($p=0.05$ CI=0.99-16.55). Mean

postoperative length of stay in ICU was 6.56 ± 8.6 days, 5.34 ± 7.1 days patients without FA and 12.20 ± 12.28 days patients with FA ($p < 0.001$).

Conclusion: Only age, previous AF and concomitant mitral valve surgery were predictors of AF in CABG postoperative period. AF was associated to a longer ICU stay. Better understanding of factors that predispose to AF may lead us to minimize this arrhythmia and reduce the length of stay in ICU.

EP-612

Ritmo inicial da parada cardiorrespiratória dos sobreviventes que receberam alta hospitalar atendidos pela equipe SAVI do Hospital Evangélico de Cachoeiro de Itapemirim-ES

Marlus Muri Thompson¹, Samira Fiorot Lodi¹, Claudio Henrique Pinto Gonçalves¹, Camila Ronchetti dos Santos Gomes¹, Lorena Toledo Rodrigues¹, Tabata Cristina de Oliveira¹, Ligia Closs de Oliveira¹, Geovana Botan Gois de Oliveira¹

¹Hospital Evangélico de Cachoeiro de Itapemirim - Cachoeiro de Itapemirim (ES), Brasil

Objetivo: Identificar o ritmo da parada cardiorrespiratória (PCR) dos pacientes que sobreviveram à reanimação inicial e que posteriormente receberam alta hospitalar.

Métodos: Pesquisa retrospectiva no banco de dados da equipe SAVI, buscando qual foi o ritmo identificado inicialmente na PCR, apenas dos paciente que sobreviveram e posteriormente receberam alta hospitalar.

Resultados: Dos 570 atendimentos realizados no período entre janeiro de 2011 e dezembro de 2016, 228 (40%) sobreviveram ao atendimento inicial. Destes, um total de 188 (82,45%) faleceram na mesma internação e outros 40 (17,54%), receberam alta hospitalar. Entre esses 40 pacientes sobreviventes, a atividade elétrica sem pulso (AESP) estava presente em 25 (62,5%), a FV/TV em 13 (27,5%) e a assistolia em 2 (5%).

Conclusão: A atividade elétrica sem pulso foi o "ritmo" inicial mais encontrado entre os pacientes que sobreviveram ao atendimento inicial e receberam alta hospitalar após atendimento de PCR pela equipe SAVI do Hospital Evangélico de Cachoeiro de Itapemirim.

EP-613

Takotsubo cardiomyopathy in the post-operative of a cesarean section in a maternal intensive care unit: case report

Tainá Madeira Barros Pontes¹, Júlio César Acarine Mouro², Fabíola Nunes de Sá², Karina Marques de Mendonça², Lanese Medeiros de Figueirêdo³

¹Universidade de Fortaleza - Fortaleza (CE), Brasil; ²Maternidade Escola Assis Chateaubriand - Fortaleza (CE), Brasil; ³Universidade Federal do Ceará - Fortaleza (CE), Brasil

In Takotsubo cardiomyopathy, also known as stress-induced cardiomyopathy, there is a reversible dysfunction left ventricle with chest symptoms, such as dyspnea or pain, besides electrocardiographic changes similar to those of acute coronary syndrome (ACS), with a lower increase in serum enzyme levels in patients with normal coronary angiography. This case report describes the situation of a puerperal woman admitted to a Maternal Intensive Care Unit (ICU) during the post-operative period of a cesarean delivery by Oligohydramnios associated with acute lung edema (ALE), with symptoms such as dyspnea, hypoxemia and hypotension, without precordial pain, but with increased cardiac enzymes and progression to cardiogenic shock. The electrocardiogram test highlighted an increased index of ST-segment; and the bedside echocardiogram showed hypokinesia of basal segments, with preservation of apical segment function. We installed noninvasive ventilation, but without the acceptance of the patient due to the presence of nausea; we also administered a mask with an oxygen reservoir bag. We started the use of vasoactive drugs and measures for ALE, as well as drug treatment for heart failure. The patient progressed with improvements in health status and hemodynamic stabilization, which led us to discharge her from ICU and referred her to undergo the follow-up in cardiology. In literature, we found 19 reported cases in the puerperium, and many cases may not have been diagnosed because they were mistaken for other pathologies such as pulmonary thromboembolism, peripartum cardiomyopathy or other ACS.

EP-614

Taxa de toracotomias em pós-operatório imediato em pacientes submetidos à cirurgia de revascularização do miocárdio

André Luis Valera Gasparoto¹, Carlos Alberto Gonnelli¹, Mauro Sérgio Vieira Machado², Thomaz Braga Ceglias¹, Rodrigo Olynto de Almeida¹, Danilo Stabile Gonnelli¹, Rafaela Winter Gasparoto¹

¹Hospital da Real e Benemérita Associação Portuguesa de Beneficência - São Paulo (SP), Brasil; ²Hospital Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objetivo: A necessidade de toracotomia em pós-operatório imediato (POI) dentro da Unidade de terapia intensiva (UTI) aumenta consideravelmente a morbimortalidade dos pacientes, do uso de hemoderivados e custos financeiros. Equipe multidisciplinar treinada, o avanço das drogas hemostáticas e banco de sangue eficaz em atender as necessidades do paciente com sangramento aumentado reduz a necessidade de toracotomias. **Objetivo:** Avaliar o número de toracotomias em POI de pacientes submetidos à cirurgia revascularização do miocárdio (CRM).

Métodos: Foram selecionados pacientes em POI de CRM (n=3010, idade média de 61,7 anos) e avaliado o número de pacientes submetidos à toracotomia por sangramento (n=31; 1,02%).

Resultados: Apesar de equipe multidisciplinar treinada, medidas clínicas adotadas para controlar o sangramento, tais como controle de temperatura corporal, reposição de eletrólitos, uso de drogas hemostáticas e de hemoderivados, o sangramento incontrolável por estes meios permanece sendo um problema relevante em UTI de pós-operatório de cirurgias cardíacas, apesar que apenas 1% dos pacientes submetidos à CRM foram reabordados (número similar a um dos maiores Centros de Referência Mundial - Cleveland Clinic). Do total de pacientes submetidos à CRM, 31 pacientes foram reabordados à toracotomia na UTI devido sangramento (1,02% de todos os pacientes).

Conclusão: Apesar da toracotomia de urgência ser um problema multidisciplinar grave, nossos dados são similares aos Centros de Referência Mundiais.

EP-615

Ultrasound in obstetric critical care

José Antonio Viruez Soto¹, Carla Maria Vallejo Narvaez¹, Berenice Zavala Barrios¹, Angel Augusto Perez Calatayud¹, Jesus Carlos Briones Garduño¹, Manuel Antonio Diaz de Leon Ponce¹

¹Hospital General de México "Dr. Eduardo Liceaga" - Mexico City, Mexico

Objective: Ultrasound application is more important every day for monitorization and decision making in Critical Care. The objective is describing the experience in Ultrasound application in the Critical Care Obstetrics Unit in "Hospital General de México Dr. Eduardo Liceaga" in patients with severe preeclampsia, haemorrhage and obstetrical sepsis during period January 01 2014-January 01 of 2015.

Methods: Patients received treatment according to the "Clinic Practice Guides" (CPG) of "Secretaría de Salud de México" and received Maternal-Fetal Ultrasound denominated "E-MATER Guide" designed by the authors.

Results: 221 patients were included, 154 (70%) with severe preeclampsia, 47 (21%) with haemorrhage and 20 (9%) with obstetrical sepsis. There were only 4 deaths, 1 for severe preeclampsia and 3 for refractory septic shock, with a mortality of only 1.8%. Three different ultrasound algorithms were performed.

Conclusion: The low mortality is related to the treatment according the Clinical Practice Guides and the multiparametric monitorization adding maternal-fetal ultrasound that should be considered by the physician involved in the Critical Care Obstetrics attention. The application of simple ultrasound guides adding relevant data for treatment is suggested.

Suporte perioperatório, transplante e trauma

EP-616

Eventos adversos precoces em idosos submetidos a toracotomia por câncer

Henrique Luiz de Godoy¹, Daniela Cabral¹, Bruno Betelloni¹, Anderson Nascimento¹, Julio Mott¹

¹Hospital Sancta Maggiore, Prevent Senior - São Paulo (SP), Brasil

Objetivo: O pulmão é um dos sítios com maior incidência de câncer em brasileiros. O tratamento curativo proposto inclui cirurgia com toracotomia e ressecção pulmonar. Embora este procedimento seja habitualmente realizado em muitos serviços no país, pacientes idosos são sistematicamente desconsiderados para este procedimento devido a possíveis complicações clínicas no pós-operatório. Desta maneira, o objetivo deste estudo foi avaliar a taxa de complicações clínicas intra - hospitalares de uma coorte de pacientes idosos submetidos a toracotomia com ressecção pulmonar para tratamento de câncer.

Métodos: Todos os pacientes submetidos a toracotomia com ressecção pulmonar para tratamento de câncer entre janeiro e dezembro de 2016 e idade > 70 anos foram incluídos no estudo.

Resultados: Foram incluídos 81 pacientes, com idade média 71,3 anos ($\pm 7,8$). 47 pacientes (58,0%) foram submetidos a segmentectomia, 26 (32,1%) lobectomia 26 e 5 (6,1%) pneumectomia total. O tempo médio de internação foi 1,7 dias. Observamos eventos adversos em 16 pacientes (19,7%) sendo: 6 pneumonias, 5 atelectasias, 4 insuficiências respiratórias com necessidade de ventilação mecânica, 2 SARA, 2 IRA com necessidade de procedimento dialítico; 2 FA e 1 IAM. Houve 1 óbito, relacionado a SARA em um paciente submetido a pneumectomia total.

Conclusão: Toracotomia para ressecção de câncer pulmonar em pacientes idosos é um procedimento viável. A seleção adequada de pacientes, técnicas anestésicas e cirúrgicas adequadas ao perfil etário e um pós-operatório diligente são fatores que garantem a segurança deste grupo de doentes.

EP-617

In-hospital mortality rate and length of stay in patients admitted to the intensive care unit after orthopedic surgery

Ulisses de Oliveira Melo¹, Rogerio Ribeiro da Silveira¹, Marcos Correa¹, Herika Lucia da Costa Silva¹, Valquiria de Abreu Ramos Queiroz¹, Humberto Villacorta Junior², Ederlon Alves de Carvalho Rezende¹

¹Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil;

²Universidade Federal Fluminense - Niterói (RJ), Brasil

Objective: To assess hospital mortality rates and length of stay (LOS) in the intensive care unit (ICU) in patients admitted after orthopedic surgery.

Methods: Between July 2013 and June 2017, among 14,004 admissions in the ICU of three hospitals, 689 (4.9%) were due to orthopedic surgery. We sought to assess outcomes in such patients by using data from an electronic multicenter database. The expected mortality rate was calculated using the SAPS3 score. Standardized mortality ratio (SMR) was calculated by the formula [observed mortality rate / expected mortality rate]. SMR and ICU length of stay (LOS) were compared overtime and with 9,782 patients (pts) from the remaining hospitals in a multicenter database.

Results: Mean age was 72 ± 20 years and 253 (36.7%) were male. The main procedures were femur surgery in 395 (57.3%) patients, lower-limb amputations in 104 (15%), and hip surgery in 76 (11%). SAPS3 for the entire population was 39.3 ± 14.7 and the expected mortality rate was 11.3%. SMR was reduced from 2.03 to 0.71 (2013 versus 2017). LOS in the ICU was reduced from 6.6 ± 7.3 to 3.3 ± 4 days, $p < 0.0001$. In 2017, SMR was lower than that observed in the remaining hospitals (0.96 vs 1.88).

Conclusion: Mortality rates and LOS in the ICU have improved overtime in patients admitted after orthopedic surgeries. In the last year, the observed mortality rate was lower than predicted.

EP-618

Outcomes in patients admitted to the intensive care unit after urgency or emergency surgeries

Ulisses de Oliveira Melo¹, Rogerio Ribeiro da Silveira¹, Herika Lucia da Costa Silva¹, Valquiria de Abreu Ramos Queiroz¹, Cláudio Heitor Tavares Gress², José Hipólito de Godoy E Oliveira³, Sergio Henrique da Silva Tristão³, Humberto Villacorta Junior⁴

¹Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil; ²Hospital Estadual João Batista Caffaro - São Gonçalo (RJ), Brasil; ³Hospital Estadual Azevedo Lima - Niterói (RJ), Brasil; ⁴Universidade Federal Fluminense - Niterói (RJ), Brasil

Objective: To assess hospital mortality rates and length of stay (LOS) in the intensive care unit (ICU) in patients admitted after urgency or emergency surgeries.

Methods: Between July 2013 and June 2017, among 14,004 admissions in the ICU of three hospitals, 2,989 (21.3%) were due to urgency or emergency surgery. The expected mortality rate was calculated using the SAPS3 score. Standardized mortality ratio (SMR) was calculated by the formula [observed mortality rate / expected mortality rate]. SMR and ICU length of stay (LOS) were compared overtime and with 28,864 patients (pts) from the remaining hospitals in a multicenter database.

Results: Mean age was 48 ± 23 years and 2,148 (71.9%) were male. The main procedures were subdural hematoma drainage in 413 (13.8%) patients, head trauma in 291 (9.7%), bullet wound in 282 (9.4%), and polytrauma in 222 (7.4%). SAPS3 for the entire population was 52.6 ± 20.7 and the expected mortality rate was 29.4%. SMR was reduced from 2.08 to 0.96 (2013 versus 2017). LOS in the ICU was reduced from 10.8 ± 14 to 6.7 ± 9 days, $p < 0.0001$. In 2017, SMR was lower than that observed in the remaining hospitals (0.96 vs 1.29).

Conclusion: Mortality rates and LOS in the ICU have improved overtime. In the last year, the observed mortality rate was lower than predicted.

EP-619

Outcomes in patients admitted to the intensive care unit with burn injuries

Ulisses de Oliveira Melo¹, Rogerio Ribeiro da Silveira¹, Herika Lucia da Costa Silva¹, Valquiria de Abreu Ramos Queiroz¹, Cláudio Heitor Tavares Gress², José Hipólito de Godoy E Oliveira³, Sergio Henrique da Silva Tristão³, Humberto Villacorta Junior⁴

¹Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil; ²Hospital Estadual João Batista Caffaro - São Gonçalo (RJ), Brasil; ³Hospital Estadual Azevedo Lima - Niterói (RJ), Brasil; ⁴Universidade Federal Fluminense - Niterói (RJ), Brasil

Objective: To assess hospital mortality rates and length of stay (LOS) in the intensive care unit (ICU) in patients admitted burn injuries.

Methods: Between July 2013 and December 2016, 95 patients were admitted to the ICU with the diagnosis of burn injury. We sought to assess outcomes in such patients by using data from an electronic multicenter database. The expected mortality rate was calculated using the SAPS3 score. Standardized mortality ratio (SMR) was calculated by the formula [observed mortality rate / expected mortality rate]. SMR and ICU length of stay (LOS) were compared overtime and with 941 patients (pts) from the remaining hospitals in a multicenter database.

Results: Mean age was 39 ± 12 years and 72 (75.8%) were male. The main procedures in the ICU were mechanical ventilation in 44 (46.3%), use of vasoactive agents in 28 (29.4%), hemodialysis in 8 (8.4%), and tracheostomy in 7 (7.4%). SAPS3 for the entire population was 51.6 ± 20.4 and the expected mortality rate was 28.7%. SMR was reduced from 2.59 to 1.39 (2014 versus 2016). LOS in the ICU did not change significantly overtime (8.8 ± 11.5 to 9.8 ± 17 days, $p = 0.76$). In 2016, SMR was lower than the observed in the remaining hospitals (1.39 vs 1.97).

Conclusion: Although mortality rate remains higher than predicted, it has improved overtime. Continuous efforts are being done to further improve the outcomes.

EP-620

Outcomes in patients admitted to the intensive care unit with surgical polytrauma

Ulisses de Oliveira Melo¹, Rogerio Ribeiro da Silveira¹, Herika Lucia da Costa Silva¹, Valquiria de Abreu Ramos Queiroz¹, Cláudio Heitor Tavares Gress², José Hipólito de Godoy E Oliveira³, Sergio Henrique da Silva Tristão³, Humberto Villacorta Junior⁴

¹Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil; ²Hospital Estadual João Batista Caffaro - São Gonçalo (RJ), Brasil; ³Hospital Estadual Azevedo Lima - Niterói (RJ), Brasil; ⁴Universidade Federal Fluminense - Niterói (RJ), Brasil

Objective: To assess hospital mortality rates and length of stay (LOS) in the intensive care unit (ICU) in patients admitted with surgical polytrauma.

Methods: Between July 2013 and June 2017, among 14,004 admissions in the ICU of three hospitals, 645 (4.6%) were due to surgical polytrauma. We sought to assess hospital mortality rates and ICU length of stay (LOS) using data from an electronic multicenter database. The expected mortality rate was calculated using the SAPS3 score. Standardized mortality ratio (SMR) was calculated by the formula [observed mortality rate / expected mortality rate]. SMR and ICU LOS were compared overtime and with 4,960 patients (pts) from the remaining hospitals in a multicenter database.

Results: Mean age was 36±17.8 years and 550 (85.3%) were male. SAPS3 for the entire population was 47.1±20.3 and the expected mortality rate was 23%. SMR was reduced from 2.01 to 0.95 (2013 versus 2017). LOS in the ICU was reduced from 10.7±13.2 to 7.7±11 days, p=0.016. In 2017, SMR was lower than that observed in the remaining hospitals (0.95 vs 1.53).

Conclusion: Mortality rates and LOS in the ICU have improved overtime. In the year 2017, the observed mortality rate was lower than predicted and lower than the observed in other hospitals from the database.

EP-621

Preditores de reexploração cirúrgica causada por sangramento no pós-operatório de cirurgia cardíaca: um estudo de coorte prospectivo

Larissa Bertacchini de Oliveira¹, Maria Aparecida Batistão Gonçalves¹, Kárla Mára Fátima de Souza Magalhães Pereira², Haulcionne Nilbe Watanabe Lacerda Cintra³, Caroline Shihara de Assis¹, Adriano Rogério Baldacin Rodrigues¹, Jurema da Silva Herbas Palomo¹

¹Instituto do Coração, Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil; ²Hospital Nove de Julho - São Paulo (SP), Brasil; ³Hospital Sepaco - São Paulo (SP), Brasil

Objetivo: Avaliar a incidência e os preditores de reexploração cirúrgica causada por sangramento no pós-operatório imediato de cirurgia cardíaca.

Métodos: Estudo de coorte prospectivo realizado na Unidade de Terapia Intensiva (UTI) Cirúrgica Adulto de um hospital

de ensino especializado em cardiopneumologia de alta complexidade no município de São Paulo entre junho e outubro de 2016. A amostra foi constituída por 391 pacientes adultos submetidos à cirurgia cardíaca com esternotomia (revascularização do miocárdio, troca/plastia valvar, correção de aneurisma/dissecção de aorta e transplante cardíaco) admitidos na UTI Cirúrgica Adulto. Foram excluídos do estudo pacientes com diagnóstico de coagulopatia. Os participantes foram identificados a partir do programa de cirurgias eletivas e do acompanhamento de cirurgias de urgência. Dados sociodemográficos, clínicos, pré, intra e pós-operatório dos participantes foram coletados do prontuário impresso e eletrônico utilizado na instituição. As variáveis dos grupos reexplorados e não reexplorados foram comparadas mediante o t-Student, Pearson e ANOVA e selecionadas para regressão logística.

Resultados: Um total de 14 (3.6%) pacientes foram submetidos à reexploração. Sangramento nas primeiras 6 horas (p<0.001) e dose de vasopressina pós-operatório (p=0.016) foram preditores estatisticamente significantes na regressão logística para reexploração cirúrgica causada por sangramento.

Conclusão: Os resultados obtidos neste estudo contribuem para o planejamento de medidas preventivas para redução da incidência de sangramento e, consequentemente, transfusão de hemocomponentes no pós-operatório de pacientes submetidos à cirurgia cardíaca.

EP-622

Prognostic factors in the first 24 hours of admission for intensive care unit mortality in surgical patients

Fábio Ferreira Amorim¹, Alessandra Vasconcelos da Silva Paiva¹, Gabriel Kanhouche¹, André Jaccoud de Oliveira¹, Jaqueline Lima de Souza¹, Edmilson Leal Bastos de Moura², Adriell Ramalho Santana¹, Marcelo de Oliveira Maia²

¹Escola Superior de Ciências da Saúde - Brasília (DF), Brasil; ²Hospital Santa Luzia Rede D'Or São Luiz - Brasília (DF), Brasil

Objective: The aim of this study was to assess the prognostic factors in the first 24 hours of admission for ICU mortality in a surgical intensive care unit.

Methods: Prospective cohort study conducted on patients admitted to the ICU of Hospital Santa Luzia Rede D'Or, Brasília, DF, Brazil, during 21 months. Patients transferred to another ICU were excluded.

Results: Of 304 patients included, mean age was 58±16 years, APACHE II: 8±5, SAPS 2: 23±12, and 90% underwent elective surgery. ICU mortality was 3.5%. The non-survivors had higher age (68±20 vs 56±16, p<0.01), APACHE II (17±9 vs. 7±5, p<0.01), SAPS 2 (42±19 vs. 22±10, p<0.01), SOFA2 (4±3 vs. 2±1, p<0.01), and arterial lactate level at ICU admission (2.3±0.3 vs. 1.4±1.0 mg/dL, p<0.01). There was no difference between groups regarding PaCO2 gap (10±5 vs. 8±5, p=0.07) and central oxygen venous saturation (46% vs 32%, p=0.40). Using multivariate analysis, SOFA (p=0.03), age (p=0.02) and arterial lactate level at ICU admission (p=0.04) were independently associated with ICU mortality.

Conclusion: SOFA, age and arterial lactate level at ICU admission were independently associated with the ICU mortality in surgical patients.

EP-623

Assessment of intra-abdominal pressure and its association with acute kidney injury and death in patients in the early postoperative period of liver transplantation - preliminary results

Marlon Souza Freitas¹, Rita de Cássia Martins Alves da Silva², Neymar Elias de Oliveira¹, Renato Ferreira da Silva²

¹Serviço de Terapia Intensiva, Hospital de Base, Faculdade de Medicina de São José do Rio Preto - São José do Rio Preto (SP), Brasil; ²Hospital de Base, Faculdade de Medicina de São José do Rio Preto - São José do Rio Preto (SP), Brasil

Objective: Intra-abdominal hypertension (IAH) and its association with acute kidney injury (AKI) and death in the early postoperative period of liver transplantation.

Methods: Prospective study comprising adult patients after liver transplantation in the ICU of a school hospital from June 2016 to April 2017. Excluded: previous kidney transplantation or AKI. Diagnosis of AKI: increased creatinine $\geq 0.3 \text{ mg/dL}$ in 48h. The intra-abdominal pressure was measured every 4h. Definition for IAH: I=12-15mmHg, II=16-20mmHg, III=21-25mmHg and IV >25 mmHg.

Results: We studied 25 patients. IAH 56%(n=14) in degrees: I 86%(n=12) and II 14%(n=2). IAH with IRA: 64%(n=9), death 56%(n=5) and hospital discharge 44%(n=4). IAH without IRA: 36%(n=5) and hospital discharge 100%(n=5). Without IAH 44%(n=11) developed AKI 36%(n=4), death 50%(n=2) and hospital discharge 50%(n=2). Without IAH and AKI: 64%(n=7), died 14%(n=1) and hospital discharge 86%(n=6). There was no association among IAH and AKI ($p=0.19$, 95%CI=0.57 to 17.57) or mortality ($p=0.06$, 95%CI=0.8 to infinity). There was significant association of AKI and death ($p=0.02$, 95%CI=1.4 to 314.9), and death risk was 2.5 higher for AKI than for those without AKI, despite of IAH.

Conclusion: IAH was not associated with unfavorable outcomes such as AKI or death, but AKI showed a significant association with death.

EP-624

Associação entre a gravidade do trauma e a desnutrição em pacientes críticos

Ananda de Mesquita Araújo¹, Jessica Amarante de Oliveira¹, Fernanda Bassan Lopes da Silva¹, Rildo Batista de Sousa¹, Guilherme Duprat Cenicola¹

¹Hospital de Base do Distrito Federal - Brasília (DF), Brasil

Objetivo: Determinar o efeito da gravidade do trauma no estado nutricional do paciente crítico após 7 dias de

internação em uma Unidade de Terapia Intensiva, através da aplicação do escore Acute Physiology and Chronic Health Evaluation II (APACHE II).

Métodos: Estudo de coorte, prospectivo, observacional e analítico na Unidade de Teria Nutricional de Trauma do Hospital de Base do Distrito Federal. Incluídos indivíduos com idade ≥ 18 anos com mais de uma avaliação nutricional no prontuário. Foram excluídos pacientes que permanecerem na unidade por tempo < 3 dias, que continham na admissão suspeita de protocolo de morte encefálica, as gestantes e os que não apresentaram o termo de consentimento livre e esclarecido. O período de coleta dos dados foi de 364 dias. Os pacientes foram avaliados pelo método de diagnóstico nutricional proposto pela AND/ASPEN (2012) e reavaliados a cada 7 a 10 dias de internação.

Resultados: Dos 171 indivíduos incluídos, 84,9% era do sexo masculino e com idade média de 37,5 anos. Entre as causas de trauma predominou os acidentes automobilísticos (43,85%). A média de permanência na Unidade de Terapia Intensiva foi de 21,8 dias. Quanto à prevalência de desnutrição, observou-se um aumento significativo desde a admissão em comparação com o 7º e 14º dias. Não houve correlação entre o APACHE II e o Sequential Organ Failure Assessment (SOFA) nos grupos de desnutridos e não desnutridos.

Conclusão: A gravidade da doença não teve associação com a desnutrição no paciente com trauma 7 dias após a admissão.

EP-625

Association between vitamin D levels and inflammatory activity in brain death: a prospective study

Geisiane Custodio¹, Tatiana Helena Rech¹, Cristiane Bauermann Leitão¹, Rafael Barberena Moraes¹, Patricia Schwarz¹, Mauro Czepielewski¹, Daisy Crispim¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: Vitamin D, which is well-known for its bone-related functions, also has immunomodulatory properties. Brain death (BD) causes a massive catecholamine release, leading to intense inflammatory activity. We aimed to evaluate vitamin D levels in BD individuals in comparison to critically ill patients and to assess the correlation between vitamin D and cytokines.

Methods: Sixteen BD patients and 32 critically ill controls were prospectively enrolled. Blood samples from 25 BD patients from a previous study were also used for vitamin D quantification. Plasma TNF, IL-1 β , IL-6, IL-8, IL-10, IFN- γ and vitamin D levels were compared using Student's t test or one-way ANOVA. Spearman's test was used to assess the correlations.

Results: Mean vitamin D were 16.39ng/mL, with 52 patients classified as vitamin D deficient (<20 ng/mL). Vitamin D were similar in 41 BD patients as compared to control

subjects (15.64ng/mL vs 17.40ng/mL; $P = 0.383$). Moderate direct correlations were observed between vitamin D and IL-8, IL-10, and IFN- γ in the prospective group of 16 BD patients (IL-8: $r = 0.5$, $P = 0.049$; IL-10 $r = 0.67$, $P = 0.005$; IFN- γ $r = 0.6$, $P = 0.015$). Vitamin D was inversely correlated with IL-6 ($r = -0.36$, $P = 0.044$).

Conclusion: Vitamin D serum levels were similar in BD and critically ill patients. In brain-dead patients, vitamin D serum levels correlated with plasma IL-8, IL-10 and IFN- γ .

EP-626

Blood components use in patients after heart transplantation (HTx) in a single center in Brasília, Brazil

Rodrigo Santos Biondi¹, Edvar Ferreira da Rocha Junior¹, Bruno Eduardo de Moraes Santos¹, Auro Vieira de Paiva Junior¹, Thais Nascimento Cosa¹, Rodrigo Barbosa da Conceição¹, Vitor Salvatore Barzilai¹, Fernando Antibas Atik¹

¹Instituto de Cardiologia do Distrito Federal - Brasília (DF), Brasil

Objective: Evaluate the impact of the intraoperative use of blood components among patients submitted to cardiac transplantation in a cardiology reference hospital in Brazil.

Methods: Retrospective cohort analysis of medical records from January 2009 to April 2017. 152 patients underwent heart transplant on this period.

Results: 46.9% of patients received some type of blood product during surgery. Red blood cells 72.1% of times. 62.7% of plasma, 30.5% of platelets, and 23.7% of cryoprecipitate. Blood components were judged not necessary (NN) in 53% of patients. Death occurred significantly less in the NN group (95% CI 0.58 - 0.98; $p = 0.03$). No significant difference was found in patients severity score (SAPS III), donor organ cold ischemic time, Cardiobypass time or ICU LOS ($p > 0.05$). Patients who needed more blood products were older ($p = 0.01$), and had a longer necessity of noradrenaline use ($p < 0.01$).

Conclusion: Use of blood components was associated with an increased risk of major adverse events. Transfusions were used more frequent in older patients.

EP-627

Children victims' assistance of perioperative fractures: a look from the viewpoint of nursing

Ana Carla Silva Alexandre¹, Luana Eugênia de Andrade Siqueira¹, Valdeilson Lima de Oliveira¹, Juliane da Silva Pereira¹, Robervam de E Moura Pedroza¹, Cláudia Sorelle Cavalcanti de Santana¹, Silvana Cavalcanti dos Santos¹, Nelson Miguel Galindo Neto¹

¹Instituto Federal de Educação, Ciência e Tecnologia de Pernambuco - Pesqueira (PE), Brasil

Objective: To analyze nursing care in the perioperative period for children who were victims of fractures admitted to a reference unit for pediatric trauma.

Methods: A prospective study with a quantitative approach, carried out in a public hospital in the city of Caruaru, Pernambuco (PE), with a sample of 35 children aged 0 to 10 years old, from July to August 2013. This study was approved by the Research Ethics Committee of the Faculdade do Vale do Ipojuca-FAVIP / DEVRY meeting the recommendations of Resolution 466/2012 of the National Health Council, under protocol 00011/2012.

Results: This study reveals that of the total sample, only 5.15% of the children received preoperative routine guidance, procedures explanation and attitudes needed before surgery. Only 24.74% of the patients had their vital signs measured in the preoperative period. Regarding postoperative care, it was observed that through health records, physical examination was performed in only 9.65% children and only 2.63% of them had the nursing process reported in the health record.

Conclusion: The study demonstrated that exists a need of a better understanding of the Nursing process in the surgical clinic scope that is necessary in the assistance provided to the children victims of trauma because the clients submitted to the surgeries present bad feelings and emotional distress signs due to exposure to a strange situation, so it is important that the nursing team provides an assistance focusing on the bio-psycho-socio-spiritual aspects of their client.

EP-628

Clinical profile and mortality rates in patients admitted to the intensive care unit after surgery for chest trauma

Raphael Brasileiro Coqui¹, Marcio Andre Batista de Farias¹, Rogerio Ribeiro da Silveira¹, Humberto Villacorta Junior², Ulisses de Oliveira Melo¹, Ederlon Alves de Carvalho Rezende¹

¹Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil;

²Universidade Federal Fluminense - Niterói (RJ), Brasil

Objective: To describe clinical characteristics and hospital mortality rates in patients admitted in the intensive care unit (ICU) after surgical chest trauma.

Methods: Between July 2013 and June 2017, 46 patients were admitted to the ICU after surgery for chest trauma. Data were extracted from an electronic multicenter database. The expected mortality rate was calculated using the SAPS3 score. Standardized mortality ratio (SMR) was calculated by the formula [observed mortality rate / expected mortality rate]. SMR and ICU LOS were compared with 361 patients (pts) from the remaining hospitals in the multicenter database.

Results: Mean age was 37 ± 20 years and 37 (80.4%) were male. The main procedures in the ICU were mechanical ventilation in 28 (60.8%), use of vasoactive agents in 18 (39%), and tracheostomy in 4 (8.7%). LOS was lower than observed in other hospitals, but did not reach statistical

significance (median 6 vs 7 days, $p=0.87$). SMR was lower than observed in the other hospitals (1.08 vs 1.42).

Conclusion: In patients admitted to the ICU after surgery for chest trauma, observed mortality was equal to predicted mortality and lower than observed in the others hospitals from the database.

EP-629

Critical care admission in bariatric surgery

Gabriel Lunardi Aranha¹, Thiago Abizaid Kleinsorg², Gabriel Victor Dornelas¹, Matheus Castelo Prudente¹, Nathalia Pereira Vizentin², Marcelo Barros Weiss¹

¹Hospital e Maternidade Terezinha de Jesus - Juiz de Fora (MG), Brasil;

²Hospital Universitário, Universidade Federal de Juiz de Fora - Juiz de Fora (MG), Brasil

Objective: To analyze the main indications of intensive care hospitalization in a group of 284 operated patients. To verify the average time of hospitalization of these patients.

Methods: This study is characterized as observational of 284 patients operated between 2012 and 2017 by the simplified gastric bypass technique. Age, preoperative weight, preoperative mass index, body index, length of hospital stay, intensive care hospitalization and their indications were analyzed.

Results: Of the 284 patients operated on, the mean age was 37.3 years. 77.3% women and 22.7% men. Average body mass index of 44.8 kg/m² and length of stay of 4.29 days. Seventeen (5.98%) presented preoperative indication for hospitalization in ICU due to clinical characteristics, five had BMI greater than 60 and twelve were men older than 50 years. Fourteen (4.9%) patients required ICU admission, four (1.4%) due to anastomotic dehiscence, two (0.7%) due to pulmonary embolism, two (0.7%) due to deep venous thrombosis, one (0.35%) due to intestinal obstruction, four (1.4%) presented with hemorrhages and one (0.35%) had pneumonia. The mean length of stay in intensive care was 7.4 days with an overall rate of 10.88% of ICU admission.

Conclusion: Although it is a safe surgery, ICU admission rate remains high, the main postoperative indication was anastomotic dehiscence, as the main preoperative indication was men older than 50 years. Therefore, as the number of procedures is increasing, services must be prepared to do so.

EP-630

Elective patients undergoing sleeve gastrectomy have different patterns of cytokine responses

Uriel Trahtemberg¹, Fares Darawshy¹, Ram Elazari¹, Michael Beil², Orit Moradov³, Micha Mandel³, Sigal Sviri¹, Peter Vernon Van Heerden¹

¹Hadassah - Hebrew University Medical Center - Jerusalem, Israel;

²Marienhaus-Kliniken - Germany Saarland, Germany; ³Hebrew University Department of Statistics - Jerusalem, Israel

Objective: Study the cytokine response to sleeve gastrectomy as a model of abdominal trauma induced inflammation.

Methods: 5 blood samples were obtained from patients undergoing sleeve gastrectomy: just before the operation, upon exit to the recovery room, 3 hours thereafter, and the next 2 mornings (post-operative days 1 and 2). Vital signs and clinical laboratory measures were recorded in parallel to each blood sampling. Using a luminex platform, the blood samples were assayed for TNF α , IL1 β , IL2, IL6, IL8, IL10, TGF β , MCP1, MIP1 β , GCSF, sIL2R and IL1RA.

Results: 19 patients have been analyzed so far. Parametric and non-parametric test showed few statistically significant changes between the time points. Analysis of the results as patterns over time, using a self-organizing map clustering algorithm, identified different patterns of patient responses. IL2 was undetectable. IL1 β showed low expression with little variation. IL10 and TNF α showed a consensual and opposite response, similar among all patients: IL10 increases at the 2nd and 3rd time points, returning to baseline at the 4th, while TNF α showed a decrease in the 3rd time point. The other cytokines showed 3 to 5 patterns of response.

Conclusion: Sleeve gastrectomy does not induce detectable changes in IL2 and IL1 β . IL10 and TNF α behave similarly among all patients, in opposite directions. Cluster analysis of the other cytokines allowed to separate patients into specific patterns of response. This highlights the need for developing individual-level measures and techniques for the characterization of the inflammatory response.

EP-631

Evolução do processo doação-transplantes em hospital público de acordo com seus marcos assistenciais

Sandro de Gouvêa Montezano¹, Elaine Pereira Soares¹, Leonardo Teodósio de Melo¹, Rogério Correa Silva¹, Luiz Antônio da Silva¹, Rogerio Ribeiro da Silveira¹, Ulisses de Oliveira Melo¹, Humberto Villacorta Junior²

¹Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil;

²Universidade Federal Fluminense - Niterói (RJ), Brasil

Objetivo: Descrever a evolução de notificações e doações de órgão em um hospital público, de acordo com seus marcos assistenciais.

Métodos: Hospital inaugurado em 2002, tem como atividade fim, prestação de serviços de saúde destinado a atendimentos de urgência e emergência, especialmente para casos de média e alta complexidade. Em 2006 inaugurada a primeira unidade de terapia intensiva (UTI). Com o funcionamento da tomografia computadorizada em 2008, inauguração do Centro de Trauma em 2013 e constituição da Comissão Intra-Hospitalar de Doação de Órgãos e Tecidos para Transplantes (CIHDOTT), a unidade passa a ser importante hospital notificador de casos de morte encefálica e efetivação de doadores de órgãos e tecidos. Realizado levantamento dos dados históricos de notificação e doação da unidade nos bancos de dados da CNCODORJ/SNT e traçado paralelo a

fim de demonstrar que as melhorias assistenciais foram capazes de tornar o hospital referência em notificação e doação de múltiplos órgãos e tecidos no cenário estadual e nacional.

Resultados: Coleta de dados iniciais (CNCODORJ/SNT) evidenciou em 2013: 23 notificações com 11 doações efetivas (47%); 2014: 60 notificações com 44 doações efetivas (73%); 2015: 122 notificações com 46 doações (37%); e em 2016: 92 notificações com 41 doações efetivas (44%).

Conclusão: Melhoria assistencial e medidas de fomento ao processo doação-transplantes resultam em aumento significativo no número de doadores de órgãos efetivos e contribuem para criação da cultura da doação no serviço de saúde.

EP-632

Factors affecting duration of mechanical ventilation in patients after heart transplantation

Rodrigo Santos Biondi¹, Edvar Ferreira da Rocha Junior¹, Bruno Eduardo de Moraes Santos¹, Ana Gabriela Gewehr Vale¹, Rodrigo Pereira Pio¹, Milla Carolina Costa Lafetá Araújo¹, Vitor Salvatore Barzilai¹, Fernando Antibas Atik¹

¹Instituto de Cardiologia do Distrito Federal - Brasília (DF), Brasil

Objective: To evaluate factors that affect the duration of mechanical ventilation (MV), weaning failure and the outcome of patients after cardiac transplantation.

Methods: The medical records of all patients who underwent cardiac transplantation from January 2016 to April 2017 were evaluated in Brasília - Brazil.

Results: The sample consisted of 51 patients, 60.8% male, 55 ± 10.4 years old, cold organ ischemia time of 2.0 h ± 1.0, surgery time of 6.2 ± 1.7, Aortic clamp time of 1h ± 0.2, duration of MV in the median ICU 13.3 hours. A strong correlation was found between ejection fraction 1 and duration of MV with $r = -0.74$ with $p = 0.01$. Extubation failure occurred in 7.8%, with the mainly because of lowering of consciousness level and hemodynamic instability. The factors that provided an absolute increase in duration of MV e in ICU were primary graft failure requiring central VA-ECMO (mean 132h) and double heart transplantation (heart-kidney), with 117.3h. There was a difference between a group that evolved with hemodialysis, with a significant impact on the increase in weaning time ($p = 0.03$).

Conclusion: The main components that interfered in the results were the need for ECMO as well as acute kidney injury with renal replacement therapy.

EP-633

Factors associated with mortality in patients admitted to an intensive care unit following bone marrow transplantation

Pablo Pratesi¹, Kusminsky Gustavo¹, Javier Horacio Alvarez¹, Zavattieri Agustina¹, Tisi Baña Matias¹, Rubinstein Fernando¹, Cosenza Sebastian¹, Victoria Markevich¹

¹Hospital Universitario Austral - Buenos Aires, Argentina

Objective: Bone marrow transplantation (BMT) has allowed over the years to increase the survival of patients with haematological and other etiologic diseases. Admission to a Critical Care Unit is associated with high morbidity and mortality due to complications such as graft versus host disease, systemic infections, respiratory failure, multiorgan dysfunction, etc. **Objective:** To evaluate mortality and risk factors in our cohort.

Methods: Observational, retrospective cohort study of consecutive patients admitted to the Critical Care Unit. Mortality results are reported and the effect of APACHE II, transplant type, number of organ failures and vital support required.

Results: We included 65 patients admitted to the ICU between 2006 and 2016. The average age was 43 years (SD ± 16). Male 52%. 52 patients required mechanical ventilation with a mortality of 65%. Overall mortality was 56%, with no significant association with APACHE II on admission among those who lived and died ($p=0.09$). There was an association between the use of vasopressors and mortality (RR 3.9, 95% CI, 1.1-14) $p=0.0018$, as well as dialysis and mortality (RR 2.2, 95% CI, 1.48-3.38) $p=0.0001$. The number of organ failures and SOFA at admission were negatively correlated with survival ($p<0.00001$).

Conclusion: Our sample is comparable to that described in the literature. In this initial report on the complications and mortality in this type of transplantation, the need for life support, and the presence of organ failures remain as the prognostic factors in our intensive care unit.

EP-634

Fluid restriction is associated with delayed postoperative early mobilization in the intermediate care unit

Marie Tanaka¹, Yoko Tsukada¹, Nao Nishi¹, Kenji Wakabayashi¹, Hideo Takahashi¹, Hidenobu Shigemitsu¹

¹Tokyo Medical and Dental University - Bunkyo-Ku, Tokyo, Japan

Objective: Postoperative early mobilization is an essential process for patient recovery in the IMCU. However factors that facilitate or inhibit this process have not been well described. We reviewed the time from admission to the IMCU after surgery to when sitting on edge of bed was first achieved with associated incidence of adverse events.

Methods: We retrospectively reviewed our electronic health record of patients ($n=41$) who stayed for more than 2 days in the IMCU in a tertiary university hospital between October 2016 to November 2016. Step-up/down process was performed following the early mobilization protocol developed at our hospital, which consists of 5 steps; from Level 1 (Passive range of motion only) to Level 5 (Ambulation).

Results: Forty patients (95%) were able to achieve Level 3 (sitting on edge of bed) activity on the next day after surgery, and the average time to the first successful attempt for sitting on edge of bed after surgery was 17hours 52mins. Adverse events were occurred in 16 patients (38%) of which majority was hypotension (n=11). Subgroup analysis of the patients who had adverse events revealed delayed mobilization ($p<0.05$) and significantly less fluid balance at 6 ($p<0.05$) and 12 ($p<0.05$) hours after surgery.

Conclusion: Avoidance of fluid overload has been encouraged for early recovery after surgery due to third space fluid shift and to minimize pulmonary edema. Our study suggests such fluid restriction might result in delayed mobilization and further investigation is needed to explore its full effect.

EP-635

Intensive care nurses' knowledge about brain death and maintenance of potential organ and tissue donor

Tatiane Teixeira Lima¹, Ana Cristina Carvalho da Costa², Camila Vieira Hirata²

¹Residência em Enfermagem em Terapia Intensiva, Escola Superior de Ciências da Saúde - Brasília (DF), Brasil; ²Secretaria de Estado de Saúde do Distrito Federal - Brasília (DF), Brasil

Objective: it is essential that the intensive care nurse knows the assistance provided to the potential donor guarantees the viability of the organs for transplants. The study aimed to evaluate the nurses' knowledge of the Intensive Care Units of a teaching hospital in Distrito Federal related to brain death and care in maintaining the potential donor.

Methods: A descriptive, cross-sectional, quantitative study, with information collected through a questionnaire containing demographic data, data on the professional training of nurses, and questions about the protocol for brain death and care with the potential donor, recommended in Brazil.

Results: A total of 29 professionals participated in the study, most of them female (72.4%), with a mean age of 33.7 years and an average time of professional performance of 1 to 4 years (44.8%). Only about 25% of the sample reported having participated in any training on the subject and stated that they felt prepared to take care of the potential donor. About 75% of the participants correctly answered questions about blood pressure control, endocrine metabolic functions and management of cardiorespiratory arrest. However, only 40% of the subjects correctly answered questions about prevention of hypothermia and infection management in potential donor.

Conclusion: The intensive care nurses demonstrated satisfactory knowledge about brain death and care in maintaining the potential donor. However, several doubts were present, which reinforces the need for updating and constant improvement on the subject. Adequate training could boost the number of transplanted organs, decrease donor loss, and improve post-transplant survival.

EP-636

Intensive care unit early complications affecting outcomes in heart transplant patients. Single center experience in Brasília, Brazil

Rodrigo Santos Biondi¹, Bruno Eduardo de Moraes Santos¹, Edvar Ferreira da Rocha Junior¹, Thais Nascimento Cosa¹, Milla Carolina Costa Lafetá Araújo¹, Rodrigo Barbosa da Conceição¹, Vitor Salvatore Barzilai¹, Fernando Antibas Atik¹

¹Instituto de Cardiologia do Distrito Federal - Brasília (DF), Brasil

Objective: Evaluate early intensive care unit (ICU) care and outcomes after orthotropic heart transplant. Only center analysis in Brasília - Brazil.

Methods: Retrospective cohort analysis of medical records from January 2009 to April 2017. 152 patients underwent heart transplant on this period.

Results: Median SAPS III 39.95(± 7.81), survivors (42,39) and non-survivors (38,6) ($p<0.01$). Age was 48.5 \pm 11.5 years, 89 were male (58.6%). Patients had an ICU length of stay (LOS) of 9.8 \pm 7.9 days, main complications were: Acute Kidney Failure (AKF) 52 (34.2%), 25 patients required VA ECMO (16.4%). Primary graft failure (23), secondary graft failure (2), prolonged necessity of temporary pacemaker 20 (15%) and non-CMV infection 59 (38.8%) without significant association. Vasoactive drugs (VAD) used were Dobutamina (94.2%), noradrenaline (80.9%), Milrinone (60.9%) and Vasopressin 30.4%.

Conclusion: AKF requiring dialysis ($p=0.01$) and VA ECMO ($p=0.01$) were related to significant increase in ICU LOS.

EP-637

Left traumatic rupture of the diaphragm

Valter Nilton Felix¹, Ioshiaki Yogi¹, Matheus Felipe Belo Silva¹, Gabriel Previero Elias da Silva¹

¹Nucleus of General and Specialized Surgery - São Paulo (SP), Brasil

Objective: Analysis of 18 cases of left traumatic rupture of diaphragm (LTRD) due to blunt trauma submitted to laparotomy.

Methods: The patients (all men, 43. 26 \pm 12.34y old) had been victims of road traffic accident (16 - 89%) or falls from a height (2 - 11%). They had herniation of the stomach (18 - 100%), omentum (12 - 66,66%), colon (10 - 55.55%), small bowel (6 - 33.33%), spleen (4 - 30.77%) and pancreas (2 - 1.67%). All were hypovolemic, exhibiting respiratory distress; 11 (61.11%) presented hemopneumothorax and rib fractures, 6 (33.33%), long-bone fractures, 5 (27.77%), hepatic and splenic injuries, 4 (30.77%), closed head injuries and 2 (1.67%), pelvic fractures. The radiologic diagnosis was confirmed in computed tomography. The basic principles of trauma care were closely fulfilled, and, at laparotomy, gentle downward traction of all the herniated viscera was performed. Diaphragmatic rupture was repaired with

intermittent polypropylene sutures; mesh was employed in 3 cases (16.66%). Chest tube drainage was mandatory.

Results: None suture-line dehiscence or hemi diaphragmatic paralysis was observed. We listed pneumonia in 5 cases (27.77%), empyema in 3 (16.66%) and sub-phrenic abscess in 1 (5.55%). The overall mortality rate was 22.22% (4 cases, three of them related to neurologic damage and one to multisystem organ failure).

Conclusion: The operative repair of a traumatic rupture of the diaphragm is highly feasible if laparotomy is performed early, and mortality is basically due to associated injuries.

EP-638

Outcome after a liver transplantation surgery from infected deceased donors

Natalia Fioravanti Postalli¹, Salomon Soriano Ordinola Rojas¹, Viviane Cordeiro Veiga¹, Catiana Mitica Gritti¹, Andre Ibrahim David¹, Jorge Marcelo Padilla Mancero¹, Arnaldo Bernardo Filho¹, Gilberto Peron Junior¹

¹Unidade de Terapia Intensiva Neurológica, Hospital BP - A Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objective: Evaluate the outcome of patients in the postoperative period of liver transplantation, in which the donors were in the presence of infection.

Methods: Analysis of medical records, from 2014 to early 2017, of 71 patients underwent liver transplantation at a large hospital.

Results: Of these, 07 (10%) received organs from donors in the presence of infection. The infectious agents identified in donors varied between *Acinetobacter baumannii*, *Enterobacter cloacae*, *Klebsiella pneumoniae* Carbapenemase, VDRL and toxoplasmosis (IGG and IGM) tests positive, and anti-HBC positive serology. Therefore, bloodstream infection was present in all donors. The protocol of the institution was followed being collected cultures of the recipient and maintained antibiotic in the postoperative period. No deaths were attributed to the infection.

Conclusion: Postoperative care, associated with the continuity of antibiotic therapy or the early initiation of treatment of infection, as well, as care in the prevention of new infections, are primary procedures for a significant reduction in mortality in liver transplantation

EP-639

Percepção do enfermeiro intensivista sobre o impacto da assistência na concretização da doação de órgãos

Layana de Paula Cavalcante¹, Violante Augusta Batista Braga¹, Michell Ângelo Marques Araújo¹, Islane Costa Ramos¹, Larissa de Araújo Lemos¹

¹Departamento de Enfermagem, Universidade Federal do Ceará - Fortaleza (CE), Brasil

Objetivo: Analisar a percepção dos Enfermeiros de UTI sobre impacto da sua assistência na concretização da doação de órgãos.

Métodos: Pesquisa exploratória, descritiva e analítica, realizada em um CTI clínico de um hospital público estadual em Fortaleza - CE. Os sujeitos do estudo foram 30 Enfermeiros. A produção de dados ocorreu entre agosto e dezembro de 2013, após aprovação pelo CEP da Instituição, conforme Parecer nº 376.423. Os dados deste estudo foram produzidos através de entrevista e a partir da observação sistemática. Na análise do material optamos pela técnica de análise de conteúdo, modalidade temática, segundo Bardin (2011).

Resultados: Foi encontrada a categoria: Implicação direta da assistência do Enfermeiro da UTI para concretização da doação, reunindo 68 unidades de registro (UR), em duas subcategorias: Implicação direta da assistência do Enfermeiro da UTI para concretização da doação e Atribuição do cuidado direto da CIHDOTT na concretização da doação, as quais agruparam aspectos relacionados ao impacto da assistência prestada pelo Enfermeiro ao paciente potencial doador de órgãos e tecidos e a sua família na concretização da doação.

Conclusão: Alguns profissionais sentem-se, apenas em parte, responsável pelo paciente em ME e por sua família, atribuindo a responsabilidade pelo paciente a equipe da CIHDOTT. Os Enfermeiros que consideram-se responsáveis diretos pelo paciente consideram que a sua assistência é importante, pois são eles que garantem a monitorização e a manutenção hemodinâmica adequada, desta forma assegurando a qualidade dos órgãos a serem transplantados.

EP-640

Pre-operative anemia and morbidity after major abdominal surgery

Alicia Araújo de Oliveira¹, Danilo Cosme Klein Gomes¹, Maria Luiza Macdowell Couto², Debora Teixeira Marques², Iasmin Cava de Sa², Andrea Neves Soares², Marina Ramos Costa², Thales dos Santos Fonseca Teixeira¹

¹Hospital Federal de Ipanema - Rio de Janeiro (RJ), Brasil; ²Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objective: To evaluate the incidence and the impact of pre-operative anemia on post-operative morbidity.

Methods: A retrospective study was initiated to evaluate morbidity after major abdominal surgery. Data was collected from chart review of all patients admitted to a surgical intensive care unit between December 2016 until May 2017. Total morbidity burden was calculated using post-operative morbidity survey (POMS) that include nine post-operative variables at first and fifth post-operative day. Anemia was defined as hemoglobin levels below 12g/dl in women and 13g/dl in male patients.

Results: 41 patients were included at the analysis. Median age was 63 (11.8) and a preoperative diagnosis of cancer was present in 82,9% of patients. Twenty-nine patients had preoperative hemoglobin levels on their chart. Anemia was

present in 19 (65%) of patients before surgery. Anemia was not associated with increased morbidity on first and fifth post operative day, but it was associated with increased length of hospitalization ($p=0,001$).

Conclusion: The incidence of anemia was high on this high risk surgical patients. It did not increase with short term morbidity but it was associated with increased length of hospital stay. Our study has limitations as the sample is very small and it did not explore the correlation between the hemoglobin level and post-operative morbidity.

EP-641

Prognostic factors in the discharge of hepatic transplantation

Natalia Fioravanti Postalli¹, Salomon Soriano Ordinola Rojas¹, Viviane Cordeiro Veiga¹, Thais Kawagoe Alvarisa¹, Catiana Mitica Gritti¹, Andre Ibrahim David¹, Arnaldo Bernardo Filho¹, Andre Gustavo Santos Pereira¹
¹Unidade de Terapia Intensiva Neurológica, Hospital BP - A Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Objective: To evaluate prognostic factors in the outcome of liver transplantation, from cadaveric donors, in a large hospital.

Methods: Analysis of medical records, in the period from 2014 to early 2017, of 71 patients underwent liver transplantation at a large hospital.

Results: In this sample, the death rate was 18.3%, more associated with patients with ischemic time greater than 8 hours (69.23%), female (38.43%), hepatitis C virus (38, 43%), hepatic re-transplantation (23%), cell rejection (15.38%). Other factors such as autoimmune hepatitis, NASH or cryptogenic, alcoholic cirrhosis, primary sclerosing cholangitis and Budd Chiari syndrome are around 7.7% of deaths in each case.

Conclusion: It was observed that the conditions related to the organ ischemia time, gender and cause etiology of hepatic insufficiency are the main causes and factors of failure of the procedure.

EP-642

Serum sodium assessment in patients with brain death considered for organ donation

Sandro de Gouvêa Montezano¹, Elaine Pereira Soares¹, Felipe Mafort Rohen², Rogerio Ribeiro da Silveira¹, Ulisses de Oliveira Melo¹, Humberto Villacorta Junior³, Ederlon Alves de Carvalho Rezende¹
¹Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil; ²Hospital Estadual João Batista Caffaro - São Gonçalo (RJ), Brasil; ³Universidade Federal Fluminense - Niterói (RJ), Brasil

Objective: To assess serum sodium levels in patients with brain death who were screened for organ donation.

Methods: Between July 2013 and January 2017, 10,512 admissions were registered in the intensive care unit (ICU) of two public hospitals. Of these, 209 (2%) patients had a diagnosis of brain death. Among these patients, 100 (48%) were effectively organ donors. Serum sodium was assessed at admission in the ICU (adm-Na) and on the last day of hospitalization (final-Na).

Results: Mean age was 47.5 ± 20 years and 127 (60.7%) were male. Adm-Na did not differ between donors and non-donors (141.5 ± 7.6 vs 141.3 ± 9.2 , $p=0.91$). The same was observed with final-Na (152.6 ± 12 vs 151.8 ± 13.5 , $p=0.67$). The donation rates according to final-Na ranges <150 , $150-154$, $155-159$, and ≥ 160 mEq/L were, respectively, 40.2%, 51.4%, 51.8%, and 58.3% ($p=0.04$ for the comparison of ≥ 160 versus <150 mEq/L). Patients with head trauma presented with higher serum sodium levels than other diagnoses at admission (143.4 ± 9.4 vs 139.9 ± 7.5 , $p=0.0043$) and immediately before donation as well (155.6 ± 12.7 vs 149.9 ± 12.6 , $p=0.0018$).

Conclusion: There were no differences in serum sodium levels between donors and non-donors, with a significant number of donations occurring in patients with severe hyponatremia. Hyponatremia therefore was not impeditive for organ donation.

EP-643

The impact of nursing consultation on the learning process in liver transplantation

Laércia Ferreira Martins¹, Tatiana de Medeiros Colletti Cavalcante², Solange Diccini³

¹Hospital Fernandes Távora - Fortaleza (CE), Brasil; ²Universidade de Fortaleza - Fortaleza (CE), Brasil; ³Escola Paulista de Enfermagem, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil

Objective: The objective of this study was to know the effect of an educational program applied in pre-transplantation in relation to knowledge improvement.

Methods: prospective cohort study, with 55 patients who were candidates for liver transplantation. The data collection took place in three stages: pre-test, implementation of the educational intervention and post-test. The present study was approved by the Research Ethics Committee of the Federal University of São Paulo - UNIFESP and the Hospital involved located in the metropolitan region of Fortaleza / CE. (Views 933.159 / 15 and 946.633 / 15, respectively).

Results: an improvement of cognition after the intervention was evidenced, with improvement of the participants' performance. Before the educational intervention, we obtained an average of 9.42 questions (SD = 6.15). Already after the educational intervention the average number of correct answers was 31.58 questions (SD = 6.62), with statistical significance ($p < 0.001$) between before and after the intervention.

Conclusion: the individualized educational intervention through the nursing consultation was shown to be effective in increasing

the patient's knowledge about the liver transplantation process, which may contribute to the success of the treatment.

EP-644

The process of teaching learning in liver transplantation in patients with and without encephalopathy

Laércia Ferreira Martins¹, Tatiana de Medeiros Colletti Cavalcante², Solange Diccini³

¹Hospital Fernandes Távora - Fortaleza (CE), Brasil; ²Universidade de Fortaleza - Fortaleza (CE), Brasil; ³Escola Paulista de Enfermagem, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil

Objective: The objective of this study was to compare the learning process of patients with liver disease with and without encephalopathy in the pre and postoperative periods of liver transplantation.

Methods: Prospective cohort study, with 36 patients who underwent liver transplantation. The data collection took place in four stages: pre-test, implementation of the educational intervention, post-test and after 1 month of transplantation. The present study was approved by the Research Ethics Committee of the Federal University of São Paulo - UNIFESP and the Hospital involved located in the metropolitan region of Fortaleza / CE. (Views 933.159 / 15 and 946.633 / 15, respectively).

Results: The patient and control groups were similar, predominantly male (71.4 and 73.3%), with a mean age of 49 and 56 years, from the rural areas, with a more prevalent medical diagnosis of alcoholic cirrhosis (33, 3 and 40%). The total of hits before intervention was 9.9 and 9 questions, after the intervention the average number of hits was 32 and 33 questions and after 1 month of transplantation the average remained in 31 and 33 questions respectively between the groups.

Conclusion: The study demonstrated that the encephalopathic patient presents a similarity in the retention of knowledge when compared to the control, suggesting that the individualized educational intervention through the nursing consultation in this type of patient is as effective as in the patient without encephalopathy.

EP-645

Trauma and hemodynamic: a systematic review and meta-analysis

Raimundo Marcial de Brito Neto¹, Paula Pitta de Resende Côrtes¹

¹Universidade Severino Sombra - Vassouras (RJ), Brasil

Objective: Severe trauma can be associated with significant hemorrhagic shock and impaired organ perfusion. We hypothesized that goal-directed therapy would confer morbidity and mortality benefits in major trauma.

Methods: Observational study. The MedLine, Embase and Cochrane Controlled Clinical Trials Register databases were systematically searched for randomized, controlled trials of goal-directed therapy in severe trauma patients. Mortality was the primary outcome of this review. Secondary outcomes included complication rates, length of hospital and intensive care unit stay, and the volume of fluid and blood administered. Meta-analysis was performed using RevMan software, and the data presented are as odds ratios for dichotomous outcomes and as mean differences (MDs) and standard MDs for continuous outcomes.

Results: 419 patients were analyzed. Mortality risk was significantly reduced in goal-directed therapy-treated patients, compared to the control group (OR=0.56, 95%CI: 0.34-0.92). Intensive care (MD: 3.7 days 95%CI: 1.06-6.5) and hospital length of stay (MD: 3.5 days, 95%CI: 2.75-4.25) were significantly shorter in the protocol group patients. There were no differences in reported total fluid volume or blood transfusions administered. Heterogeneity in reporting among the studies prevented quantitative analysis of complications. **Conclusion:** Following severe trauma, early goal-directed therapy was associated with lower mortality and shorter durations of intensive care unit and hospital stays. The findings of this analysis should be interpreted with caution due to the presence of significant heterogeneity and the small number of the randomized, controlled trials included.

EP-646

Trauma penetrante por lesiones de arma de fuego en el Complejo Médico Policial Churruca Visca: experiencia de trece años

Adriana Karina Feldman¹, Daniel Varela¹, Dario Quaranta¹, Gabriela Sibila¹, Vanesa Nunes¹, Carina Pino¹, Rocio Ochoa¹, Maria Guaymas¹

¹Complejo Médico Policial Federal - Buenos Aires, Argentina

Objetivo: Describir las lesiones del trauma penetrante por arma de fuego durante diez años en nuestro hospital. **Métodos:** Estudio descriptivo, retrospectivo y observacional de pacientes ingresados por (HB) a la Unidad de Terapia Intensiva (UTI) desde el 1/03/2004 hasta 1/03/2017. Las variables registradas fueron edad, sexo, APACHE II, TSR, ISS, lesiones, necesidad de ARM, estadía y mortalidad. Se utiliza media \pm DS, mediana \pm RI o %.

Resultados: Ingresaron a la Terapia Intensiva 303 heridos de arma de fuego. La edad promedio fue de 40 ± 16 , APACHE II fue de 18 ± 14 , trauma score revisado (TSR) 6, Injury Severity Score (ISS) 19. El 80% hombres. La localización de las lesiones son: cráneo (23%), cuello (7%), lesiones infra diafrágicas y de miembros inferiores (36%), lesiones supra diafrágicas y de miembros superiores (26%) y (8%) lesiones mixtas (combinadas). Requirieron ARM 136

(56%) pacientes. El traslado se realizó en helicóptero (46%), en ambulancia (43%) y en vehículo (11%). Los días de internación fueron 7[3-14] y la mortalidad fue del 52% en heridas de bala en cráneo, 18% en cuello, 12% heridas supra diafragmáticas y miembros inferiores, 20% infradiafragmáticas y 24% mixtas. La mortalidad global fue del 24%.

Conclusão: Las heridas por arma de fuego son el mecanismo de trauma más frecuente en nuestro medio, si bien el apache fue alto la mortalidad fue menor a la esperada. La lesión más frecuente fueron las lesiones infra diafragmáticas y de miembros inferiores. La resucitación, el soporte vital, la intervención quirúrgica inmediata y un equipo multidisciplinario son los pilares para el tratamiento de estos pacientes.

EP-647

Treinamento muscular respiratório na reabilitação cardíaca

Raimundo Marcial de Brito Neto¹, Paula Pitta de Resende Côrtes¹

¹Universidade Severino Sombra - Vassouras (RJ), Brasil

Objetivo: A cirurgia cardíaca (CC) faz parte da terapêutica atual das cardiopatias, e, apesar de seus benefícios, pode propiciar redução da força muscular respiratória, dos volumes e capacidades pulmonares. Diferentes modalidades da fisioterapia respiratória têm sido utilizadas, entre elas o Treino Muscular Inspiratório (TMI). O objetivo do presente estudo foi avaliar os efeitos do TMI associado a um protocolo de fisioterapia convencional na qualidade de vida e função pulmonar de um paciente submetido à Cirurgia de Revascularização do Miocárdio (CRM).

Métodos: Foi realizada uma pesquisa do tipo estudo de caso, no qual, o paciente foi submetido a atendimento fisioterapêutico convencional associado ao TMI com Threshold* (carga de 30% da PImáx inicial), as avaliações ocorreram no pré-operatório, 1º dia do pós-operatório (PO) e 6ºPO.

Resultados: Foi identificada uma percepção negativa da qualidade de vida no pré-operatório, com piora dos domínios: "dor" e "aspectos sociais"; e melhora dos: "capacidade funcional", "estado geral de saúde", "vitalidade" e "saúde mental" no 6ºPO. Em relação à função pulmonar, o paciente apresentou declínio de todas as variáveis no 1ºPO, confirmando que o procedimento cirúrgico repercutiu, negativamente, na função pulmonar. Ocorreu aumento de todas as variáveis no 6ºPO, com aumento mais expressivo do volume corrente (VC) e pressão inspiratória máxima (PImáx).

Conclusão: O TMI associado a um protocolo de fisioterapia convencional foi eficaz na melhora da função pulmonar e qualidade de vida do paciente.

EP-648

A relação do uso de terapias de suporte como o perfil e o desfecho dos pacientes politraumatizados admitidos em uma unidade de terapia intensiva adulto

Ananda Catharina Azevedo Silva¹, Eduardo da Silva Oliveira¹, Mauricio Gomes da Silva Serra¹, Bruno Sousa Pereira¹, Suzane Pereira de Souza¹, Felipe Ferreira Ribeiro de Souza¹, Gabriel Silva Rocha¹, Lucio Couto de Oliveira Junior¹

¹Universidade Estadual de Feira de Santana - Feira de Santana (BA), Brasil

Objetivo: O objetivo desse estudo foi avaliar o perfil e desfecho de pacientes politraumatizados admitidos em UTI adulto que necessitaram de ventilação mecânica e/ou aminas vasoativas.

Métodos: Trata-se de um estudo epidemiológico e retrospectivo. Os dados foram coletados no período entre junho de 2016 e março de 2017, usando o software EPIMED monitor, aplicado em uma UTI adulto pública da Bahia. Foram incluídos todos os pacientes internados no período, com diagnóstico principal de politrauma que necessitaram de ventilação mecânica e/ou vasopressores, totalizando 152 pacientes, independentemente de outros critérios de exclusão.

Resultados: Diante das análises, inferiu-se que 84,2% (n=128) eram homens, a média de idade de 36,52 anos, o tempo de permanência médio na UTI foi de 10,07 dias e no hospital 25,03 dias. Além disso, observou-se que 67,1% (n=102) necessitou apenas de ventilação mecânica, 0,1% (n=2) de vasopressores e 31,7% (n=48) utilizaram ventilação mecânica e vasopressores. Considerando desfechos, nos politraumatizados que utilizaram apenas ventilação mecânica a taxa de mortalidade foi de 23,52% (n=24). Nos pacientes que utilizaram apenas vasopressores não houve mortalidade. Quanto aos que usaram ventilação mecânica vasopressores houve 22,9% de mortalidade. Desta forma, observamos a compatibilidade dos dados com a literatura, demonstrando que o uso de ventilação mecânica associa-se maior mortalidade.

Conclusão: Esse cenário permitiu avaliar que os pacientes admitidos em ventilação mecânica e/ou vasopressores em maioria eram homens, jovens e apresentavam tempo de permanência na UTI elevados e elevada mortalidade.

EP-649

Acute hepatic failure and hepatic transplant from kava-kava ingestion: case report

Aline Branco¹, Emerson Matheus Silva Lourençone¹, Matheus William Becker¹, Carine Raquel Blatt¹, Rita Catalina Aquino Caregnato¹

¹Universidade Federal de Ciências da Saúde de Porto Alegre - Porto Alegre (RS), Brasil

The kava-kava (Piper methysticum) phytotherapeutic, known by its anxiolytic mechanism, is associated with

hepatotoxicity. This study aims to report a case of a patient that, after using the kava-kava phytotherapeutic, evolved to an acute hepatic failure and liver transplant. Case description: Woman, 45 years old, admitted into a small size hospital on 09/05/2016 with nausea and icterus. Normal abdomen tomography. Total bilirubin: 12,40mg/dL; Direct bilirubin: 10,40mg/dL; Alanine aminotransferase: 2459 U/L; International normalized ratio: 1,76. During anamnesis, she denied alcoholism and smoking, made use of 20 mg Omeprazole for 4 years, and 3 mg Bromazepam for 2 years. To replace the Bromazepam, she self-medicated with 100mg kava-kava at nighttime. Symptoms occurred after 40 days of ingestion of the phytotherapeutic, suspended on 09/05. Hepatotoxic diseases (hepatitis A, B, C), cytomegalovirus, Epstein-barr virus, leptospirosis and herpes virus diagnosis were excluded. On 09/15 she was transferred to a medium complexity center and submitted to toxoplasmosis and autoimmune hepatitis tests, both negative. She was diagnosed with acute hepatic failure and was transferred on 09/17 to a transplant reference center. Hepatic transplant was performed on 09/27. Transplant complications: acute kidney injury, abdominal compartment syndrome, pleural effusion on the right-side, ischemia and hepatic hematoma. Discharged on 11/28/2016. Comments: Nine months post transplant the patient is well. Notification and diagnosis of the cases are important, as to acknowledge the damage caused by the use of phytotherapies.

EP-650

Bibliometric indicators from articles about "post-traumatic infarction" in Scopus database

Clarissa de Oliveira Soares Peixoto¹, Flávio Berriel Abreu², Renata Restay¹, Rita de Cassia Oliveira Costa Berriel Abreu², Eduardo Shimoda²

¹Hospital Ferreira Machado - Campos dos Goytacazes (RJ), Brasil;

²Universidade Cândido Mendes - Campos dos Goytacazes (RJ), Brasil

Objective: The purpose of this work is to present bibliometric indicators regarding the "post-traumatic infarction" theme in the Scopus database.

Methods: Data collection was carried out on July 4th, 2017, applying the terms "infarction" and "post-traumatic". Articles containing these words in the title, abstract or keywords were sought, limiting the search to papers published in journals.

Results: Concerning the theme, only 295 articles were verified, having the United States (63 articles) as the country that most publishes about the issue. The institutions VA Medical Center (15), Universitatsspital Bern (12), and Universitat Bern (10), and the authors Schmid, J.P. (12) and Saner, H. (11) can be cited as having more than 10 publications on it. The journals

with more articles published about the theme were Wiadomosci Lekarskie (6), General Hospital Psychiatry (5), American Heart Journal (4), Journal of Clinical Psychology in Medical Settings (4), and Journal of Psychosomatic Research (4). In terms of temporal analysis, until 2000, the number of articles was around 5 per year, after which changed to approximately 10, with a peak, in 2010, of 21 publications.

Conclusion: Articles on the subject are still scarce, with the main contribution concerning numbers coming from the United States. The research carried out should contribute to mapping the countries and reference centers regarding the theme, as well as the authors that most published.

EP-651

Comparative analysis of the actions related to transplants after the implementation of CIHT in a tertiary hospital of the interior paulista

Guilherme de Almeida Costa¹, Alexandre Gardim de Cesare², Felipe Caetano Pardo¹, Luis Augusto Prado¹, Elaine Regina de Souza¹, Janaine Fernada dos Santos Souza¹, Renato Mazzaro Ferrari¹

¹Universidade do Oeste Paulista - Presidente Prudente (SP), Brasil;

²Universidade de Santo Amaro - São Paulo (SP), Brasil

Objective: Brain death is the irreversible loss of all brain functions, including brainstem functions. The discrepancy of available organs for transplantation and transplants is growing in national and international contexts. It is up to the in-hospital commission of donation of organs and tissues for transplantation to carry out the collection of data regarding the donation process in the service in which they are constituted.

Methods: Cross-sectional, retrospective, qualitative, quantitative and descriptive study. All data were recorded monthly for analysis. Proportional data (donors and notifications per month) were used in the two years prior to CIHT training and in the biennium subsequent to the program implementation. The data were tabulated in excel sheet and compared with the t-test, considering acceptable values for p if less than 0.05.

Results: In the 2012/2013 biennium we have had 10 reports of brain death with 4 donations, corresponding to 0.41 notifications and 0.16 donations per month; In the biennium after the CIHT implementation, we obtained a ratio of 5.08 notifications and 2.5 donations per month, with p less than 0.001 for notifications and 0.01 for donations.

Conclusion: The discrepancy of the results when compared the pre and post CIHT implementation biennia reinforces the importance of the presence of an exclusive task force for follow up suspect cases of brain death, assisting the assistance team in the identification of suspected cases, the management of potential donors and the family approach.

EP-652

ECMO: Ponte para transplante pulmonar em paciente em ventilação espontânea

Amanda Dias Lima Morais¹, Patricia Schwarz¹, Melina Silva de Loreto¹, José Augusto Santos Pellegrini¹, Edino Parolo¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

A oxigenação por membrana extracorpórea (ECMO) é uma tecnologia de suporte cardiorrespiratório avançado cada vez mais utilizado como ponte para transplante pulmonar em pacientes com insuficiência respiratória progressiva. Relatamos um caso de uso de ECMO em candidato a transplante pulmonar com risco de morte iminente em lista de espera. D.L.S, 49 anos, avaliado e listado para transplante pulmonar, com pneumonia intersticial e hipoxemia de rápida evolução. Frente à piora da insuficiência respiratória foi solicitada priorização para transplante. Simultaneamente, instalada ECMO venovenosa e tratando-se de ventilação espontânea, verificamos mais marcadamente o fenômeno de "chicoteamento" das cânulas, causando dor de forte intensidade e dificuldade em manter o fluxo de sangue adequado para o circuito. Após 5 dias, foi submetido a transplante pulmonar bilateral, mantido em ECMO e ventilação mecânica invasiva com estratégia protetora. Houve melhora dos parâmetros ventilatórios, com decanulação da ECMO no 5º pós-operatório. No decorrer dos dias, desenvolveu complicações como isquemia mesentérica, insuficiência renal aguda e pneumonia por bactéria multirresistente, evoluindo com choque refratário e óbito no 160º pós-operatório. Candidatos a transplante pulmonar, frequentemente, apresentam agravamento da insuficiência respiratória necessitando de suporte ventilatório invasivo. Isto contribui para índices preocupantes de mortalidade em lista de espera, especialmente na doença pulmonar intersticial. A despeito do óbito precoce deste caso, evidências atuais apoiam o uso da ECMO, no paciente em ventilação espontânea, como ponte para o transplante, evitando os efeitos deletérios da ventilação invasiva, permitindo maior preservação do estado físico e nutricional. Esta estratégia inovadora demonstra maior sobrevida pós-transplante pulmonar.

EP-653

Encephalitis associated with antibodies against AMPA receptor after liver transplantation

Michele Oliveira de Marco¹, Barbara Vieira Carneiro¹, Mateus Mistieri Simabukuro¹, Guilherme Andrade¹, Luiz Marcelo Sá Malbouisson¹, Marconi Cosme¹, Flair José Carrilho¹

¹Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Autoimmune encephalitis are neurological disorders associated with autoantibodies that target neuronal surface

proteins and alter synaptic transmission. They constitute an expanding disease entity of great interest over recent years because of the novelty of their pathogenetic mechanisms. Autoimmune encephalitis associated with antibodies against the α -amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid receptor (AMPA) is one of them, and should be considered in patients with refractory seizures or encephalopathy. Case: A 67-year old man was submitted to liver transplant on January 05, 2017 due to liver cirrhosis caused by the C virus. The transplantation occurred with no complications. The patient discharged from hospital asymptomatic. On postoperative day 20, the patient was admitted with generalized tonic-clonic seizures. He progressed to refractory status epilepticus that required intubation and mechanical ventilation. Laboratory investigations showed normal values. Initial analysis of cerebrospinal fluid (CSF) was normal. Magnetic resonance showed increased signal in right medial temporal lobe and mild transient contrast enhancement in the right hippocampus. Only on day 40 after admission, the studies of CSF were positive for autoantibodies directed against subunits of the AMPA receptor. Intravenous immunoglobulin was given for 5 days and patient had a mild improvement of his neurological status, but he died on day 46 after admission. The cause of death was a unexplainable cardiac dysrhythmia. Autoimmune encephalitis should be considered in the differential diagnosis of any patient seen with refractory seizures. It is not clear why some patients develop this severe encephalitis and what causes variability in outcomes.

EP-654

Experiencia con el trasplante hepático en la unidad de cuidados intensivos de adultos del Hospital de Clínicas, San Lorenzo - Paraguay

Patricia Beatriz Añazco Mareco¹, Lino Marcelo Pederzani Damen¹, Hugo Fernando Bianco Cáceres¹, Fernando Jose Ferreira Marecos¹, Maria Lorena Fontclara López¹

¹Unidad de Cuidados Intensivos, Hospital de Clínicas - San Lorenzo, Asunción Central, Paraguay

La evolución del conocimiento sobre trasplante de hígado en los últimos cincuenta años ha conseguido que se convierta en el tratamiento fundamental de la enfermedad hepática terminal. Los cuidados críticos representan un papel primordial en el éxito de esta especialidad. Presentamos 7 pacientes sometidos a trasplante hepático en el Hospital de Clínicas de San Lorenzo, Paraguay en un periodo de 2 años; la edad promedio fue de 33,8 años, con predominio masculino (71,5%), el 100% de pacientes eran cirróticos, de etiología autoinmune en 42,9%, criptogénica en 28,5%; 14,3% tanto para colangitis esclerosante primaria y lesión de vías biliares; con score Child-Pugh C en 57,1% de los casos y un MELD promedio de 19,2. El total de trasplantes provino de donantes cadavéricos. La

estancia promedio en la unidad de cuidados intensivos fue de 9,1 días; observamos complicaciones como trombosis venosa y sangrado en 1 paciente, necesidad de reintervención en 2 casos, falla renal en 4 de los 7 pacientes con requerimiento de terapia de reemplazo renal en 1 de ellos. Una paciente falleció a causa de falla multiorgánica (cardíaca, respiratoria, renal, hepática, coagulación intravascular diseminada) con disfunción inicial grave del injerto. Contemplamos nuestra casuística de pacientes como favorable, considerando la supervivencia mediata de los mismos, con escasas complicaciones postquirúrgicas y médicas.

EP-655

Fisioterapia na assistência ao paciente submetido a cirurgia de grande porte no Estado do Ceará

Luiza Raira Viana Parrião¹, Christiane Luck Macieira¹, Maria Cymara Pessoa Kuehner¹, Adriana Claudia Lunardi², Mariana Lima Fernandes¹

¹Centro Universitário Christus (UNICHRISTUS) - Fortaleza (CE), Brasil; ²Universidade Cidade de São Paulo (UNICID) - São Paulo (SP), Brasil

Objetivo: Analisar a visão do médico cirurgião quanto a fisioterapia na assistência aos pacientes submetidos a cirurgias de grande porte no estado do Ceará.

Métodos: Estudo survey, quantitativo e observacional, com dados coletados a partir de um questionário online.

Resultados: Obtiveram-se 43 respostas. Em relação a priorização da prescrição de fisioterapia: sempre 54,76%, quase sempre 19,05%, depende 9,52%, nunca 0%, não acredita em escala de risco cirúrgica 0% e indicam para todos 16,67%. Sobre os tipos de intervenções fisioterapêuticas que eles acreditam que influenciam na recuperação aplicadas no pré-operatório e no pós-operatório respectivamente: técnicas de higiene brônquica 37,5% e 40%, exercícios para expansão pulmonar 55% e 82,5%, incentivadores respiratórios 27,5% e 50%, CPAP 40%, mobilização e deambulação precoce 77,5%, outros 10%. Quanto ao número de sessões de fisioterapia indicadas no pré-operatório, nenhuma 45%, uma a três 20%, três a cinco 15%, cinco a dez 5%, outros 15%. Como métodos de prevenção de complicações pós operatórias, incentivadores respiratórios 72,5% acreditam, 27,5% não, pressão positiva 37,5% acreditam, 40% não, pode ser perigosa devido a técnica cirúrgica utilizada 20%, outros 2,5%.

Conclusão: Para os cirurgiões, a assistência fisioterapêutica através de incentivadores respiratórios, exercícios de expansão pulmonar, mobilização e deambulação precoce superam a indicação da pressão positiva na prevenção de complicações respiratórias.

EP-656

Identificação dos sentimentos positivos e negativos dos pacientes no pós-operatório de cirurgia cardíaca

Leonardo dos Santos Pereira¹

¹Universidade Veiga de Almeida - Cabo Frio (RJ), Brasil

Objetivo: Identificar os sentimentos e percepções dos pacientes ao acordar na unidade de terapia intensiva no pós-operatório de cirurgia cardíaca.

Métodos: Trata-se de uma pesquisa de campo com abordagem descritiva, exploratória e qualitativa. O cenário de estudo foi um hospital privado no município de Cabo Frio, localizado no estado do Rio de Janeiro. Esta pesquisa ocorreu em dois momentos sendo a primeira na fase pré-operatória e a segunda na fase pós-operatória mediato. Os sujeitos da pesquisa foram quinze pacientes de pré-operatório e pós-operatório mediato de cirurgia cardíaca. O método de inclusão foram todos os pacientes submetidos à cirurgia cardíaca e o método de exclusão deste estudo foi paciente que tiveram suas funções neuro-cognitiva prejudicada. A coleta de dados foi realizada mediante entrevista semi-estruturada com posterior transcrição das falas dos sujeitos. A análise de dados ocorreu mediante a análise de Bardin.

Resultados: Observa-se que as orientações no pré-operatório de cirurgia cardíaca, realizado pelo enfermeiro, obtiveram um resultado satisfatório, onde os pacientes relatam que ao acordar lembraram-se das orientações, que mesmo não podendo falar, pois tinham um tubo orotraqueal na boca, sentindo dor, não conseguindo se movimentar etc. Os resultados apresentados mostraram as percepções e alterações dos padrões de estresse, ansiedade e medo em pacientes que não obtiveram as orientações no pré-operatório.

Conclusão: Os pacientes que receberam orientações de enfermagem no pré-operatório de cirurgia cardíaca tiveram uma diminuição do medo ansiedade e estresse ao acordar no Centro de Terapia Intensiva.

EP-657

Institutional profile of the potential donor of organs and tissues in a tertiary hospital of interior paulista

Guilherme de Almeida Costa¹, Felipe Caetano Pardo¹, Alexandre Gardim de Cesare², Luis Augusto Prado¹, Elaine Regina de Souza¹, Janaine Fernada dos Santos Souza¹, Renato Mazzaro Ferrari¹

¹Universidade do Oeste Paulista - Presidente Prudente (SP), Brasil;

²Universidade de Santo Amaro - São Paulo (SP), Brasil

Objective: Brain death is the irreversible loss of all brain functions, including brainstem functions. The discrepancy of available organs for transplantation and transplants is growing in national and international contexts. It is up

to the in-hospital commission of donation of organs and tissues for transplantation to carry out the collection of data regarding the donation process in the service in which they are constituted.

Methods: Cross-sectional, retrospective, qualitative-quantitative and descriptive study based on data records of suspected brain death cases. The analyzed variables included the origin of the suspected case notification, the percentage of notifications confirmed as brain death, the contraindications to the opening and follow-up of protocols, and the rate of conclusion of the calls with their outcome, in the year 2016.

Results: The majority of reports come from the Emergency Room (48%), followed by the General ICU (44%). 60% of internal calls have as outcome the opening of brain death protocols. The protocol completion rate was of 83%, of which 75% were able to have the family interview performed; Acceptance for multiple organ donation was 57%. Hemodynamic instability accounted for 63% of contraindications for following brain death protocols.

Conclusion: The presence of an exclusive team to handle these cases is important in a tertiary hospital, assisting the sector teams in the management of potential donors. The tabulation of data records and the institutional profile of these patients allows the CIHT to recognize internal fragilities and to elaborate action plans in order to improve the donation and transplantation process.

EP-658

Modified frailty index and mortality after elective surgery in the elderly population: a retrospective cohort study

Pedro Vitale Mendes¹, José Mauro Vieira Júnior¹, Ellen Maria Pires Siqueira¹, Leandro Utino Taniguchi¹

¹Unidade de Terapia Intensiva, Hospital Sírio-Libanês - São Paulo (SP), Brasil

Objective: We intended to evaluate if elderly patients with higher modified frailty Index (MFI) were at higher risk of death than patients with lower MFI scores.

Methods: Adult patients older than 65 years old admitted to the intensive care unit after elective surgery between March, 2014, and July, 2016 were evaluated. General baseline data such as sex, age, SAPS3 score, previous health condition and outcome were collected. Survivors and non-survivors to hospital discharge were compared regarding the total value of MFI with Mann-Whitney test. Mortality rates in different punctuations of MFI were also assessed.

Results: Eight hundred and twenty nine patients were included in the analysis. The mean (SD) age was 75.6 (7.32) and 53% were male. MFI ranged from 0 to 5 in this cohort and mortality rate with a score of 0-1, 2-3 and 4-5 was 3.6, 4.6 and 22.2%, respectively. MFI score was

higher in the non-survivor group in comparison to the survivor group (p-value=0.035). In a logistic regression including age, SAPS3, MFI and the presence of metastatic or hematological cancer, only MFI and SAPS 3 score were associated with mortality, suggesting that patient previous status and severity at ICU admission may be important mortality predictors.

Conclusion: MFI is higher in non-survivors after elective surgery and independently associated with mortality in the elderly population.

EP-659

Orientação ao paciente cardiopata no pré e pós-operatório em ambiente hospitalar

Leonardo dos Santos Pereira¹, Anna Carolina das Neves Timóteo¹, Stephanie Barbara Dias dos Santos¹

¹Universidade Veiga de Almeida - Cabo Frio (RJ), Brasil

Objetivo: Descrever as reações dos pacientes em pós-operatório de cirurgia cardíaca, que receberam orientações de enfermagem durante o pré-operatório e comparar com as reações dos pacientes que não receberam essas orientações.

Métodos: Este estudo trata-se de uma pesquisa qualitativa, descritiva e comparativa. Nesse estudo foi realizada uma pesquisa de campo cujo intuito foi pôr em prática a orientação de enfermagem na atenção hospitalar ao paciente que se encontra em pré-operatório na enfermaria e pós-operatório imediato de cirurgia cardíaca. Os sujeitos da pesquisa foram 30 pacientes na fase pré-operatória e pós-operatória de cirurgia cardíaca. Os dados da pesquisa foram coletados no primeiro semestre do ano de 2015. O critério de inclusão foram sujeitos maiores de 18 anos, (pois sendo maiores de idade pode facilitar a sua autorização para a pesquisa) em pré ou pós-operatório cardíaco. O critério de exclusão foram crianças, paciente que tivessem problemas na fala ou neurológico e pacientes desorientados no pós-operatório. O método de análise dos dados foi através de Bardin.

Resultados: Os pacientes que receberam orientações se sentiram mais confiantes e como menos dúvidas e os pacientes que não receberam orientações isso contribuiu para a permanência deste por mais tempo hospitalizado.

Conclusão: A relação enfermeiro/paciente é de fundamental relevância no processo cirúrgico, visto que o profissional deve ser capaz de oferecer uma escuta qualificada e perceber as necessidades dos pacientes, que muitas vezes não são expressas por palavras. Os pacientes que receberam informações tiveram uma evolução clínica e psíquica melhor.

EP-660

Patient satisfaction about preoperative liver transplantation guidelines received

Laécia Ferreira Martins¹, Tatiana de Medeiros Colletti Cavalcante², Solange Diccini³

¹Hospital Fernandes Távora - Fortaleza (CE), Brasil; ²Universidade de Fortaleza - Fortaleza (CE), Brasil; ³Escola Paulista de Enfermagem, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil

Objective: The objective of the study was to know patient satisfaction about the information about liver transplantation received in the preoperative period through the individualized nursing consultation.

Methods: Prospective cohort study with 36 patients who underwent liver transplantation at a single transplantation center. Data collection occurred three months after the liver transplantation, from the implementation of the individualized preoperative nursing consultation. The study was approved by the Research Ethics Committee of the Federal University of São Paulo - UNIFESP and the Hospital involved located in the metropolitan region of Fortaleza / CE. (Views 933.159 / 15 and 946.633 / 15, respectively).

Results: The majority of the patients (89%) evaluated their degree of satisfaction as very satisfied or satisfied and a small amount (11%) as indifferent to the group educational moment. The issues that dealt with opportunistic diseases, preoperative examinations, and return to physical activity were the issues with the lowest degree of interest on the part of the participants.

Conclusion: The individualized educational intervention through nursing consultation showed a higher degree of satisfaction among patients who underwent liver transplantation when compared to group educational activities

EP-661

Perfil epidemiológico e mortalidade dos pacientes com trauma crânioencefálico admitidos em uma unidade de terapia intensiva do interior da Bahia

Mauricio Gomes da Silva Serra¹, Eduardo da Silva Oliveira¹, Ananda Catharina Azevedo Silva¹, Felipe Ferreira Ribeiro de Souza¹, Gabriel Silva Rocha¹, Letícia Santos de Carvalho¹, Mateus Andrade Alvaia¹, Lucio Couto de Oliveira Junior²

¹Universidade Estadual de Feira de Santana - Feira de Santana (BA), Brasil; ²Hospital Geral Clériston Andrade - Feira de Santana (BA), Brasil

Objetivo: O objetivo desse estudo foi avaliar perfil epidemiológico de pacientes com diagnóstico principal de trauma crânioencefálico (TCE) admitidos em uma unidade de terapia intensiva (UTI) do interior da Bahia.

Métodos: Trata-se de um estudo epidemiológico e retrospectivo. Os dados foram coletados no período entre junho de 2016 e março de 2017, usando o software EPIMED monitor®, aplicado em uma UTI adulto no interior da Bahia. Foram incluídos

todos os pacientes internados no período, com diagnóstico principal de TCE, totalizando 79 pacientes.

Resultados: A partir dos pacientes analisados, observou-se que 26,92% (n=21) foram abordados de forma conservadora e 73,41% foram encaminhados para a abordagem cirúrgica. Os tratados clinicamente, a média de idade foi de 33 anos, 80,95% (n=17) do sexo masculino; a média de pontos no SAPS3 foi 44,18; a probabilidade de óbito hospitalar média calculada para esses pacientes foi de 13,67%, sendo a taxa de mortalidade na unidade de 23,8% e no hospital 28,57%. Os abordados cirurgicamente, a idade média foi 37,06 anos, 87,94% (n=51) eram homens; tempo médio de permanência na UTI foi de 9,06 dias e no hospital foi de 24,2 dias; a média no SAPS3 foi 42,63; a probabilidade de óbito média foi de 13,16%, sendo a taxa de mortalidade na unidade de 18,96% e no hospital 24,14%.

Conclusão: O perfil do paciente com TCE em nossa UTI é: homem, jovem, permanência prolongada na UTI e hospital com mortalidade elevada.

EP-662

Pneumoperitônio idiopático com tratamento conservador: relato de caso

Hiago Sousa Bastos¹, Caroline Marques do Nascimento², Emanuel Henrique Cardoso Muniz², Joaquim Henrique de Carvalho Lobato Filho², Edson Rodrigues Garcia Filho³

¹Hospital Municipal Djalma Marques - São Luís (MA), Brasil; ²Universidade CEUMA - São Luís (MA), Brasil; ³Hospital Djalma Marques Socorção I - São Luís (MA), Brasil

O pneumoperitônio idiopático é habitualmente decorrente de perfurações de vísceras ocas, seja de forma traumática ou espontânea, entretanto, em até 10% dos casos pode estar presente na ausência dessas. Considerado uma condição rara, pois nos últimos 30 anos, pouco mais de 20 casos foram relatados na literatura com tratamento habitual de escolha por via cirúrgica. Os autores relatam um caso de pneumoperitônio idiopático em um paciente de 34 anos com boa resposta ao tratamento de forma conservadora. **Métodos:** Compreende um relato de caso ocorrido em hospital público de São Luís do Maranhão. As informações foram adquiridas através de análise do prontuário e revisão de literatura. **Relato:** Paciente com 34 anos, masculino, foi levado ao Hospital Municipal Djalma Marques em 16.10.16, após acidente motociclístico grave, associado à contusão pulmonar bilateral e trauma crânio encefálico grave. Vinha em boa evolução, até que em 16.11.17 uma tomografia de tórax de controle evidenciou acidentalmente pneumoperitônio sem líquido livre na cavidade abdominal ou outros achados. Após avaliação cirúrgica e endoscópica, optado por tratamento conservador. O paciente evoluiu satisfatoriamente, tendo o mesmo recebido alta para o domicílio em bom estado geral e em recuperação funcional progressiva. Não houve neste período, qualquer quadro correlacionado a um abdome agudo, como dor, febre,

náuseas ou vômitos. Conclusão: O bom senso e avaliação clínica a beira leito, mostrou-se mais uma vez, uma potente arma a ser usada por médicos, lembrando que cuidamos de pessoas, não de exames complementares.

EP-663

Predictors of morbidity after major abdominal surgery: a retrospective study using the postoperative morbidity survey

Maria Luiza Macdowell Couto¹, Danilo Cosme Klein Gomes², Alicia Araújo de Oliveira³, Alexandre Sousa da Silva¹, Marina Ramos Costa¹, Andrea Neves Soares¹, Debora Teixeira Marques¹

¹Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ²Universidade do Estado do Rio de Janeiro (RJ), Brasil; ³Hospital Federal de Ipanema - Rio de Janeiro (RJ), Brasil

Objective: To analyze the short-term morbidity and it's predictors after major gastrointestinal surgery.

Methods: A retrospective study was conducted with analysis of charts of all patients submitted to major gastrointestinal surgery and admitted to surgical intensive care unit between December/2016 and May/2017. Major surgery was defined as a procedure with more than 2 hours, or with anticipated blood loss greater than 500 ml. The postoperative morbidity survey (POMS) was used to evaluate morbidity on two distinct moments, after 24 hours and on fifth post-operative days. Non parametric tests were used to confirm the difference between groups with and without morbidity.

Results: 41 patients were analyzed, with a mean age of 63 (sd=11.8) years, 48.8% were female. 82.9% with a diagnosis of cancer. The operative time of 5 (sd=1.9) hours. On day one, 56% patients had some morbidity, the most common being oliguria (24.4%) and severe pain (19.5%). At fifth day, 51.2% patients had some morbidity, with higher incidence of infectious (24.4%), gastrointestinal (24.4%) and pulmonary (19.5%) complications. Age and longer operative time were associated with higher post-operative morbidity, with statistical significance. Morbidity on fifth day was associated with increased length of hospitalization and increased 30 days mortality, also with statistical significance.

Conclusion: The morbidity rate in our study was high and correlated with longer length of hospital stay. Age and longer operative time were associated with higher post-operative morbidity.

EP-664

Preditores clínicos em pacientes politraumatizados internados em unidade de terapia intensiva de um hospital de trauma de João Pessoa

Paulo Cesar Gottardo¹, Ciro Leite Mendes¹, Igor Mendonça do Nascimento², Rurick Chumacero Vanderlei³, Italo Gadelha de Lucena³, Fátima Elizabeth Fonseca de Oliveira Negri², Alexandre Jorge de Andrade Negri², Laís Henriques de Oliveira³

¹Hospital Nossa Senhora das Neves - João Pessoa (PB), Brasil; ²Hospital Universitário Lauro Wanderley, Universidade Federal da Paraíba - João Pessoa (PB), Brasil; ³FAMENE - João Pessoa (PB), Brasil

Objetivo: Avaliar os preditores envolvidos nos desfechos dos pacientes politraumatizados em uma UTI de referência para trauma do município de João Pessoa.

Métodos: Coorte histórica, com resgate de dados de prontuário do ano de 2015.

Resultados: Incluídos 29 pacientes, idade média 37anos. Principais lesões TCE 69%, 31% músculo-esquelético, tórax 27,6%, TRM 17,2%. Encontramos apenas diferença significativa na análise de creatinina (média geral 1,36. Evoluíram a óbito 2,46 e Sobreviventes 0,79 - p=0,011), Uréia (40,4, óbito 62,4 e sobreviventes 28,84, p<0,001) e pH (7,33, dos óbitos 7,28 e sobreviventes 7,36, p=0,04. Outras variáveis não tiveram diferença significativa perante mortalidade. Porém, demonstraram relação a risco de óbito: Leucócitos > 15.000 OR 3,306 IC95% 1,065-10,261; PCO2 < 35 OR 2,679 IC 1,15-6,24; PCO2 > 45 OR 1,643 IC 0,598-4,515; SAPS3 médio 55,65 DP 11, com diferença entre quem sobreviveu p SAPS3 0,011 As de maior acurácia para predição de óbito foram: uremia (área Sob ROC 0,884 p=0,001 IC95% 0,762-1), Creatinina 0,789 p=0,12 IC95% 0,593-0,986 e o SAPS3 0,787 p=0,012 IC95% 0,593-9,81.

Conclusão: Níveis séricos de creatinina, uréia, e phmetria relacionam-se a mortalidade nesses pacientes. Porém, inúmeros outros fatores se relacionaram a maior risco de óbito como hipocapnia e leucócitos.

EP-665

Profile of physical-functional evaluation of neuro-trauma patients admitted to the intensive care unit

José Aires de Araújo Neto¹, Fernando Beserra Lima¹, Roberta Fernandes Bomfim¹, Aline Carvalho Gouveia¹, Alda Silva Lopes¹, Sara Caetano Albergaria¹, Raíssa Maria Rocha dos Santos¹, Marcelo de Oliveira Maia¹

¹Hospital Santa Luzia - Brasília (DF), Brasil

Objective: To analyze the physical-functional evaluation of neuro-trauma patients admitted to the ICU.

Methods: Retrospective, analytical and descriptive study performed at the adult ICU from January 2016 to May 2017. Patients aged > 18 years admitted to the ICU with a diagnosis of neuro-trauma. For physical-functional evaluation, scales such as Medical Research Council and Functional Status Score-ICU were used. Other variables were analyzed as: ICU LOS, time for first stand in the ICU, walking ability at ICU discharge.

Results: In the study period, 51 patients with a history of neuro-trauma were admitted, and 06 of them were excluded due to incomplete data. The rate of MV use was 10.86% and the mean age was 64.5 years (\pm 21.3). There were 37 cases of traumatic brain injury, another 9 cases of traumatic brain injury associated with another orthopedic trauma. The mean ICU LOS was 3.8 days (\pm 3.2), time for the first stand was 1.7 days (\pm 1.3),

and 35 (76.1%) of these patients walked at the time of discharge from the ICU. There was no difference in muscle strength between admission and discharge from the ICU (MRCadm: 37.1 ± 9.5 and MRCdischarge: 41.1 ± 10.5 ; $p = 0.67$), but there was a clear impact (FSSadm: 8.9 ± 6.2 and FSSdischarge: 28.8 ± 7.3 , $p = 0.001$).

Conclusion: The studied population has a functional restriction profile at admission with improvement up to the time of discharge.

EP-666

Rational use of mechanical circulatory support in a heart transplant center

Rodrigo Pereira Pio¹, Ana Gabriela Gewehr Vale², Vitor Salvatore Barzilai³, Rodrigo Santos Biondi³, Fernando Antibas Atik³

¹Universidade Católica de Brasília - Taguatinga (DF), Brasil; ²Universidade de Brasília - Brasília (DF), Brasil; ³Instituto de Cardiologia do Distrito Federal - Brasília (DF), Brasil

Advanced heart failure is an important cause of death in Brazil. Despite the ongoing development of the treatment options, the management of this condition is subjected to many limitations in our country. We present a case conducted in the Cardiology Institute of Distrito Federal of a 47 year-old male with idiopathic dilated cardiomyopathy, presenting signs of severe biventricular dysfunction and low tolerance to anti-remodeling drugs. The patient was admitted with descompensated chronic heart failure, cardiorenal syndrome and initial liver dysfunction. He was submitted to successful inotropic rescue and was discharged with scheduled installation of resynchronisation pacemaker. The patient presented new signs of kidney failure and hypervolemia. As the therapy with vasoactive drugs was ineffective, hemodialysis was required. The patient was classified as INTERMACS II and was submitted to intra aortic balloon pump placement. Due to dependence on higher inotropic doses, we proceeded to installation of Mechanical Circulatory Support as bridge to decision. There was improvement of kidney function thus the patient tolerated total removal of hemodialysis 34 days after the procedure. Because of cachexia, competition in the transplant waitlist and patient's decision, the following step was the installation of long-term Left Ventricular Assist Device. We maintain monthly outpatient follow-up and the patient is currently deactivated in transplant waitlist due to personal choice. Regardless of the high costs and the lack of well-trained staff, Mechanical Circulatory Support is gaining space as a promising alternative in the approach of advanced heart failure in Brazilian specialized centers.

EP-667

Rhabdomyolysis and acute renal failure after laparoscopic colectomy

Maria Luiza Macdowell Couto¹, Thales dos Santos Fonseca Teixeira², Iasmin Cava de Sa¹, Debora Teixeira Marques¹, Andrea Neves Soares¹, Alicia Araújo de Oliveira², Mariana Mendonça de Andrade², Danielle Candido de Moraes²

¹Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ²Hospital Federal de Ipanema - Rio de Janeiro (RJ), Brasil

A 57 year-old otherwise healthy obese woman (BMI 33) was admitted to surgical intensive care unit after laparoscopic colectomy. She did not present any other medical conditions and her creatinine level was 1.1g/dl before surgery. She was recently diagnosed with colon adenocarcinoma metastatic to liver. She did not take any medications and did not receive any chemotherapy before surgery. Operative time was 5 hours, uneventful except for low urine output. She received 2,5 liters of crystalloid, 30mg of cisatracurium and 3g of cefazolin. On ICU admission, she had high anion gap metabolic acidosis with low inferior vena cava diameter. Despite aggressive fluid resuscitation she remained anuric. Other causes of renal failure were excluded and very elevated levels of muscle enzymes confirmed clinical suspicion of rhabdomyolysis. Hemodialysis was initiated on 3rd post operative day until 30th day. She was discharged after 46 days. Acute renal failure increases morbi-mortality in the perioperative period. Identification of risk factors and prevention are key steps to avoid this complication. Rhabdomyolysis is frequent complication of obesity surgery and has been described after other laparoscopic procedures. Elevated BMI, exaggerated postures and prolonged operation time increase the risk of muscle compression and ischemia. For the best of our knowledge, this is the first case of severe rhabdomyolysis after laparoscopic surgery for colon cancer.

EP-668

Traumatic brain injury: an analysis of the occurrence in users of the public health system

Ana Carla Silva Alexandre¹, Juliana Clementino Pimentel¹, Luana Eugênia de Andrade Siqueira¹, Leonardo Silva da Costa¹, Juliane da Silva Pereira¹, Cláudia Sorelle Cavalcanti de Santana¹, Silvana Cavalcanti dos Santos¹, Robervam de E Moura Pedroza¹

¹Instituto Federal de Educação, Ciência e Tecnologia de Pernambuco - Pesqueira (PE), Brasil

Objective: The aim of this study was to describe the characteristics of the patients victims of Traumatic Brain Injury (TBI).

Methods: This study was an epidemiological research, cross-sectional type, prospective and exploratory with a quantitative approach. It was analyzed 105 health records of patients admitted

into a state hospital in the city of Caruaru, Pernambuco, during august of 2011, with the diagnosis of TBI, through the application of a pre-established form. The study was approved by the Research Ethics Committee of the Agamenon Magalhães Hospital, under opinion number 177, CAAE-0165.0.236.000-11.

Results: This study observed mostly TBI patients (77.14%), that were male (24.76%), aged between 21 and 30 years. The main cause of the injury was motorcycle accidents (36.19%), and most victims reported not being under alcohol effects (66.67%). Regarding the classification of TBIs, 67.62% were diagnosed with mild TBI, according to the Glasgow Coma Scale (GCS). Regarding the performance of examinations, 38% of the users performed a axial computed tomography of skull and only 40% performed skull X-ray.

Conclusion: Polytraumatism is a public health problem and TBI is one of the main causes of severe traumas. There is a need to implement a guidelines-based management protocol for the care of victims of TBI at the studied institution, as well as elaboration and implementation of prevention measures, involving traffic education for young people.

Índices prognósticos

EP-669

Delirium phenotyping and outcomes in mechanically ventilated critically ill patients: a prospective cohort study

Vicente Ces de Souza Dantas¹, Felipe Dal Pizzol², Cristiane Damiani Tomasi², Nelson Spector¹, Marcio Soares³, Fernando Augusto Bozza³, Pedro Póvoa⁴, Jorge Ibrain Figueira Salluh³

¹Universidade Federal do Rio de Janeiro - Macaé (RJ), Brasil;

²Universidade do Extremo Sul Catarinense - Criciúma (SC), Brasil;

³Instituto D'Or de Pesquisa e Educação - Rio de Janeiro (RJ), Brasil;

⁴Cedoc, Nova Medical School, New University of Lisbon - Lisboa, Portugal

Objective: Acute brain dysfunction (ABD) is a frequent and severe syndrome occurring in critically ill patients and identification of high-risk patients is paramount. Valid and reliable diagnostic criteria subdividing ABD based on clinical risk factors and biomarkers (phenotypes) could be proposed, however at present there is no consensus in that field. The aim of this study was to propose a clinically-applicable model for early phenotype identification of ABD at the bedside.

Métodos: We applied cluster analysis to identify phenotypes using clinical and biological data. We then tested the association of phenotypes with clinical outcomes.

Results: A four-variable model of medical admission, sepsis diagnosis, simplified acute physiologic score (SAPS) II and basal serum C-reactive protein (CRP)

accurately classified each phenotype (AUC 0.82; 95% CI, 0.79-0.86). Phenotype A had the shorter duration of ABD (median, 1 day), while phenotypes B and C had progressively longer duration of ABD (median, 3 and 6 days, respectively; $p < 0.0001$). The duration of ABD was significantly longer as higher the baseline CRP and SAPS II (sensitivity and specificity of 80%). Phenotype B and C had higher mortality and fewer ventilator-free days.

Conclusion: Phenotypes with longer duration of ABD (phenotypes B and C) are characterized by more severe inflammation and by significantly worse clinical outcomes. Identification of ABD phenotypes may be useful in selecting patients for clinical trials and to adequate patient care by allowing clinicians to detect high-risk patients at an early stage.

EP-670

Acute pancreatitis, determinants of in hospital mortality

Agñel Ramos¹, Ariel Dogliotti², Federico Acharta¹, Diana Latasa¹, Carolina Bozicovich¹, Mauro Perezlindo¹, Carlos Lovesio¹

¹Sanatorio Parque - Rosario Santa Fe, Argentina; ²Instituto Cardiovascular de Rosario, Rosario Santa Fe, Argentina

Objective: The objective of this study was to find predictors of in-hospital death and validate the discrimination power of three prognostic scales in our population.

Methods: We retrospectively analyse patients with acute pancreatitis admitted at a surgical and medical Intensive Care Unit (UCI) from January 2007 to March 2017. The Atlanta classification (1992), Atlanta revised classification, determinants of mortality classification, score of Ranson, APACHE II, SOFA, and the values of uremia and hematocrit at income and at 48 hours were assessed. The water balance was recorded at 48 hours. We use a logistic regression model including the analysis variables which showed a value of $p = 0.2$, a prevalence in the univariate analysis of 2%, and those suggested in the literature.

Results: Of the 86 patients with acute pancreatitis, 40 were women (46%). Ten patients died (8.6%). Integrated multivariate model: age ($p = 0.0002$), sex ($p = 0.01$), APACHE II ($p = 0.0007$), SOFA ($p = 0.009$), Atlanta 92 ($p = 0.05$), Atlanta revised ($p = 0.02$), determinants of severity ($p = 0.1$), hematocrit income ($p = 0.01$) and 48 hours ($p = 0.05$) and uremia income ($p = 0.003$) and at 48 hours ($p = 0.01$). In the multivariate model, for each point of increase in the classification of Atlanta revised and determinants of severity increased 3.7% ($p = 0.04$) and more than 300 times the mortality ($p = 0.01$), respectively.

Conclusion: The classification of Atlanta revised and determinants of severity were independent predictors of in-hospital mortality.

EP-671

Clinical profile and outcome of postoperative coloproctologic surgery patients admitted to an intensive care unit of a university hospital

Gustavo Roberto Pereira Teruya¹, Paulo Henrique Reis Negreiros¹, Luciana Tiziani Silva¹, Ana Paula Gasparotto¹, Claudio Coy¹, Maria Lourdes Setsuko¹, Desanka Dragosavac¹, Antonio Luis Eiras Falcão¹

¹Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil

Objective: The aim of this study is to report the clinical profile and outcome of postoperative coloproctologic surgery patients admitted to a specialized intensive care unit of a university hospital.

Methods: This is an observational, cross-sectional study based on a continuous registry database of patients, in postoperative coloproctologic surgery, hospitalized in the Intensive Care from January 2013 to December 2016.

Results: A total of 219 patients were enrolled in this study. Mean age was 60.36 ± 15.16 years and mean ICU length of stay 5.16 ± 5.58 days. Regarding major comorbidities, diabetes had a frequency of 16.0%, hypertension 41.1% and smoking 33.3%. Elective surgeries were 80.4% of all surgical procedures. Observed rate of complications were: need for blood transfusion, 7.3%, septic shock, 2.7%, and acute kidney injury, requiring renal replacement therapy, 2.3%. Admission SOFA was 3.28 ± 2.40 . Severity scores were: APACHE II of 11.28 ± 4.18 and SAPS 3 of 42.99 ± 12.25 and predicted mortality was $15\% \pm 8.44$ and 13.16 ± 15.02 , respectively. The observed mortality was 6.4%. Patients admitted on mechanical ventilation (MV) represent 25.1% from which 9.1% were re-intubated. The mean time of MV was 5.55 ± 7.21 days. The results of bivariate correlation analysis between SAPS 3, SOFA and APACHE with the length of ICU stay were: $r = 0.20$; $r = 0.22$; $r = 0.20$ respectively with $p < 0.05$.

Conclusion: This observational study observed that mortality was lower than predicted by severity scores and there was a low rate of complications.

EP-672

Clinical profile and outcome of postoperative liver surgery patients admitted in an intensive care unit of a university hospital

Lucas Amaral Emidio¹, Felício Chueiri Neto¹, Simone Reges Perales², Catherine P Hermida Reigada², Elaine Cristina de Ataíde², Ilka de Fátima Santana Ferreira Boin², Desanka Dragosavac¹, Antonio Luis Eiras Falcão¹

¹Disciplina de Medicina Intensiva, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil; ²Departamento de Cirurgia, Faculdade de Ciências Médicas, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil

Objective: Report the clinical profile and outcome of postoperative liver surgery patients admitted to a specialized intensive care unit of a university hospital.

Methods: This is an observational, cross-sectional study based on a continuous registry database of patients in postoperative liver surgery, in the Intensive Care Unit from January 2013 to December 2016.

Results: There were 68 patients enrolled in this study. Mean age was 57 ± 12.55 years and length of ICU stay was 3.51 ± 4.29 days. Major comorbidities were: diabetes 17%, hypertension 35%, smoking 26% and heavy drinking 14%. Elective surgeries stand for 98% of all surgical procedures. Septic shock (3%), acute renal injury requiring renal replacement therapy (3%) and need for blood transfusion (7%) were the main complications observed in this study. Patients admitted on mechanical ventilation were 28% from which 10% were re-intubated. Mean time in mechanical ventilation was 4 ± 7.29 days. Admission SOFA was 3.28 ± 2.40 . Severity scores were: APACHE II of 11.37 ± 4.12 and a SAPS 3 of 42.03 ± 11.58 , and predicted mortality of $15.14\% \pm 8.87$ and $11.76\% \pm 14.20$ respectively. Observed mortality was 6%. The results of bivariate correlation analysis between SAPS3, SOFA and APACHE with the length of ICU stay were: $r = 0.52$; $r = 0.49$; $r = 0.5$ respectively with $p < 0.05$.

Conclusion: This observational study observed that mortality was lower than predicted by severity scores and there was a low rate of complications.

EP-673

Clinical profile and outcome of postoperative period of vascular surgery admitted to the intensive care unit of a university hospital

Lizianne Hermogenes Lopes Zini¹, Renan Alves da Cruz¹, Luciana Tiziani Silva¹, Gabriel Franco¹, Cristina Bueno Terzi Coelho¹, Desanka Dragosavac¹, Fábio Hüsemann Menezes², Ana Terezinha Guillaumon², Antonio Luis Eiras Falcão¹

¹Disciplina de Medicina Intensiva, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil; ²Disciplina de Cirurgia Vascular, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil

Objective: To analyze the clinical epidemiological profile of patients in the postoperative period of vascular surgery admitted to the Intensive Care Unit of a university hospital.

Methods: This is an observational, cross-sectional study based on a continuous registry database of patients in the postoperative period of vascular surgery in the Intensive Care Unit from January 2013 to December 2016.

Results: A total of 355 patients were evaluated: mean age was 67.95 ± 10.18 years and 73.7% of patients were males. The ICU length of stay was 4.08 ± 6.21 . The main comorbidities were: diabetes mellitus 35%, hypertension 76.8% and smoking 57.8%. Elective surgery occurred in 88.4%. The admission SOFA was 3.05 ± 2.30 . The mean APACHE II was 12.27 ± 4.15 ; SAPS 3 was 35.39 ± 10.65 and the predicted mortality was $16.87\% \pm 9.29$ and $6.85\% \pm 11.59$, respectively. The observed mortality was 7.1% in the studied population. When performing the ROC curve for mortality, the following results were obtained: APACHE II of 0.81 (95%, CI 0.71-0.90), admission SOFA of 0.76

(95%, CI 0.65-0.86) and SAPS 3 of 0.86 (95%, CI 0.77-0.95). The emergency surgeries mortality was 29.4%, while mortality in electives was 4.7% ($p < 0.001$, OR 8.42).

Conclusion: The mortality observed was lower than predicted by severity scores. The SAPS 3 had the best accuracy in relation to the mortality in this study.

EP-674

Comparação da força muscular respiratória e periférica no pré e pós-operatório de cirurgia cardíaca

Rita de Cássia dos Santos Moreira¹, Joyce Annenberg Araújo dos Santos¹, Ana Carolina do Nascimento Calles¹

¹Hospital do Coração de Alagoas - Maceió (AL), Brasil

Objetivo: Avaliar pacientes submetidos à CC com comparação da força muscular respiratória, força muscular periférica, e dor no pré e pós-operatório, além analisar a influência da dor sobre os desfechos pós-operatórios.

Métodos: A mensuração da Força muscular respiratória (FMR) foi realizada através da manovacuometria, da Força muscular periférica por meio do MRC e da dor avaliada pela Escala Visual Analógica (EVA), no pré, 3º e 6º dia de pós-operatório (DPO). A análise estatística foi feita através das variáveis contínuas e apresentadas como média e desvio-padrão, já as categóricas como frequência relativa e absoluta. A normalidade foi testada por meio do teste de Lilliefors.

Resultados: Foram avaliados 46 pacientes, com idade média de 60,5±9,2 anos, com predomínio do sexo masculino (63%). A Pressão inspiratória máxima (PI_{max}) houve uma queda 21,1% em relação ao 3º DPO ($p < 0,01$) e um retorno aos valores iniciais no 6º DPO. Enquanto a Pressão Expiratória máxima (PE_{max}) no pré-operatório se mostrou 18% abaixo do previsto, e um decréscimo de 29,4% entre o pré-operatório e o 3º DPO ($p < 0,01$) e aumentos significativos dos valores de PE_{max} entre o 3º DPO e 6º DPO. Verificou-se em todos os tempos avaliados que houve predomínio de dor leve.

Conclusão: Os achados deste estudo confirmam a correlação entre FMR e FMP e que a redução dos valores no pós-operatório não se reverte completamente aos níveis pré-operatórios até o sexto dia de pós-operatório.

EP-675

Delirium, deficit nutricional e depressão: quebra da homeostase como modificador de índices prognósticos

Danilo Sena Cotrim¹, Larissa Sena Cotrim², Mariana Batista Leite Leles¹

¹Hospital do Coração de Goiás - Goiânia (GO), Brasil; ²Hospital Universitário Gaffrée e Guinle - Rio de Janeiro (RJ), Brasil

Objetivo: Diante de um quadro de adoecimento é necessário focar na recuperação da homeostase corpo-cognição-emoção para atingir um tratamento e resultados mais eficientes. Alterações cognitivas e emocionais em associação ao déficit físico, funcional e nutricional comuns ao envelhecimento, podem influenciar negativamente a evolução clínica de pacientes críticos internados em UTI (Unidade de Terapia Intensiva). Observou-se o desfecho de idosos internados em UTI, com alterações dos três componentes dessa homeostase, comparando os resultados ao grupo geral avaliado.

Métodos: Estudo retrospectivo observacional realizado a partir dos prontuários de pacientes, em uma UTI de Goiânia. Considerou-se indivíduos >65 anos, com histórico de declínio nutricional e depressão, que apresentaram delirium durante internação.

Resultados: Dos 91 idosos admitidos, 41,1% apresentaram delirium. 74,72% tinham deficit nutricional e histórico de inapetência na admissão. 52,74% possuíam diagnóstico de depressão anterior, ou quadro de Transtorno Depressivo Maior em tratamento. 37,36% tiveram associação dos três elementos, constituindo o grupo de observação. A taxa de óbito do grupo observado foi de 38,23% contra 5,88% do grupo geral de idosos. A média de permanência na UTI foi 25% maior no grupo com associação "déficit nutricional/delirium/depressão".

Conclusão: Observou-se índice de mortalidade 6,5 vezes maior no grupo com associação de sintomas, assim como aumento significativo do tempo de permanência na UTI e rebaixamento de humor associado ao ambiente e afastamento familiar. Declínio emocional e alterações cognitivas influenciaram diretamente em pior aceitação da terapia nutricional e na evolução geral do paciente.

EP-676

Difference between an axillary and esophageal temperature in critically ill patients submitted to sedation

Álvaro Réa-Neto¹, Mirella Cristine de Oliveira², Luana Alves Tannous³, Fernanda Baeumle Reese⁴, Mariana Bruinje Cosentino⁴, Viviane Bernardes de Oliveira Chaiben³, Camila Fernanda de Carvalho², Flavia Castanho Hubert²

¹Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil; ²Centro de Estudos e Pesquisa em Emergências Médicas e Terapia Intensiva (CEPETI) - Curitiba (PR), Brasil; ³Hospital Universitário Cajuru - Curitiba (PR), Brasil; ⁴Hospital do Trabalhador - Curitiba (PR), Brasil

Objective: To evaluate the difference between esophageal temperature and axillary temperature in patients sedated in intensive care units at two hospitals in Curitiba, Brazil.

Methods: Patients admitted to the Hospital do Trabalhador and Hospital Universitário Cajuru, in the intensive care unit, undergoing sedation for any reason for at least 24 hours, above 18 years of age, and with no contraindications for the passage of esophageal thermometer were selected from May

to June, 2017. Esophageal and axillary temperature were measured simultaneously every 2 hours during the time of sedation and subsequently were compared to clinical data.

Results: We included 23 patients, 15 male and 8 female. The main reason of sedation was trauma (60.8%), the average time of sedation was 4.4 days, and midazolam was the most widely used sedative (13 patients). The mean minimum axillary temperature was 35.2 °C and the maximum 37.7 °C. The mean minimum esophageal temperature was 35.9 °C and the maximum 38.1 °C. A statistically significant correlation was found between maximal esophageal temperature and maximal axillary temperature with mean difference of 0.4 °C ($p < 0.01$). There is also a correlation between the minimal esophageal and axillary temperatures with mean difference of 0.7 °C ($p < 0.05$).

Conclusion: There is a significant correlation between the temperature measured via axillary and esophageal route.

EP-677

Distância no teste de caminhada de 6 minutos como marcador prognóstico após cirurgia de revascularização do miocárdio

Hayanne O Pauletti¹, Isadora Salvador Rocco¹, Marcela Viceconte¹, Bruna C Matos-Garcia¹, Natasha de O Marcondi¹, Rita Simone Moreira¹, Nelson A Hosse¹, Ross Arena², Walter J Gomes¹, Solange Guizilini¹

¹Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil;

²University of Illinois at Chicago - Chicago, United States

Objetivo: Investigar o percentual de queda DTC6M no PO de revascularização do miocárdio comparada ao pré-operatório; e sua habilidade como marcador prognóstico de resultados clínicos a médio prazo.

Métodos: Estudo prospectivo Coorte. Foram avaliados 54 pacientes submetidos à CRM eletiva. A queda na DTC6M foi obtida pela diferença percentual entre o resultado do TC6M no pré-operatório e no quinto pós-operatório (POD5). A força muscular respiratória foi avaliada. Seguimento de três meses após a cirurgia foi realizado para avaliar desfechos clínicos (angina, re-infarto, re-hospitalização, infecção de esterno, sinais de descompensação cardíaca).

Resultados: Houve queda significativa na DTC6M no POD5 em relação ao pré (33.1±16.5%, $p < 0.0001$). Correlação negativa moderada foi observada entre a porcentagem de queda na DTC6M com a pressão inspiratória máxima (PI_{max}) no POD5 ($r = -0.66$, $p < 0.001$) e com a pressão expiratória máxima (PE_{max}) ($r = -0.61$, $p < 0.001$); correlação positiva moderada entre porcentagem de queda na DTC6M e o tempo de ventilação mecânica ($r = 0.60$, $p < 0.01$). Os preditores independentes da porcentagem de queda na DTC6M foram idade, fração de ejeção de ventrículo esquerdo, uso de circulação extracorpórea, PI_{max} e tempo de internação na UTI. O melhor valor de corte da porcentagem de queda na DTC6M para prever piores resultados clínicos em três meses foi de 34.6% ($p = 0.0001$).

Conclusão: O percentual de queda da DTC6M maior que 34% no PO pode ser considerado um marcador prognóstico de resultados clínicos a médio prazo após CRM.

EP-678

Escala de valoración actual del riesgo de desarrollar úlceras por presión en cuidados intensivos translated to portuguese: concurrent converging validation and correlation with illness severity

Mariana Fernandes Cremasco¹, Suely Sueko Viski Zanei², Iveth Yamaguchi Whitaker²

¹Unidade de Terapia Intensiva, Hospital Israelita Albert Einstein - São Paulo (SP), Brasil; ²Escola Paulista de Enfermagem, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil

Objective: To analyze the concurrent converging validation of EVARUCI and its correlation with illness severity in ICU patients.

Methods: This methodological study was conducted in three ICU of the University Hospital of the Universidade Federal de São Paulo, Brazil. The inclusion criteria of patients to the sample were age > 18 years old, absence of PI and length of ICU stay > 24 hours. The Braden Scale was used for concurrent converging validation, and Simplified Acute Physiology Score (SAPS 3) for correlation with the illness severity. Both, Braden Scale and SAPS 3 were considered as gold standart and it was applied simultaneously. The analysis was made applying the Spearman's Correlation Test.

Results: 324 patients were includes in the sample. 49.4% were female and the average age of patient was 58 years old (18-95; SD 19.2). 53.7% were surgical patients and 85.8% were discharged from ICU. A strong significant correlation was observed between Braden and EVARUCI scores ($r = -0.778$ e $p < 0.001$). EVARUCI's values moderately and significantly correlated with those from SAPS 3 score ($r = 0.508$ e $p < 0.001$).

Conclusion: EVARUCI scores correlated with Braden Scale scores indicating its possibility of use to evaluate PI risk in critical care patients. The correlation between EVARUCI and SAPS 3 indicated that the greater the illness severity the greater the risk for PU.

EP-679

Evaluation of hypothermia in critically ill patients submitted to sedation

Álvaro Réa-Neto¹, Mirella Cristine de Oliveira², Luana Alves Tannous³, Fernanda Baeumle Reese⁴, Paula Gerales David João³, Camila Fernanda de Carvalho², Flavia Castanho Hubert², Fernando Lucas Soares⁵

¹Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil; ²Centro de Estudos e Pesquisa em Emergências Médicas e Terapia Intensiva (CEPETI) - Curitiba (PR), Brasil; ³Hospital Universitário Cajuru - Curitiba (PR), Brasil; ⁴Hospital do Trabalhador - Curitiba (PR), Brasil; ⁵Pontifícia Universidade Católica do Paraná - Curitiba (BR), Brasil

Objective: To evaluate the variation of body temperature and hypothermia in patients sedated in intensive care units at two hospitals in Curitiba, Brazil.

Methods: Patients admitted to the Hospital do Trabalhador and Hospital Universitário Cajuru, in the intensive care unit,

undergoing sedation for any reason for at least 24 hours, above 18 years of age, and with no contraindications for the passage of esophageal thermometer were selected from May to June, 2017. Esophageal temperature was recorded every 2 hours for the duration of sedation and subsequently was compared to clinical data.

Results: We included 23 patients, 15 male and 8 female. The main reason of sedation was trauma (60.8%), the average time of sedation was 4.4 days, and midazolam was the most widely used sedative (13 patients). 87% of patients acquired hospital infection and 91.3% required surgical intervention. Most patients (95.6%) had hemodynamic problems with need for vasopressors. Signs of coagulopathy occurred in 17 patients. Hypothermia (temperature $<36^{\circ}\text{C}$) was found in 14 patients and mortality among these patients was higher (42.8%) compared to patients without hypothermia (11.1%). The average SOFA score among patients who had hypothermia was 7.1, while in patients without hypothermia it was 3.6.

Conclusion: Hypothermia in sedated patients was related to organ dysfunction and worse prognosis.

EP-680

External validation of the Helsinki computed tomography score in the prediction of mortality in severe traumatic brain injury

Andrea Catherine Salazar Trujillo¹, Jose Daniel Charry Cuellar², Liseth Paola Lopez Narvaez¹, Juan Felipe Cáceres Sepúlveda¹

¹Clinica Medilaser S.A. - Neiva Huila, Colombia; ²Fundación Universitaria Navarra - Neiva Huila, Colombia

Objective: Traumatic brain injury (TBI) is a public health problem that causes significant mortality and disability in Colombia. Different calculators and prognostic models have been developed to predict the neurological outcomes of these patients, such as the Helsinki CT scan. Our objective was to examine the accuracy of prognostic discrimination and prediction of mortality from the Helsinki CT score in a cohort of patients with severe TBI trauma in a hospital in Colombia.

Methods: We analyzed 145 patients with severe TBI treated in a regional trauma center in Colombia over a 2 year period. Bivariate and Multivariate analyses were used. The discriminatory power of the score, its accuracy, and precision was assessed by logistic regression and with the area under the receiver operating characteristic curve. Shapiro Wilks, chi2, and Wilcoxon test were used to compare the real outcomes in the cohort against the predicted outcomes.

Results: The median age of the patient cohort was 37 years, and 86.9% were male. The median injury severity score (ISS) was 27, the median GCS motor score was 3, the basal cisterns were closed in 37.93% of the patients and a midline shift of $>5\text{mm}$ was seen in 41.98%. The six-month mortality was 24.8%, and the Helsinki CT score predicted a mortality of 26% $p < 0.0001$ (AUC 0,724 IC 95% 0,628-0,820).

Conclusion: The Helsinki CT score predicted mortality at 6 months in patients with severe head trauma in a hospital in Colombia. It is useful for predicting early death and the prognosis of patients with TBI.

EP-681

Functional independence assessment in tracheostomized patients three months post-intensive care unit discharge

César Alencar da Silva Filho¹, Fernanda Calfele Moreira¹, Paula Pinheiro Berto², Cassiano Teixeira¹, Camila Dietrich¹, Bruno Barcellos Hervé³, Taciana de Castilhos Cavalcanti², Caroline Cabral Robinson¹

¹Hospital Moinhos de Vento - Porto Alegre (RS), Brasil; ²Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil; ³Universidade Federal de Ciências da Saúde de Porto Alegre - Porto Alegre (RS), Brasil

Objective: Evaluate the functionality of post-discharge ICU patients who performed tracheostomy on admission.

Methods: The study belongs to a multicentric cohort of two hospitals in Porto Alegre, Brazil. Adult patients with ICU hospitalization > 72 hours were evaluated within 120 hours post-discharge from the ICU. The functional independence of patients with the Barthel Index, with a cutoff point > 75 , and all-cause mortality at the 3-month follow-up, were evaluated. Data were described in absolute value and percentage, mean.

Results: 412 patients were evaluated, of which 28 (6.8%) were tracheostomized during ICU admission. The main indications for tracheostomy were: weaning failure (11 patients; 40.7%) and Glasgow Scale = 8 (7 patients; 25.9%). Tracheostomized patients presented a score of 16.9 (5.0) in Apache II and non-tracheostomized patients of 12.8 (5.3), mean age of tracheostomized patients 63.6 (18.4) and non-tracheostomized patients Tracheostomy 64.5 (17.7). The mean ICU length of stay was 24.1 (10.6) days in tracheostomized patients and 8.2 (5.8) in non-tracheostomized patients. The mortality rate of tracheostomized patients was 17.9% (5 patients), while that of non-tracheostomized patients was 15.7% (60 patients) three months post-ICU discharge. The functional independence found in tracheostomized patients was 33.3% (7/21 patients); the functional independence of the non-tracheotomy patients was 69.3% (201/290) three months post-ICU discharge.

Conclusion: Despite the small number of patients, we observed that tracheostomized patients did not differ regarding age but present longer stay at ICU and higher Apache index than those non-tracheostomized. Such characteristic could be related with higher mortality and low functional independence after three months post-ICU.

EP-682

Impact of tomographic indexes on the length of stay and mortality in the intensive care unit in critically ill patients with pulmonary thromboembolism

Edmilson Leal Bastos de Moura¹, Maysa Nascimento Paula Romanhuk¹, Joalbo Matos Andrade¹, Fábio Ferreira Amorim¹, Marcelo de Oliveira Maia¹

¹Hospital Santa Luzia Rede D'Or São Luiz - Brasília (DF), Brasil

Objective: To determine if there is a correlation between tomographic indexes with the length of stay (LOS) and mortality in patients hospitalized with pulmonary thromboembolism (PTE) in the Intensive Care Unit (ICU). **Methods:** A retrospective study was carried out at the Santa Luzia Hospital ICU, from 56 (March 2011 to November 2015) months, with 8921 patients. The T and Pearson tests were used for statistical analysis.

Results: 112 patients (1.2%) were selected for the hospitalization period, with a tomographic diagnosis of PTE, 61.6% female. The following mean values were obtained: average age 57.4 years, average ICU LOS of 8.7 days, APACHE II 8.6, SAPS II 25.9. Eight indexes were evaluated (right / left ventricular axial ratio and 4 chambers, pulmonary artery trunk, right and left pulmonary artery, superior and inferior vena cava, azygos vein), only left and right pulmonary artery dimensions correlated with ICU LOS (p 0.04 for each one), with no correlation with mortality.

Conclusion: the increase in the right and left pulmonary artery dimensions, obtained by tomographic scan, determined a statistically significant increase in ICU LOS in the studied population. There was no correlation between tomographic indexes and ICU mortality.

EP-683

Mobility potential assessment of hospitalized patients in intensive care unit: a cohort of admission to intensive care unit discharge

Eder Chaves Pacheco¹, Fernanda Machado Kutchak¹, Fernando Nataniel Vieira², Marcelo de Mello Rieder³

¹Universidade do Vale do Rio dos Sinos - São Leopoldo (RS), Brasil;

²Hospital Nossa Senhora da Conceição - Porto Alegre (RS), Brasil;

³Hospital Cristo Redentor - Porto Alegre (RS), Brasil

Objective: To evaluate the potential of in-patient mobility in three intensive care units from public hospitals in Brazil with different specialties over 28 days.

Methods: This is a prospective descriptive observational cohort study conducted at the Cristo Redentor (neurosurgery) and Nossa Senhora da Conceição Hospital's (surgery and clinical) ICUs in Porto Alegre/RS. 172 patients were included in the study from February to July 2016. The mobility potential was evaluated every day for up to 28 days with the PERME scale, data on age, gender, date of hospitalization and ICU, Glasgow Coma Scale on admission, scale sedation Richmond, body

mass index (BMI), clinical diagnosis and SAPS III (Simplified Acute Physiology Score) were collected from medical records and recorded in the data collection form.

Results: We found that each ICU has significantly different characteristics in the variables: Glasgow at admission, SAPS III, BMI, total time of mechanical ventilation, total time in the ICU, and the score PERME scale. It was possible to determine the score of mobility as an independent predictor of mortality in the ICU, with RR 1.67; 95% CI = 1.44 to 1.92; p = 0.005, indicating that if the mobility score scale at the time of ICU admission is 8 or higher, the probability of that patient leaving the hospital is of 67%.

Conclusion: Patients in intensive care units with different profiles present different mobility levels throughout the hospital stay, and the level of patients mobility at admission proved to be an independent predictor of mortality.

EP-684

Neutrophil-to-lymphocyte ratio in acute pancreatitis

Agñel Ramos¹, Ariel Dogliotti², Federico Acharta¹, Diana Latasa¹, Mauro Perezlindo¹, Carolina Bozicovich¹, Carlos Lovesio¹

¹Sanatorio Parque - Rosario Santa Fe, Argentina; ²Instituto Cardiovascular de Rosario - Rosario Santa Fe, Argentina

Objective: The objective of this study was to assess the relationship between NLR and poor outcome in patients with acute pancreatitis: the composite of pancreatic necrosis, prolonged hospitalization and death.

Methods: We retrospectively analyse patients with acute pancreatitis admitted at a surgical and medical Intensive Care Unit (UCI) from January 2007 to May 2017. We included only those patients with abdominal pain of less than 48 hours of evolution. Patient characteristics, laboratory findings and radiographics and tomographics features were considered. Prolonged hospitalization was defined as the 75th percentile (6 days). The logistic regression model was used to identify if NLR was independent associated with poor outcome. We included in the analysis variables which showed a value of p=0.06 and NLR independent of the value of p.

Results: From 98 patients admitted to UCI because of acute pancreatitis, only 64 presented with abdominal pain of less than 48 hours of evolution. Twenty two patients presented the composite end point. Integrated multivariate model: pancreatic ascites (p = 0.03), determinants of severity (p = <0.001), base excess (p=0.02), renal and respiratory failure (p=0.06 and 0.02 respectively), glycaemia (p=0.03), hematocrit (p=0.01), NLR (p=0.4), mean arterial pressure (p=0.04) and Ranson (p=0.059). In the multivariate model, there was no relation between NLR and the composite end point (p=0.7). Instead, we found an association between determinants of severity classification and the composite end point (p=0.009).

Conclusion: We found no relationship between NLR and the composite end point: pancreatic necrosis, prolonged hospitalization and death.

EP-685

Pacientes cirúrgicos de alto risco submetidos a cirurgias de urgência em um hospital universitário: quem são, como evoluem e quais as variáveis associadas a piores desfechos?

Paulo Cesar Gottardo¹, John Allexander de Oliveira Freitas¹, Katyúcia Egito de Araújo Urquiza¹, Ciro Leite Mendes¹, Igor Mendonça do Nascimento¹, Ana Beatriz Nepomuceno Cunha², Rurick Chumacero Vanderlei², Cynthia Karina de Mesquita Costa²

¹Hospital Nossa Senhora das Neves - João Pessoa (PB), Brasil; ²FAMENE - João Pessoa (PB), Brasil

Objetivo: Analisar o perfil dos pacientes submetidos a cirurgias de urgências em uma UTI universitária.

Métodos: Coorte histórica, com pacientes cirúrgicos internados na UTI do HULW-UFPB entre 2011 e 2014.

Resultados: 232 pacientes cirúrgicos admitidos, 88 (37,9%) pós-operatórios urgentes (60,2% abdominais e 11,4% vasculares), com idade 53,28 +/- 19,525 anos. Apresentaram maior: SAPS3 47,66 +/- 14,03 vs 33,92 +/- 12,528, $p < 0,001$; SOFA admissional 4,05 +/- 3,209 vs 2,83 +/- 2,07, $p = 0,005$, APACHEII 11,06 +/- 6,345 vs 8,18 +/- 4,681, $p = 0,001$; suporte ventilatório e hemodinâmico (intubados 31,8% e drogas vasoativas 15,9%); tempo de internação em UTI (6,67 dias vs 3,55 dias; $p < 0,001$) e hospitalar (43,59 dias vs 24,95 dias, $p < 0,001$); mortalidade em UTI (25% vs 4,9%, $p < 0,001$) e hospitalar (35,2% vs 15,3%, $p < 0,001$). Principais fatores de risco para mortalidade encontrados: admissão com ventilação mecânica (OR 7,286 IC95% 2,99-17,751), droga vasoativa (OR 3,659 IC95% 1,95-6,866) e $PaO_2/FiO_2 < 100$ (OR 4,611 IC95% 3,064-6,94). Área sob Curva ROC para predição de mortalidade foi: SAPS3 0,788 (IC95% 0,692-0,884, $p < 0,001$), APACHEII 0,731 (IC95% 0,619-0,843, $p = 0,001$) e SOFA 0,700 (IC95% 0,567-0,832, $p = 0,005$).

Conclusão: Amostra apresentou maior gravidade, tempo de internação e mortalidade. O SAPS3 foi o melhor escore prognóstico para avaliar mortalidade.

EP-686

Proposal to create an instrument to define between intensive care and palliative care during admission of patients with cirrhosis in an intensive care unit of a tertiary hospital in the Midwest

Patricia Freire Cavalcante¹, Durval Ferreira Fonseca Pedrosa¹, Marco Antonio Mendes Castilho Junior¹, Heloise Helena Silva Medeiros¹, Ana Maria Porto Carvas¹, Djalma Antonio da Silva Junior¹, Julião Fidelis Cordeiro Neto¹

¹Hospital Alberto Rassi - Hospital Geral de Goiânia - Goiânia (GO), Brasil

Objective: To create an instrument capable of stratifying, during admission to an intensive care unit, the most appropriate modality of care for patients with hepatic cirrhosis in terms of severity, prognosis and functional performance, to avoid therapeutic disproportionality.

Methods: A descriptive study in which an instrument was created with the aid of Microsoft Office Excel (structured spreadsheet through function-supported database: SUM and SUMIF). Severity and prognostic indicators validated by the medical literature were applied.

Results: Due to the high number of hospitalizations and the unfavorable outcome in which hospitalized cirrhosis patients are submitted in an intensive care unit of a Hospital of average complexity in the Midwest, an instrument was created using the Scores: Child-Pugh, MELD - Model of End - Stage Liver Disease, SAPS II - Simplified Acute Physiology Score, CLIF-SOFA - Chronic Liver Failure - Sequential Organ Failure Assessment Score and PPS - Palliative Performance Scale, in order to stratify the modality of care in a more adequate and favorable way for these patients.

Conclusion: A more adequate conduct regarding the definition of intensive care and palliative care for cirrhotic patients is essential to minimize suffering in cases in which the prognosis is reserved. To do so, the instrument considered the severity, the prognosis and the functional performance, optimizing, at admission, the best conduct for the intensive care or palliative care to be adopted for the cirrhotic patients in the intensive care unit.

EP-687

Resultados de la aplicación del APACHE II y su valor predictivo en los pacientes que ingresaron en las unidades de cuidados intensivos. Febrero-Marzo 2009. Hospital Gal. Cienfuegos

Andy Rocha Quintana¹, Maykel Lazel Rocha Quintana², Juan Francisco Rocha Hernandez¹, Maria Luisa Quintana Galende³

¹Hospital Gustavo Aldereguia Lima - Cienfuegos, Cuba; ²Centro de Investigaciones Médico Quirúrgicas - La Habana, Cuba; ³Escuela Nacional de Salud Pública - La Habana, Cuba

Objetivo: Evaluar el valor predictivo de la escala de APACHE II en la evolución de los pacientes al ingreso en Unidades de Cuidados Intensivos del Hospital GAL de Cienfuegos.

Métodos: Se realizó un estudio cuantitativo, descriptivo, prospectivo, muestra 150 pacientes ingresados en las UCIs del Hospital Gustavo Aldereguia Lima de Cienfuegos en el período de febrero a marzo de 2009. Se analizó Residuos Tipificados Corregidos, Sensibilidad, Especificidad, Valor Predictivo Positivo y Valor Predictivo Negativo de la escala de APACHE II.

Resultados: El valor medio de APACHE II fue de 9.7+6.3, fueron admitidos en la UCI Clínica los de mayor puntuación. El Riesgo Predictivo de Muerte fue de 14.1+13.4%. Los pacientes no intervenidos quirúrgicamente y los que necesitaron VAM tuvieron cifras más elevadas de APACHE II. La estadía en sala fue menor en aquellos con mejor pronóstico 2.6 vs. 4.3 días. La mortalidad de la serie fue de 20%, fallecieron el 85.7% de los que tenían más de 20 puntos de APACHE II. Las afecciones neurológicas fueron las más frecuentes, seguidas por las causas quirúrgicas y los Traumas. El AVE Isquémico, la HIP, el Status Convulsivo y la Oclusión Intestinal tuvieron un desenlace fatal en la medida que se presentaron con valores superiores del

APACHE II. La Especificidad y el Valor Predictivo Positivo fueron del 100% para un Riesgo de Muerte del 50%.

Conclusão: APACHE II es una herramienta de clinimetría útil y vigente. Su mayor valor predictivo es sobre los pacientes com valores extremos.

EP-688

Shock index as a mortality predictor and marker of the effectiveness of the resuscitation in patients with trauma

Juan Felipe Cáceres Sepúlveda¹, Andrea Catherine Salazar Trujillo¹, Jose Daniel Charry Cuellar², Lisseth Paola Lopez Narvaez¹

¹Clinica Medilaser S.A. - Neiva Huila, Colombia; ²Fundación Universitaria Navarra - Neiva Huila, Colombia

Objective: Trauma is considered a public health problem. Different scores have been reported to predict mortality in trauma. The aim of this study was to estimate whether the shock index (SI) by the SI formula = heart rate / systolic blood pressure (HR / SBP) is useful in predicting mortality in trauma patients treated at a University Hospital of Colombia and evaluating the effectiveness of the resuscitation offered.

Methods: The shock index was applied at admission establishing a dichotomous variable with two groups: Group A (SI <0.9) and Group B (SI > 0.9). Bivariate and multivariate analyses were performed to evaluate the correlation between the shock index and the effectiveness of the resuscitation with colloids, crystalloids, hypertonic solutions and/or blood. We used statistical confidence tests such as Shapiro Wilks, chi2, Wilcoxon and ROC curves, considering a p <0.05 as significant.

Results: 900 patients were analyzed, 57.22% of them had an SI <0.9, and 42.78% had an SI > 0.9. The mean ages for both groups (A and B) were 32.4 versus 35.4 years, respectively. The mean of the Injury Severity Score was 5.8 and 16.3 points, respectively (p = 0.001). The 24-hour mortality in the SI group > 0.9 was 22.07% in patients who underwent blood resuscitation and 49.09% in patients who were resuscitated with crystalloids (p = 0.001).

Conclusion: SI > 0.9 at admission implies a worse prognosis at 24 hours and allows the evaluation of the effectiveness of ICU resuscitation.

EP-689

The behavior of the scale of the ICU Mobility Scale and the Medical Research Council for the admission and discharge of patients admitted to the coronary intensive care unit

Lara Patricia Bastos Rocha¹, Priscilla Flavia de Melo², Dilma Maria de Andrade², Jordana Rey Laureto², Claudia Lima Lanziani Spegiorin², Vinicius Zacarias Maldaner da Silva¹

¹Escola Superior de Ciências da Saude - Brasília (DF), Brasil; ²Hospital de Base do Distrito Federal - Brasília (DF), Brasil

Objective: To describe and analyze the scale of the ICU Mobility Scale (IMS) and the Medical Research Council (MRC) for the admission and discharge of patients admitted to the Coronary Intensive Care Unit of the Base Hospital.

Methods: This is a retrospective, descriptive and quantitative study. The data were obtained through the electronic medical record of inpatients and tabulated non MS Excel, between January and May 2017 and submitted to a quantitative analysis.

Results: We can satisfactorily infer that we can not reject the null hypothesis, since the level of significance was equal to 0.0 in some cases and never exceeding the limit of 0.99, that is, the data indicate the true existence of the correlations between The IMS and MRC variables. By Pearson's correlation we can identify that 90.9% of the high IMS is an explanation for the occurrence of high MRC. All other correlations also show whether significant and significant. Regarding the Qui Quadrado test we observed the null relation of the IMS of admission showing that there is no trend in this case. We can see correlations between the variables and the length of stay in the intensive care unit. MRC admission occurs in more than 90% of the population under 48; MRC greater than 48 are present for patients who stay less than two days in ICUs in 95% of cases.

Conclusion: The MRC and IMS scales have a strong correlation with length of stay in the ICU. The higher the MRC that indicates greater muscle strength and higher IMS, the indepen less time of hospitalization in a coronary unit.

EP-690

Validation of DENVER score to predict multiorgan failure in trauma victims treated at an university hospital in Colombia

Lisseth Paola Lopez Narvaez¹, Juan Felipe Cáceres Sepúlveda¹, Andrea Catherine Salazar Trujillo¹, Jose Daniel Charry Cuellar²

¹Clinica Medilaser S.A. - Neiva Huila, Colombia; ²Fundación Universitaria Navarra - Neiva Huila, Colombia

Objective: Trauma is considered a public health problem, causing and increase in the index of disability and mortality in Latin America and specifically in Colombia due to the severity of the lesions. One of the complications presented is multiorgan failure. The aim of this study was to evaluate the usefulness of the DENVER classification to predict multiorgan failure in trauma patients who were treated at a university hospital in southern Colombia.

Methods: A database of trauma patients who were admitted at a Critical Care Unit between 2012 to 2015 was constructed. The effectiveness of the DENVER scale was evaluated to predict multiorgan failure in trauma patients, and a univariate analysis was performed. Measures of central tendency and dispersion

were calculated for continuous variables, statistical confidence tests were applied, $p < 0.05$ was considered significant.

Results: We analyzed 598 patients, mean age was 24.6 years (range 16 - 58). The median GCS was 5 (range 3-12), 86.7% were men. 83.4% presented blunt trauma. Of the patients who entered the institution 12.5% presented multiorgan failure, the general mortality was of 5.7% The DENVER scale predicted multiorgan failure in 87.5%.

Conclusion: Trauma is a frequent pathology in our hospital, as well as the multiorgan failure in these patients, in our study DENVER presented good correlation in the model of prediction of multiorgan failure.

EP-691

Ventilator-associated pneumonia: impact on mechanical ventilation days, intensive care unit length of stay and mortality rate in the intensive care unit of a university hospital

Fabio dos Santos Barbosa¹, Natalia Borges Abrão¹, Ana Paula Gasparotto¹, Paulo Henrique Reis Negreiros¹, Rodrigo Marques Tonella¹, Luciana Castilho de Figueiredo¹, Desanka Dragosavac¹, Antonio Luis Eiras Falcão¹

¹Disciplina de Medicina Intensiva, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil

Objective: To analyze the profile of patients with Ventilator-Associated Pneumonia (VAP) admitted to the Intensive Care Unit of university hospital.

Methods: This is an observational, cross-sectional study based on a continuous registry database of patients in the Intensive Care Unit from January 2015 to December 2016.

Results: A total of 683 patients under mechanical ventilation were evaluated, with a mean age of 56.38 ± 15.48 and ICU length of stay of 8.22 ± 11 days. The male sex was present in 59.15% of the sample. The main comorbidities were: diabetes 24.7%, hypertension 60.6% and smoking 35.6%. Elective surgery occurred in 74.7%, emergency surgery 10.40% and clinical causes in 14.9%. The mean APACHE II was 13.83 ± 5.51 with a predicted mortality of $21.09\% \pm 13.41$. The mean SAPS 3 was 43.43 ± 13.07 with a predicted mortality of $14.62\% \pm 16.44$. The observed mortality was 10.5%. The admission SOFA was 5.22 ± 2.79 . The prevalence of VAP was 7%. The mean mechanical ventilation time was 6.20 ± 9.98 days and 6.7% of them were re-intubated. The mortality rate of VAP patients was 12.5%. There was no association between VAP and ICU mortality. The mean mechanical ventilation days and ICU length of stay in VAP group were greater than No-VAP group ($p < 0.05$).

Conclusion: There was no association between VAP and mortality; however, patients with VAP had longer hospitalization and mechanical ventilation time.

EP-692

A comparative study between the mortality index of SAPS III and the actual patient outcomes of an intensive care unit of Santa Maria - RS

Marina Barasuol¹, Victor Barasuol², Mariana Meggiolaro Coppetti¹, Carolina Danezi Felin¹, Luciele Medianeira Oliveira Schifelhain¹, Livia Pilau¹

¹UNIFRA - Santa Maria (RS), Brasil; ²Universidade Federal de Santa Catarina - Florianópolis (SC), Brasil

Objective: Accuracy analysis of the mortality index (MI) provided by SAPS III (Simplified Acute Physiology Score III) against the real statistics of an Intensive Unit Care.

Methods: The initial study comprised 2 years of data collection. For the analysis, three parameters regarding 604 cases were considered: MI provided by SAPS III, age and outcome (death or discharge). Patients were classified according to their respective MI (spanning from 0% to 100%) and grouped at subsets of 10% (i.e., 0-10%, 10-20% and so on). For every subset a statistical analysis was performed to obtain the actual MI and respective SAPS III prediction error based on the real patient outcomes. Correlations between the number of patients per subset and the average age per subset were also analysed. The data management and processing was done by using the software MATLAB.

Results: One verifies a directly proportional relationship between the prediction error and the MI provided by SAPS III. Subsets from 0 to 30% presented smaller errors, however, substantial errors were found in the subsets from 40% to 100%. Moreover, the SAPS III platform seems to provide a conservative score, by always predicting a MI greater than the real statistics. At last, it was obtained an average prediction error of 26.56% and 12.97% standard deviation.

Conclusion: One verifies relevant discrepancies between the MI from SAPS III and the actual outcome statistics, what suggests a readaptation or a reinterpretation of the MI from SAPS III and further in depth studies considering a more representative population.

EP-693

Application of clinical scores on follow-up of individuals affected by multidrug resistant microorganisms in an intensive care unit: from identification to outcome

Alexandre Walter Rosa¹, Bruna Theodoro¹, Gisele Spaki de Castro¹, Mayara Regina Seer¹

¹Hospital do Rocio - Campo Largo (PR), Brasil

Objective: The complexity of Intensive Care Unit (ICU) environment, combined with the severity of illness, requires great efforts on management of critical patients. In this context, a large number of prognoses systems have been developed, including the APACHE (Acute Physiology and Chronic Health Evaluation) system, SAPS (Simplified Acute Physiology Score) and SOFA (Sequential Organ Failure Assessment). Individuals in intensive

care are, particularly, predisposed to having or developing infection. An adequate antimicrobial coverage is essential, but complex, due to the high prevalence of multidrug resistant microorganisms (MDR) in the ICU environment. This study aimed at the application of clinical scores on follow-up of individuals affected by MDR in ICU.

Methods: Descriptive observational included 40 individuals.

Results: This study included 40 individuals, of whom 26 (65%) were men and 14 (35%) were women. The death rate was 73%.

Conclusion: The ROC curve revealed good sensitivity and specificity of the scores associated with the outcome and the discriminative ability of "discharge" or "death" was satisfactory for both scores. In the present study, SOFA score presented greater specificity compared to SAPS 3, as a predictor of mortality in infectious diseases in the ICU, with good sensitivity. Because of the ease of application, the SOFA can contribute to the staff on detection of organic dysfunctions, helping in the early modification of therapeutic interventions, complementing other prognostic systems.

EP-694

Association between blood glucose level on admission and mortality during hospitalization in oncologic intensive care unit

Aretha Pereira de Oliveira¹, Jennifer Costa Sales Honorato², Fernanda Faria Reis², Lucélia dos Santos Silva², Anna Beatriz Alves Pereira Lôbo², Sílvia Regina Martins dos Santos², Zenio do Nascimento Norberto³, Dalmo Valério Machado de Lima²

¹Instituto Nacional de Câncer - Rio de Janeiro (RJ), Brasil; ²Universidade Federal Fluminense - Niterói (RJ), Brasil; ³Nutriclinica Serviços Médicos e Nutricionais - Niterói (RJ), Brasil

Objective: The effect of elevated blood glucose levels on the mortality of oncologic patients has not been well defined. This is a preliminary study to describe this relation. **Objective:** Evaluating the prognosis of oncologic patients with elevated blood glucose levels in the first eight hours of admission in the intensive care unit.

Methods: A retrospective cohort of ten adult patients consecutively admitted to an oncologic intensive care unit at August 2016. Patients with less than 24 hours of hospitalization were excluded. All blood glucose measurements were performed by the evaluation of capillary blood obtained by the puncture of one finger with a lancet. An analysis with models of logistic regression stepwise backwards was used to identify if the blood glucose level is an independent mortality factor. Statistical analysis was realized with the statistical package PASW for Windows.

Results: Among the ten included patients, only three presented an average blood glucose higher than 180 mg/dl. Logistic regression analysis demonstrated that

patients with elevated blood glucose levels in the first eight hours of hospitalization showed an increase trend for mortality ($p = 0,011$), compared with patients with normal blood glucose levels.

Conclusion: Elevated blood glucose levels at the first eight hours of admission in an oncologic intensive care unit appear to be a prognostic marker.

EP-695

Delirium e síndrome cardiorenal tipo II, associação letal? Índices prognósticos do Hospital do Coração de Goiás

Danilo Sena Cotrim¹, Larissa Sena Cotrim², Mariana Batista Leite Leles¹, Tiago Mendes Botega³

¹Hospital do Coração de Goiás - Goiânia (GO), Brasil; ²Hospital Universitário Gaffrée e Guinle - Rio de Janeiro (RJ), Brasil; ³Hospital de Urgências Governador Otávio Lage de Siqueira - Goiânia (GO), Brasil

Objetivo: A Síndrome Cardiorenal (SCR) é uma condição fisiopatológica na qual coexiste disfunção cardíaca e renal, onde a falência aguda ou crônica de um dos órgãos precipita a falência aguda ou crônica do outro. Delirium constitui importante preditor independente de prognóstico negativo, apresentando alta recorrência em doentes críticos nas Unidades de Terapia Intensiva (UTI). As implicações destas síndromes possuem grande relevância na prática clínica, e necessidade de identificação precoce para melhor manejo. Buscou-se analisar índices prognósticos de pacientes portadores de SCR-II que, durante internação na UTI-HCGO apresentaram quadro de delirium, comparando-os aos índices da associação SCR-I-Delirium.

Métodos: Estudo observacional comparativo realizado a partir dos prontuários e planilhas de acompanhamento dos pacientes internados na UTI do HCGO, entre abril-julho/2017, com diagnóstico de SCR-II e SCR-I, associados a episódios de delirium. Utilizou-se o Confusion Assessment Method for ICU (CAM-ICU) para avaliação de delirium.

Resultados: Dos 21 pacientes diagnosticados com SCR, 18 apresentaram delirium, atendendo aos critérios de inclusão. 13 correspondiam à SCR-II, e 5 à SCR-I. Dos pacientes com SCR-II, 84,61% evoluíram com óbito, contra o índice de 20% dos pacientes com SCR-I.

Conclusão: Pacientes com SCR-II com apenas 1 episódio de delirium tiveram desfecho clínico semelhante aos participantes da categoria SCR-I. Mesmo possuindo atividade cognitiva plena anterior à internação, portadores de SCR-II que apresentaram período prolongado de delirium evoluíram com declínio cognitivo rápido e posterior óbito, alertando ao pior prognóstico da Associação SCR-II-Delirium.

EP-696

Evaluation of patients by the Sequential Organ Failure Assessment (SOFA) Score in an intensive care unit

Abílio Torres dos Santos Neto¹, Ramon Moraes Penha², Lidiani Figueiredo Santana¹, Talita Santos de Arruda¹, Daiana Terra Nacer³, Regina Márcia Cardoso de Sousa³

¹Hospital Universitário, Universidade Federal de Mato Grosso do Sul - Campo Grande (MS), Brasil; ²Universidade Federal do Mato Grosso do Sul - Campo Grande (MS), Brasil; ³Universidade de São Paulo - São Paulo (SP), Brasil

Objective: To evaluate patients admitted to an intensive care unit (ICU) by means of the SOFA Score.

Methods: A prospective, cross-sectional study carried out in the adult ICU of a Teaching Hospital, from June to July 2017, to evaluate the severity of the inpatients' disease. The SOFA Score was applied daily and the first assessment was made after admission. The Score was developed as a way of monitoring the impact of changes in the organ dysfunction and/or failure during the hospital stay. It is subdivided into six variables, each one representing an organic system, with a score ranging from 0 (normal) to 4 (high level of impairment).

Results: During the study period, 27 patients were hospitalized, 15 males and 12 females, mean age of 62.59 years. Two patients totaled 7 to 9 points; 11, from 10 to 12 points; 1 from 13 to 14 points; 1 reached 15 points; and 4 patients, 15 to 24 points. Those who obtained 15 points or more had a fatal outcome because of complications in various organs.

Conclusion: Multiple organ dysfunction is an important cause of morbidity and mortality in the ICU. The use of scores helps to document the severity of the conditions and to carry out early interventions to avoid preventable damage.

EP-697

Evaluation of the severity of the patients in an intensive care unit for infectious diseases from the APACHE II score

Elizabeth Mesquita Melo¹, Ana Amélia Gadelha Martins¹, Isabel Cristina Veras Aguiar¹, Luciana Vládia Carvalho Fragoso¹, Andreza Moura Magalhães Ferreira², Lanese Medeiros de Figueirêdo³, Violeta Frota Lima², Felícia Maria Matias Silveira²

¹Hospital São José de Doenças Infecciosas - Fortaleza (CE), Brasil; ²Curso de Enfermagem, Centro de Ciências da Saúde, Universidade de Fortaleza - Fortaleza (CE), Brasil; ³Hospital Distrital Dr. Evandro Ayres de Moura - Fortaleza (CE), Brasil

Objective: To evaluate, from the APACHE II score, the severity of the patients admitted to the ICU of a hospital specialized in infectious diseases, linking it with the actual mortality.

Methods: This is a descriptive, retrospective and exploratory study, with a quantitative approach, developed at the ICU of the São José Hospital for Infectious Diseases, Fortaleza - Ceará. The sample was composed of 161 patients. The

data were collected from the medical records and from the admission book of patients, during the period from August to September 2016. One should emphasize that the index was applied in the first 24 hours after the patient admission. The results were grouped in Excel, and then analyzed through descriptive statistics and exposed in figures and tables. The ethical aspects were considered.

Results: Our research shows that 68% of the patients were male; the average age was 42 years. One should highlight that 36.6% of the patients showed a risk of death of approximately 25%; and 30.4% of approximately 40%. Regarding the patients with APACHE between 25 and 29, the mortality was 72.20%, thus indicating an observed mortality higher than expected, which was 55%, and this was also observed in patients with APACHE between 20 and 24, with the expected mortality of 40% and the observed of 63.3%.

Conclusion: The current study enables the implementation of a specialized nursing care protocol to this patient profile.

EP-698

Organic dysfunctions and clinical outcomes - Experiences at a university hospital in Fortaleza-Brazil

Luma Maria Tavares de Sousa¹, Natália Linhares Aragón Bridge², Arnaldo Aires Peixoto Júnior², Igor Kenned Durães Paiva¹, Caio César Jucá Lucena¹, Angeline Maria Holanda Pascoal da Silva¹, Daniel Ponte Frota¹, Márcio Flávio Araújo Guanabara Júnior¹

¹Faculdade de Medicina, Universidade Federal do Ceará - Fortaleza (CE), Brasil; ²Hospital Universitário Walter Cantídio, Universidade Federal do Ceará - Fortaleza (CE), Brasil

Objective: To analyze the impact of the organic dysfunctions at ICU admission on the outcome, using the SOFA and APACHE II scores.

Methods: 59 patients admitted to the ICU of the Walter Cantídio University Hospital from February to April 2016 and from March to June 2017. The dysfunctions established by the SOFA, alongside the APACHE severity score and the outcomes in the ICU were associated.

Results: Median age was 59.0 years, mean APACHE 19.0 and mean SOFA 7.0. All had at least one dysfunction at admission, with a mean of 3.3 dysfunctions/patient. The most prevalent were respiratory (91.5%), cardiocirculatory (77.9%) and renal (54.2%); Haematological, neurologic and hepatic diseases were identified in 44.0%, 38.9% and 25.4% of patients, respectively. The mortality rate was 34.3% among patients with up to 3 dysfunctions and 66.6% in those with 4 or more. The most associated with death were respiratory (96.5%) and cardiovascular (93.1%). A direct correlation between a number of dysfunctions and time of hospitalization was identified in patients with up to 4 dysfunctions; in patients with 5 or more dysfunctions, an inverse correlation was found. The SOFA score correlated better with mortality than APACHE II (Pearson r2: 0.83 and 0.52, respectively).

Conclusion: The number of organic dysfunctions at ICU admission showed a negative impact on the outcomes

among the patients. The correlation between the SOFA score and the unfavorable outcome indicates that it should be recommended over the APACHE II.

EP-699

Post-operative thoracic surgery: do prognostic indexes reflect the time of hospitalization and re-intubation in the intensive care unit?

Natalia Borges Abrão¹, Gabriela Anastacio Gabas¹, Fabio dos Santos Barbosa¹, Jose Claudio T Seabra², Ivan F C Toro², Ricardo Kalafi Mussi², Desanka Dragosavac¹, Antonio Luis Eiras Falcão¹

¹Disciplina de Medicina Intensiva, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil; ²Departamento de Cirurgia, Faculdade de Ciências Médicas, Universidade Estadual de Campinas (UNICAMP) - Campinas (SP), Brasil

Objective: Analyze the profile of hospitalized patients in the postoperative period of thoracic surgery in the Intensive Care Unit of a University Hospital.

Methods: Observational, cross-sectional study based on a continuous registry database of patients in the postoperative period of thoracic surgery from January 2013 to December 2016.

Results: A total of 129 patients were evaluated, of which 58.1% were male. The mean age was 52.19 ± 16.71 and days of ICU stay were 3.40 ± 4.42 . The main comorbidities were: diabetes mellitus 16.3%, systemic arterial hypertension 30.2% and smoking 45.7%. Elective surgery occurred in 96.1%. The mean APACHE II was 9.98 ± 4.37 and SAPS 3 was 32.90 ± 10.32 and the predicted mortality was 13.21 ± 9.94 and $5\% \pm 6.99$, respectively. The observed mortality rate was 1.6%. The rate of septic shock, acute renal injury requiring renal replacement therapy and need for blood transfusion were less than 2% in this study. The SOFA on admission was 2.53 ± 1.77 . Patients admitted on mechanical ventilation represented 13.2% from which 17.6% were re-intubated. The mean mechanical ventilation time was 5.05 ± 5.52 days. In the bivariate correlation analysis between SAPS 3, SOFA and APACHE with the ICU length of stay we obtained the following results ($r = 0.19$; $r = 0.33$; $r = 0.21$ respectively with $p < 0.05$ for all variables).

Conclusion: This study observed that mortality was lower than predicted by severity scores and there was low rate of complications.

EP-700

Prediction of mortality in patients admitted to an intensive care unit at a university hospital in Salvador-Bahia

Raíza Barros Couto¹, Gabriel Nascimento Jesus¹, Raissa Borges Peixoto¹, Beatriz Kelly Oliveira Silva¹, Ícaro Sampaio Toutsis¹, Luciana Carla Belém Dos Santos¹, Marília Niedermeyer Fagundes², Raquel Hermes Rosa Oliveira²

¹Faculdade de Medicina da Bahia, Universidade Federal da Bahia - Salvador (BA), Brasil; ²Unidade de Terapia Intensiva, Hospital Universitário Professor Edgard Santos - Salvador (BA), Brasil

Objective: To determine the performance of APACHE II and SAPS III in an intensive care unit (ICU).

Methods: This is a retrospective study undertaken in a ICU with medical and surgical patients, over 9 months. The exclusion criteria were age under 18 years, ICU stay less than 24 hours and readmission. Mann-Whitney test was used to compare scores, predictive ability determined by ROC curve and calibration by the Hosmer-Lemeshow test.

Results: 264 critically ill patients with mean age of 57.14 ± 17.58 years were included (61.5 % male). The median of APACHE II and SAPS III scores were significantly higher in dead patients ($p < 0.0001$). ICU mortality rate was 20.1%; predicted mortality and standardized mortality ratio (SMR) were 28.1% and 0.71 (95% IC 0.49 - 1.05) for APACHE II; 23.9% and 0.84 (95% IC 0.57 - 1.24) for SAPS III. Calibration was adequate [$X^2 = 2.53$ ($p = 0.96$) for APACHE II and $X^2 = 5.918$ ($p = 0.656$) for SAPS III]. Areas under ROC curve of APACHE II and SAPS III for prediction of mortality were 0.738 (95% CI: 0.68-0.79) and 0.784 (95% CI: 0.73-0.832), respectively ($p = 0.26$). Both scores had similar performances in medical and surgical patients, and in different age ranges.

Conclusion: APACHE II and SAPS III had similar value in predicting ICU mortality and both are useful to indicate more severe patients and better resource use.

EP-701

Predictive capacity of the Escala de Valoración Actual del Riesgo de Desarrollar Úlceras por Presión en Cuidados Intensivos translated to portuguese

Mariana Fernandes Cremasco¹, Suely Sueko Viski Zanei², Iveth Yamaguchi Whitaker²

¹Unidade de Terapia Intensiva, Hospital Israelita Albert Einstein - São Paulo (SP), Brasil; ²Escola Paulista de Enfermagem, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil

Objective: To compare the predictive capacity between Escala de Valoración Actual del Riesgo de desarrollar Úlceras por presión en Cuidados Intensivos (EVARUCI) translated to portuguese and Braden Scale.

Methods: Methodological study was carried out to analyze pressure injury (PI) risk in critical patients mesured by EVARUCI and Braden Scale during ICU stay. Prospective data collection from adult patients was performed in three ICU of the University Hospital of the Universidade Federal de São Paulo, Brazil. Receiver Operating Characteristic (ROC) was used to analyze sensitivity and specificity of scales. Positive and negative predictive values and Odds Ratio were calculated observing the cutt off in each of the scales. Satisfactory performance of the scales was considered for the ROC curve area > 0.7 .

Results: The study sample consisted of 324 patients. 50.6% were male and the average age of patient was 58 years old (18-95; SD 19.2). The PI incidence was 14.2% and mortality was 13.3%. EVARUCI's ROC curve area reached 0.807 and Braden's 0.798. In EVARUCI's score 10, sensitivity was 65.2%, specificity was 82%, positive predictive value was 34.3% and OR = 8.5. In Braden's score 11, sensitivity was 76.1%, specificity was 75.9%, positive predictive value was 34.3% and OR=10.

Conclusion: EVARUCI presented satisfactory performance, being more specific and with predictive value higher than Braden scale. It indicated good performance of EVARUCI as a specific instrument for PI risk evaluation in critical care patients.

EP-702

Variáveis bioquímicas e gasométricas básicas podem estimar risco em pacientes gravemente enfermos no momento da admissão em uma unidade de terapia intensiva?

Paulo Cesar Gottardo¹, Ciro Leite Mendes¹, Igor Mendonça do Nascimento², Laís Henriques de Oliveira³, Ana Beatriz Nepomuceno Cunha³, Nicole Almeida Leite⁴, Elbia Assis Wanderley¹, Fátima Elizabeth Fonseca de Oliveira Negri²

¹Hospital Nossa Senhora das Neves - João Pessoa (PB), Brasil; ²Hospital Universitário Lauro Wanderley, Universidade Federal da Paraíba - João Pessoa (PB), Brasil; ³FAMENE - João Pessoa (PB), Brasil; ⁴Faculdade de Ciências Médicas da Paraíba - João Pessoa (PB), Brasil

Objetivo: Estimar o risco de morte a partir de alterações em análises bioquímicas e gasométricas realizadas no momento da admissão em uma Unidade de Terapia Intensiva (UTI).

Métodos: Coorte histórica, envolvendo pacientes internados na UTI do Hospital Universitário da Universidade Federal da Paraíba em 2013.

Resultados: 270 pacientes, 45,2% homens, com média de 56,36 +/- 19,5 anos, lactatemia na admissão de 2,36 +/- 2,33 mmol/L e SAPS3 56,71 +/- 18,16. Os indicadores encontrados para óbitos e sobreviventes, bem como a Odds Ratio (OR) para óbito associada a tais variáveis com p<0,001 foram: pH < 7,35 51,5% vs 27,2%, com OR 7,35 1,897 IC95% 1,39-2,59; pH < 7,1 7,2% vs 0 (todos com pH < 7,1 evoluíram para óbito), OR 2,922 IC95% 2,471-3,455; pH 7,35-7,45 35,1% vs 61,8%, OR: 0,494 IC95% 0,351-0,695; PaO2/FiO2 < 300 70,1% vs 44,8%, OR 2,005 IC95% 1,395-2,882; PaO2/FiO2 < 200 47,4% vs 23,8%, OR 1,887 IC95% 1,39-2,562; Lactato > 4 mmol/L 22,7% vs 8,2%, OR 1,882 IC95% 1,367-2,592; Creatinina > 1,2 mg/dL 53,4% vs 30,7%, OR 1,793 IC95% 1,29-2,492.

Conclusão: A análise gasométrica e laboratorial básica pode trazer elementos com impacto significativo na mortalidade de pacientes gravemente enfermos no momento da admissão em UTI.

EP-703

Variáveis clínicas dos pacientes no momento da internação em unidade de terapia intensiva, muito mais que um número, um preditor de desfechos

Paulo Cesar Gottardo¹, Igor Mendonça do Nascimento², Ciro Leite Mendes¹, Mamede Moura dos Santos Neto¹, Erick Cesar de Farias Albuquerque¹, André Luiz Santos de Moraes³, Cynthia Karina de Mesquita Costa³, Matheus Oliveira Ferreira³

¹Hospital Nossa Senhora das Neves - João Pessoa (PB), Brasil; ²Hospital Universitário Lauro Wanderley, Universidade Federal da Paraíba - João Pessoa (PB), Brasil; ³FAMENE - João Pessoa (PB), Brasil

Objetivo: Avaliar variáveis clínicas na admissão em UTI e o risco de pacientes gravemente enfermos.

Métodos: Coorte histórica, envolvendo pacientes internados em UTI de hospital público de João Pessoa, Brasil, em 2013.

Resultados: 270 pacientes, 45,2% homens, 56,36 +/- 19,5 anos, 38,5% oriundos da enfermagem, com Lactato na admissão=2,36+2,33 mmol/L e SAPS3=56,71+18,16. 22,6% internações programadas, 20,7% internações > 7 dias e 11,5% > 14 dias, com mortalidade em UTI 35,9% e hospitalar 45,2%. Relação óbitos/sobreviventes: Idade 61,6 + 17,27 anos vs 53,4 + 20,1 anos, p=0,001, OR>60 anos 1,663 IC95% 1,198-2,308 e > 40 anos 2,444 IC95% 1,359-4,397; GCS 15: 21,6 vs 56,6%, p<0,001, OR GCS < 8: 2,256 IC95% 1,531-3,322, < 10: 1,964 IC95% 1,389-2,779, < 12: 2,497 IC95% 1,777-3,51 e < 14: 2,852 IC95% 1,875-4,337; Pressão Arterial Média (PAM) < 70 mmHg 48,5% vs 27,2%, p<0,001, OR: 1,76 IC95% 1,291-2,399; PAS < 90 mmHg 39,2% vs 17,3%, p<0,001, OR< 90 mmHg: 1,913 IC95% 1,416-2,586; além de outras variáveis como pressão arterial média, temperatura, saturação O2, uso de drogas vasoativas.

Conclusão: Variáveis clínicas são alternativas viáveis para avaliar risco de pacientes graves na admissão em UTI, possibilitando a criação de escores a partir dessas variáveis.

Hemostasia, trombose e transfusão

EP-704

Effects of fibrinolysis and lactate on outcome in isolated traumatic brain injury with disseminated intravascular coagulation

Kenichi Katabami¹, Takeshi Wada¹, Satoshi Gando¹

¹Hokkaido University Hospital - Sapporo Hokkaido, Japan

Objective: We hypothesized that disseminated intravascular coagulation (DIC) with increased fibrinolysis during the early stage of isolated traumatic brain injury (iTBI) affects the outcome of the patients and that hypoperfusion contributes to hyperfibrinolysis in the DIC.

Methods: This retrospective study included 92 patients with iTBI who were divided into DIC and non-DIC groups

according to the Japanese Association Acute Medicine DIC scoring system. The DIC patients were subdivided into those with and without hyperfibrinolysis. The platelet counts and global markers of coagulation and fibrinolysis were measured. The outcome measure was all-cause hospital mortality.

Results: DIC patients showed consumption coagulopathy, lower antithrombin levels and higher fibrin/fibrinogen degradation products (FDP) and D-dimer levels than non-DIC patients. All of the DIC patients developed SIRS, accompanied by organ dysfunction and required higher blood transfusion volumes, leading to a worse outcome than non-DIC patients. These changes were more prominent in DIC with hyperfibrinolysis. A higher FDP/D-dimer ratio suggests that DIC belongs to the fibrinolytic phenotype and involves fibrin(ogen)olysis. The mean blood pressures of the patients with and without DIC on arrival were identical. Hypoperfusion and the lactate levels were not identified as independent predictors of hyperfibrinolysis.

Conclusion: DIC, especially DIC with hyperfibrinolysis, affects the outcome of patients with iTBI. Low blood pressure-induced tissue hypoperfusion does not contribute to hyperfibrinolysis in this type of DIC.

EP-705

Adequacy of venous thromboembolism prophylaxis in surgical patients

Alex Junior Ferreira¹, Taisa Melo Monteiro Chenci¹, Yara Pedrosa Zen¹, Wilson José Lovato¹

¹Hospital São Lucas - Ribeirão Preto (SP), Brasil

Objective: Venous thromboembolism (VTE) is a serious disease of high global incidence, and prophylaxis is essential to decrease the incidence of thrombosis and consequently reduce mortality. The objective of this study was to evaluate the adequacy rate of prophylaxis for VTE in surgical patients classified as high risk.

Methods: This is a descriptive, retrospective and quantitative study conducted in a general, private, medium-sized hospital in the interior of the State of São Paulo. Data from the period January/16 to April/17 were collected from the risk management and prophylaxis form for VTE of hospitalized surgical patients.

Results: In the period from January to December/16, 2213 printouts were evaluated and from January to April/17, 1004 printouts were filled out for management of the surgical patients protocol. Of the total evaluated, in 2016, 762(34.4%) patients were classified as low risk, 540(24.4%) as intermediate risk and 911(41.2%) as high risk. Of those evaluated in 2017, 36(36%) were classified as low risk, 120(12%) as intermediate risk and 552(52%) as high risk. Regarding the adequacy of prophylaxis for VTE for surgical patients classified as having high risk, it was observed that in 2016 it was 68% and 82% in 2017.

Conclusion: It was concluded that the readjustment of the institutional protocol with the multidisciplinary team, its dissemination to the team and the clinical staff about the

benefits of prophylaxis for patient safety during the period, ensured greater adherence to protocol guidelines and consequently better results.

EP-706

Desenlaces in patients with pulmonary embolism in the respiratory intensive care unit of the general hospital of Mexico

Guillermo Cueto Robledo¹, Samuel Alejandro Gomez Lucas¹, Gloria Barragan Pola¹, Raul Cicero Sabido¹

¹Hospital General de México "Dr. Eduardo Liceaga" - Mexico City, Mexico

Objective: Pulmonary embolism (PE) is a disease with high morbidity and mortality. The clinical presentation ranges from dyspnea to shock. The mortality rate ranges from 1% to 60%. **Objective:** To identify the outcomes in patients with PE admitted to the Respiratory Intensive Care Unit (RICU) of the General Hospital of Mexico (HGM) from 2009-2017. **Methods:** Prospective, descriptive and observational study. We included 19 patients who entered the RICU of the HGM with diagnosis of PE. Those who had massive and submassive PE were identified.

Results: The mean age was 44.6 years, 63% female gender. The main causes were cardiovascular and oncology pathology. The most frequent PESI was III. We identified 4 patients with massive PE and 12 submassives in whom thrombolysis was performed, 7 patients with streptokinase and 9 with alteplase. The main outcomes were: 2 patients with thrombolysis (1 for alteplase and 1 for streptokinase) presented shock (11%, p 0.03) with mechanical ventilation requirements, both died. 3 patients with thrombolysis (2 for alteplase and 1 for streptokinase) had active bleeding (16%, p 0.3) and 4 had a hemoglobin decrease greater than 4 g. (21%). Group mortality at 30 days was 11% per shock state (p 0.05).

Conclusion: Mortality in patients with PE increases in those who present shock and mechanical ventilation, as well as decreases with early identification of severity and aggressive management. In our series we report data according to the literature regarding thrombolytic management and the most frequent PE outcomes.

EP-707

Effects of thrombolysis in patients with massive and submassive pulmonary embolism in the respiratory intensive care unit of the general hospital of Mexico: estreptoquinasa vs alteplasa

Guillermo Cueto Robledo¹, Samuel Alejandro Gomez Lucas¹, Gloria Barragan Pola¹, Raul Cicero Sabido¹

¹Hospital General de México "Dr. Eduardo Liceaga" - Mexico City, Mexico

Objective: The management of patients with diagnosis of pulmonary embolism (PE) consists of risk stratification and

decide on appropriate therapy. Thrombolysis in patients with massive and submassive PE improves the clinical outcome through improved pulmonary hemodynamics. Objective: To evaluate the effects of thrombolysis in patients with massive and submassive PE from the Respiratory Intensive Care Unit (RICU) of the General Hospital of Mexico (HGM) from 2009 to 2017.

Methods: Prospective comparative descriptive observational study. We identified 16 patients admitted to RICU with pulmonary thromboembolism, both massive (4) and submassive (12), in whom thrombolysis was performed, 7 with streptokinase and 9 with alteplase.

Results: The mean age was 46 years. 62.5% female gender. The PE mortality at 30 days of the group was 12.5% (2 patients), one for alteplase (11%) and one for streptokinase (14%, p 0.05). 3 patients with thrombolytic activity with alteplase (33%) presented shock status compared to one in whom streptokinase was used (14%, p 0.04). Of the first group 2 patients (22%) presented bleeding against 1 of the second (14%). For the alteplase group, 7 patients (77%) required transfusion of erythrocyte concentrate vs 3 (42%) of the streptokinase group (p 0.04). Patients from each group presented hemoglobin decrease of 4 g (22% for alteplase vs. 28% for streptokinase, p 0.04).

Conclusion: Hemodynamically unstable patients with massive or submassive PE are candidates for pharmacological or mechanical thrombolytic therapy, justified by high mortality and by the faster resolution of thromboembolic obstruction.

EP-708

Venous thromboembolism prophylaxis in the hospital environment: what is being done and what needs to be done

Edgar de Brito Sobrinho¹, Thiago José de Ramos², Adriana de Oliveira Lameira Veríssimo¹, Markus Barcellos de Albuquerque¹, Milce Ellen Barros de Oliveira¹, Hellen Karinna Monteiro¹, Jackson Freire¹

¹Hospital Adventista de Belém - Belém (PA), Brasil; ²Universidad Adventista del Plata - Entre Ríos Libertador, San Martín, Argentina

Objective: Venous thromboembolism (VTE) is characterized by a blockage of blood flow in vessels of the venous system by the formation of a clot. Surgical patients are more likely to suffer from this complication, but may also occur in clinical patients. Therefore, adequate prophylaxis is the most cost-effective method to avoid this condition. The objective of this study was to verify the prevalence of appropriate prophylaxis for VTE in patients during hospitalization in a private hospital in Belém.

Methods: An observational epidemiological study was carried out, with a cross-sectional data collection. The adequate use of prophylaxis for VTE will be analyzed according to the norms of the Brazilian Society of Angiology and Vascular Surgery.

Results: 111 medical records of inpatients, including clinical and surgical, were analyzed when prophylaxis for VTE was performed. The data obtained showed that 50% of the patients

were classified as high risk for VTE, 46% intermediate risk and 4% low risk. 56% of patients underwent prophylaxis adequately according to the protocol of the Brazilian Society of Angiology and Vascular Surgery (SBACV) and 41% underwent prophylaxis inadequately. 3% performed prophylaxis in a manner adapted according to medical criteria.

Conclusion: VTE can be fatal if not treated properly, so attention to prophylaxis in the cases indicated is of vital importance. It is recommended whenever possible to associate medication and mechanical measures as routine in the prophylaxis of VTE in hospitalized patients, in an attempt to gradually reduce the occurrence of this complication.

EP-709

Anemia due to hemolysis, bleeding and ineffective erythropoiesis in young male with gastric adenocarcinoma - a rare presentation

Aline Pinto Alves¹, Lorena Rodriguez Nunez¹, José Maria da Costa Orlando¹, Rosa Goldstein Alheira Rocha¹, Lilian Pinto Alves²

¹Complexo Hospitalar do Mandaqui - São Paulo (SP), Brasil; ²Universidade Estadual do Pará - Belém (PA), Brasil

The presentation of gastric adenocarcinoma associated with hemolytic anemia is rare, despite the possibility of presenting paraneoplastic syndromes. We report the case of a young male, 24 years old, without previous comorbidities, with melena 30 days before admission at ICU. He was admitted to the hospital with enterorrhagia and signs of circulatory shock. Upper digestive endoscopy was performed and found diffuse gastric bleeding. He presented severe anemia and thrombocytopenia with Coombs direct test negative and indirect test positive. Other laboratory tests revealed a mixed pattern of intravascular hemolysis associated with ineffective erythropoiesis, justified by very high levels of LDH and ferritin, inappropriately low reticulocytes and indirect bilirubin, haptoglobin consumption and hemoglobinuria. The hypothesis of microangiopathy was withdrawn due to the absence of schizocytes in peripheral blood smears, absence of initial neurological or renal impairment. Dosage of B12 vitamin, folate, protein and hemoglobin electrophoresis were normal. Serologic tests for viral hepatitis and HIV were negative. Patient got worse even receiving pulse therapy with methylprednisolone. He had kept severe digestive bleeding and undergone total gastrectomy. Eventhough, he maintained bleeding through anastomosis, evolving with refractory shock and death after 14 days of hospitalization. Anatomopathological result of gastrectomy specimen revealed gastric adenocarcinoma with lymphnode metastasis. The presentation of hemolytic anemia in a young patient is commonly related to autoimmune disease, microangiopathic hemolysis, paroxysmal hemoglobinuria or secondary to hematopoietic neoplasia. We highlight the relevance of the case for differential diagnosis and rapid institution of solving therapy in order to avoid fatal outcomes such as occurred.

EP-710

Avaliação do protocolo de tromboembolismo venoso em um hospital privado

Antonio Gonçalves de Oliveira¹, Rita de Cássia Berenguer de Almeida¹, Livia Roberta Paiva¹

¹Hospital Unimed Recife III - Recife (PE), Brasil

Objetivo: Analisar o prontuário dos pacientes internados para avaliar eficácia do protocolo de tromboembolismo venoso (TEV) da instituição.

Métodos: Analisamos o prontuário eletrônico de todos os pacientes internados no período de junho de 2016 a maio de 2017 utilizando a ferramenta do business intelligence (BI).

Resultados: Realizamos estudo retrospectivo de junho a dezembro de 2016, onde encontramos um percentual de 37,85% dos pacientes que tiveram seu risco avaliado. De janeiro a maio de 2017 este percentual subiu para 84,40%. Com relação aos pacientes recebendo a profilaxia adequada encontramos de junho a dezembro de 2016 um percentual 37,57% e no período entre janeiro a maio de 2017 o número se elevou para 65,40%. No mesmo período de 2016 tivemos 0,17% de incidência de trombose venosa profunda (TVP) e no período de 2017 encontramos 0,22%. Encontramos incidência de tromboembolismo pulmonar (TEP) no mesmo período em 2016 de 0,07% e de 0,02% em 2017.

Conclusão: A melhora das avaliações dos pacientes internados, assim como a melhora dos índices dos pacientes recebendo a profilaxia adequada em 2017 se deve algumas condutas que foram: reformulação do protocolo de TEV no sistema, preenchimento da avaliação de risco atribuída ao enfermeiro, desenvolvimento do painel de acompanhamento no BI, implantação de painel de alerta nos andares e na UTI, incorporado critério de adesão ao protocolo como item de avaliação para pagamento por performance do corpo clínico e monitoramento diário dos pacientes sob risco de TEV com comunicação de não conformidades ao setor correspondente.

EP-711

Bemiparin in obstetric critical care

José Antonio Viruez Soto¹, Carlos Briones Vega², Carla Maria Vallejo Narvaez¹, Nabile Montserrat Nieto Anaya¹, Jesus Carlos Briones Garduño¹, Manuel Antonio Diaz de Leon Ponce¹

¹Hospital General de México "Dr. Eduardo Liceaga" - Mexico City, Mexico; ²Instituto de Genética y Fertilidad - Mexico City, Mexico

Objective: Thromboembolism persists as a main cause of maternal mortality, even in developed countries. Bemiparin is a second generation low molecular weight heparin, with the lowest molecular weight, longest half life and highest activity anti-FXa/anti-FIIa ratio (8:1). The objective is describe the experience in thromboprophylaxis with bemiparin in the Critical Care Obstetrics Unit in "Hospital General de México Dr. Eduardo Liceaga" during period May 2-June 2 of 2014.

Methods: All the patients (n=25) received 3 500 UI of bemiparin per day, as non alternant-TED stockings.

Results: The Wells and Geneva scores, at the admission as outcome dismiss thromboembolism, there were no deaths, nor adverse events associated to the administration of bemiparin.

Conclusion: The pharmacological profile of bemiparin, suggests it as the first line drug in thromboprophylaxis in obstetric critical care.

EP-712

Skin necrosis as the first symptom of heparin induced thrombocytopenia type 2 without thrombocytopenia- a case report

Lucie Zihlova¹, Ivana Zykova¹, Eva Drbohlavova², Dusan Morman¹

¹Anaesthesiology and Intensive Care Department, Regional Hospital Liberec - Liberec, Czech Republic; ²Haematology and Blood Transfusion Department, Regional Hospital Liberec - Liberec, Czech Republic

Heparin induced thrombocytopenia- type 2 (HIT 2) is a life-threatening immune mediated disorder, with IgG antibodies directed at the complex of heparin- platelet factor 4. It leads to neutralization of heparin anticoagulant effect, increase of thrombin level, hypercoagulation and thrombocytopenia. We found only two published case reports of skin necrosis as a symptom of HIT 2 without thrombocytopenia. Case report: We present a 45-year-old man with subclavian vein thrombosis followed by right side pulmonary embolism in July 2016. He had been treated by heparin and subsequently by warfarin. After his discharge home the warfarin therapy had continued. After two months, in October 2016, he was admitted to our ICU with acute respiratory failure and severe septic shock due to severe anaerobic pneumonia with a desintegration of middle and lower right lung lobe. He was intubated, mechanically ventilated, an empiric antimicrobial therapy was administered. INR was 2.6 and thrombocytes count 617 *10⁹ on the day of admission. Warfarin was discontinued. The administration of enoxaparin was started on the day 5 in therapeutic dose of 8000 IU/12 hours according to anti Xa activity. On the day 11 a strange skin necrosis appeared in the abdomen where enoxaparin injections were administered. According to the "HIT score" a high suspicion of HIT 2 was pronounced although the platelet number was 290*10⁹ (but it decreased by more than 50%). Haematological tests which confirmed HIT were done. The administration of enoxaparin was interrupted and the anticoagulation therapy was changed to fondaparinux for 24 hours. Subsequently argatroban as a direct thrombin inhibitor was administered. Argatroban efficacy was monitored by APTT ratio. Therapy was converted to warfarin after the patient was stabilised and the skin necrosis have improved. The diagnosis of HIT cannot be excluded in patients with normal platelet count. This is especially important in ICU patients, who often have a higher platelet count. It is necessary to monitor blood count so that a significant decrease of platelets is noticed. Skin necrosis is a

very rare clinical symptom of HIT 2, but it can lead us to the diagnosis. Not only intensivists but all physicians should be looking for skin changes in patients treated by heparin. If any suspicion occurs, the patient should be given an alternative anticoagulation therapy until HIT can be excluded

EP-713

Thrombotic microangiopathy in intensive care unit, our experience

Rojas Balcázar Nicolás¹, Lucero Pablo¹, Picón Xavier¹, Sebastian P Chapela², Ballester Florencia María¹

¹Hospital Británico de Buenos Aires - Buenos Aires, Argentina; ²Cátedra de Bioquímica Humana, Facultad de Medicina, Universidad de Buenos Aires - Buenos Aires, Argentina

The objective is describe our experience of five patients with thrombotic microangiopathy (TMA). Five patients with a diagnosis of TMA were included: 4 had atypical hemolytic uremic syndrome (aHUS) and 1 thrombotic thrombocytopenic purpura (TTP). 3 men and 2 women with a mean age of 42 years (19-63). Only one had neurological symptoms associated with TTP. At the time of diagnosis: the mean platelet count was 47,000 / mm³ (13,000-88,000), lactate dehydrogenase 4,272 IU / dl (1,000 -13,286), 100% of patients had haptoglobin less than 25 mg / dl, schistocytes In peripheral blood smears and acute renal failure. Of the predisposing causes in the 4 patients with aHUS, one was associated with immunological / genetic origin (low H-factor), three were associated with immunosuppression (tacrolimus / cyclosporine), two of which were renal transplants and one transplanted hepatic. All were dosed ADAMS 13. 40% of patients with aHUS presented cytomegalovirus reactivation. The initial treatment was plasmapheresis in all patients with an average of 13 sessions (5-23). Mean hospital stay of the 5 patients was 33 days (20-53). Of the four patients with aHUS, one presented improvement with cyclosporine suspension and three received eculizumab treatment. One patient died of refractory aHUS in the context of sepsis. TMA is considered a disease with very low incidence, severe, poor prognosis and high morbidity and mortality. In our experience, early diagnosis and adequate treatment with plasmapheresis and eculizumab (aHUS) improved prognosis.

EP-714

Uso de hemoderivados em pacientes politraumatizados: uma análise retrospectiva

Ananda Catharina Azevedo Silva¹, Eduardo da Silva Oliveira¹, Suzane Pereira de Souza¹, Felipe Ferreira Ribeiro de Souza¹, Gabriel Silva Rocha¹, Letícia Santos de Carvalho¹, Mateus Andrade Alvaia¹, Lucio Couto de Oliveira Junior²

¹Universidade Estadual de Feira de Santana - Feira de Santana (BA), Brasil; ²Hospital Geral Clériston Andrade - Feira de Santana (BA), Brasil

Objetivo: O objetivo desse estudo foi avaliar o perfil epidemiológico de politraumatizados, em uma unidade de terapia intensiva do interior da Bahia que receberam hemoderivados.

Métodos: Trata-se de um estudo epidemiológico descritivo e retrospectivo. Os dados foram coletados no período entre junho de 2016 e março de 2017, usando o software EPIMED monitor, aplicado em uma UTI adulto de um hospital público. A autorização para coleta e uso dos dados secundários foi cedida pela instituição. Foram incluídos todos os pacientes internados no período, politraumatizados que receberam hemoderivados, totalizando 92 pacientes, independentemente de outros critérios de exclusão.

Resultados: A partir dos 92 pacientes avaliados, observou-se que 81,52% (n=75) eram homens, com média de idade de 37 anos. O tempo médio para admissão na UTI foi de 2,45 dias, a média de permanência de 11,01 dias e o tempo de internamento hospitalar de 32,32 dias. O número médio de bolsas recebidos por esses pacientes foi de 8,89, sendo a média de concentrado de hemácias de 5,2 bolsas, concentrado de plaquetas 1,44, plasma fresco congelado 1,92 e crioprecipitado 0,58 bolsas. Quanto as terapias de suporte, 39,13% dos pacientes receberam vasopressores e 84,78% (n=78) usaram ventilação mecânica no momento da admissão. Em relação aos SAPS 3, a média de pontos foi 15,21. Quanto aos desfechos, 27,17% (n=25) dos pacientes foram a óbito e 72,82% receberam alta.

Conclusão: O trabalho permitiu traçar o perfil dos pacientes politraumatizados que receberam hemoderivados.

Pediatric and neonatology

EP-715

Effects of feeding probe use in preterm newborn on cardiorespiratory parameters and the incidence of stress signs route oral

Lioné Santos de Lima¹, Vivian da Pieve Antunes², Angela Regina Maciel Weinmann¹

¹Universidade Federal de Santa Maria - Santa Maria (RS), Brasil; ²Unifra - Santa Maria (RS), Brasil

Objective: Compare the cardiorespiratory parameters and the occurrence of stress signals, in the first supply of oral milk, between RNPT patients with nasal and oral feeding tubes.

Methods: The sample consisted of 27 RNPT, gestational age less than or equal to 34 weeks, in two groups: 14 received nasogastric tube feeding and 13 per orogastric tube. The cardiorespiratory parameters evaluated were the heart and respiratory rate, peripheral oxygen saturation, recorded three minutes before and after the first oral milk supply, the signs of stress observed during the first oral feeding.

Results: When comparing cardiorespiratory measures at the beginning and end of the first oral feeding, a significant increase in respiratory rate was observed for both groups (nasal or oral) ($p=0,017$ e $p=0,0009$). For the group that used the orogástrica probe this significant increase also occurred for the heart rate ($p=0,0006$), accompanied by reduction in oxygen saturation ($p=0,025$). For the nasogastric probe group, there was a significant increase in oxygen saturation ($p=0,021$). For signs of stress there was a significant association between the type of probe only for the variable tachypnea, so the occurrence of stress signals differed according to the type of probe used.

Conclusion: It is concluded that in this study the use of the nasogastric tube did not cause respiratory resistance, fatigue, desaturation or apnea. Premature infants who used the nasogastric tube remained more stable with a significant increase in oxygen saturation.

EP-716

Pneumonia associated with mechanical ventilation: cost of hospitalization intensive pediatric therapy

Andressa Larissa Dias Müller de Souza¹, Amanda Beraldo Coelho¹, Rosângela Aparecida Pimenta Ferrari¹, Gilselena Kerbauy Lopes¹, Jaqueline Dario Capobianco¹

¹Universidade Estadual de Londrina - Londrina (PR), Brasil

Objective: Identify the cost of hospitalization of children with ventilator-associated pneumonia in the pediatric intensive care.

Methods: A cross-sectional retrospective study. The study site was an university hospital in the South of Brazil. The data source were medical records of children diagnosed with ventilator-associated pneumonia in the pediatric intensive care and institutional cost sheet for the period of 2014 and 2015. Data were collected through the questionnaire containing variables: socio-demographic data, maternal data, medications administered, devices and materials used during hospitalization. A simple frequency of the data was performed.

Results: The predominant age group was <5 years. In 2015, 53.8% of the children were reintubated, the mean length of stay in intensive care was 15 and 18 days, and the mean time of hospitalization was 24 and 62 days, higher than 2014. The mechanical ventilation time was 12 to 13 days. The most frequent microorganisms isolated in tracheal secretion in 2014 were: *Acinetobacter baumannii* (22%) and *Streptococcus pneumoniae* (22%) and, in 2015: *Candida albicans*/*Candida Krusei* (30%) and *Pseudomonas aeruginosa* (23%). In 2014, the average monthly cost (patient unit / day) was R \$ 3,497.53 total expense of R\$ 56,826.69. In 2015, R\$3,620.11 and average of R\$70,831.96, an additional cost of almost 20%. The cost of antibiotics has increased by almost three times from 2014 to 2015.

Conclusion: Children with this infection had prolonged hospitalization and intensive care. The daily cost was high considering the specialized resources provided in this unit.

EP-717

Protein prescribing in patients admitted to the pediatric intensive care unit

Francielly Crestani¹, Pedro Celiny Ramos Garcia¹, Caroline Abud Drumond Costa¹, Izadora Dalenogare¹, Gabriela Andradas¹, Cristian Tedesco Tonial¹, Ana Luiza Tainski de Azevedo¹, Ênio Silveiro do Canto¹, Francisco Bruno¹, Paulo Roberto Einloft¹

¹Terapia Intensiva Pediátrica, Programa de Pós-Graduação em Pediatria e Saúde Infantil, Hospital São Lucas, Pontifícia Universidade Católica do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: To evaluate the protein prescription and the relationship with outcomes in patients admitted to the Pediatric Intensive Care Unit (PICU).

Methods: Observational retrospective cohort study, performed at a PICU in Southern Brazil, including patients hospitalized for three days, for a period of two years, who received enteral nutrition via probe and/or parenteral nutrition. Demographic data, the severity of illness (PIM 2), the daily prescription of the volume, energy and protein value of the diet, the PICU length of stay, the need for mechanical ventilation, organic dysfunctions and mortality were recorded. The nutritional status was evaluated according to the body mass index for age (WHO 2006, 2007). Resting energy expenditure (REE), according to Schofield (1985), was considered as a caloric goal. Prescribed protein goals were compared with the minimum values recommended by ASPEN (2009). The study was approved by the Research Ethics Committee of the Institution.

Results: 352 patients were included. The REE was reached by 42,9% of the patients. The minimum protein target was achieved by 11,1% of the patients. There was a significant association between mortality and patients who did not reach the REE ($p=0,009$). Regarding the minimal protein goal there was an association with gastrointestinal tract dysfunction ($p=0,026$). When the protein prescription was evaluated in relation to the nutritional status, we observed an association with a diagnosis of severe thinness ($p=0,004$).

Conclusion: We observed caloric and protein restriction in most patients studied, with negative impact on two outcomes, suggesting the need for attention to nutritional prescription.

EP-718

Redução de infecção de CVC: um olhar além dos bundle's

Michelle da Silva Ferreira Almas¹, Diego Monteiro², Agnaldo da Silva²

¹Unineo S/A - Belo Horizonte (MG), Brasil; ²Neocenter S/A - Belo Horizonte (MG), Brasil

Objetivo: Redução de infecção em uma unidade de terapia intensiva neonatal onde foi aplicado bundle de redução de infecção de CVC.

Métodos: Levantamento das variáveis relacionadas ao indicador de infecção de CVC com posterior comparação com unidades neonatais de referência em Belo Horizonte onde foram

aplicados bundle's para prevenção de infecção no período de análise março de 2016 a maio de 2017.

Resultados: Aplicado bundle para a redução de infecção relacionada CVC, alcançou-se queda de mais 51% no período comparativo. Outrossim, ficou evidente benefícios como redução no consumo de nutrição parenteral de 45% e seu respectivo custo e ainda, estímulo à equipe à manutenção da rotina de gerenciamento de riscos na beira do leito.

Conclusão: Os resultados encontrados reforçam a importância da adequada aplicação do bundle de prevenção de infecção de CVC, entretanto, há outros benefícios que foram agregados como estímulo ao empenho e participação da equipe multidisciplinar no gerenciamento de riscos do paciente bem como o seu reconhecimento nos resultados assistenciais.

EP-719

The vision of health professionals for neuropsychomotor development and its relationship with the prone position in intensive neonatal public therapy units in the south of Brazil: preliminary results

Cíntia Johnston¹, Micheli Martinello²

¹Departamento de Pediatria, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil; ²Centro de Informações Toxicológicas de Santa Catarina, Secretaria Estadual de Saúde do Estado de Santa Catarina, Universidade Federal de Santa Catarina - Florianópolis (SC), Brasil

Objective: To identify the view of health professionals regarding the importance of DNPM and its relationship with the prone position in the Neonatal Intensive Care Units of Southern Brazil.

Methods: A cross-sectional multicenter study, based on a questionnaire to the health professionals working in the Units. Statistical analysis was based on descriptive analysis, and presented in mean \pm standard deviation of the mean.

Results: A total of 262 health professionals were interviewed, with mean age of 41 ± 60.1 years and mean experience time in the area of 10 ± 8.5 years. It was verified that most of the professionals consider that the prone position presents positive evidences related to the DNPM, and, therefore, it is important to insert it during the hospitalization of infants in the Units of Intensive Therapy, in most Units there is a protocol of change of decubitus, but not a protocol of the prone position, even considering its influence on the DNPM of infants after discharge.

Conclusion: The use of therapeutic positioning is recent, and adoption in the Neonatal Intensive Care Units may result in transient changes in muscle tone, affecting infants during hospital stay, especially when in a prolonged period, but there is a lack of knowledge in the literature regarding To studies that address the importance of the prone position to DNPM, as well as their indications, contraindications, length of stay, among others, and the knowledge of health professionals on the subject may contribute to the care and rehabilitation of infants after discharge.

EP-720

"Top Mother": A importância da fotografia e maquiagem em uma unidade de terapia intensiva infantil de um hospital público de Brasília-DF

Marcelle Passarinho Maia¹, Symone Gondim¹, Michele Coutinho¹, Débora Rodrigues Nunes Tessis¹, Marcelo de Oliveira Maia¹

¹Hospital Regional de Santa Maria - Brasília (DF), Brasil

Objetivo: Verificar os sentimentos das mães e identificar suas contribuições referentes ao Projeto "Top Mother".

Métodos: Trata-se de estudo exploratório e descritivo, realizado com 12 mães no ano de 2017. Tal Projeto acontece há quatro anos, consiste em uma ação com voluntários profissionais, em comemoração ao dia das mães. Elas são maquiadas e posteriormente fazem uma sessão de fotografia junto com o filho. Das mães que participaram 5 são da UTI Neonatal e 7 da UTI Pediátrica. Os dados foram coletados através de uma entrevista aberta, composta por 4 perguntas, são elas: 1) o que você sentiu quando se viu maquiada? 2) Como foi fazer as fotos com seu filho? 3) O que você sentiu quando viu as fotos com seu filho? 4) Qual sua opinião sobre essa ação de maquiagem e fotografia com o filho?

Resultados: Análise de conteúdo identificou quatro categorias, que relacionam-se com objetivos propostos: autoestima ("me senti uma mulher de novo"), humanização/empatia ("colocando no nosso lugar e vendo a dificuldade que passamos", "uma ação muito HUMANA, sentir nossa dor e tentar amenizá-la"), gratidão ("isso é gratificante por tudo que passamos, tenho nossa foto nas minhas mãos") redução da ansiedade ("Além de tudo que passamos as coisas boas é o que conta, são recordações para a vida toda").

Conclusão: Projeto "Top Mother" contribui para minimização da ansiedade e do estresse da hospitalização prolongada e acima de tudo resgata a autoestima e feminilidade das mães, proporcionando um momento encantador e belo da relação mãe-filho, registrado pela fotografia.

EP-721

A validation study of the desired respiratory rate formula used among mechanically ventilated pediatric patients in a tertiary hospital

Alexis Milan¹

¹Division of Emergency Medicine, Department of Surgery, Duke Global Health Institute, Duke University - Durham, North Carolina, United States

Objective: To determine the validity of the desired respiratory rate (RR) formula (desired RR = actual RR x actual pCO₂/desired pCO₂) among mechanically ventilated pediatric patients.

Methods: This is a prospective correlational study among mechanically ventilated pediatric patients at PICU. The Respiratory rate (RR) in the mechanical ventilator was adjusted according to the computed desired RR from the formula. Arterial Blood Gas (ABG) was extracted after thirty minutes to determine if the desired pCO₂ is in close proximity to the result of the ABG. In this study, the desired PCO₂ was set to 40.

Results: 68 patients were included in the study. Results showed high r ($r=0.7934$) and highly significant p value of <0.0001 . 67.8% of the subjects reached the intended normocarbic range after using the desired RR formula.

Conclusion: The desired RR formula may be used as a guide to adjust the PCO₂ after an initial blood gas determination and measurement of the patients minute ventilation since it can accurately predict the actual value within a 0 - 5 mmHg margin.

EP-722

Adverse events: knowledge of the nursing team of the institution of the Brazilian Amazon

Orlete Donato de Oliveira Miranda¹, Ellen Kariny Almeida da Silva¹, Treisy Cristhina Bra Resende¹

¹Centro Universitário Luterano de Ji-Paraná - Ji-Paraná (RO), Brasil

Objective: To analyze the knowledge of nursing professionals regarding adverse events.

Methods: This is a cross-sectional, descriptive, quantitative study of 45 nursing professionals in a hospital in the Brazilian Amazon, from February to April 2015, using a self-administered questionnaire. In this research was included nursing professionals (technicians and nurses) present during the collection period, and being excluded professionals on vacation or license. All the participants expressed their interest by signing the TCLE. The research was approved by an ethical committee about research on human beings, protocol 38988114400005297, according to the resolution 466/12. The data were examined by simple descriptive statistic.

Results: This study reveals that only 71% of the participants know the adverse events, 66% knew how to identify the causes, 61% noticed the correct behavior to proceed, 85% know the preventive measures and 60 % were afraid to notify a adverse events, due to the fear of administrative punishment.

Conclusion: Analyzing all the information it seems to be necessary to introduce protocols towards the notification of the adverse events and continued education for the nursing team, as well as to motivate the development of a quality culture and security to the patient in the institutions, aiming the well-being of the patient and not punishing the professional.

EP-723

Analysis of the implementation, quality and safety improvement of a medication reconciliation program in a pediatric intensive care unit

José Colleti Junior¹, Werther Brunow de Carvalho²

¹Unidade de Terapia Intensiva Pediátrica, Hospital Santa Catarina - São Paulo (SP), Brasil; ²Instituto da Criança, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Objective: Medication reconciliation (MR) is the process of maintaining a patient's medication list at every transition of

care and making use of this information when writing new medication orders or prescriptions for the patient.

Methods: In our study, we performed a descriptive analysis of the implementation of a three-step MR process in a pediatric ICU (PICU). The physicians were surveyed at the end of the evaluation to assess their perception of the safety and quality improvements produced by the process.

Results: The three-step MR process, its limitations, and its achievements were described. The average physician response regarding improvement in patient safety was 9.6 (on a 0-10 scale, with 10 representing total improvement), while for quality improvement the response was 9.5 on average.

Conclusion: The MR program was difficult to implement and required the commitment of the whole PICU team. However, the physicians were found overall to agree that the program improved the safety and quality of patient care.

EP-724

Avaliação da performance do PIM-2 entre pacientes cardiopatas cirúrgicos e correlação dos resultados com a escala RACHS-1

Raíssa Queiroz Rezende¹, Claudia Pires Ricachinevsky¹, Aline Medeiros Botta¹, Viviane Helena Rampon Angeli¹, Aldemir José Nogueira¹

¹Hospital da Criança Santo Antônio - Porto Alegre (RS), Brasil

Objetivo: Pediatric Index of Mortality 2 (PIM-2) é um escore de risco amplamente utilizado em unidades de terapia intensiva pediátricas (UTIP), porém com poucas evidências em populações de cardiopatas congênitos. Já a Classificação de Risco Ajustada para Cirurgia Cardíaca Congênita (RACHS-1) foi criada especificamente para cardiopatas congênitos cirúrgicos. O objetivo deste estudo foi avaliar a performance do PIM-2 e RACHS-1 no pós-operatório de cardiopatas congênitos.

Métodos: Estudo transversal retrospectivo. Incluídos dados de pacientes submetidos à cirurgia cardíaca para gerar escores e predições com técnicas preconizadas, dados demográficos e desfechos.

Resultados: Avaliados 263 pacientes, 27,4% foram a óbito. Esses apresentaram valores de PIM-2 significativamente maiores que os sobreviventes ($P<0,001$). Na classificação RACHS-1, a mortalidade foi progressivamente maior de acordo com a complexidade do procedimento, com aumento de 3,24 vezes na comparação entre os grupos 6 e 2. A área abaixo da curva ROC para o PIM-2 foi 0,81 (IC95% 0,75-0,87) e para o RACHS-1 de 0,70 (IC95% 0,63-0,77). O RACHS-1 apresentou melhor poder de calibração na amostra analisada. Foi encontrada correlação significativamente positiva entre os resultados de ambos os escores ($rs=0,532$; $p<0,001$).

Conclusão: O RACHS-1 apresentou bom poder de calibração e ambos demonstraram um bom desempenho quanto à capacidade de discriminação entre sobreviventes e não-sobreviventes na população de pós-operatório de cardiopatas congênitos. Além disso, foi encontrada correlação positiva entre os resultados dos dois escores de risco.

EP-725

Caracterização epidemiológica de uma unidade de terapia intensiva pediátrica de hospital público estadual do Espírito Santo, e comparação entre duas versões de um escore prognóstico

Karla Loyola de Oliveira Arantes¹, Antônio Lima Netto¹, Pedro Celiny Ramos Garcia²

¹Hospital Estadual Infantil Nossa Senhora da Glória - Vitória (ES), Brasil;

²Pontifícia Universidade Católica do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objetivo: Caracterização epidemiológica da população internada em uma Unidade de Terapia Intensiva Pediátrica (UTIP), com variáveis relevantes, desfechos, mortalidade esperada e realmente observada; comparação entre resultados dos escores prognósticos PIM2 (Pediatric Index of Mortality) e PIM3.

Métodos: Estudo de coorte histórico retrospectivo: dados coletados entre 1/01/2014 e 31/12/2014. Incluídas todas as internações consecutivas, salvo as com critérios de exclusão: idade inferior a 1 mês ou superior a 17 anos, alta (< 8h) ou óbito (<4h) precoce. Dados rotineiros, sem necessidade de intervenções específicas. Avaliadas variáveis como causa, tipo e tempo de internação, uso de drogas vasoativas, tempo de ventilação mecânica, desfecho (alta/ óbito), mortalidade esperada e realmente observada, escores PIM2 e PIM3 para cada internação.

Resultados: 293 internações estudadas: 255 incluídas, 38 excluídas por um dos critérios de exclusão. Idade média 76,4 meses (\pm 69,2), sexo masculino 58,8%, 49% das internações advindas da Emergência, 9,4% eletivas, 72,5% clínicas, permanência média de 8,1 dias. Quadros respiratórios causaram 38,6% das internações. 87,8% de uso de ventilação mecânica na 1ª hora, 61,6% de uso de droga vasoativa. Mortalidade de 13,7%. Escore médio do PIM2 maior que do PIM3, estatística Z de flora evidenciou não haver diferença (entre $-1.96 < Z < 1.96$) entre mortalidade geral observada e esperada no PIM2, mas há diferença destas no PIM3.

Conclusão: Vários dados demográficos se assemelham aos de outros estudos, com caracterização do perfil de gravidade. Resultado do PIM3 observado difere de outros, como o artigo de sua descrição.

associadas, como critério para dimensionamento de pessoal.

Métodos: Estudo prospectivo realizado na UTI pediátrica de um hospital universitário paulista especializado no atendimento de crianças com anomalias craniofaciais e síndromes associadas. O critério de inclusão foi à permanência maior que 24 horas na unidade. Inicialmente a CTE foi mensurada por meio do Nursing Activities Score (NAS) e posteriormente comparada ao dimensionamento de pessoal segundo Resolução do COFEN nº 293/04, e aos fatores sociodemográfico da amostra. Para a análise estatística, utilizou-se Teste - T Student e Análise de Variância, observando-se como nível de significância 5% ($p = 0,05$).

Resultados: A amostra constou de 29 pacientes. Foram geradas 216 avaliações com o NAS. A média NAS foi de 91%. A taxa de ocupação foi de 60%. Ao se relacionar a CTE segundo o NAS as variáveis sociodemográficas (idade, sexo, diagnóstico médico, procedência e média de permanência), não se observaram diferenças significantes. O dimensionamento de pessoal segundo o NAS e segundo a Resolução COFEN nº 293/04 foram similares (5 funcionários por turno de trabalho).

Conclusão: Evidenciou-se que a CTE foi alta, porém, sem influência dos fatores sociodemográficos dos pacientes, e o dimensionamento de pessoal de enfermagem segundo a carga de trabalho por meio do instrumento NAS foi similar ao da Resolução do COFEN nº 293/04, demonstrando a viabilidade do NAS para dimensionar a equipe de enfermagem.

EP-727

Characteristics of the physiotherapist's performance in the weaning and extubation practices in pediatric and neonatal intensive care units in Brazil - National survey

Suzi Laine Longo dos Santos Bacci¹, Cíntia Johnston², Janser Moura Pereira¹, Amanda Cristina da Silva Chagas³, Vivian Mara Gonçalves de Oliveira Azevedo¹

¹Universidade Federal de Uberlândia - Uberlândia (MG), Brasil;

²Departamento de Pediatria, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil; ³Prefeitura Municipal de Romaria - Romaria (MG), Brasil

Objective: This study characterized the organizational aspects associated with the physiotherapist's performance in the weaning process from mechanical ventilation (MV) and extubation in neonatal, pediatric and mixed (neonatal and pediatric) intensive care units (ICUs) in Brazil.

Methods: A cross-sectional survey was carried out by sending an electronic questionnaire to 298 neonatal, pediatric and mixed ICUs in Brazil.

Results: This study assessed questionnaires from 146 ICUs (49.3% neonatal, 35.6% pediatric and 15.1% mixed). 57.5% of the ICUs surveyed apply weaning protocols, and the physical therapist frequently conducted this process (66.7%). However, the professional responsible for conducting weaning and extubation decision varied regardless of ICU age profile. Regardless of the region of the country, the type of hospital and the type of ICU, most of the units had an exclusive physical therapist.

EP-726

Carga de trabalho de enfermagem em unidade de terapia intensiva pediátrica especializada como critério para dimensionamento de pessoal

Laressa Manfio Monteiro¹, Armando dos Santos Trettene², Wilza Carla Spiri³

¹Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil; ²Hospital de Reabilitação de Anomalias Craniofaciais, Universidade de São Paulo - Bauru (SP), Brasil; ³Departamento de Enfermagem, Faculdade de Medicina de Botucatu, Universidade Estadual Paulista (UNESP) - Botucatu (SP), Brasil

Objetivo: Avaliar a carga de trabalho de enfermagem (CTE) em unidade de terapia intensiva pediátrica, especializada no atendimento de crianças com anomalias craniofaciais e síndromes

However, physiotherapeutic care 24 hour/7 days per week was predominant in pediatric ICUs (56.0%), ICUs of the northeast region (59.4%), and public hospitals (45.9%). Moreover, when the physical therapist was 24 hours/7 days per week, he was responsible for the extubation decision and the patients were successfully extubated on the first try.

Conclusion: In this survey, it was observed that ICUs with physical therapy assistance 24 hours/7 days per week were more associated with the use of weaning protocol, extubation decision and success of the first attempt of extubation.

EP-728

Contribuição da enfermagem para o processo de implantação do serviço de oxigenação por membrana extracorpórea em unidade de terapia intensiva pediátrica

Thais Oliveira Franco¹, Thais Sanglard de Souza Reche¹, Patrícia Soto¹, Cristiane Vieira Cavalheiro¹, Daniela Rocha Neves¹, Débora Mansur Giroto¹, Vanessa dos Santos Munhoz¹, Izamara Fernandes Brunello¹
¹Hospital Infantil Sabara - São Paulo (SP), Brasil

Objetivo: A utilização de oxigenação por membrana extracorpórea (ECMO) tem ganhado destaque nos grandes centros de referência hospitalares devido ao potencial de êxito no tratamento de pacientes com complicações pulmonares e/ou cardíacas não responsivas ao tratamento convencional. A tecnologia e aperfeiçoamentos adquiridos na realização da ECMO em centros internacionais nortearam o desenvolvimento desse método no Brasil, de modo que a sua utilização na população pediátrica tem se destacado. A enfermagem, integrante da equipe multiprofissional de cuidados intensivos, desempenha papel primordial na monitorização e prestação de cuidados diretos ao paciente grave em ECMO. **Objetivo:** Descrever o processo de implantação do serviço de ECMO em um hospital referência no atendimento infantil no município de São Paulo.

Métodos: Trata-se de pesquisa descritiva abordando-se desde a necessidade da implantação do tratamento com ECMO no serviço de pediatria, até a elaboração de protocolos, diretrizes clínicas e capacitação de profissionais especialistas com enfoque para a atuação do enfermeiro em todas as fases do processo de implementação.

Resultados: A primeira ECMO realizada ocorreu em 2015. Ao total 16 foram realizadas, e destas, apenas 5 resultaram em óbito. A instituição passou por um processo gradativo de qualificação de recursos humanos com a participação do profissional enfermeiro em 100% das fases do processo de estruturação do serviço.

Conclusão: Diante da complexidade do cuidado realizado em UTI pediátrica, ressalta-se a busca de melhoria contínua de processos pela instituição com o uso de tecnologias avançadas. Reitera-se a relevância do enfermeiro no manejo dos cuidados intensivos pediátricos.

EP-729

Contributions of early neonatal echocardiography to the outcome prediction in congenital diaphragmatic hernia

Camila Pinho Brasileiro Martins Nam¹, Gabriela Nunes Leal¹, Maria Esther Jurfest Rivero Ceccon¹, Lisandra Stein Bernardes², Uenis Tannuri¹, Werther Brunow de Carvalho¹

¹Instituto da Criança, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil; ²Hospital das Clínicas, Faculdade de Medicina, Universidade de São Paulo - São Paulo (SP), Brasil

Objective: Clinical management of congenital diaphragmatic hernia (CDH) remains challenging with high mortality rates. Most risk scores for CDH still do not incorporate echocardiographic parameters. To investigate associations between death in CDH and: left ventricle severe hypoplasia (LV diastolic diameter z-score = -3), suprasystemic pulmonary pressure detected by the echocardiogram in the first 72 hours.

Methods: 72 CDH neonates admitted to our NICU between January 2010 and January 2016 were retrospectively enrolled. 17 were excluded because of concomitant congenital heart defects, 8 died before echocardiogram and 6 were admitted after 72 hours of life. SNAPPE II was obtained from medical charts. LV diastolic diameter was measured using M-mode. Pulmonary systolic pressure was estimated through tricuspid regurgitation (TR) and then compared to systemic systolic pressure. In the absence of TR, diagnostic criteria for suprasystemic pulmonary pressure were: right to left ductal shunting and/or presence of a mid-systolic pulmonary notch.

Results: SNAPPE II was different between survivors (n=25) and non-survivors (n=16) (43.4 ± 19 vs 18.2 ± 16.2 ; $p = 0.0005$). There was also a significant association between death and LV severe hypoplasia ($p = 0.028$), as well as suprasystemic pulmonary pressure ($p = 0.0046$). SNAPPE II > 34 identified non-survivors with 75% sensitivity and 88% specificity. SNAPPE II > 34 and/or an abnormal early echocardiogram (LV severe hypoplasia + suprasystemic pulmonary pressure) identified non-survivors with 80% sensitivity and 87% specificity.

Conclusion: Combination of SNAPPE II with early echocardiographic parameters can predict death in CDH.

EP-730

Critical analysis of sedation and analgesia in patients undergoing mechanical ventilation in a paediatric intensive care unit of a tertiary hospital

Lilian Faccioli Desan¹, Adriana Koliski¹, José Eduardo Carreiro¹, Monica Nunes Lima Cat¹, Maria Monica Machado Ulsenheimer¹, Marcelo Rodrigues¹

¹Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil

Objective: A critical analysis of sedation and analgesia in mechanically ventilated patients admitted to PICU.

Methods: A cohort study involving patients undergoing mechanical ventilation for more than 12 hours, aged between

29 days and 14 years, from March to July 2016. We assessed the initial sedoanalgesia scheme used, any need to add adjuvant medication to the initial scheme, minimum and maximum doses of each drug and daily average infused dosage. To assess the level of sedation the Comfort-B scale was used, to document abstinence the Finnegan score was applied at the end of each shift.

Results: The sample constituted 54 patients, 27 boys, median age 20.3 months old. 48 patients defined as clinical and 6 as surgical. For initial sedation, midazolam was used in all patients, fentanyl in 53, ketamine in 6. 12 patients required an adjuvant drug on average 3 days after beginning the original scheme. Tolerance was observed in 20 patients and abstinence in 38 cases. Clinical suspicion of delirium in 10 patients. During the total period of hospitalization 25 patients were considered adequate sedated and 29 excessive sedated.

Conclusion: We found in our study the need to review our practice to optimise the doses of medications to avoid excessive sedation, including monitoring tools for assessment of sedation and analgesia, such as the Comfort -B scale.

EP-731

Description of pediatric admissions at the Bone Marrow Transplantation Center (CEMO) of the Brazilian National Cancer Institute (INCA) from 2013 to 2016

Patricia de Oliveira Costa¹, Maria Isabel Brandão Pires E Albuquerque¹, Renato Castro¹, Amanda da Silva Santos Mendes¹, Aline Lessa¹, Marcia Barbosa de Freitas¹, Decio Lerner¹, Elias Atta¹

¹Instituto Nacional do Câncer - Rio de Janeiro (RJ), Brasil

Objective: Identify the characteristics of pediatric hospitalizations at CEMO.

Methods: prospective study of data collection of the medical record in a sample of 152 admissions occurred in the CEMO ward from January 1, 2013 to December 31, 2016.

Results: Male 99 (65.1%), female 53 (34.9%). Median age 10 years (2-18 years). Median hospitalization time of 24 days. Type of hospitalization: for conditioning and transplantation 87 (57.2%), post-transplant readmission 58 (38.1%) and pre-transplant intercurrent 7 (4.6%) Benign pathology 34 (22.4%) and malignant 118 (77.6%) Most common baseline pathologies: ALL 55 (36.2%); ALL 26 (17.1%), aplastic anemia 25 (16.4%). Type of transplant: autologous 29 (19.1%), allogenic 108 (71.1%), haplo identical 9 (5.9%), not transplanted 6 (3.9%). Positive hemoculture presented 42 (30.9%). 23 Gram positive, 21 Gram negative and 8 mixed. Virus infection 23 (15.1%) 6 cytomegalovirus reactivation and 8 BK virus cystitis. Fungus infection 29 (19.1%), 10 *Aspergillus* spp and 10 *Fusarium* spp. Use of amines/vasopressors: 26 (17.1%), non-invasive ventilation 10 (6.6%), mechanical ventilation 16 (10.5%), hemodialysis 10 (6.6%), parenteral nutrition 11 (7%), intensive care 28 (18.4%). Death 16 (10.5%).

Conclusion: Due to immunosuppression, these patients presented severe infections of multiple etiologies and 18.45% required intensive care. Respiratory failure following hematopoietic stem cell transplant was associated with poor outcome.

EP-732

Diastolic dysfunction in septic shock and severe sepsis in patients of a pediatric intensive care unit

Leticia Magalhães Costa¹, Andersen Othon Rocha Fernandes¹, Alexandre Peixoto Serafim¹, Juliana Duarte Diniz¹

¹Hospital Materno-Infantil de Brasília - Brasília (DF), Brasil

Objective: The cardiac dysfunction is an important component in the pathology of sepsis and septic shock. It is known that it can be systolic and/or diastolic. Objectives: to identify if there is diastolic dysfunction in pediatric septic shock and if this dysfunction has prognostic value. To define monitoring measures for this group of patients.

Methods: Observational prospective cohort study, made in the Pediatric ICU of HMIB in Brasília. Children with severe sepsis or septic shock were analyzed with echocardiography measures, clinic and laboratorial exams. We measured E wave, A wave, relation E/A, deceleration time of E wave and relation E/VTI mitral. We compared the findings with lactate and PEEP. The primary outcomes were ventilation time, inotropic score and mortality. Excluded: <3 months old, previous hypertension, pulmonary cardiopathy and univentricular cardiopathy.

Results: The study had 16 patients from 3 months to 12 years old, 69% male, 31% female, 14 survivors, 2 non-survivors. The median measures in patients who died were smaller than in survivors but this difference didn't have statistical significance. The deceleration time of E wave and the relation E/VTIm appear to be sensible measures to diastolic dysfunction (85% and 78% of the patients had these measures affected).

Conclusion: We couldn't correlate the findings with the outcomes studied, but we believe that some measures can be used for monitoring these patients.

EP-733

Effects of facilitated tucking during suctioning of upper airway in preterm newborns admitted to the neonatal intensive care unit of the Federal Hospital of State Servants

Dayanne Catherine Martins Souza¹, Lara Carolina Januário Cabral¹, Maria Luiza Pereira de Souza², Flávia Gímenes Ferreira Tibau³, Elisa Beatriz Braga Dell'Orto Van Eyken¹, Michele Ramos Lourenço¹, Cristiane Sousa Nascimento Baez Garcia¹

¹Instituto Federal de Educação, Ciência e Tecnologia do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ²Instituto Nacional de Cardiologia - Rio de Janeiro (RJ), Brasil; ³Hospital Federal dos Servidores do Estado - Rio de Janeiro (RJ), Brasil

Objective: To evaluate in preterm newborn infants (PTNB) the effects of facilitated tucking during suctioning of upper airway.

Methods: Ethical approval (nº: 1,022,380 / 2015). Cross-over controlled clinical trial. PTNB were submitted to the intervention (facilitated tucking during suctioning) and 4h later to the control action (suctioning). Heart rate (HR), oxygen saturation (SatO2), behavior (Brazelton Scale), stress and pain (Neonatal Infant Pain Scale - NIPS). For comparisons: (1) between evaluations, analysis of variance for repeated measures, or its non-parametric correlate; (2) between intervention and control, test t, or its nonparametric correlate.

Results: 3 PTNB, risk pregnancies (66.67% maternal hypertension, 33.33% hypertensive nephropathy, 33.33% HIV), cesarean delivery (100%), mean gestational age 30.95 weeks (standard deviation - SD 3.76 weeks), mean birth weight 1441.67g (SD 972.32g), 66.67% PIG, 33.33% AIG, hospitalized for an average of 13.33 days (SD 14.47 days), in non-invasive mechanical ventilation (66.67%) or in ambient air (33.33%). During upper airway suctioning, there were: lower variation of HR (mean 33.00bpm SD 11.53bpm) and SatO2 (mean 8.33% SD 4.93%) in intervention than in control condition (DeltaHR 39.67bpm \pm 11.93bpm and DeltaSatO2 12.67% \pm 8.39%). After upper airway suctioning, NIPS (median 1, minimum-maximum 0-4) and number of stress signals (2, 1-4) were lower in intervention than in control condition (NIPS = 5, 3-7; stress = 5, 2-6).

Conclusion: It is suggested that facilitated tucking during suctioning minimizes pain, stress and physiological instability.

Results: Thirty three patients (age: 2 months to 17 years, mean: 26 months) with acute respiratory failure under CMV showed, at the moment of VOAF indication, low PaO2/FiO2 ratio (mean: 78.16) despite of FiO2 higher than 60%. After 12 to 24 hours under HFOV, the respective observed values of PaO2/FiO2 ratio were higher in the most of cases (mean: 160.98), a statistically significant increase ($t = 5.606$, $df = 32$; $p < 0.01$). The mortality rate was 24.2%, with deaths (8/33) related to multiple organ dysfunction syndrome.

Conclusion: The increase of PaO2/FiO2 ratio obtained after 12 to 24 hours of HFOV showed that this rescue therapy was a good alternative to CMV for the pediatric patients with refractory hypoxemia included in this study.

EP-735

Effects of the association of noninvasive ventilation with therapeutic positioning in supine, prone or lateral decubitus position in neonates with respiratory distress in the neonatal intensive care unit

Ana Beatriz Santana Cavalcante¹, Thais Villar Figueira da Silva², Rayssa Medeiros Marques², Elisa Beatriz Braga Dell'Orto Van Eyken², Michele Ramos Lourenço², Cristiane Cursino Cavina³, Cristiane Sousa Nascimento Baez Garcia²

¹Instituto Nacional de Saúde da Mulher, da Criança e do Adolescente Fernandes Figueira, Fiocruz - Rio de Janeiro (RJ), Brasil; ²Instituto Federal de Educação, Ciência e Tecnologia do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ³Natocare Unidade de Terapia Intensiva Neonatal Assistência Pediátrica - Rio de Janeiro (RJ), Brasil

Objective: To evaluate the effects of the association of noninvasive ventilation with therapeutic positioning in supine, prone or lateral decubitus position in neonates with respiratory distress in the Neonatal Intensive Care Unit.

Methods: Ethical approval (nº 801.188 / 2014). In a Neonatal Intensive Care Unit with 15 RN with respiratory distress in NIV, randomly distributed in the groups ($n = 5$ /each): supine, prone and lateral decubitus. Evaluations: respiratory rate (RR), heart rate (HR) and oxygen saturation (SatO2), respiratory distress, behavioral state and signs of stress. For comparisons: (1) between 2 and 3 evaluations of the same group, paired t-test and analysis of variance for repeated measures, respectively, or their non-parametric correlates; (2) between 3 groups, analysis of variance, or its non-parametric correlate; (3) multiple, Tukey (parametric) and Dunn (non-parametric) tests.

Results: At baseline, all groups were similar. Averages over time of RR, HR and SatO2 were similar between groups. The variations (greater - less) of RR, HR and SatO2 were similar between groups. Respiratory distress reduced only in lateral decubitus group. On returning to supine position at the end: HR and stress signs increased in prone group and did not change in lateral decubitus group. Lateral decubitus and prone groups had lower behavioral states.

EP-734

Effects of high frequency oscillatory ventilation on oxygenation of pediatric patients in acute respiratory failure not responsive to conventional mechanical ventilation

Bibiane Ramos Pinheiro Bispo¹, Priscilla Carvalho Pizzini¹, Andréia Aparecida Fretitas Souza¹, Maria Carolina Caparica Modolo¹, Nelson Kazunobu Horigoshi¹, Regina Grigolli Cesar¹

¹Hospital Infantil Sabará - São Paulo (SP), Brasil

Objective: High frequency oscillatory ventilation (HFOV) has been used as a rescue therapy for pediatric patients with severe acute respiratory failure that not respond satisfactorily to conventional mechanical ventilation (CMV). This paper aims to describe the effects of HFOV on the oxygenation of children after CMV failure.

Methods: A prospective cohort study did involve inpatients at PICU of Hospital Infantil Sabará from 2014 jan to 2017 jul. PaO2 and FiO2 were monitored. Low PaO2/FiO2 ratio (< 100) under FiO2 $> 60\%$ was indicative of poor oxygenation despite of CMV, and HFOV was started. PaO2 and FiO2 were registered immediately before and 12 to 24 hours after the start of HFOV. The data were treated as repeated measures, and the differences tested by Paired t-test.

Conclusion: Prone positioning reduces stress and provides quiet sleep, but HR and stress increase when returning to supine position. Lateral decubitus is similar to prone in vital signs, quiet sleep and less stress signs; with respiratory distress reduction, without destabilizing the baby when returning to supine position.

EP-736

Empoderamento da equipe multidisciplinar através do round diário e melhora na performance assistencial, realidade ou ficção?

Katia Jarandilha dos Santos¹, Marcia Sasaki¹, Sheila de Carvalho¹, Juliana Santos Marques¹, Stela Maris Antunes de Araulo¹, Lelia Bolonha¹, Silvia Regina de Oliveira Machado¹, Francisca Vanoide de Brito Santos¹

¹Hospital Samaritano - São Paulo (SP), Brasil

Objetivo: Demonstrar a apropriação do papel da equipe multidisciplinar, através da realização de round diário, na Unidade de Terapia Intensiva (UTI) Pediátrica e sua possível contribuição, através do empoderamento de cada membro da equipe, nos resultado dos indicadores assistenciais.

Métodos: Estudo descritivo utilizando o instrumento SBAR (Situation, Background, Assessment, Recommendation) adaptado à realidade de uma UTI Pediátrica em hospital de grande porte em São Paulo.

Resultados: Os membros da equipe multidisciplinar, diariamente, discutem o planejamento do plano terapêutico e a previsão de alta dos pacientes pediátricos com análise de pontos que impactam diretamente nos indicadores assistenciais da unidade. Através do instrumento SBAR, adaptado para a nossa realidade, discutimos os seguintes itens: hipótese diagnóstica, meta terapêutica da internação e programação para o dia com ênfase nas mudanças e plano de cuidados relacionados ao: planejamento hemodinâmico e respiratório, possibilidade de retirada da ventilação mecânica, acompanhamento uso medicamentos, horário de coleta exames, descrição pele e ostomia, peso diário e planejamento da dieta, análise da dor, planejamento da terapia antálgica e sedativa, uso de cateteres e outros dispositivos e possibilidade de retirada dos mesmos e família.

Conclusão: Foi observada uma correlação positiva, proativa e empoderada de cada membro da equipe multidisciplinar no dia-a-dia com resultado positivo em alguns indicadores assistenciais aumentando com isso a cultura de segurança e qualidade da assistência prestada pela equipe na UTI Pediátrica.

EP-737

Epidemiology and clinical characteristics of bloodstream infection in pediatric intensive care units from Rio de Janeiro: a multicenter cohort study

Patricia de Oliveira Costa¹, Maria Isabel Brandão Pires E Albuquerque¹, Roberta Gabriela de Mattos Silva², André Ricardo Araujo da Silva³, Ianick Souto Martins⁴

¹Instituto Nacional do Câncer - Rio de Janeiro (RJ), Brasil; ²Hospital Federal dos Servidores do Estado - Rio de Janeiro (RJ), Brasil; ³Prontobaby - Hospital da Criança - Rio de Janeiro (RJ), Brasil; ⁴Universidade Federal Fluminense - Rio de Janeiro (RJ), Brasil

Objective: Bloodstream infection is an important cause of morbidity and mortality in pediatric patients. The objective of this study was to describe the epidemiological, clinical and microbiological characteristics of BSI occurred among pediatric patients admitted to PICUs in Rio de Janeiro, Brazil.

Methods: Cohort prospective study carried on in two public and three private PICUs in Rio de Janeiro, from January/2016 to June/2017.

Results: 94 BSI episodes were detected. 60 (63.8%) male; median age 1.25 years. 70 (74.5%) admitted for non-surgical care. Invasive procedures: 64 (68.1%) mechanic ventilation; 82 (87.2%) central venous catheter. Secondary bacteremia: 47 (50%); BSI secondary to pneumonia: 23 (48.9%); gastrointestinal tracts 11 (23.4%). Forty-eight (51%) children were colonized by multidrug resistance bacteria. The three most common agents isolated were *Staphylococcus aureus* 21 (22.3%), *Klebsiella pneumoniae* 17 (18.1%), *Pseudomonas aeruginosa* 10 (10.6%). Thirty-five (37.2%) isolates were multidrug resistance (MDR) bacteria: 13 (37.1%) MRSA, 9 (25.7%) ESBL, 5 (14.3%) *Stenotrophomonas maltophilia*. Fifteen (31%) patients had BSI caused by MDR agents with the same resistance profile of colonization. Inappropriate empirical therapy: 47 (50%). Septic shock: 38 (40.4%). Overall mortality within 7 days after BSI detection: 12 (12.7%).

Conclusion: Our data showed high frequency of secondary BSI. No differences were found in the distribution of pathogens in PICU BSI when compared with previous studies. It's well established that multidrug resistant bacteria is associated with increased risk of mortality explained, in part by a higher incidence of inappropriate empirical therapy. Our data also shows a high prevalence of inappropriate empirical therapy and MDR pathogens BSI.

EP-738

Epidemiology and mortality risk factors of bloodstream infection in pediatric patients undergoing hematopoietic stem cell transplant: a single-center cohort study

Patricia de Oliveira Costa¹, Maria Isabel Brandão Pires E Albuquerque¹, Leonardo Javier¹, Amanda da Silva Santos Mendes¹, Aline Lessa¹, Marcia Barbosa de Freitas¹, Marcelo Schimer¹, Decio Lerner¹

¹Instituto Nacional do Câncer - Rio de Janeiro (RJ), Brasil

Objective: Bloodstream infection (BSI) is an important cause of morbidity and mortality among immunocompromised pediatric patients. The objective of this study was to

describe the epidemiological characteristics and analyze the mortality risk factors of BSI in pediatric patients undergoing hematopoietic stem cell transplant (HSCT) in Rio de Janeiro, Brazil.

Methods: cohort prospective single-center study at a transplant center in Rio de Janeiro (CEMO-INCA), from January/2011 to June/2017. Variables were compared by Mann-Whitney U-tests or χ^2 tests. Mortality risk factors were analyzed by binary logistic regression.

Results: 93 BSI episodes detected. 68 (73.1 %) male, average age was 11 years. Acute lymphoid leukemia 44 (47.3%), acute myelogenous leukemia 13 (14%), aplastic anemia 15 (16.1%). Allogeneic HSCT: 79 (85%). Chemotherapy last month: 58 (62.4%). Colonized by multidrug resistant (MDR) bacteria: 28 (30.1%). 4 (14.3% of colonized patients) BSI by the previously colonizing MDR bacteria. *S. epidermidis* 13 (14%), *E. coli* 13 (14%), *S. mitis* 5 (10.6%), 13 (5.4%), *Artrobacter* sp 4 (4.3%), *S. maltophilia* 4 (4.3%), *A. baumannii* 4 (4.3%), and *Fusarium* sp 4 (4.3%). MDR: 35 (37.2%). Appropriate empiric therapy: 43 (46.2%). The 7-mortality was seven (7.5%) and 30-mortality was 14 (15.1%). 7-mortality: fungal infection (p 0.02, OR 15.048, CI 2.79-81.12). 30-mortality: fungal infection (p 0.006, OR 6.75, CI 1.71-26.708) and recent chemotherapy (p 0.032, OR 9.822, CI 1.224-78.79).

Conclusion: Although MDR bacteria is already a common threat, BSI by non-MDR pathogens remains an important cause of morbidity and mortality in immunocompromised patients. In our study, Fungal infection was associated to 7 and 30-days-mortality. Chemotherapy in the last month was associated to 30-days-mortality.

EP-739

Epidemiology of colonization by resistant multi drug bacteria in neonatal intensive therapy units of a public hospital

Mirian Carla Bortolamedi da Silva¹, Paulo Cezar Nunes Fortes², Vitor Takashiba², Débora Fiorentin Vandresen¹

¹Hospital Regional do Sudoeste Walter Alberto Pecoits - Francisco Beltrão (PR), Brasil; ²UNIOESTE - Cascavel (PR), Brasil

Objective: To identify the incidence and prevalence of patients colonized by multidrug resistant bacteria (BMR) in a neonatal intensive care unit (ICU) of a public hospital.

Methods: Retrospective analytical study of Hospital Infection Control Service (ICSI) database and records of the results of microbiological analyzes of admission surveillance cultures, nasal and rectal swab collection, and sequential treatment every 7 days Patients who were not colonized, from January 2014 to February 2016.

Results: 450 admissions and 1100 sequential samples from a total of 450 patients were analyzed. Of these, 28 presented colonization by BMR, 4 on admission and 24 on sequencing. In

admission, all were admitted from the community environment, received clinical treatment and did not use prior antimicrobial. Strains of *Klebsiella pneumoniae* 3 (75%), *enterobacter* 1 (25%) were isolated. In the cultures, 20 (83.33%) received clinical and 8 (16.66%) surgical treatment, 10 (41.66%) colonized after 7 days of hospitalization, 2 (8.33%) after 14 days, 4 (16.66%) after 21 days and 4 (16.66%) after 30 days. The isolated strains were *klebsiella pneumoniae* 15 (62.5%), *enterobacter* spp 2 (8.33%), *escherichia coli* 2 (8.33%) *citrobacter* 1 (4.16%). As for the resistance profile, all admissions and sequential were ESBL.

Conclusion: Intensive Care Units (ICUs) are frequent reservoirs of multidrug resistant bacteria and appropriate identification, allows the adoption of necessary prevention measures to interrupt cross-transmission. Key words: Antibiotic resistant. Infection control. Epidemiological studies. Surveillance.

EP-740

Evaluation of risk factors of prematurity and low birth weight on the neuropsychomotor development of children served in the neurology service after neonatal intensive care unit discharge at the Hospital Universitário Evangélico de Curitiba

Alexandre Walter Rosa¹

¹Hospital Evangélico de Curitiba - Curitiba (PR), Brasil

Objective: Increased survival of preterm infants requires follow-up after discharge from the NICU, with attention to morbidity and quality of life. Therefore, the evaluation and monitoring of neuropsychomotor development should be part of a follow-up protocol and translate a preventive action, through the early detection of abnormalities and appropriate treatment when necessary. This study aimed to evaluate risk factors and complications on neurodevelopment preterm of neuropsychiatric service of HUEC.

Methods: Observational study on HUEC neuropsychiatric service of Curitiba-PR.

Results: Sample of 56 individuals aged 1 and 13 months. Regarding risk factors for developmental delays and failures in the Denver II scale, there was a significant difference (p <0.05) in relation to seizures, maternal smoking and apnea. Half of those born to mothers who were smokers during gestation had failed to evaluate the fine-adaptive motor after birth, such as 30% of patients with seizures.

Conclusion: Prematurity and low birth weight represent isolated risk factors for neuropsychomotor development disorders, with early and late repercussions, manifested through motor or cognitive alterations. Smoking in gestation, apnea and postpartum seizure convulsive crisis, determined alterations in the domain of the adaptive fine motor and gross motor. The Denver II test was adequate for the detection of neurodevelopmental disorders.

EP-741

Evaluation of the epidemiological profile and prognostic factors in traumatic brain injury at a trauma center in Rio de Janeiro

Gabriela Bezerra Figueiredo¹, Igor Bromonschenkel Brandão¹, Leila Alves Pereira¹, Luana Ferreira Martins de Toledo¹

¹Hospital Estadual Alberto Torres - Rio de Janeiro (RJ), Brasil

Objective: To describe the epidemiological variables of pediatric patients who suffered head trauma and were admitted to Hospital Estadual Alberto Torres (HEAT), in its trauma center, pioneer in Brazil, to identify possible factors related to morbidity and mortality of these patients.

Methods: Observational, cross-sectional, retrospective study with review of electronic records, MVPEP and data from Epimed Soluções. We included patients under 18 years old, diagnosed with TBI, who were admitted to the HEAT trauma center between November 2015 and June 2017.

Results: Of the seventy-one patients, 71.8% were males, 40% adolescents, from 8 months to 17 years. The most common causes were fall (52.1%) and automobile accidents (42.3%). Regarding the type of traumatic brain injury (TBI), 63% were mild, 7.4% moderate and 29.6% severe. Of these, most (61.9%) were referred to HEAT after receiving the first care in other hospitals. Eleven patients died, 66.6% with primary care in another hospital.

Conclusion: Our study resembled the previous studies in relation to the epidemiological data. Although HEAT is a reference in TBI victims, most of them did not receive the primary care at our unit. Since the initial approach and prevention of secondary brain injury are the main factors related to the best clinical outcome of TBI victims, measures to reduce the time interval between the accident and care in a specialized center can reduce mortality and secondary damage to trauma.

EP-742

Extracorporeal membrane oxygenation therapy as a rescue treatment for pediatric refractory septic shock, a single-center experience in Brazil

Gabriel Baldanzi¹, Larissa Monteiro Gondim Teixeira¹, Beatriz Helena Sanches Furlanetto¹, Ecryd Cristine Fernandes Abdala Elias¹, Fabiana Christina Araujo Nossa¹, Thais Oliveira Franco¹, Nelson Kazunobu Horigoshi¹, Grace Caroline Van Leeuwen Bichara¹

¹Hospital Infantil Sabara - São Paulo (SP), Brasil

Objective: The 2007 American College of Critical Care Medicine hemodynamic support guideline considers Extracorporeal Membrane Oxygenation Therapy (ECMO) a "viable therapy for refractory septic shock in neonates and children". However, the Brazilian experience with ECMO is limited, especially when managing sepsis patients.

Methods: The ECMO database was reviewed to identify all septic shock patients from the start of the ECMO program in our hospital in October 2015 to May 2017.

Results: Five cases of refractory septic shock who received venoarterial ECMO support were identified. The median age and weight were 3 (0.5 - 9) yrs and 14 (9.3 - 20) kg. The diagnoses were mastoiditis, Moraxella catarrhalis pneumonia in an ALL patient, Escherichia coli sepsis from abdominal site infection and toxic shock syndrome due to Streptococcus pyogenes in 2 patients. Patients were extremely ill. Median Pediatric Index of Mortality was 25% (17 - 99,1%). All patients were cannulated within 24 hours of PICU admission and four patients required cardiac resuscitation before extracorporeal support. Immediately before ECMO, median Vasoactive-inotropic score was 187.5(107 - 420) and the median arterial lactate 64mg/dL (18-122mg/dL). All patients survived to ECMO wean and four survived to hospital discharge, resulting in a mortality rate of 80%. Median ECMO duration was 137 hours (48 - 380hrs) and median hospital stay for the survivors was 44,5 days (19 - 81).

Conclusion: ECMO as a rescue therapy for refractory septic shock is a possible support with an acceptable survival rate even in new ECMO centers in developing countries.

EP-743

Extubação paliativa em uma unidade de terapia intensiva pediátrica de um hospital terciário no Sul do país: relato de caso

Cinara Carneiro Neves¹, Maria Antônia Mendonça Soledade¹, Patricia Miranda do Lago¹, Taís Sica da Rocha¹, Paulo Roberto Antonacci Carvalho¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Os cuidados paliativos (CP) visam a qualidade de vida do paciente, não somente diante de situações de terminalidade, e objetiva principalmente alívio de sintomas além de uma abordagem psicológica, social e espiritual. O progresso de tecnologias tem aumentado o tempo de vida de crianças em ambiente hospitalar, tornando-as dependentes de métodos artificiais que prolongam o tempo de internação com procedimentos dolorosos que não modificarão o desfecho final. Extubação paliativa é um método paliativo utilizado, no entanto, poucos relatos na literatura abordam esta terapêutica no Brasil e em crianças. Este estudo visa a relatar duas extubações paliativas realizadas em uma UTIP de um hospital terciário no sul do Brasil. Dois pacientes, com 6 e 9 meses com atrofia espinhal tipo 1 e insulto hipóxico-isquêmico respectivamente, evoluíram com piora clínica, deterioração de sensorio e dependência do suporte ventilatório. Os casos foram acompanhados pelo programa de CP, uma equipe multidisciplinar

composta por médicos, psicólogos, enfermeiros e paliativistas. Os pacientes evoluíram ao óbito em menos de 24 horas após o procedimento de extubação paliativa decidida e acompanhada em conjunto com a equipe e os familiares. Sabe-se que a percepção da equipe de saúde é importante para a tomada de decisões junto aos pais. Desta forma, este relato objetiva compartilhar experiência bem-sucedida diante de extubação paliativa pediátrica no nosso país.

EP-744

Gerenciamento de risco na unidade de terapia intensiva pediátrica através das análises das notificações via sistema Epimed

Marcia Lucia Verpa de Souza Sasaki¹, Katia Jarandilha dos Santos¹, Denise Maria Nascimento Chimentão¹, Maria Cecilia Zambrana Curti¹, Ana Lucia Vitti Ronchini¹

¹Hospital Samaritano - São Paulo (SP), Brasil

Objetivo: Descrever processo de notificação de eventos adversos na Unidade de Terapia Intensiva (UTI) Pediátrica de hospital de grande porte da cidade de São Paulo, com análise das mesmas e promoção de melhoria contínua através do envolvimento da equipe multidisciplinar.

Métodos: Estudo descritivo onde foram realizadas análises das notificações efetuadas pela equipe via sistema EPIMED.

Resultados: Foram levantadas as notificações realizadas pela equipe multidisciplinar, de janeiro a junho de 2017, via sistema EPIMED, totalizando 120 notificações com uma média de 20 notificações/mês. Essas eram classificadas e, mediante a evidência de evento adverso, encaminhadas aos responsáveis de cada membro da equipe multidisciplinar com o objetivo de realizar uma análise crítica de todo o processo e efetuar um plano de ação. Em casos oportunos, foi realizada uma reunião com a utilização do instrumento Matriz de Responsabilização, na presença do setor da Qualidade e de Recursos Humanos. Dentre os eventos mais notificados tivemos perda de sonda, erros relacionados à administração de medicamentos, extubação não programada, erros relacionados às metas internacionais de segurança do paciente 1 e 5. Esses dados foram transportados para reunião multidisciplinar de análise crítica dos indicadores da unidade e para reunião de análise de eventos adversos e compartilhados com a equipe multidisciplinar que podem receber e dar sugestões para melhoria dos números a fim de garantirmos maior segurança e qualidade da assistência. **Conclusão:** Através do estímulo para realização das notificações estamos percebendo um maior envolvimento de toda equipe na realização das notificações e o surgimento de nova cultura organizacional.

EP-745

Importance of intensive care in nonoperative management in pediatric patients victims of blunt abdominal trauma with hepatic and/or splenic injury

Lucas Ferreira de Castro¹, Andrea Lopes Ramires Kairala¹, Marcella Mateus Cavalcante¹, Bruna Rolim Peixoto da Silva¹, Marcos Paulo Gonçalves Carlos¹

¹Centro Universitário de Brasília (UNICEUB) - Brasília (DF), Brasil

Objective: The nonoperative management (NOM) consists of in-hospital observation, not necessarily in the ICU, but ideally, until a complete definition of non-surgical necessity. The purpose of this study is to demonstrate the importance of intensive care in the NOM in abdominal trauma through the analysis of the rate of patients who were managed by NOM, the death index and the length of stay in the ICU.

Methods: This is a quantitative, descriptive and retrospective study in which were analyzed the medical records of patients victims of blunt abdominal trauma with hepatic and/or splenic injury, treated by the pediatric surgery team at a tertiary hospital between 2012 and 2016, who were managed by NOM. Exclusion criteria: death within the first 6 hours of hospitalization, hospital discharge in less than 24 hours, age greater than 16 years and incomplete medical records.

Results: Were analyzed a total of 312 medical records and 65 met the inclusion criteria, of which 13.85% were initially surgically managed and 86.15% were managed by NOM. Among the patients managed by NOM, 53.57% were treated in the ICU for a time varying from 1 to 211 days, with a death index of 0%, while among those who didn't receive intensive care the death index was 7.69%.

Conclusion: The presence of risk factors indicates the patient's admission to the ICU. This study demonstrated that the NOM in the lesions of massive viscera in pediatric patients has a good evolution since well indicated and carefully monitored.

EP-746

Improving the quality of discharge criteria of the pediatric intensive care unit: implementation of the Pediatric Early Warning Score (PEWS)

Cristian Tedesco Tonial¹, Marcelo Scotta¹, Leonardo Pinto¹, Amanda da Fontoura San Martin¹, Carola Denisse Amoroso Iñiguez¹, Ana Luiza Tainski de Azevedo¹, Ênio Silveiro do Canto¹, Pedro Celiny Ramos Garcia¹

¹Terapia Intensiva Pediátrica, Programa de Pós-Graduação em Pediatria e Saúde Infantil, Hospital São Lucas, Pontifícia Universidade Católica do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: To compare the readmission rate in the Pediatric Intensive Care Unit (PICU) after the implementation of the PEWS score (Monaghan et al, 2005) at the time of discharge to the pediatric ward.

Methods: Prospective cohort study underway at a PICU in southern Brazil. The PEWS score of Monaghan et al., 2005, is applied at discharge to the pediatric ward. The readmission rate in 24 months will be compared with the historical rate in the same period before the institutional implementation of the score. According to the implementation of the score in the institution, values equal to 3 points in any item or sum greater than 3 in any items will be contraindication of discharge from the PICU.

Results: We expect to find a 20% reduction in the readmission rate in the PICU at the observation time of 24 months.

Conclusion: Pediatric early warning scores are useful in anticipating the deterioration of patients in pediatric ward units. In developing countries where intensive care beds are scarce and rehospitalization in the PICU is associated with increased mortality, using simple tools that target and qualify the criteria for discharge to the ward may interfere with this process.

EP-747

Infecções relacionadas à assistência à saúde em uma unidade de terapia intensiva pediátrica

Nayara Firmino¹, Adriana de Oliveira Ribeiro dos Santos¹, Aline Christine da Silva¹

¹Disciplina de Pediatria, Universidade de Taubaté - Taubaté (SP), Brasil

Objetivo: As infecções relacionadas à assistência à saúde (IRAS) representam um importante problema de saúde pública no mundo, pois determinam altas taxas de morbimortalidade e custo econômico significativo. **Objetivos:** estudar o perfil das IRAS em pacientes internados em uma Unidade de Terapia Intensiva Pediátrica, determinar os sítios de infecção e o perfil de sensibilidade.

Métodos: Estudo transversal, utilizando dados do Serviço de Vigilância e Controle de Infecção Hospitalar, no período de cinco anos. Incluídos pacientes com diagnóstico de IRAS confirmadas a partir de culturas e excluídos os provenientes de outros locais, porém já infectados.

Resultados: No período estudado foram admitidos 293 pacientes; 43 apresentaram IRAS, sendo confirmadas 111 ocorrências. Cinquenta e cinco por cento eram do sexo feminino e a idade variou de 07 dias a 144 meses, sendo que 72% estavam abaixo dos 12 meses. As doenças do aparelho respiratório foram a principal causa de internação. Pneumonia e sepse corresponderam a 58% das IRAS, seguido de infecções relacionadas ao cateter em 12% dos casos. Os agentes etiológicos mais presentes foram: *Klebsiella pneumoniae*, *Pseudomonas aeruginosa*, *Staphylococcus coagulase negativo* e *Staphylococcus aureus*. Notou-se aumento da resistência do *Staphylococcus coagulase negativo* à oxacilina e da *Klebsiella pneumoniae* ao ciprofloxacino, aminoglicosídeos e cefalosporinas, permanecendo sensível apenas ao meropenem. Quanto a *Pseudomonas aeruginosa*, apresentou aumento da sensibilidade à piperacilina tazobactam.

Conclusão: Encontrada uma mudança no padrão de resistência aos antimicrobianos. Sendo assim, este trabalho permite mostrar

que o conhecimento do perfil de sensibilidade dos agentes etiológicos relacionados as IRAS é de suma importância para adequada prevenção e tratamento.

EP-748

Influence of the prone posture in the neuropsychomotor acquisitions of infants in the first year of life

Micheli Martinello¹, Cíntia Johnston²

¹Centro de Informações Toxicológicas de Santa Catarina, Secretaria Estadual de Saúde do Estado de Santa Catarina, Universidade Federal de Santa Catarina - Florianópolis (SC), Brasil; ²Departamento de Pediatria, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil

Objective: To verify if there is a correlation between the neuropsychomotor development and the motor performance in the prone posture of full-term infants from zero to twelve months of age.

Methods: Sixty-one infants were evaluated, and 95 evaluations were performed, undergoing the Bayley Scale (Bayley III) and Alberta Infant Scale (AIMS) neuropsychomotor development test. The correlation of prone posture with neuropsychomotor skills was assessed by Pearson's correlation between AIMS scores in the prone and Bayley postures at a significance level of 1 and 5%.

Results: The mean age of the infants were 4.91 (\pm 2.82) months, ranging from 0 to 12 months. No abnormal motor development was observed, however, 38% of the evaluations presented with a suspected delay of motor performance according to the AIMS. There was a significant positive correlation between prone position and cognitive, gross motor and fine motor variables.

Conclusion: Prone development had a positive correlation with cognitive development, gross motricity and fine motor skills from zero to twelve months of age. Therefore, it is recommended to the responsible person to maintain the baby in this position in the first infancy. Children with suspected motor development should be monitored in order to avoid delays in development and to facilitate early intervention.

EP-749

Invasive procedures during extracorporeal membrane oxygenation therapy in pediatric patients

Larissa Monteiro Gondim Teixeira¹, Gabriel Baldanzi¹, Giselle Machado Campos de Oliveira¹, Beatriz Helena Sanches Furlanetto¹, Ecryd Cristine Fernandes Abdala Elias¹, Thais Oliveira Franco¹, Nelson Kazunobu Horigoshi¹, Grace Caroline Van Leeuwen Bichara¹

¹Hospital Infantil Sabara - São Paulo (SP), Brasil

Objetivo: Invasive procedures in patients undergoing extracorporeal life support have a high risk of bleeding due to anticoagulation. Therefore, potential benefits must

be worth the risk of a hemorrhagic complication. In this study, we reviewed all procedures, coagulation status and complications in ECMO patients in our hospital.

Métodos: Review and describe all invasive procedures performed in ECMO pediatric patients from October 2015 to July 2017.

Resultados: A total of 9 procedures were performed in 5 patients: 2 cardiac catheterizations, 2 bilateral chest tube insertion, 1 needle thoracocentesis, 2 exploratory laparotomies, 2 lower limb fasciotomies. The median age was 2 years (6mo-4yrs) and weight was 8.4Kg (7.8-20). Heparin infusion was interrupted two hours before the laparotomies and the fasciotomies and it was initiated two hours after the end of the procedures. Heparin was not interrupted for the other procedures. Patients coagulation studies were INR 3.29 (1.81-7.04); R 1.98 (1.72-7); Platelets 58,000/ml (27,000-119,000); Fibrinogen 158mg/dL (60-498). No major bleeding occurred during the procedure but was described through the chest tubes and in the abdominal surgical site on the following days. No oxygenator failure happened 24 hours after the heparin interruption. Less than 24 hours after a laparotomy, a clot was detected on the ECMO bridge.

Conclusão: Invasive procedures during ECMO are feasible but must be performed only when in fact necessary due to the risk of bleeding on the following days.

EP-750

Knowledge and perception about delirium in a pediatric intensive care unit

Beatriz Fagundes¹, Roberta Esteves Vieira de Castro¹, Jairo Werner²

¹Universidade do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil;

²Universidade Federal Fluminense - Rio de Janeiro (RJ), Brasil

Objective: To verify the knowledge and perception about delirium in the pediatric critically ill patient by a multidisciplinary team of a pediatric intensive care unit (PICU).

Methods: This was a cross-sectional study on a PICU in a Brazilian public university hospital, from September 2016 to May 2017. Using a self-report questionnaire, we surveyed 60 professionals, including physicians (n = 19), physiotherapists (n = 5) and nurses (n = 12) (all staffs and second year residents), as well as nursing technician professionals (n = 24).

Results: Among the participants, 100% affirmed the need to monitor delirium in critically ill children. Regarding the perception of the importance of this monitoring, 30% identified it as crucial, 52% as very important and 15% as important. Only 4% of respondents do not seem to recognize this importance. However, although the multidisciplinary team admits this need, it is not a routine conduct in the

unit. Half of the nurses and 52.63% of the physicians report having little experience in diagnosing delirium. We observed a positive influence of knowledge about delirium and its perception (p = 0.011).

Conclusion: The study showed that there are discrepancies between the knowledge and perception of delirium by the PICU's multidisciplinary team and their experience in identifying it. We can not extend this assertion to other units, but in front of these results, we suggest the training of these professionals, aiming at the early diagnosis and treatment of delirium and the higher quality of care for critically ill children.

EP-751

Maternal near miss: neonatal outcome

Andressa Larissa Dias Müller de Souza¹, Rosângela Aparecida Pimenta Ferrari¹, Alexandrina Aparecida Maciel Cardelli¹, Izabel Dayana de Lemos Santos¹, Fabiana Fontana Medeiros¹, Izabel Dayana de Lemos Santos¹

¹Universidade Estadual de Londrina - Londrina (PR), Brasil

Objective: Characterize the birth conditions of children from women in situation of maternal near miss.

Methods: Prospective cohort study with part of data from the research "High-Risk pregnancy: near miss situations in the maternal and infant pregnancy-puerperium cycle", conducted in three stages: in the high-risk maternity of a public teaching hospital; in 10 days and 42 days postpartum. This study was the first stage with descriptive analysis with the program SPSS®.

Results: 319 women in maternal near miss situation were accompanied, from these, 39 had had children with unfavorable outcome. The near miss situations were: 61,5% hypertensive disorders, 35,9% metabolic, 30,8% abortion/stillbirth in previous pregnancy, 23,1% infectious and 20,5% hematological. Cesarean delivery in 76,9%, three pairs of twins were born, total 42 children with increased health risks, 43,9% <2500 grams, 31% Apgar <7 in the first and 7,3% <7 in the fifth minute of life, 66,7% gestational age <37 weeks, 39% received positive pressure ventilation in the delivery room, for >30 seconds in 50,1%. The elimination of meconium intrapartum in 39% with airway aspiration. From the total, 54,8% forwarded for intensive therapy and 45,2% for intermediate care.

Conclusion: Although more studies about the subject are needed, it can be highlighted that children from women in situation of maternal near miss are exposed to increased health risks, needing that the delivery occurs in hospitals with intensive therapy to give support and succeed in the outcome of the newborn health.

EP-752

Maximum alveolar recruitment maneuvers in children with cancer and acute respiratory distress syndrome: a feasibility study

Marcela Salvador Galassi¹, Dafne Cardoso Bourguignon da Silva², Rodrigo Genaro Arduini², Orlei Ribeiro de Araujo², Antonio Sergio Petrilli²

¹Unidade de Terapia Intensiva, Hospital Israelita Albert Einstein - São Paulo (SP), Brasil; ²Instituto de Oncologia Pediátrica, GRAACC, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil

Objective: There are few studies analyzing alveolar recruitment in the pediatric population and no studies within the oncologic subpopulation. The objective of the present study was to evaluate the feasibility of alveolar recruitment maneuver in critically ill oncologic pediatric patients whom developed acute respiratory failure due to acute respiratory distress syndrome (ARDS).

Methods: Patients aged less than 18 years, consecutive admitted at our ICU for two years and with an ARDS diagnosis according to the American-European Consensus Conference were included. Exclusion criteria were: severe hemodynamic instability at the moment of the maneuver; extreme agitation/anxiety; untreated pneumothorax; signs of alveolar or digestive hemorrhage; bronchopleural fistulae or intracranial hypertension. Patients received positive end expiratory pressures up to 40 cmH₂O, maintaining constant driving-pressures of 15 cmH₂O, for 60 seconds. Blood gases were analyzed pre and post-maneuvers, as well as the ventilation parameters, vital signs, hemoglobin and radiological signs of barotrauma.

Results: In four patients it was needed an increase in infusion of vasoactive drugs. Hemoglobin levels were stable within 24 hours after maneuvers, and signs of barotrauma were absent. There was a significant decrease in post-maneuvers FiO₂, with $p = 0.003$ (Wilcoxon). The PaO₂/FiO₂ increased significantly ($p = 0.0002$), and the oxygenation index was also significantly reduced ($p = 0.01$), but these improvements were transient (up to 2 hours).

Conclusion: Recruitment maneuvers, although feasible, demonstrated limitations for application in children with cancer and ARDS, with transient improvement in oxygenation, some risk of haemodynamic instability but low risk of bleeding or barotrauma.

EP-753

Meropenem in pediatrics: where is the evidence?

Geisa Cristina da Silva Alves¹, Samuel Dutra da Silva¹, Danielle Rodrigues², Farah Maria Dumond Chequer³, Cristina Sanches¹

¹Universidade Federal de São João Del Rei - Divinópolis (MG), Brasil; ²Hospital Infantil João Paulo II, Fundação Hospitalar do Estado de Minas Gerais - Belo Horizonte (MG), Brasil; ³Universidade Federal de Minas Gerais - Belo Horizonte (MG), Brasil

Objective: To systematically review the available evidence regarding the most effective dose of meropenem in children from 0 to 18 years of age.

Methods: The search for articles was conducted in the following electronic databases: PubMed, Science Direct, Scielo, and BVS, up to December 2016. Searches were also performed in ClinicalTrials.gov for clinical trials, and in reference lists of the selected articles. There was no time cut-off or language limitation.

Results: Twenty-seven studies were included in this review, of which 17 (63 %) were cohort studies, and 15 (55.6 %) were produced and published in Japan. The studies were conducted between 1992 and 2016. Most of these studies, 14 (51.8 %), did not describe the percentage of time above the minimum inhibitory concentration ($fT\% > MIC$) used, and the dose regimen observed in the articles ranged from 10 to 160 mg/kg/day. Six studies that showed differences between dose and clinical and bacteriological efficacy were included in the quantitative synthesis, presented significant consistency with heterogeneity ($I^2 < 50\%$), evidencing no significant difference between doses = 20 mg/kg/day and > 20 mg/kg/day in the oriental population.

Conclusion: The available evidence regarding the safe and effective dose regimen of meropenem in pediatrics is still questionable. In the absence of studies evaluating well-established clinical outcomes with methodological rigor, further research is needed in this population.

EP-754

Mudança de atitudes dos membros da equipe multidisciplinar, através da realização de visitas individualizadas, levando-se em consideração a experiência do paciente

Marcia Lucia Verpa de Souza Sasaki¹, Katia Jarandilha dos Santos¹

¹Hospital Samaritano - São Paulo (SP), Brasil

Objetivo: Favorecer um elo de proximidade com a família/paciente visando proporcionar melhores experiências com a internação na Unidade de Terapia Intensiva (UTI) Pediátrica relacionada aos seguintes aspectos: Cuidado centrado na paciente/família, Qualidade e Segurança, Eficiência, Agilidade, Conforto.

Métodos: Estudo descritivo onde realizamos a confecção de um questionário aplicado aos familiares e pacientes da UTI Pediátrica, com perguntas abertas, englobando a atuação de toda equipe multidisciplinar e de alguns aspectos estruturais da UTI Pediátrica relacionados ao setor de Transplante de Medula Óssea/Oncologia.

Resultados: Através do questionário aplicado aos familiares/pacientes, com perguntas abertas, analisamos as respostas separando-as por área de atuação profissional, sendo as demandas identificadas e direcionadas para a respectiva equipe para uma devolutiva aos familiares e revisão de fluxos e processos com o objetivo de proporcionar uma melhora da experiência do paciente durante a internação na UTI Pediátrica. Os dados analisados foram baseados em visitas realizadas no período de janeiro a maio de 2017. Foram realizadas 20 visitas e, nos resultados identificados, as

equipes mais citadas com pontos de melhoria foram: setor de nutrição, equipe médicos intensivistas e especialistas e equipe enfermagem. Mediante essa demanda optamos por realizar semanalmente reunião com as famílias, juntamente com a equipe multidisciplinar, com objetivo de traçarmos melhorias nas demandas identificadas pelos familiares.

Conclusão: Com a realização dessas visitas percebemos maior interação com a família e mais precoce reconhecimento dos problemas, com chance de resolução dos mesmos sem causar transtornos e desgastes para a equipe gerando assim clima organizacional favorável.

EP-755

O Nursing Activities Score como instrumento para medida da carga de trabalho da enfermagem em um centro de terapia intensiva pediátrico de um hospital de grande porte

Waleska de Almeida Pereira¹, Edilson Misael Guimarães¹, Kellen Eloisa Gonçalves Rocha¹, Lila Otoni Durante¹

¹Hospital Santa Casa de Belo Horizonte - Belo Horizonte (MG), Brasil

Objetivo: Avaliar a aplicabilidade do Nursing Activities Score (NAS) como instrumento de medida da carga de trabalho da enfermagem; Relacionar a pontuação média obtida do NAS com os tempos médios de assistência por profissional de enfermagem no CTI Pediátrico.

Métodos: Estudo prospectivo, descritivo, transversal, com abordagem quantitativa descritivo-exploratório, realizado no CTI Pediátrico com 20 leitos de um hospital geral com 1093 leitos 100% SUS. Foram coletados dados para o cálculo do NAS de segunda a sexta-feira pela manhã no período de 01 abril a 30 junho 2017.

Resultados: Amostra de 163 crianças com pontuação média do NAS de 43,19 e média de horas de enfermagem por paciente de 10,34 horas, foram realizadas um total de 823 avaliações. Ao realizar análise de valores paramétricos com teste U de Mann-Whitney, não houve diferença significativa entre sexo com a pontuação do NAS ($p=0,642$) ou o total de horas de enfermagem ($p=0,669$). Comparando estes mesmos valores com o desfecho, identificado que os pacientes que evoluíram a óbito tiveram maior média de pontuação no NAS (53,68, $p=0,001$) e no total de horas de enfermagem (12,92, $p=0,002$).

Conclusão: Analisamos que a aplicação do NAS no CTI pediátrico foi importante para avaliação da carga de trabalho da enfermagem, demonstrou que o tempo gasto pelo profissional de enfermagem para cada dois pacientes é superior às 24h, considerando que a cada 12h o profissional diurno faz 1 hora de descanso, e noturno 2 horas, demonstrando sobrecarga de trabalho de enfermagem na unidade.

EP-756

Parada cardiorrespiratória intra-hospitalar em crianças utilizando consenso Utstein

Giani Cioccarri¹, Raíssa Queiroz Rezende¹, Claudia Pires Ricachinevsky¹, Fabio Zanon², Ana Paula Zeni¹, Tamires Goulart Brondani¹

¹Hospital da Criança Santo Antônio - Porto Alegre (RS), Brasil;

²Universidade Federal da Fronteira Sul - Passo Fundo (RS), Brasil

Objetivo: Os dados sobre o desfecho de crianças submetidas à ressuscitação cardiopulmonar intra-hospitalar em países em desenvolvimento são escassos. O objetivo do estudo é descrever o perfil clínico e o desfecho das paradas cardiorrespiratórias (PCR) em crianças internadas na Unidade de Terapia Intensiva Pediátrica (UTIP) de um hospital quaternário.

Métodos: Estudo prospectivo observacional com pacientes de 0 meses a 18 anos que apresentaram PCR ou bradicardia com má perfusão no período de 24 de agosto de 2016 e 27 de janeiro de 2017. Os dados foram coletados conforme as definições do consenso Utstein. Os desfechos analisados foram retorno da circulação espontânea sustentada, sobrevivência a alta hospitalar e sobrevivência após 6 meses do evento.

Resultados: A incidência de PCR na UTIP foi de 71 paciente (12%) dentre 587 internações. Das 71 crianças, 63,4% representavam pós-operatório de cirurgia cardíaca. Entre os não cardiopatas (26 pacientes), 11 crianças possuíam doença pulmonar. O ritmo inicial mais frequente foi atividade elétrica sem pulso em 47,8%. Apenas 5 pacientes apresentaram ritmos iniciais chocáveis. A principal causa de parada cardiorrespiratória foi cardiovascular (66%) seguidos por causa respiratória (29,5%). Em relação ao desfecho, 30 (42,2%) apresentaram retorno da circulação espontânea sustentada, 14 pacientes (19,7%) obtiveram alta hospitalar e 10 (14%) estão vivos em 6 meses após o evento.

Conclusão: As principais vítimas de PCR no nosso meio foram os pacientes no pós-operatório de cirurgia cardíaca. O sistema de relatório utilizando o consenso Utstein fornece um método padronizado, prático e útil para coleta de dados.

EP-757

Perfil em manejo de interações medicamentosas potenciais em unidade de tratamento intensivo pediátrico e neonatal

Roquelia Ferreira Caetano Guedes¹, Hermilio Garcez Jr¹, Marcus Ângelus Jannuzzi de Oliveira¹

¹Neocenter S/A - Belo Horizonte (NG), Brasil

Objetivo: O objetivo deste estudo foi avaliar através das prescrições terapêuticas o perfil de interações medicamentosas em Unidade de Tratamento Intensivo pediátrico e neonatal, quantificá-las e,

de acordo com a classificação, estabelecer o tipo de intervenção e monitorização a ser realizada junto à equipe multidisciplinar.

Métodos: No período de janeiro a dezembro de 2016 foram avaliadas um total de 28.793 prescrições de pacientes internados em UTI pediátrica e neonatal.

Resultados: No período avaliado foram prescritos 247.051 medicamentos, resultando em 8,58 medicamentos por prescrição. Foram identificadas e monitoradas 7.093 interações medicamentosas, tendo sido classificadas de acordo com o risco previsto e associado, utilizando como base de dados MICROMEDEX®. As principais interações medicamentosas verificadas através de análise de prescrições foram: incompatibilidade química 67,85%, nefrotoxicidade 5,98%, potencialização do efeito 3,40%; as demais corresponderam a 28,93%. As orientações sinalizadas à equipe foram de acordo com a severidade e necessidade de manejo clínico. Dentre as principais orientações realizadas, constatou-se que os cuidados quanto ao tempo máximo de administração dos medicamentos em mesmo acesso venoso, utilização da escala de Comfort e avaliação de função renal, contribuíram para prevenção de eventos e na melhoria da qualidade assistencial.

Conclusão: Este estudo contribui para o delineamento do perfil farmacológico utilizado em UTI pediátrica e neonatal, apresenta a incidência de interações medicamentosas potenciais e colabora através da atuação do farmacêutico clínico na monitorização dos riscos associados à administração concomitante destes medicamentos na segurança do paciente.

EP-758

Performance of clinical pharmacist in neonatal intensive care unit and pediatric

Roquelia Ferreira Caetano Guedes¹, Hermilio Garcez Jr¹, Marcus Ângelus Jannuzzi de Oliveira¹

¹Neocenter S/A - Belo Horizonte (MG), Brasil

Objective: The aim of this work is aimed at reporting the performance of clinical pharmacist during evaluation of requirements in pediatric intensive care unit and neonatal, and clinical outcome by the multidisciplinary team.

Methods: This is a prospective study, conducted in the period from January to December 2016, related to the performance of clinical pharmaceutical services in ICU Ped and Neo. The actions related to the study correspond to the daily analysis of requirements of patients, visits the bedside, multidisciplinary interventions and decision-making related to the patient's pharmacotherapy.

Results: During the period from January to December 2016 28,793 requirements were evaluated in average daily requirements and 78.88 interventions carried out directly with the prescriber and the nursing staff. On average, 20

were issued warnings drug interactions a day with flagged the team guidelines according to the severity and need for clinical management of the patient. In the period of the study, the total prescribed medications were 247,051, which corresponds to 8.58% per prescription. The main drug interactions identified in the study are related to the physical and chemical incompatibility and Nephrotoxicity. In total prescriptions analyzed were identified 28,793 and monitored 7093 interactions, i.e. 24.63% of the prescriptions presented one or more drug interactions.

Conclusion: The clinical management of pharmaceutical interventions during the risk management beachfront bed multidisciplinary contribute to the delineation of the pharmacological profile and collaborates in the monitoring of risks associated with administration of these medicines.

EP-759

Pheochromocytoma and aortic coarctation in a 13 years old boy

Candida Ludtke¹, Jefferson Pedro Piva¹, Taís Sica da Rocha¹, Paulo Roberto Antonacci Carvalho¹, Stelamaris Luchese¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Pheochromocytoma is a neuroendocrine tumor that secretes catecholamines causing arterial blood hypertension and tachycardia. It occurs in 1:100.000 patients, being 10-20% pediatric patients. Surgical extirpation is the choice treatment occurring after alfa-adrenergic antagonism. Aortic coarctation (AoCo) is observed in 4 of 10.000 live births, representing 4-8% of all congenital cardiopathies. AoCo is an important cause of arterial blood hypertension. A 13years old boy was admitted to the PICU presenting severe arterial blood hypertension, confusion, agitation and seizures. Posterior Reversible Encephalopathy Syndrome (PRES) was identified at magnetic resonance imaging while the abdominal computadorized tomography (CT) and abdominal scintigraphy demonstrated a suprarenal mass (4.8 x 3.9 cm). Urinary normetanephrine fraction was elevated (>4,260Ug/L). In parallel aortic coarctation was identified at echocardiography and CT angiography. AoCo and pheochromocytoma had synergic mechanism in maintaining the severe arterial hypertension. Before surgical treatment 10 days of clinical treatment was required to control arterial blood pressure and alfa-agonist antagonism. A large adrenal tumor without invasion to the other structure was identified and totally extirpated. The anatomopathological study confirmed pheochromocytoma. Some days after the surgical intervention, the patient presented full neurological recovery (PRES), maintaining arterial blood pressure in the normal range (under medication) with cardiological follow-up.

EP-760

Profile of tracheotomized patients hospitalized in the pediatric intensive care unit

Jaqueline Albert¹, Lana dos Santos Martins¹, Mariana de Oliveira Santos¹

¹Hospital das Clínicas, Universidade Federal de Minas Gerais - Belo Horizonte (MG), Brasil

Objective: Tracheostomy refers to the operation that performs the opening and the exteriorization of the tracheal lumen. The goal of this study was to evaluate the epidemiology profile of the patients submitted to the tracheostomy procedure in a pediatric intensive care unit.

Methods: Retrospective analysis of the ventilatory data of the pediatric patients critically ill who were submitted to tracheostomy between march 2015 to march 2017 at UFMG Hospital das Clínicas.

Results: Tracheostomy was utilized in 14 patients during the study (2% of admitted patients). Ten of them (71%) were male. Six (42%) were under one year old, the average of Pediatric Index of Mortality 2 (PIM2) was 8,50%. The most common indication was pathologies related to the high obstruction of respiratory tracts (57%), mainly caused by the prolonged mechanical ventilation (42%) and tracheomalacia (28%). The average duration of mechanical ventilation before tracheostomy was 28 days. The average duration of weaning after the procedure was 10 days and the average time of permanence at the pediatric intensive care unit after the tracheostomy was 20 days. A patient (7%) passed away, two patients (14%) did not manage to get weaned from the mechanical ventilation and only one patient was decannulated.

Conclusion: Tracheostomy facilitates weaning from mechanical ventilation. In our service it remains an uncommon procedure. Three weeks of mechanical ventilation seems to be a suitable period for performing the procedure, but that should be determined individually. The decision of the procedure in children is still complex and depends on several factors.

EP-761

Quality indicators in a pediatric intensive care unit southern Brazil

Caroline Abud Drumond Costa¹, Pedro Celiny Ramos Garcia¹, Cristian Tedesco Tonial¹, Paulo Roberto Einloft¹, Francisco Bruno¹, Gabriela Andrades¹, Fernanda Zancheti¹, Joanne Sausen Velasques¹, Francielly Crestani¹, Izadora Dalenogare¹

¹Terapia Intensiva Pediátrica, Programa de Pós-Graduação em Pediatria e Saúde Infantil, Hospital São Lucas, Pontifícia Universidade Católica do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: The evaluation of indicators in Pediatric Intensive Care Units, it's a fundamental part of the evaluation of quality management in these units, aiming at better results. Our objective is to present the indicators used as quality assessment of results in a Pediatric Intensive Care Unit in Southern Brazil.

Methods: For data collection, the unit has a structured database, filled daily and reviewed by medical professionals and research teams. The indicators evaluated are: Mortality, performing the evaluation of the mortality observed in the unit, as well as expected through the Pediatric Index of Mortality 2 (PIM 2) from these data is calculated the SMR; Organ dysfunction during hospitalization; Patient's origin, stratifying in clinical and surgical; Need for Invasive Mechanical Ventilation (IMV); The analysis of these data is performed on a quarterly basis, with annual closure. It is presented in the form of reports and graphs.

Results: In relation to the year 2016, the results remained within the profile of the last 5 years of the unit, where: Mortality observed was 3.4% and the expected PIM 2, 2.96% (SMR = 1.1). 39% of patients required IMV. The most present organic dysfunction was respiratory (66%), followed by neurological (34%). According to patient's origin, 31% were surgical and 68% were clinicians (from hospital emergency, ward and removal from other hospitals).

Conclusion: The evaluation of indicators within the PICU facilitates the quality management process of the unit.

EP-762

Reintubation and other outcomes associated with unplanned extubation in children

Paulo Sérgio Lucas da Silva¹, Thais Suelotto Machado Fonseca², Marcelo Cunio Machado Fonseca³

¹Unidade de Cuidados Intensivos Pediátricos, Hospital do Servidor Público Municipal de São Paulo - São Paulo (SP), Brasil; ²Faculdade de Medicina do ABC - Santo André (SP), Brasil; ³Escola Paulista de Medicina, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil

Objective: Few studies on unplanned extubation (UE) are case-control. We aimed to identify the outcomes associated with UE in a pediatric ICU.

Methods: Cases with UE were randomly matched with control patients without UE for age, severity illness disease and admission diagnosis, at a ratio of 1:4. For cases and controls, data associated with reintubation and other outcomes were collected.

Results: Ninety-four UE patients were analyzed (0.75 UE/100 intubation days). There were no differences in patient demographics between the groups. Patients experiencing UE had prolonged mechanical ventilation time (11 vs 6 days, $p < 0.001$), longer PICU and hospital stays (30 vs 22 days, $p < 0.001$), higher rate of reintubation (68% vs 10.3%, $p < 0.001$) and higher mortality (7.4% vs 1.1%, $p = 0.002$). Risk factors associated with reintubation after UE included the prior level of sedation (COMFORT < 27 , OR, 7.93, 95% CI 2.30-27.29), copious secretion (OR, 11.88, 95% CI, 2.20-64.05) and oxygenation index > 5 (OR, 9.32, 95% CI 2.45-35.48). The need for reintubation was associated with longer length of mechanical ventilation (13.5 vs 5 days, $p < 0.001$) and PICU stay (20.5 vs 10.5, $p = 0.008$) compared to non-reintubated patients.

Conclusion: UE patients had worse outcomes, including a higher mortality, compared to controls. Lower level of consciousness, copious secretion and higher oxygenation index were risk factors associated with reintubation.

EP-763

Relação entre as mudanças de posicionamento em redes de descanso e em prono e seus efeitos nos sinais vitais e na dor de recém-nascidos pré-termo estáveis

Joyce Annenberg Araújo dos Santos¹, Rita de Cássia dos Santos Moreira¹, Ana Carolina do Nascimento Calles¹

¹Hospital do Coração de Alagoas - Maceió (AL), Brasil

Objetivo: Verificar a utilização das redes de descanso (hammock) e do posicionamento em prono no alívio da dor e no comportamento dos sinais vitais em recém-nascidos pré-termo.

Métodos: Pesquisa intervencionista com uma amostra de 20 recém-nascidos internados na Unidade de Terapia Intensiva Neonatal do Hospital do Açúcar na cidade de Maceió/Alagoas. Avaliaram-se os sinais vitais e o escore de dor (escala NFCS - Sistema de Codificação da Atividade Facial Neonatal) antes e após os posicionamentos propostos.

Resultados: Ao comparar os valores iniciais e finais para cada variável entre as intervenções prono e redes de descanso, foi observada melhora significativa nos sinais vitais e na dor em ambos os posicionamentos, mas não houve significância estatística entre as intervenções, indicando que as mesmas causaram alterações semelhantes nos recém-nascidos.

Conclusão: Os achados alertam a importância das mudanças de decúbito citados em RNPT's estáveis internados em UTIN por se tratarem de métodos não invasivos e de baixo custo que proporcionam benefícios para o desenvolvimento como um todo desses RN's.

EP-764

Renal replacement therapy in children with septic shock: incidence and outcome

Candida Ludtke¹, Jefferson Pedro Piva¹, Taís Sica da Rocha¹, Paulo Roberto Antonacci Carvalho¹, Carla Di Giorgio¹, Marcela Cristina Weber Pasa¹, Bruna Pinheiro Machado¹, Cinara Carneiro Neves¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: Compare the outcome of patients requiring Renal Replacement Therapy (RRT) having septic shock and other clinical causes for renal failure.

Methods: The medical charts of all children (1month-18years old) admitted to the Pediatric Intensive Care Unit of a referred Brazilian hospital between January2008 and May2017 and requiring RRT were reviewed. According to

the main cause, the sample was classified as having septic shock or other clinical causes, being compared regarding: clinical characteristics, lab exams, outcome, mortality rate, mode and length of RRT.

Results: 58 patients were included (29.3% on peritoneal dialysis, 62.1% on hemodialysis, 8.6% using both). The mortality rate was 46.6% (27 cases) for a PIM2 score of 25.6 (1-100). RRT was indicated secondary to septic shock in 39 cases (67.2%), with an OR for mortality of 2.5(IQ1.6-3.9). The blood levels of bicarbonate and creatinine before RRT were lower in the septic shock group ($p<0.01$).

Conclusion: The exact moment for indicating RRT in septic shock is still not well defined. RRT secondary to other clinical causes presents lower mortality rate than observed in patients with septic shock and renal failure. The actual challenge is identifying the precise moment for indicating RRT in children with severe sepsis as well as the main intervention to be optimized in this situation.

EP-765

Respiratory care audit in pediatric intensive care unit

Caroline Máximo Batista¹, Ana Cláudia Bastos Ribeiro¹, Ana Teresa Andrade Franco¹

¹NEOCENTER S/A - Belo Horizonte (MG), Brasil

Objective: During analysis of quality indicators of the two pediatric units of our group, we observed that the atelectasis indicator was above the target and with an unfavorable trend. We prepared an audit of the critical processes that impact these events to evaluate which of them had the lowest adhesion of the team, allowing the development of directed improvement actions.

Methods: Criteria for inclusion of the patient for audit: use of invasive mechanical ventilation with increased risk of atelectasis. Risk factors were: neuromuscular diseases, thoracic deformities, bronchiolitis, asthma, pneumonia, more secretive patients, reduced or absent cough reflex, previous history of atelectasis. The audit was performed by assistant physiotherapists. Processes evaluated: unit temperature, inspired gas temperature, Comfort B scale and change of decubitus.

Results: The audit took place from 01/11/2016 to 01/31/2017. 4914 audits were carried out. In the first unit, the variable with more nonconformities was the inspired gas temperature, followed by the Comfort B scale and the unit temperature. In the second unit there were more nonconformities related to the temperature of the inspired gas and the unit. Most nonconformities were reduced in the months of November and December. A reduction in atelectasis rates was observed when the period from May to October 2016 was compared with November 2016 to April 2017 (65% in the first unit and 50% in the second unit).

Conclusion: The audit of critical processes, besides diagnosis, was also important as a form of control and improvement of the results of the indicators.

EP-766

Resultados e desafios da educação permanente na segurança do pacienteAginaldo da Silva¹, Diego Monteiro¹, Michelle Ferreira¹¹Neocenter S/A - Belo Horizonte (MG), Brasil

Objetivo: Demonstrar como o departamento de capacitação assistencial ativo contribui substancialmente na Segurança do Paciente.

Métodos: Seleção de três processos assistenciais estratégicos que necessitavam de ser melhorados, análise das variáveis relacionadas a capacitação (educação permanente), elaboração do plano de capacitação bem como sua implementação e monitoramento dos resultados.

Resultados: Resposta de capacitação assertiva e ajustada conforme perfil das necessidades de treinamento não mais baseadas em percepções segmentadas (Enfermagem ou Fisioterapia), mas nos indicadores assistenciais (paciente como um todo), redução de subnotificação de farmacovigilância, redução de infecção de cateter e pneumonia relacionada a ventilação mecânica em 2016, em relação a 2015.

Conclusão: Capacitações customizadas à necessidade da UTI proporcionaram aumento do engajamento da equipe assistencial, e estimularam uma abordagem global do paciente e, por fim, agregaram segurança assistencial aos resultados. Contudo, fica evidente a necessidade do alinhamento do setor de educação permanente na definição dos planos e ações de melhoria de processos assistenciais de segurança do paciente.

EP-767

Síndrome da encefalopatia posterior reversível: série de casos em um serviço de pediatria e revisão da literaturaAdriana Koliski¹, José Eduardo Carreiro², Marcelo Rodrigues², Ana Elisa Buzetti Neves¹, Mariana Pfau Ferrarini¹¹Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil; ²Programa de Pós-Graduação em Saúde da Criança e do Adolescente, Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil

Objetivo: Descrever os casos de síndrome da encefalopatia posterior reversível (PRES) na população pediátrica do Hospital de Clínicas do Paraná - UFPR, revisar fatores desencadeantes e fisiopatologia da doença.

Métodos: Estudo retrospectivo, transversal, observacional e descritivo de pacientes internados na UTI Pediátrica (UTI-Ped) e pacientes pediátricos da Unidade de Transplante de Medula Óssea (TMO), no período de janeiro 2010 a maio 2017. Incluídos crianças de 29 dias a 14 anos.

Resultados: Identificados 12 pacientes. Incidência na UTI-Ped foi de 0,2% e no TMO de 2%. Os diagnósticos associados a PRES estavam doenças oncológicas (n=9), diabetes mellitus tipo 1 (n=2) e doença nefrológica (n=1). Dos fatores precipitantes, observou-se hipertensão arterial sistêmica (n=11),

corticoterapia (n=6), ciclosporina (n=6), ciclofosfamida (n=5), sepse (n=4), hipomagnesemia (n=3), uremia e/ou hemodiálise (n=3) e cetoacidose diabética (n=2). 10 pacientes realizaram tomografia de crânio com imagem de hipodensidade parieto-occipital, e 4 realizaram ressonância nuclear magnética de crânio, com hiperintensidade occipital. Dos 5 pacientes que realizaram exame de imagem controle, observou-se melhora total ou parcial da lesão da PRES em 60%. O tratamento foi baseado na doença de base. Na evolução observou-se que a maioria, 9 pacientes, não apresentou sequela neurológica, dois pacientes evoluíram a óbito e um paciente apresentou ecolalia.

Conclusão: A PRES apesar de ser primeiramente observada em pacientes oncológicos, vem se mostrando presente em pacientes não oncológicos e associada a uma ampla variedade de fatores subjacentes. Em pacientes com encefalopatia aguda, o intensivista pediátrico deve ter a PRES como diagnóstico diferencial. Seu reconhecimento e tratamento precoce são essenciais para a reversibilidade do quadro.

EP-768

Spontaneous breathing trial as predictor for extubation success in mechanically ventilated children by orotracheal tubeMichelle Moreira Dima Gomes¹, Raquel Belmino de Souza¹, Tatiana Vasconcelos dos Santos¹, Gabriela Bezerra Figueiredo¹, Brenda Lorrany Bernardo da Silva¹, Luciana Antunes Chagas¹, Leticia Massaud Ribeiro¹, Anderson Gonçalves Panisset¹, Cleyde Thereza Leal Casemiro Vanzillotta¹¹Instituto de Puericultura e Pediatria Martagão Gesteira, Universidade Federal do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objective: Evaluation of spontaneous breathing trial (SBT) as a predictor of successful extubation in children undergoing invasive mechanical ventilation (MV) by orotracheal tube.

Methods: Retrospective observational study at Pediatric Intensive Care Unit / Martagão Gesteira Institute of Pediatrics/UFRJ, April - October, 2016. SBT requirements: disease stability/recovery, hemodynamic stability, PaO₂ \geq 60mmHg, PaO₂/FiO₂ \geq 200 mmHg, or Oxygen Index \leq 5, Peak inspiratory pressure \leq 7.3, Hb \geq 7g/dl, Glasgow \geq 11, effective cough and no electrolyte disturbance. SBT: Ventilator Pressure Support mode with Pressure support = 7 cmH₂O, PEEP = 5 cmH₂O, tidal volume 6-8 ml/kg and FiO₂ \geq 0.4, from 30 -120 minutes. SBT Failure: SpO₂ 20% of baseline, agitation, respiratory discomfort as accessory musculature use, tachypnea or bradypnea.

Results: Forty-two patients were included and extubated. Mean mechanical ventilation days were 9.7 (95% CI 6.5-12.9), mean age of 2.9 years (CI 95% 1.8-3.9) and a mean ICU length of stay 16.1 days (95% CI, 11.6-20.6). Thirty-three (78.6%) patients were submitted to SBT, 28 (84.8%) succeeded, and 26 (92.9%) of them successfully extubated. Significant association was observed (Fisher's test, p=0.017) between positive spontaneous breathing trial and successfully extubation. Nine patients weren't submitted to SBT, 5 successfully extubated. SBT sensitivity was 92.8%, specificity 60% for extubation success.

Conclusion: SBT was useful as a test predictor for extubation success.

EP-769

Stress in a neonatal intensive therapy unit of a teaching hospital in Minas Gerais: causes of noise factors

Carolina Fraga Paiva¹, Gisele Fernandes Tarma¹, Gilmar Johany de Mello², Patrícia Fraga Paiva², Camylla Santos de Souza³, Livia Liberata Barbosa Bandeira⁴, Érika Bicalho de Almeida¹, João David de Souza Neto⁵

¹Programa de Pós-Graduação em Enfermagem, Universidade Federal do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil; ²Faculdade de Ciências Médicas e da Saúde de Juiz de Fora - Suprema - Juiz de Fora (MG), Brasil; ³Faculdade de Medicina, Universidade Federal do Ceará - Fortaleza (CE), Brasil; ⁴Universidade Severino Sombra - Vassouras (RJ), Brasil; ⁵Hospital de Messejana Dr. Carlos Alberto Studart - Fortaleza (CE), Brasil

Objective: To identify the factors causing noise in the space of a Neonatal Intensive Care Unit (NICU) in a public hospital of reference and teaching in Minas Gerais.

Methods: A descriptive, observational, non-experimental and exploratory approach. The noise levels were collected by the researchers on alternate days through non-participant observation and use of an application obtained for Android system called Decibímetro that measures noise in the level of sound pressure.

Results: Noise from NICUs comes from a variety of sources, including equipment used, mechanical respirators, heated cribs, infusion pumps, cardiac monitors, respirators, incubators, alarms and air-conditioning systems. In addition, the talk and behavior of the teams, and the visits of the parents, are directly related to the increase of noise in these environments, it should also be taken into account that this unit is in a teaching hospital and the number of Academic, trainees, residents and professionals makes the dB within this unit increase.

Conclusion: In light of the above, the findings indicate that this is a highly noisy environment. It should also be noted that the fact that there is more people in the unit does not invalidate the possibility of maintaining sound levels in an adequate standard, noise may disturb not only the newborns, but also all those involved in the work environment. It is essential to emphasize the insertion of periodic educational programs as a viable alternative for the reduction of noise.

EP-770

The challenge of differential diagnosis in life-threatening admissions of systemic lupus erythematosus patients in the pediatric intensive care unit of a tertiary hospital at Rio de Janeiro

Rodrigo Moulin Silva¹, Raquel de Seixas Zeitel¹, Bruno Bohme¹, Pedro Henrique Nunes Costa Silami¹, Bernardo Considera Vogas¹, Juliana Ribeiro Constante¹, Flávio Roberto Sztajnbock¹

¹Hospital Universitário Pedro Ernesto, Universidade do Estado do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objective: The objective of this study was to assess causes, clinical presentations, laboratory findings, organ dysfunctions, prognosis and outcomes of critically ill systemic lupus erythematosus (SLE) patients requiring pediatric intensive care unit (PICU) management, given the limited literature data on this particular group.

Methods: Twelve SLE patients amounting 18 total admissions were identified in this retrospective case series at Hospital Universitário Pedro Ernesto's PICU in Rio de Janeiro over a seven-year period (from January 2010 to June 2017). All patients fulfilled diagnostic criteria for lupus. We aim to discuss the differential diagnosis of sepsis, disease activity and disease-related complications.

Results: The majority of our patients were female, within the first year of disease. Four patients were admitted to the PICU without a previously established SLE diagnosis. Disease flares and disease-related complications (eg. macrophage activation syndrome) were the most common causes for admission (61%), with the mean disease activity score using SLEDAI2K consistent with severe activity (27.7). Immunosuppression treatment during PICU stay was used in 62,5% of the admissions. During PICU stay, all of them had at least one organ dysfunction, most frequently respiratory (55%) and neurologic (38%). The most frequent PICU interventions were invasive mechanical ventilation (81%), vasoactive amines (66%) and hemodialysis (37,5%). Overall mortality rate during PICU stay was 27%, which was higher than the predicted deaths by Pediatric Risk of Mortality (PRISM) III (8,0%).

Conclusion: Our findings suggest that our group of SLE patients presented with severe disease activity from the beginning as well as the need of aggressive immunosuppression therapy in the PICU. Also, in the context of organ dysfunction, being able to distinguish between infection and disease activity remains a challenge

EP-771

The use of levosimendan in children and adolescents with cancer with septic or cardiogenic shock

Rafael Teixeira Azevedo¹, Marina Targino Bezerra Alves², Dafne Cardoso Bourguignon da Silva¹, Orlei Ribeiro de Araujo¹, Maria Verônica Câmara Santos¹, Cláudia Cosentino Gallafrio¹

¹Instituto de Oncologia Pediátrica, GRAACC, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil; ²Escola Paulista de Medicina, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil

Objective: Levosimendan is a calcium sensitizer used as an option in patients with septic shock or heart failure. There are very few articles describing its use in pediatric patients and almost none about the use in children with cancer.

Considering this, we have described the use of levosimendan in this population.

Methods: This was a retrospective review from January 2001 until February 2015 using medical records about the use of levosimendan in children and adolescents in the Intensive Care Unit of the Oncology Pediatric Institute - Support Group for Children and Adolescents with Cancer. It was included fifteen children and adolescents, with the diagnoses of septic or cardiogenic shock. Echocardiograms were performed in all patients before and after commencing levosimendan.

Results: Were included nine girls and six boys and we evaluated the improvement in cardiac ejection fraction after the use of levosimendan. We also analyzed the possibility of decrease in the use of others vasoactive drugs using the vasoactive inotropic score, possibility of reducing ventilatory parameters, mortality 28 days after levosimendan infusion and days free of internation.

Conclusion: Confirming the descriptions of improvement in cardiac function after the use of levosimendan, we found that this drug can improve cardiac ejection fraction in children and adolescents with cancer with septic or cardiogenic shock. Levosimendan also allowed for reduction in other vasoactive drug administration.

EP-772

Withdrawal of ventilatory support in a pediatric intensive care unit in Brazil: the beginning of an experience

Priscila Dias Alves¹, Lisandra Parcianello Melo Iwamoto², Neulanio Francisco de Oliveira², Adriana de Rezende Dias², Cristiane Gonçalves dos Santos²

¹Universidade de Brasília - Brasília (DF), Brasil; ²Hospital Materno Infantil de Brasília - Brasília (DF), Brasil

Objective: Respiratory failure is a major cause of admission in intensive care around the globe, but sometimes is a final event in an irreversible life threatening disease. Though this is a more common practice in developed countries, it is very rare among brazilian institutions. The objective is to present our experience and contribute to raise awareness about pediatric palliative care.

Methods: We conducted a case note review of withdrawing ventilatory support in PICU. All patients included were disconnected of support in the year of 2017. We use the palliative care database to identify the patient group to audit. Background demographic information was extracted from the electronic and paper charts including age, gender and diagnoses.

Results: Were included in the study four patients. All patients had neurologic diseases. Three of them had a chronic evolution. Two patients were over 10 years of age; two had less than 2 years old. Two patients had a palliative extubation. Two had a tracheostomy before the withdrawing of support. The mean of PICU stay was 18 days. The mean number of days in mechanical ventilation was: 12 days. All patients were discharged of PICU to the pediatric ward. Two patients died in after two weeks in the pediatric ward. Two patients still alive.

Conclusion: Despite small numbers and the cultural difficulties it is possible to establish a service where we can share all the decision making process with the families. It is possible to advance in pediatric palliative care in our services.

EP-773

Evaluation of knowledge of students in the post-graduation course in pediatric emergencies, on the topic: encephalic death

Paulo Sérgio Mendes de Lima¹, Patrícia Mendes de Lima¹, Rolfer Seabra de Barros¹, Fortunato Prado Brancher¹, Antonio Carlos Tomé Armindo¹, Adolfo Andre Mendes de Lima¹, Jorge Luis Carvalho Vigorito Junior¹, Francisco de Assis Silva de Azevedo Medeiros¹

¹Vigor Logística em Saúde - Barra Mansa (RJ), Brasil

Objective: To evaluate the knowledge of postgraduate students in pediatric emergencies in relation to the topic of brain death.

Methods: A cross-sectional study was carried out, with questionnaires being applied to 27 postgraduate students of Pediatric Emergency, in hospital in São Paulo city.

Results: There is a prevalence of lack of knowledge of the subject of brain death in 100% of the interviewees. Only 70.37% know about the conceptual definition of the theme, 11,12% of the interviewees didn't know the legal necessity of a complementary exam for their diagnosis. The majority (51.85%) considered themselves in the middle level of safety to explain the concept to the family of a patient. 40.76% were unaware of the time of legal death for the patients in brain death.

Conclusion: More discussions are needed on the topic, to accelerate the diagnosis process, to notify the Organ Procurement Center for organ donation, or when it is not possible to withdraw life support from those patients considered dead, providing beds with unnecessary occupation.

EP-774

Posterior reversible encephalopathy syndrome in childhood: report of two cases

Emmerson Carlos Franco de Farias¹, Mônica Cristina Sawada Yanaguibashi¹, Mary Lucy Ferraz Maia¹, Patrícia Barbosa de Carvalho¹, Susan Carolina Diniz de Sales¹

¹Hospital Oncológico Infantil Octavio Lobo - Belém (PA), Brasil

The posterior reversible encephalopathy syndrome is a clinical and radiological entity characterized by headache, altered level of consciousness, convulsive crises and visual alteration and is associated with a probable vasogenic edema in the encephalic white matter, predominantly affecting the occipital lobes and parietal lobes, but usually determined

through magnetic resonance imaging (mri). the overall incidence of pres is unknown. in patients aged between 4 and 90 years. there is significant female predominance and associated comorbidities, eg, bone marrow or solid organ transplantation, heart failure, chronic kidney disease, and chronic hypertension. case 1: the 9-year-old male student was on the 18th day after chemotherapy if (ice cycling) was admitted to the pediatric intensive care unit with a diagnosis of refractory hodgkin lymphoma, febrile neutropenia and septic shock, after resolution, evolution with associated lowering of the level of consciousness and convulsive seizures generalized received antihypertensive therapy, broad spectrum antibiotic therapy and antifungal and requested skull tomography showed bilateral right cortical edema submitted to a skull mri with increased signal intensity in the weighted images in t2 and diffusion, determining vasogenic edema and the diagnosis of pres. evolution with recurrent episodes of psychomotor agitation and persistence of arterial hypertension even with optimization antihypertensive medications followed by a state of epileptic disease associated with pulmonary hemorrhage and death. case 2: adolescent of the female sex 16 years old encountered induction of chemotherapy with diagnosis of face osteosarcoma and complaints of epistaxe and arterial hypertension.it was admitted in the pediatrics icu with disorder framework and started anti-hypertension therapy, initiated antibioticotherapy of wide spectrum posted significant improvement of the pressure levels after the beginning of the use of sedation and anti hypertensive of continuous use.mri shows with increased signal intensity in the weighted images in t2 and diffusion,the patient has been extubled and with a better clinical laboratory a new cycle of chemotherapy (etoposide, cisplatina, mesna) with 20 days of inneration presented signs of septic shock evolved with irreversible respiratory cardiac arrest.the medical literature in general is very limited in relation to the prevalence, epidemiology, etiology, and preservative management. (74% -91.7% of patients), followed by encephalopathy (28% -92%), headache (26% -83.3%), hypertension was the most common associated co-morbid condition (53% -91.7%), followed by renal disease (20.8% -45%), auto-disease (24%), cytotoxic drugs (19%), renal artery stenosis (12.5%), sepsis (7%), preeclampsia (6%), takayasu arteritis (4.2%), sheehan syndrome (4.2%) and multi-organ dysfunction (1%) for patients included in these reports. in pediatrics the number of publications is even lower. pres were investigated in patients aged 1.9 to 18.3 years. Morris et al. the mean age at the time of onset of the presumption was 10.4 years. the primary diagnoses were acute leukemia (n = 8), non-hodgkin lymphoma (n = 2), and ewing sarcoma (n = 1). pres occurred in 8 patients during the induction phase of treatment, and all 11 patients had hypertension (5 chronically). nmr showed t2 signal abnormalities in all 11 patients, restricted diffusion in 4, and hemorrhage in 3. risk factors for pres in patients with pediatric cancer include hypertension (not necessarily acute)(cyclosporine, antithymocyte globulin,

rituximab, tacrolimus, interferon), and the use of tacrolimus and chemotherapeutic agents (methotrexate, l-asparaginase, adriamycin, cyclophosphamide, cytosine arabi ,in addition, sickle cell disease, hypertension, pressure changes, renal insufficiency, tumor lysis syndrome, infection, sepsis, shock and transplantation (stem cells and organ) are some factors that may cause this group of patients. thus, considering the presence in hematological-oncological patients with neurological symptoms including convulsive seizures is recommended, and the evaluation by images by nmr, especially flair sequences, has the most accurate diagnosis.

EP-775

A bioethical reflection on the assistance to chronic pediatric patients dependent on mechanical invasive ventilation out of the possibility of cure

Lisandra Parcianello Melo Iwamoto¹, Natan Monsore de Sá², Valéria Baldassin³

¹Hospital Materno-Infantil de Brasília - Brasília (DF), Brasil; ²Universidade de Brasília - Brasília (DF), Brasil; ³Rede Sarah de Hospitais de Reabilitação - Brasília (DF), Brasil

Objective: To analyze the perception of physicians working in a Pediatric Intensive Care Unit on the care given to chronic pediatric patients dependent on invasive mechanical ventilation (CPPDIMV), taking as reference the UNESCO's principles of the Declaration on Bioethics and Human Rights and the perspective of the Latin- American Association of Bioethics.

Methods: Grounded Theory elaborated from interviews with 26 physicians. We used a semi-structured questionnaire based on the bioethical foundations used in decision-making on the limitation of life support. In the first step of the analysis, the transcripts of the 26 interviews were inserted into in the Atlas Ti software. In the second stage, open coding, 736 significant speeches were marked and 55 initial categories were created. In the third stage, axial coding, the 55 initial categories were grouped into in four categories: look at the patient; look at the professional; stubborn care and humanized care. In the last step, selective coding, we sought to integrate the four categories, comparing the emergent theory of the data with the existing literature on the subject investigated for the identification of the central category: Difficulties in decision making on the limitation of life support.

Results: Most of the professionals consider that the pediatric assistance to the CPPDIMV should be re-evaluated and discussed by the multidisciplinary team, which needs training and training of the team on the PPC.

Conclusion: The topic of PPC should be discussed at all levels of health care to CPPDIMV out of the possibility of cure considering bioethical principles.

EP-776

A gestão, fundamentada em indicadores, beneficia o paciente em terapia intensiva pediátricaGabriel Farias da Cruz¹, Alline de Souza Lessa¹, Camila Polis Bellott¹¹Hospital e Clínica São Gonçalo - São Gonçalo (RJ), Brasil

Objetivo: O trabalho objetivou avaliar o uso de indicadores assistências e de perfil, assim como suas respectivas análises críticas, em uma Unidade de Terapia Intensiva Pediátrica de um hospital da rede privada na região metropolitana do Rio de Janeiro. Demonstrando como a gestão do Serviço, adotando como base as informações obtidas através desses indicadores, pode trazer benefícios ao paciente.

Métodos: Trata-se de um estudo observacional, realizado a partir da coleta sistemática de dados referentes aos pacientes internados na Unidade em questão, estabelecendo-se os critérios de elegibilidade de acordo com a inclusão nos protocolos institucionais relacionados à segurança do paciente e a qualidade da assistência. Os indicadores relacionados ao perfil estão diretamente ligados ao paciente, tais como faixa etária, procedência, epidemiologia, taxa de permanência, fluxo inverso, assertividade nos critérios de admissão e alta, taxa de mortalidade. A fase de observação ocorreu diariamente, nos meses de fevereiro a junho de 2017.

Resultados: A análise dos dados mostrou que grande parte dos pacientes contemplou critério para implantação da maioria, quando não todos, os protocolos relacionados à segurança e qualidade da assistência, formalizando uma internação mais segura e eficaz, que pode ser evidenciada a partir dos dados mostrados na avaliação dos indicadores. Além disso, com relação aos indicadores de perfil, evidenciou-se que o conhecimento da população assistida é fundamental.

Conclusão: A unidade gerenciada através de uma análise crítica dos seus indicadores, pode proporcionar benefícios indispensáveis ao paciente crítico, no qual todos os artifícios que venham a culminar com uma evolução satisfatória do paciente são válidos.

EP-777

Accidental extubation control: a multidisciplinary approachValeria Cabral Neves¹, Camila Gemin Ribas¹, Bruno Miranda², Aline Dandara Rafael³, Adriana Koliski², Mônica Lima Cat¹, José Eduardo Carreiro¹

¹Programa de Pós-Graduação em Saúde da Criança e do Adolescente, Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil; ²Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil; ³Programa de Residência Multiprofissional em Atenção à Saúde da Criança e do Adolescente, Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil

Objective: The accidental or unplanned extubation is characterised as an adverse event related to multidisciplinary health care. This study proposed the control and the

reduction of accidental extubation (AE) rate and identify the occurrence and causes of the unplanned removal or displacement of the endotracheal tube in a tertiary Paediatric Intensive Care Unit (PICU).

Methods: The prospective cohort study involved intubated patients undergoing invasive mechanical ventilation. Daily data of all intubated children was collected through standardised forms developed by a team of physiotherapists in order to monitor the incidence of AE.

Results: Were observed during a 10-month period, involving 115 intubated patients, 25 episodes of AE. The median age was 12 months (1-120), with 16 children (64%) below the age of 12 months. The median weight was 8.55 kilograms (5-34) and 96% of intubations occurred by oral route. When comparing the three shifts of the multidisciplinary team, it was observed that 11 patients (44%) were extubated in the afternoon, 8 (32%) at night and 6 (24%) in the morning. Twenty one (80%) of extubations occurred during the week. The causes of AE were: psychomotor agitation (43%), handling by the multidisciplinary team (40%) and inadequate fixation of the endotracheal tube (17%). Eighteen patients (72%) were reintubated. The median mechanical ventilation length of stay was 13.50 days. The median duration of mechanical ventilation after the EA was 10 days (1-48).

Conclusion: During the period of study there was a gradual reduction in the incidence of unplanned extubation.

EP-778

Acquired von willebrand disease mimicking disseminated intravascular coagulation secondary a septic shockEmmerson Carlos Franco de Farias¹, Michaelle Junko Doamim Serrão¹, Fernanda Guedes de Carvalho¹, Susan Carolina Diniz de Sales¹, Sara Menezes Pinheiro de Moraes¹¹Fundação Santa Casa de Misericórdia do Pará - Belém (PA), Brasil

Acquired von willebrand disease (avwd) arises suddenly, not associated with previous family or personal history and affecting both sexes equally. is a rare condition unlike congenital wv and is associated with several pathologies. clinical manifestations are mild to moderate, characterized by mucocutaneous hemorrhages (in particular epistaxis, gingival bleeding and hemorrhage gastrointestinal) and bleeding secondary to trauma and surgical procedures. however, there are cases in which bleeding is moderate to severe. avwd is associated with several pathologies. the most frequent association is with monoclonal gammopathies of indeterminate meaning. there are several pathophysiological hypotheses that explain these associations. they are divided into two major groups: 1. avwd-induced autoantibodies; 2. non-antibody-induced. avwd should be suspected, or include this pathology in the differential diagnosis of patients with a recent history of bleeding, in the absence of

familial or congenital haemorrhagic disease, especially if these patients have other pathologies associated with in such cases, laboratory investigation should be initiated with a coagulation study including bleeding time, prothrombin time, activated partial thromboplastin time, and peripheral blood cell counts. test laboratory investigation should be followed with assay of fviii, ricof, ripa and assay of ag fvw. in many cases it is not possible the laboratory distinction between avwd and congenital von willebrand disease(vwd). however, tests that quantify the levels of vwf propeptides allow, in most cases, to distinguish the two forms, since in the first one there is a compensatory increase of vwf propeptide. vwf replacement therapy may also be attempted by infusion of fvw / fviii concentrates, cryoprecipitate, or by stimulation of the endothelial release of fvw with ddavp. often patients become refractory to these therapies, and there is the possibility of using intravenous human immunoglobulin (ivhig) or immunosuppression with corticosteroids or cyclophosphamide case report: under 10 years of age, female patients were admitted to a pediatric hospital from the control center, with acute respiratory failure associated with pneumonia and disseminated intravascular coagulation characterized by massive gastrointestinal bleeding, moderate pulmonary bleeding from the orotracheal cannula, diffuse ecchymosis and genngival hemorrhage, macroscopic hematuria associated with resolved refractory shock, after fluid resuscitation and inotropic support initiation, negative familiar history and absence of bleeding predicted in the minor, admission examinations identified alterations with bleeding time extension, partial thromboplastin time activated, prothrombin time and thrombocytopenia performed using frozen fresh plasma and cryoprecipitate, vitmaina k, with partial response, performed specific coagulation tests: fibrinogen: 505 d-dimer: 14517 dosage of von willebrand factor in two maotras with a result of 175 and 27% d de novo ossification viii 45%, normal myelogram, echocardiogram without alterations, chest x-ray with condensation and pleural effusion confirmed pleural thickening on chest tomography, pleural biopsy with non-specific inflammation, autoantibody and normal complement dosage, serum immunoglobulins at lower limit (32%) and low ristocetin cofactor (25%), we awaited the results of multimeric analysis and immunoassay of the vonwillebrand factor. We report that the patient presented resolution of the hemorrhagic condition only after use of igvh without response ddavp and partial response to administration of fact viii. avwd is a rare bleeding disorder, usually occurring concomitantly with other conditions. Unfortunately, despite evident clinical manifestation, avwd is frequently overlooked. Early diagnosis and implementation of an appropriate therapy prevents severe hemorrhagic complications. Aside from control and prevention of hemorrhage, management of avwd should also focus on the treatment of the primary underlying condition

EP-779

An unreported case of diagnosis and management of patients with DRESS syndrome and septo-optic dysplasia (Morsier syndrome)

Iracema de C O F Fernandes¹, Jose Carlos Fernandes¹, Ana Carolina Zenatti¹, Renata de Sousa Acorsi², Vinicius Oliveira Fernandes²

¹Unidade de Terapia Intensiva, Hospital São Luiz Unidade Jabaquara - São Paulo (SP), Brasil; ²Faculdade de Ciências Médicas e da Saúde, Pontifícia Universidade Católica de São Paulo - Sorocaba (SP), Brasil

DRESS syndrome (drug rash with eosinophilia and systemic symptoms) is an adverse drug reaction, severe and potentially fatal when late diagnosed and treated. Several drugs can initiate it, being aromatic anticonvulsant and sulfonamide the most common. V.S.J., male, 10 years old, with diagnosis of Morsier Syndrome. Patient used Puran T4, hydrocortisone, desmopressin, and clonazepam. Ten days before admission, started fever up to 39°C, sought emergency room and diagnosed urinary tract infection. Prescribed cephalexin and, after the third dose, evolved with cutaneous rash. Returned to ER and antibiotic was replaced by sulfamethoxazole-trimethoprim, with persistence of rash. Patient evolved with inappetence, drowsiness and after 8 days, restarted fever of up to 39.9°C. Made diagnostic hypothesis of sepsis being admitted to the Pediatric ICU. Initial diagnosis of toxic shock syndrome, and introduction of antibiotic therapy. Clinical and laboratory reevaluation evidenced leukocytosis, eosinophilia and hepatic enzyme alterations, switched hypothesis to DRESS. Performed biopsy of the skin, initiated gamma-globulin 1g / kg / d / 5 days and corticoid. On the third day of gamma-globulin administration, biopsy positive for DRESS. It evolved with progressive improvement of laboratory exams and rash. After 2 weeks, there was worsening of rash and laboratory tests, and a new gamma-globulin cycle of 2 g / kg / d was administered with good response. To sum, we should look up the diagnosis of DRESS in patients with skin rash and laboratory abnormalities, since early diagnosis and treatment are fundamental for the prognosis of the patient.

EP-780

Análise do perfil das mães alojadas na unidade de terapia intensiva pediátrica do Hospital Regional de Santa Maria - Brasília-DF

Marcelle Passarinho Maia¹, Débora Rodrigues Nunes Tessis¹, Marcelo de Oliveira Maia¹

¹Hospital Regional de Santa Maria - Brasília (DF), Brasil

Objetivo: Conhecer os sentimentos e analisar o perfil das mães que acompanham o filho internado na unidade de terapia intensiva pediátrica (UTIP) de um hospital público de Brasília-DF.

Métodos: Trata-se de estudo retrospectivo descritivo quantitativo, no período de janeiro a julho de 2017. A UTIP possui 21 leitos, destes 85% são ocupados por pacientes com doenças crônicas e 100% deles são dependentes de Ventilação Mecânica, tornando, portanto, a internação prolongada. A coleta de dados deu-se através dos registros dos atendimentos psicológicos e da observação das mães que permanecem alojadas no espaço denominado "Mãe Cuidadora".

Resultados: Os 19 leitos disponibilizados aos pacientes crônicos possuem em média 26 meses de internação. Destes 47% das mães, estão alojadas juntamente com os filhos e outras 15% visitam o filho frequentemente. Observamos que 36% das mães são ausentes da unidade com o decorrer do tempo prolongado de hospitalização. As mães alojadas possuem média de idade de 33 anos, 66% são solteiras, 55% possuem em média 3 filhos. 100% delas não exerce atividade laboral para poder acompanhar o filho no hospital e 55% possuem ensino médio. Em relação aos sentimentos observados 88% manifestam esperança na recuperação, 77,77% manifestam preocupação com o quadro clínico, 67% referem isolamento social e 45 % manifestam humor deprimido.

Conclusão: A experiência de crise vivenciada diante da hospitalização prolongada do filho é influenciada pelos recursos sociais e emocionais que o indivíduo possui para enfrentar as situações desfavoráveis. Daí a importância do acompanhamento psicológico às mães da UTI Pediátrica, sobretudo as que permanecem "internadas" com os filhos.

EP-781

Association of reduced levels of high density lipoprotein (HDL) with severity and unfavorable outcomes in critically ill pediatric patients with sepsis

Cristian Tedesco Tonial¹, Paulo Roberto Einloft¹, Francisco Bruno¹, Fernanda Zancheti¹, Joanne Sausen Velasques¹, Ana Luiza Tainski de Azevedo¹, Ênio Silveiro do Canto¹, Pedro Celiny Ramos Garcia¹

¹Terapia Intensiva Pediátrica, Programa de Pós-Graduação em Pediatria e Saúde Infantil, Hospital São Lucas, Pontifícia Universidade Católica do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: To verify the association between reduced levels of HDL with severity and unfavorable outcomes in critically ill pediatric patients with sepsis.

Methods: A prospective cohort study conducted at a Pediatric Intensive Care Unit (UTIP) in southern Brazil. Serum HDL levels were measured at admission. Severity at arrival was assessed using the Pediatric Index of Mortality 2 (PIM2). Values higher than 6% were stratified for a group with a higher risk of mortality. The outcomes evaluated were: length of hospital stay, length of hospital stay in the PICU, length of mechanical ventilation (MV), hours free of MV, duration of inotropic use, maximum inotropic score, organ dysfunction during hospitalization, and mortality. We consider reduced HDL values below 20 mg/dL.

Results: We found a significant association between HDL levels <20 mg / dL at admission and PIM2 ($p < 0.007$), maximum inotropic score at arrival ($p < 0.04$), cardiac ($p < 0.032$) and haematological dysfunction ($P < 0.04$).

Conclusion: We observed association of reduced levels of HDL with severity and unfavorable outcomes. This association demonstrates the important role of lipoproteins in sepsis, and may influence the control of the inflammatory process and the clinical evolution of these patients.

EP-782

Atuação do enfermeiro especialista em oxigenação extracorpórea por membrana em unidade de terapia intensiva pediátrica

Thais Sanglard de Souza Reche¹, Thais Oliveira Franco¹, Andressa Izes Bella¹, Cristiane Vieira Cavalheiro¹, Diego Manoel Gonçalves¹, Renata Silva Leite¹, Vinícius Figueiredo Tavares¹, Elineuza Costa¹

¹Hospital Infantil Sabara - São Paulo (SP), Brasil

Objetivo: A utilização de oxigenação por membrana extracorpórea (ECMO) para suporte respiratório consiste em modalidade de suporte de vida de alta complexidade e alto custo. Em decorrência, demanda infraestrutura material e tecnológica, bem como profissionais especializados e capacitados para sua realização. O profissional enfermeiro, atuante em unidade de terapia intensiva pediátrica, configura-se em integrante ativo no tratamento com ECMO haja vista a assistência direta prestada ao paciente, possibilitando intervenção constante nos cuidados intensivos dispensados. **Objetivo:** Descrever a atuação detalhada do profissional enfermeiro especialista em ECMO em uma unidade de terapia intensiva pediátrica de um hospital referência no atendimento infantil no município de São Paulo.

Métodos: Trata-se de pesquisa quantitativa descritiva. Efetuou-se o levantamento dos cuidados dispensados pelo profissional enfermeiro ao paciente pediátrico em ECMO, quantificando-os, descrevendo-os e os correlacionando com o perfil diagnóstico dos pacientes.

Resultados: Obteve-se 100% de atendimento exclusivo na realização de cuidados críticos diretos ao paciente pediátrico em ECMO pelo profissional enfermeiro 24 horas por dia. A modalidade predominante foi a ECMO VV (venovenosa). Para o registro, descrição e quantificação dos cuidados prestados ao paciente utilizou-se um instrumento próprio, de uso exclusivo do profissional enfermeiro especialista.

Conclusão: O sucesso na realização da ECMO, como modalidade de suporte de vida extracorpórea, envolve atuação multidisciplinar. Todavia, ressalta-se na presente instituição, a importância da atuação do profissional enfermeiro especialista em ECMO no manejo dos cuidados, propiciando visibilidade a este profissional em um campo de atuação promissor.

EP-783

Avaliação do estado nutricional em pacientes internados em unidade de terapia intensiva pediátrica

Juliana dos Santos Marques¹, Katia Jarandilha dos Santos¹, Marcia Lucia Verpa de Souza Sasaki¹, Lelia Bolonha¹, Arnaldo Fleury Moreira¹, Marisa Chiconelli Bailer¹, Fernanda Rodrigues¹, Larissa Lins¹

¹Hospital Samaritano - São Paulo (SP), Brasil

Objetivo: A identificação precoce da desnutrição e perda de peso durante a internação hospitalar é um instrumento importante para intervenção nutricional. O presente estudo teve como objetivo analisar a perda de peso de crianças internadas em uma Unidade de Terapia Intensiva (UTI) Pediátrica.

Métodos: Estudo retrospectivo, realizado em hospital privado na cidade de São Paulo, Brasil. Foram avaliadas crianças internadas na UTI Pediátrica no período de janeiro de 2016 a junho de 2017 por meio da coleta dos dados (peso, estatura e idade), no momento da internação e da alta hospitalar. Os dados referentes à perda de peso e diagnóstico foram coletados pelo prontuário eletrônico Tasy e a classificação realizada com a utilização do programa da Organização Mundial da Saúde Anthro e Anthro Plus e analisados através do Microsoft Excel.

Resultados: Foram avaliadas 887 crianças com faixa etária entre 1 mês e 17 anos de idade. Observamos que 309 crianças perderam peso (35% dos pacientes). Ao verificar alteração de estado nutricional entre as crianças que perderam peso, verificamos que somente 4 passaram de Eutrofia para Magreza (0,5% da amostra), sendo 3 submetidas ao Transplante de Medula Óssea e 1 com diagnóstico de Leucemia.

Conclusão: A mudança do estado nutricional, no nosso estudo, ocorreu apenas nas crianças com doença de base: pacientes oncológicos e imunodeprimidos, mostrando que a assistência nutricional deve ser priorizada em todos os pacientes, porém uma intervenção precoce da terapia nutricional deve ser instituída visando minimizar a perda de peso nos pacientes oncológicos e imunodeprimidos.

EP-784

Brain dysfunction as a severe complication of septic shock

Sileyde Cristiane Bernardino Matos Póvoas Jucá¹, Viviane Cabral Quixabeira¹, Maria Angelica de Macedo Orione¹, Andreia Minossi¹

¹Universidade Federal de Mato Grosso - Cuiabá (MT), Brasil

Brain dysfunction is a frequent and severe complication of septic shock and is associated with increased mortality. The neuroradiologic correlates of these symptoms are poorly known, as few imaging studies have been carried out in septic-shock patients. The demonstration of ischemia suggests the importance of cerebral perfusion impairment and microcirculatory dysfunction. To describe a patient with the severe brain dysfunction that progressed to brain death, following a septic shock due to pneumonia. Case report: A

9-year-old girl had bilateral pneumonia with pleural effusion, progressing to septic shock and extensive cerebral ischemia. She had a history of fever, cough, weakness, and tiredness three days before admission. After this initial symptoms, the chest x-ray showed bilateral pneumonia with pleural effusion, which was drained. Two days after admission, she had severe septic shock, that progressed for absence of brain functions. The neuroimage revealed bilateral ischemia and the absence of cerebral flow. In patients with septic shock with acute neurological abnormalities, the neuroimage may reveal leukoencephalopathy or ischemic stroke, which is associated with increased ICU mortality. The occurrence of ischemic stroke in sepsis patients raises questions about the role of cerebral perfusion in this patient population. It is plausible that the risk of stroke is increased in patients with impaired hypotension and self-regulation of cerebral blood flow.

EP-785

Caracterização do perfil do fisioterapeuta atuante em uma unidade de terapia intensiva neonatal

Flavia Perassa de Faria¹, Francisca Janaina R da Silva¹, Wellina Barros de Sousa¹

¹Centro Universitário Euro-Americano - Brasília (DF), Brasil

Objetivo: Sendo parte integrante da equipe multiprofissional que atua nas Unidade de Terapia Intensiva Neonatal (UTIN), o fisioterapeuta é responsável pela avaliação e prevenção cinético-funcional e intervenções de tratamento nos cuidados aos recém-nascidos (RN). Diante deste quadro faz-se necessário que o fisioterapeuta seja habilitado com uma formação sólida e bagagem prática para indicar, escolher e aplicar as condutas específicas da fisioterapia nessa população em específico. Para tal é importante identificar o perfil do fisioterapeuta atuante em uma UTIN.

Métodos: Para a pesquisa foram incluídos os fisioterapeutas que atuam na UTIN do Hospital Maternidade Brasília. Os dados foram obtidos por um questionário desenvolvido pelas autoras com informações pessoais, acadêmicas e relacionadas às intervenções fisioterapêuticas aplicadas no RN.

Resultados: Todos os fisioterapeutas eram do sexo feminino, com uma média de: 30,75±4,5 anos de idade, 5,67±2,74 anos de formação e 1,25±0,45 anos de experiência em UTIN. Destas, 75% possuem ou estão cursando uma especialização em UTIN e trabalham em média 30 horas semanais. Todas possuem bom conhecimento sobre o consenso de ventilação mecânica e as suas atualizações.

Conclusão: Foi possível caracterizar o perfil do fisioterapeuta atuante em uma UTIN. São fisioterapeutas jovens com pouca prática na área, mas com bastante conhecimento técnico científico e que buscam se especializar na neonatologia. Entretanto, são poucos estudos sobre o tema não sendo facilmente encontrados no meio científico, o que requer novas pesquisas neste âmbito principalmente por se tratar de uma população delicada quanto ao tratamento fisioterapêutico.

EP-786

Clinical profile of tracheostomized pediatric patients in the intensive care unit

Diana Taila¹, Aquiles Camelier¹, André Luis de Carvalho Soledade², Jeane Xavier dos Santos Farias², Cristiane Maria C Costa Dias¹

¹Escola Bahiana de Medicina e Saúde Pública - Salvador (BA), Brasil;

²Hospital do Subúrbio - Salvador (BA), Brasil

Objective: Over the past 30 years indications for tracheostomy in children have changed considerably and prolonged intubation has become the most frequent indication for tracheostomy in children. The main gains are earlier weaning from ventilation, greater variability of functional stimuli, and potentiate the possibility of home care. **Objective:** To verify the clinical profile of pediatric tracheostomized patients in an intensive care unit, and influence of clinical and demographic variables on decannulation and mortality. **Methods:** Retrospective longitudinal study with electronic record data from the Pediatric Intensive Care Unit of a public hospital in Salvador, Bahia, from September 2012 to 2015. Including children aged = 29 days and = 16 years; Excluding those admitted to the hospital who were already tracheostomized and who had previously been diagnosed with neuromuscular diseases. The survey was approved by CAEE 48386115.7.0000.5029. The dependent variables were decannulation and mortality, and the independent variables were time for mechanical ventilation and ICU admission, extubation failure, diagnosis, age, sepsis, nutritional status, associated neuropathy, laryngeal stridor, time for tracheostomy and tracheostomy motif with performed analysis By the chi-square and Mann Whitney tests.

Results: Thirty-eight children were tracheostomized in the period, with a mean age of 70 months; 31.6% evolved with decannulation and 28.9% suffered in-hospital death.

Conclusion: The main indications for tracheostomy were neurological disorders and prolonged intubation time. Decannulation occurred mainly in children older than 2 years, of adequate weight and with tracheostomy performed in less than 15 days. Mortality did not show any significant association.

EP-787

Comitê de familiares da unidade de terapia intensiva pediátrica: um desafio em busca da melhor experiência do paciente e família

Cristiane dos Santos Manoel Resende da Silva¹, Taisi Aureliano Feitosa¹

¹Hospital Beneficência Portuguesa de São Paulo - São Paulo (SP), Brasil

Cuidar, em pediatria, significa atender as expectativas da criança e de seus familiares. Um grande desafio hoje a ser enfrentado pelos profissionais da unidade de terapia intensiva (UTI), é a humanização da assistência com o cuidado das famílias. Este trabalho descrever a experiência de utilização da tecnologia de grupo como estratégia de identificar a experiência dos familiares e pacientes da UTI pediátrica. Trata-se de um relato de experiência da implantação de comitê de familiares iniciada em 2015 em uma UTI Pediátrica de 33 leitos de um hospital privado e de grande porte da cidade de

São Paulo. Através de reuniões quinzenais foi implantado o comitê de familiares de crianças internadas, com a participação de gestores das equipes multidisciplinares com a função de ouvinte. Nesses encontros ocorreram grupos de conversas para que os familiares colocassem suas percepções acerca da experiência vivenciada com o atendimento. o comitê de familiares proporcionaram melhorias na convivência dos pais e familiares na UTI, melhor relacionamento com a equipe assistencial, aumento da adesão às rotinas e melhor entendimento das ações referentes aos pacientes. O comitê colaborou para que ocorressem mudanças estruturais, de rotinas, recursos humanos e culturais dentro da UTI Pediátrica, de forma a melhorar a experiência vivenciada na instituição. Ação de ouvir o cliente mantém a instituição sempre em movimento, impulsiona o olhar dos envolvidos para que a experiência vivenciada possa ser algo memorável, e os esforços não fiquem restritos apenas à criança, mas que possa envolver seus familiares em busca de excelência.

EP-788

Como gerenciamos a nossa unidade de terapia intensiva pediátrica através dos indicadores

Katia Jarandilha dos Santos¹, Marcia Lucia Verpa de Souza Sasaki¹, Ana Lucia Vitti Ronchini¹

¹Hospital Samaritano - São Paulo (SP), Brasil

Objetivo: Descrever a metodologia de gerenciamento dos líderes da UTI Pediátrica através da utilização de indicadores assistenciais para garantir a qualidade e segurança dos pacientes comparando seus resultados em relação às metas institucionais previstas.

Métodos: Estudo descritivo da utilização dos indicadores assistenciais multidisciplinares no gerenciamento da UTI Pediátrica em um hospital privado de grande porte na cidade de São Paulo composta de 15 leitos, sendo 12 leitos clínicos/cirúrgicos e 3 leitos de Transplante de Medula Óssea.

Resultados: Realizamos a apresentação dos indicadores em três momentos: semanalmente, em reunião institucional sobre a produção da unidade; bimestralmente, em reunião de análise crítica com membros da equipe multidisciplinar; e mensalmente, em reunião institucional - Balanced Score Card (BSC) onde são abordadas as perspectivas do cliente, dos processos internos, de aprendizagem e crescimento e financeira. Dentre os indicadores assistenciais discutidos temos: taxa de ocupação, número de novas internações, média permanência UTI geral e oncológica, número de paciente dia, análise portas de entrada do paciente, análise porcentagem pacientes clínicos e cirúrgicos, % do cancelamento de leitos reservados para cirurgia, análise perfil convênios, número de pacientes com reinternação < 24 h, número de pacientes transferidos para UTI por código amarelo/ azul, flebite, extubação acidental, incidência de Dermatite associada à incontinência urinária, incidência de perda de sonda, análise óbitos, gerenciamento do protocolo de sepe infantil.

Conclusão: Com a realização desses encontros percebemos um maior envolvimento da equipe multidisciplinar com os resultados da unidade participando ativamente no plano de

ação para garantir a melhoria dos processos e fluxos a fim de atingirmos resultados positivos.

EP-789

Comparison between the Berlin criteria and the Pediatric Acute Lung Injury Conference Group for the classification of acute respiratory distress syndrome in mechanically ventilated children

Gabriela Bezerra Figueiredo¹, Raquel Belmino de Souza¹, Michelle Moreira Dima Gomes¹, Brenda Lorrany Bernardo da Silva¹, Luciana Antunes Chagas¹, Letícia Massaud Ribeiro¹, Anderson Gonçalves Panisset¹, Cleyde Thereza Leal Casemiro Vanzillotta¹

¹Instituto de Puericultura e Pediatria Martagão Gesteira, Universidade Federal do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objective: Compare Acute Respiratory Distress Syndrome (ARDS) classifications by Pediatric Acute Lung Injury Conference Group, using Oxygenation Index (OI) and Berlin criteria, using PaO₂/FiO₂ ratio.

Methods: Retrospective observational study, including mechanically ventilated patients with ARDS diagnosis in pediatric intensive care unit (ICU) of the Institute of Pediatrics Martagão Gesteira -Rio de Janeiro Federal University, January to November, 2016. Ventilation parameters and blood gas data were acquired at worst ventilatory day of total length of ICU stay.

Results: Thirty-nine patients were included, 74.4% had pneumonia as ARDS cause. Mean OI was 14.6 (CI 95% 11.5-18.2), mean P/F was 150.2 mmHg (CI 95%, 123-181.2), both with normal distribution and correlation by Pearson's test = -0.737 (p < 0.01). According to Berlin criteria, two patients (5.1%) were classified as no-ARDS, five (12.8%) mild ARDS, 20 (51.3%) moderate and 12 (30.8%) severe ARDS. According to OI classification, 14 patients (35.9%) were mild, 10 (25.6%) moderate and 15 (38.5%) severe ARDS. Differences between P/F and OI classifications subgroups were observed (McNemar test; p = 0.007). OI seemed to detect ARDS earlier than P/F, but bronchospasm was present in 66% patients and 59% had spontaneous breathing.

Conclusion: OI could be overestimated by bronchospasm and poor patient-ventilation interactions, which occurrence results in higher positive inspiration peak, mean airway pressure and consequently OI, without a more severe ARDS necessarily related. So, more studies with meticulous MAP acquisition are needed.

EP-790

Comparison of databases to detect most prevalent potential drug-drug interactions in pediatric intensive care units

Daniela Ferrari¹, Gabriela Lapuente da Silva¹, Huama Oliveira dos Santos¹, Monique da Silva Goulart¹, Paulo Roberto Brites Junior¹, Sabrina Oliveira Fridrich¹, Luciana Mello de Oliveira¹

¹Faculdade de Farmácia, Pontifícia Universidade Católica do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: Drug-drug interactions (DDIs) are of great concern in Pediatric Intensive Care Unit (PICU), due to the great number of medications these patients receive. Prevention of adverse effects caused by DDIs are seen as one of first actions developed by clinical pharmacists. This study evaluated results of four common databases used to analyze the most prevalent DDIs involving antimicrobials in PICU.

Methods: Three most prevalent DDIs involving antimicrobials in PICU were described accordingly to Dai et al, 2016. DDIs were analyzed in Micromedex[®], Up-To-Date[®], Medscape[®] and Drugs.com[®], in June, 2017.

Results: Most prevalent DDIs in PICU were described as ampicillin + gentamycin, fluconazole + ondansetron, and gentamycin + piperacillin. For ampicillin + gentamycin, Medscape[®] brings as result that no interactions were found; Up-To-Date[®], Micromedex[®] classify this interaction is minor, recommending to monitor the patient, whereas Drugs.com[®] classify as moderate and suggest that the combination should to avoid. For fluconazole + ondansetron, all databases classify as severe and recommend to avoid if possible. For gentamycin + piperacillin, Medscape[®] affirm that no interactions were found; Up-To-Date[®] and Micromedex[®] classify the interaction as minor and recommend to monitor the patient, whereas Drugs.com[®] classify as moderate and recommends to avoid the combination.

Conclusion: The classification of severity and management recommendation varies among database. Due to the possibility of diverse results, it is extremely important to analyze potential DDI in pediatric ICU using more than one database. The use of databases do not substitute clinical knowledge, therefore clinical pharmacist evaluation is essential.

EP-791

Correlação entre tempo de ventilação mecânica invasiva e complicações pulmonares em crianças submetidas à cirurgia cardíaca

Rita de Cássia dos Santos Moreira¹, Joyce Annenberg Araújo dos Santos¹, Ana Carolina do Nascimento Calles¹

¹Hospital do Coração de Alagoas - Maceió (AL), Brasil

Objetivo: Correlacionar o tempo de ventilação mecânica invasiva e as complicações pulmonares em crianças que passaram por cirurgia cardíaca.

Métodos: Tratou-se de um estudo retrospectivo descritivo, feito com crianças que passaram por procedimento cirúrgico decorrentes de cardiopatias congênitas que necessitaram de intubação orotraqueal. Foi feito a análise por meio de média e desvio padrão da idade e do tempo de VMI e frequência e porcentagem do sexo e complicações pulmonares. Ainda foi feita a correlação de Pearson, entre o tempo de ventilação e a presença de complicação pulmonar.

Resultados: Foram analisados 44 prontuários de crianças que passaram por procedimento cirúrgico, sendo 19 (43,18%) do sexo feminino e 25 (56,81%) masculino, com média de idade de 93,15±53,33 meses e tiveram tempo médio de VMI de 322,38±148,94 minutos. Dos

pacientes que apresentaram complicações 11,36% tiveram pneumotórax, 20,45% congestão pulmonar, 9,09% derrame pleural e 9,09% atelectasia. Foi observado uma correlação moderada e positiva com valor de $r = 0,62$, com valor de significância de $p < 0,0001$.

Conclusão: De acordo com os resultados obtidos, observou-se que as complicações pulmonares mais frequentes são os pneumotórax e as congestões pulmonares e que quanto maior o tempo de ventilação mecânica invasiva maior incidência de complicações pulmonares.

EP-792

Death: perceptions of medical students

Fernanda de Carvalho Braga¹, Marana Carvalho Gomes¹, Nayra Costa Moreira¹, Andrea Lopes Ramires Kairala¹, Luzitano Ferreira Brandão¹

¹Centro Universitário de Brasília (UNICEUB) - Brasília (DF), Brasil

Objective: Verify medical student's position about death and end of life, as well as understand the meaning of these subjects for them.

Methods: Cross-sectional, quantitative/qualitative study based on a questionnaire elaborated specifically for the study. Sample composed of 38 medical students from a private institution of the Federal District, Brazil.

Results: Most feel the need to study the subject during their graduation; 42% believe they will have difficulty dealing with the patient and 44,8% with the family. About the ethical behavior involving end of life, most declare to be against dysthanasia and in favor of orthothanasia. On euthanasia, the answers were more homogeneous, disagree 23%, agree 23%, disagree partially 13% and partially agree 11%. Qualitative data were separated into three categories: perception towards the end of life; feelings generated by the context; and palliative care: 89.4% feel the need to address the issue during their training; 52.6% stated that the educational institution does not adequately prepare them. The feeling of impotence appears in 42.2% of the participants.

Conclusion: Care based on biomedical model for patients out of the healing perspective can perpetuate futile interventions and treatments. In this context, issues regarding the termination of life arise. Students have shown the need for discussion about death and finitude of life, since this contact is a reality to which they will be exposed during their formation. The lack of positioning verified in the results may reflect the low priority given to the subject at the undergraduate level.

EP-793

Diagnosis of Moya Moya's disease in patient with Down syndrome and congenital heart disease

Iracema de C O F Fernandes¹, Jose Carlos Fernandes¹, Giulia Wendt Fadel², Renata de Sousa Acorsi², Vinicius Oliveira Fernandes²

¹Unidade de Terapia Intensiva, Hospital São Luiz Unidade Jabaquara - São Paulo (SP), Brasil; ²Faculdade de Ciências Médicas e da Saúde, Pontifícia Universidade Católica de São Paulo - Sorocaba (SP), Brasil

Moya Moya disease, a chronic occlusive cerebrovascular disease, affects the central nervous system (CNS) arteries, causing thromboses, transient ischemia accidents and intraparenchymal hemorrhages. Its occurrence is rare, universal, initially affects pre-school age and there may be association with some diseases such as Down Syndrome. G.T.J., 2 years and 10 months, female, with Down syndrome and corrected congenital heart disease (total atrial ventricular septal defect) presented a focal seizure crisis 18 days before admission. In another service, diagnostic hypothesis of convulsive syndrome, submitted to Magnetic Nuclear Resonance (MRI), which demonstrated an extensive area of predominant cytotoxic edema in the left parietooccipital frontal region, compatible with early subacute ischemic infarction in the superficial territory of the middle cerebral artery left. Received carbamazepine and after 7 days hospital discharge. After six days of discharge evolved with new focal crisis on the right, fever and subsequently papular rash throughout the body. Patient evolved with an epileptic status, being hospitalized in Pediatric ICU, requiring orotracheal intubation, mechanical pulmonary ventilation and continuous Midazolam. Indicated angiography RNM with diagnosis of Moya Moya's disease. Patient evolved with control of epilepsy, was extubated and had left motor and cognitive deficit. Chosed for conservative treatment and monitoring of neurosurgery. The case serves, therefore, to emphasize the importance of the angiographic study for the elucidation of cerebral vascular alterations referring to an unusual diagnosis of Moya Moya Disease.

EP-794

Disseminated fusariosis with fatal outcome despite adequate treatment in a teenager with acute lymphocytic leukemia after a non-related allogeneic stem cell transplant

Maria Isabel Brandão Pires E Albuquerque¹, Patricia de Oliveira Costa¹, Renato Castro¹, Marcelo Schimer¹, Decio Lerner¹

¹Instituto Nacional do Câncer - Rio de Janeiro (RJ), Brasil

Fusarium spp is a filamentous fungus found in water, soil and plants. Respiratory and gastrointestinal tract and loss of skin integrity, through trauma, burn or infection, are the main routes of contamination. In immunocompetent individuals, the infection manifests most commonly in the form of onychomycosis or keratitis. While in immunosuppressed patients, fusariosis is typically invasive and widespread. The clinical presentation of fusariosis varies according to the route of contamination and the duration and intensity of immunosuppression. We present a case of a 17-year-old male patient with acute lymphocytic leukemia who had undergone non-related stem cell transplantation. On the 4th day presented fever and paronychia in the left hallux with intense pain. Amphotericin B was initiated considering the hypothesis of Fusariosis. Patient continued to present daily fever and increased C-reactive protein. On the next two days the patient evolved with dyspnea and hypotension requiring mechanical ventilation, hemodialysis and noradrenaline continuous infusion despite adequate treatment (daily filgrastim and voriconazole were associated) and prompt withdrawal of the central venous catheter. Blood, urine, tracheal secretion cultures and halux lesion biopsy confirmed disseminated fusariosis. PET scan showing uptake in soft parts of the left hallux, kidneys and lung nodules. The patient received granulocytes transfusion. Despite adequate treatment, the patient died. The prognosis of Fusariosis is influenced by the immune status and extent of the disease. Mortality is high, up to 48% of pediatric patients with neoplasia, regardless of appropriate treatment. In the allogeneic stem cell transplant scenario, even higher mortality values are described.

EP-795

Dramatic presentation of pneumonia due to co-infection of influenzae A (H3N2) and methicillin-resistant *Staphylococcus aureus* in a previously healthy adolescent

Rita de Cassia de Almeida¹, Liliana Iapequino Morais¹, Bruna Ferreira Breder de Paula¹, Lorena Lameri¹, Paloma Alves Bezerra Morais²

¹Hospital Unimed Vitória - Vitória (ES), Brasil; ²Universidade Federal do Espírito Santo - Vitória (ES), Brasil

Influenza A pediatric mortality is associated with children <5 years of age, immunocompromised state or secondary bacterial infection. Among secondary bacterial infections, more than 50% are caused by Methicillin-resistant *Staphylococcus aureus* (MRSA). Our patient was previously healthy, 14 years old, female, presented to emergency department (ED) with low fever and nasal secretion for 6 days, associated with chest pain and difficulty breathing on the day of medical care. She had nasal congestion, pharyngeal hyperemia and mild bronchospasm. Chest X-ray without changes. After 20h, she returned to ED due to chest pain, prostration and vomiting. She was with fever, dehydrated, dyspneic, disoriented, cyanotic at the extremities and without peripheral pulses. Performed orotracheal intubation, volume resuscitation, antibiotic therapy with oxacillin and

ceftriaxone and initiated adrenaline. Chest radiography revealed hypotransparency in the right hemithorax. She evolved with catecholamine refractory shock, need for increased ventilatory parameters and radiological worsening in the first 6 hours of admission. Adjusted antimicrobials for vancomycin, ceftriaxone, clarithromycin and oseltamivir. Pleural drainage was performed due to empyema. Evolution with acute respiratory distress syndrome, multiple organ dysfunction and death on the third day of hospitalization. Culture identified MRSA and, nasopharyngeal secretion, Influenza A H3N2. This case report leads us to consider the co-infection by Influenza A and MRSA even outside the risk group, and may be fatal in previously healthy patients. Early diagnostic suspicion is crucial in order to promptly initiate more comprehensive management, including appropriate antiviral and antibiotic therapy, and care escalation as needed.

EP-796

Early recognition of sepsis and septic shock: comparison before and after implantation of protocol managed in pediatric hospital

Iracema de C O F Fernandes¹, Jose Carlos Fernandes¹, Ana Caroline Iglesias¹, Christina de Paola¹, Katia C F Millares¹, Mario P Gimenez¹, Renata Ferreira¹, Vanessa C Gomes¹

¹Unidade de Terapia Intensiva, Hospital São Luiz Unidade Jabaquara - São Paulo (SP), Brasil

Objective: To compare the number of early diagnosed cases of sepsis and septic shock, before and after implantation of a protocol in a pediatric institution.

Methods: The study was carried out in 2 phases: first phase was carried a data review obtained in the period of 10 months pre-implantation of the protocol, by Epimed, from September 2015 to June 2016. The second phase was prospective, with data obtained in the Period of 10 months, from July 2016 to April 2017. The protocol and diagnosis were opened at the Pediatric Emergency Room, Inpatient Unit and at the Pediatric Intensive Care Unit. The Intensive Care Unit has 15 general beds (clinical and surgical).

Results: From September 2015 to June 2016, Epimed data showed 388 hospitalizations in the Pediatric Intensive Care Unit, of which 25 (6.5%) patients were diagnosed with septic shock at admission, and mortality in this period was 24 % (6 patients). After the protocol was implemented, from July 2016 to April 2017, 536 patients were interviewed, 113 children (21%) met the criteria, of which the diagnosis of sepsis / shock was confirmed in 20 patients (17.6%). The mortality in this period 0.88% (2 patients).

Conclusion: Due to the need to reduce the morbidity and mortality rate in sepsis and pediatric septic shock, in addition to high costs and the difficulty of early recognition, the implementation of a managed sepsis protocol provides education and changes in early recognition and consequently improves outcome and prognosis.

EP-797

Effectiveness of Pediatric Index of Mortality 2 (PIM2) in patients with complex chronic conditions

Marcela Cristina Weber Pasa¹, Paulo Roberto Antonacci Carvalho¹, Jefferson Pedro Piva¹, Taís Sica da Rocha¹, Candida Ludtke¹, Cinara Carneiro Neves¹, Bruna Pinheiro Machado¹, Cilomar Martins de Oliveira Filho¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: Evaluate the effectiveness of Pediatric Index of Mortality (PIM2) measured at the admission to the Pediatric Intensive Care Unit (PICU) in patients with and without chronic complex conditions (CCC).

Methods: A retrospective observations study based on a medical chart review of all patients admitted between 2006 and 2013 to a PICU located in a referral Brazilian hospital was conducted. According to the clinical conditions, patients were classified in two groups: With and without CCC. Were analyzed the clinical and anthropometric characteristics as well as the area under de ROC curve to estimate the effectiveness of PIM2 to anticipate mortality in both groups.

Results: 3.381 medical charts were reviewed, being 43.8% (1,483) with CCC. The median mortality rate estimated in the whole group was 1.5%. PIM2 estimated higher mortality rate in the CCC group (3.0% x 0,9; $p < 0.01$), however, the observed mortality in both groups was not different. The area under the curve to predict mortality in CCC group was 0.62 (0.5-0.7; $p < 0.03$) and in the group without CCC was 0.45 (0.3-0.6; $p = 0.4$).

Conclusion: In this population, PIM2 demonstrated better discrimination power for mortality risk in patients with CCC, differently what was reported previously in the literature.

EP-798

Effects of the alveolar recruitment maneuver in children with acute hypoxemic respiratory failure admitted to a pediatric intensive care unit

Valeria Cabral Neves¹, Camila Gemin Ribas¹, Adriana Koliski¹, Dinarte José Giraldo¹, Mônica Lima Cat¹

¹Programa de Pós-Graduação em Saúde da Criança e do Adolescente, Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil

Objective: This study evaluated the effects of the Alveolar Recruitment Maneuver (ARM) on oxygenation and ventilatory parameters used in children with acute hypoxemic respiratory failure in Pediatric ICU.

Methods: A prospective, longitudinal, interventional study in 15 children who underwent ARM, with progressive increase of PEEP up to 25 cm H₂O and with a peak pressure of 40 cm H₂O. The respiratory rate fixed at 10 bpm and the inspiratory time fixed at 3 seconds.

Results: 88 alveolar recruitment maneuvers were performed, with a median of five ARMs per patient, with a minimum of one and a maximum of 12 ARMs. However, only the maneuvers performed on the first day of inclusion in the study were statistically analyzed. The application of alveolar recruitment did not cause hypotension, bradycardia or pneumothorax. After the maneuver, mechanical ventilation parameters such as inspiratory pressure and plateau pressure ($p < 0.001$), P-driving pressure ($p < 0.001$), tidal volume (ml/kg) ($p < 0.001$) and oxygen supply ($p < 0.001$). The oxygenation parameter as the PaO₂/FiO₂ ratio determined the indication and efficacy of the ARM ($p = 0.01$).

Conclusion: The application of the alveolar recruitment maneuver in children did not cause adverse events, allowed the reduction of oxygen supply and inspiratory pressure levels. The improvement in the oxygenation status of the arterial blood was observed after performing the recruitment maneuvers. The recruitment maneuver, when indicated and properly monitored, appears to be useful in ventilatory support of injured lungs. Alveolar recruitment trials in children are still limited.

EP-799

Epidemiologia da unidade de terapia intensiva pediátrica do Hospital da Criança e Maternidade São José do Rio Preto

Tatiana Pissolati Sakomura¹, Natália Almeida de Arnaldo Silva Rodriguez Castro¹, Ana Paula Rodrigues da Silva¹, Maura Cristina Negrelli¹

¹Faculdade de Medicina de São José do Rio Preto - São José do Rio Preto (SP), Brasil

Objetivo: Estudar as características clínicas e demográficas dos pacientes admitidos na UTI Pediátrica (UTI-P) do Hospital da Criança e Maternidade de SJ Rio Preto em 2016.

Métodos: A partir de coleta retrospectiva, foram registrados os dados de todos os pacientes internados durante 2016. Os principais desfechos analisados foram: distribuição demográfica, causas de internações, taxas de mortalidade e tempo médio de hospitalização.

Resultados: De 251 internações, 53% eram do sexo masculino, com 3,7 anos de média, e com 73% de internações do SUS. Causas respiratórias configuram a principal causa de internação (33%), seguido por internações cirúrgicas (26%) e sepse (22%). Dentre as causas respiratórias, predominam síndromes infecciosas. Dentre os procedimentos, a maioria foi realizada pela cirurgia pediátrica (49%) e neurocirurgia (37%), tendo a primeira realizado procedimentos eletivos (69%) e a última realizado principalmente procedimentos de urgência (63%). O tempo médio de internação foi 12 dias. Causas neurológicas se correlacionaram com maior tempo de internação. Interessantemente, 50% dos pacientes tiveram alta em até 5 dias. Houve 10% de mortalidade geral, sendo sepse responsável por 68% dos casos. Dentre os pacientes que

evoluiram a óbito, 48% ocorreram em até 5 dias. Em afecções neurológicas nenhum paciente evoluiu a óbito.

Conclusão: Nossos resultados demonstram uma similaridade em relação a dados clínicos e demográficos em relação a dados na literatura de outros serviços brasileiros. Entretanto, a taxa de mortalidade encontrada foi ligeiramente superior. Comparações diretas podem ser imperfeitas devido as diferenças de tamanhos amostrais e de gravidade dos pacientes a admissão.

EP-800

Epidemiologic profile of the neonatal intensive therapy center of Santa Casa Hospital of Cuiabá

Maisa Santos Valderramas Talon¹, Emmanuela Bortoletto Santos dos Reis¹, Daniella Caroline Vargas Luzia¹, Raissa Travagini Ferreira¹, Elis Cristina Cunha Marques Dias¹

¹*Santa Casa de Misericórdia de Cuiabá - Cuiabá (MT), Brasil*

Objective: To describe the epidemiologic profile of hospitalized newborn in Units of Neonatal Intensive Therapy (UTIN) of 2016.

Methods: It is a longitudinal and retrospective study with foundation in documental sources through the System MV[®] of electronic chart and databank System EPIMED[®] of all the new-born admitted in the UTIN in the year of 2016.

Results: From the 88 hospitalized newborn, 64% are male, the majority being term. Around 60% were born cesarean and 51% with birth weight higher than 2500g. Apgar less than or equal to 7 in the first minute occurred in 67,8% and in the fifth in 30%. The average age of the genitor was 23,4 years old and 70,3% did the prenatal with 06 or more appointments. The internments by surgical pathologies were prevalent (51,2%), predominating the bad formations of the gastrointestinal tract, such as gastroschisis (28,8%) and anal imperforation (17,3%). The death rate was 45% with severity score SNAP-PE II varying from 0 to 57 points in which the mortality was higher in smaller than 1500g (92,3%) with average 27 points, while bigger than 1500g the average was 12 points and death 37,3%. The average duration of the internments was 30 days, with occupation rate of 80,7%.

Conclusion: Term newborn, male, with adequate birth weight, without severe hypoxemia to birth and surgical pathologies were the most frequent. The deaths were more prevalent when pointing in score SNAP-PE II was higher and the birth weight lower.

EP-801

Epidemiologic profile of the pediatric intensive therapy center of Santa Casa Hospital of Cuiabá

Maisa Santos Valderramas Talon¹, Daniella Caroline Vargas Luzia¹, Emmanuela Bortoletto Santos dos Reis¹, Elis Cristina Cunha Marques Dias¹, Raissa Travagini Ferreira¹

¹*Santa Casa de Misericórdia de Cuiabá - Cuiabá (MT), Brasil*

Objective: To describe the epidemiologic profile of hospitalized children in the Unit of Intense Pediatric Therapy (UTIP) in the year of 2016.

Methods: It is a longitudinal and retrospective study with foundation in documental sources through the System MV[®] of the electronic chart and databank System EPIMED[®] of all children admitted in the UTIP in the year of 2016.

Results: From the 251 hospitalized inpatients during the year of 2016, 52,5% are male, predominant age range from 1 to 72 months old (77,5%), the majority coming from the own hospital (surgical center, nursing and emergency). The justified internment by clinical pathology was prevalent (71%), predominating the pneumonia and its complications. Around 38% needed mechanic ventilation with average duration of 3 days, 44% used central veined caterer, 22% vasoactive drugs, 6% therapy of renal substitution and blood transfusion in 30% of the cases. The death rate was 20%, when the PIM 2 severity score was less than 1 occurred in 6% and reaching to 87,5% when higher than 30 points. The average duration was 10 days, with occupation rate of 70%.

Conclusion: The most frequent internments were from male children, nursing and preschoolers, coming from the own hospital, motived by pneumonia and its complications. The deaths were more prevalent when the score on the PIM 2 severity score was higher.

EP-802

Epidemiology of cardiopulmonary resuscitation in the pediatric intensive care unit of a pediatric university hospital in Santa Catarina - Brazil

Guilherme Kriger¹, Raquel Dominoni Sogaia¹, Jacqueline Staniszewski Ladeia¹, Leticia Tramontin Mendes¹, Janaina Sortica¹, Carolina Marchi Guerra¹, Jéssica Lajús Fortes Lima¹, Raquel Bittencourt Catto¹

¹*Universidade do Vale do Itajaí - Itajaí (SC), Brasil*

Objective: The study sought to carry out an epidemiological analysis of cardiopulmonary resuscitation in the PICU of a pediatric hospital in Santa Catarina - Brazil.

Methods: It is a descriptive and retrospective study, that studied the patients admitted to the PICU of the Hospital Universitário Pequeno Anjo from January 1, 2013 to July 31, 2016 and who presented chest arrest in the ICU. The UTSTEIN-modified protocol was used to collect the data.

Results: Of the 663 hospitalized patients in the analyzed period (3.5 years), 80 patients were included in the study. The incidence was 12.06%. Approximately 67% of patients were reanimated. The survival rate reached 7.4%. About sex, 61% were male. Infants represented 68.75% of the patients; Preschool children, 12.5%; Schoolchildren, 11.25% and

adolescents, 7.5%. Asystole was the cardiac pace found in all patients, as everyone was monitored during the event; About 6% were breathing spontaneously; The others, were on mechanical ventilation. Previous use of vasoactive drug occurred in 2/3 of patients; 58% of the cases were using adrenaline. About 41% of patients had shock as the immediate cause of chest arrest. Respiratory diseases were the cause of death in 31% of cases.

Conclusion: The incidence of chest arrest in the PICU of the Hospital Universitário Pequeno Anjo was higher than other studies. However, most of the studies were conducted in central countries, which have a better technological apparatus. The success rate found was similar to studies that didn't consider bradycardia as chest arrest pace.

EP-803

Fixação de tubo orotraqueal em recém-nascidos utilizando o alfinete de segurança reduz o risco de extubação não planejada?

Marina Araújo Ferreira Maroni¹, Leva Arani Shayani¹, Ana Cláudia de La Rocque Ferreira Molina²

¹Unidade de Terapia Intensiva Pediátrica e Neonatal, Hospital Anchieta - Brasília (DF), Brasil; ²Hospital Anchieta - Brasília (DF), Brasil

Objetivo: A intubação orotraqueal é um procedimento rotineiro nas unidades de terapia intensivas neonatais - UTIN's. Nessas unidades um dos eventos adversos mais citados na literatura é a extubação não planejada -ENP, a qual é definida como a retirada precoce, não intencional e em momento não planejado do dispositivo ventilatório, seja por manuseio da equipe ou por ação vinda do próprio paciente. O objetivo central foi correlacionar o baixo índice de ENP na UTIN do Hospital Anchieta e a eficiência da fixação do tubo orotraqueal -TOT com defletor e alfinete de segurança e comparar com os citados na literatura.

Métodos: Trata-se de um estudo retrospectivo e transversal utilizando os indicadores de qualidade já colhidos pela equipe de fisioterapia da UTIN sobre ENP. A população era composta por 148 RN's que utilizaram a fixação do TOT feita com defletor e alfinete de segurança. Foi avaliado dentre algumas variáveis o n° de ENP a cada 100 dias de ventilação mecânica invasiva, idade gestacional-IG, peso ao nascimento, no período de janeiro de 2013 a maio de 2016.

Resultados: Os resultados dos indicadores utilizados pelo serviço de fisioterapia da UTIN encontrou a média de 0,344 ENP/100 dias de VMI, a média de IG foi de 32 semanas e 5 dias e o peso ao nascer obteve média 1962,5g.

Conclusão: O índice de ENP foi menor se comparado aos da literatura mostrando que a fixação com defletor e alfinete de segurança é eficaz e seguro para prevenção de ENP na população neonatal.

EP-804

Histoplasmosis of the central nervous system presented as isolated tumoral lesion in immunocompetent children: case report

Emmerson Carlos Franco de Farias¹, Mônica Cristina Sawada Yanaguibashi¹, Patricia Barbosa de Carvalho¹, Mary Lucy Ferraz Maia¹, Raphaella Rosado Gomes¹

¹Hospital Oncológico Infantil Octavio Lobo - Belém (PA), Brasil

Fungal infections of the central nervous system (cns) are almost always an expected diagnosis. Their clinic presentation is often nonspecific, usually without any diagnostic characteristics, and frequently mistaken for pyogenic abscesses, or brain tumors. We intended to report a case of histoplasmosis, as a isolated fossa posterior brain tumor in an immunocompetent child. Histoplasmosis is a fungal disease caused by *histoplasma capsulatum*, commonly found in the americas, and *histoplasma duboisii*, located in africa. In rare circumstances, central nervous system (cns) histoplasmosis infection can be presenting as isolated cns disease, more frequently in immunocompromised patients. We present a case report of a 7-year-old female child immunocompetente in whom cns histoplasmosis developed as an isolated posterior fossa brain tumor. This case is the lower age description among the other reports cases. Female student 7 years old admitted to an oncological hospital with computed tomography of the skull compatible with hiperdensa expansive injury in vernis cerebellar without signs of hydrocephalus. Chest radiography and abdomen ultrasound were normal, blood count was normal, as a positive event the child living in area with bats caverns. underwent surgery and admitted to a pediatric intensive care unit for immediate postoperative resection of posterior fossa tumor of the skull, minor extubated in ambient air without use of vasoactive drugs in the use of prophylactic antibiotic with glasgow coma score of 14, using dexamethasone and phenytoin, on the second day it evolved with lowering of the level of consciousness receiving ventilatory and inotropic support, due to cardiorespiratory arrest computed tomography of skull showed acute hydrocephalus being submitted to external emergency ventricular bypass placement, collected liquor that demonstrated normal cellularity and discrete increase of proteins, cultures were negative, an antimicrobial regimen was expanded, but the minor group started the seizures, followed by coma syndrome with areflexia. The diagnosis of encephalic death was made according to current protocols. The results of histopathological analysis of the tumor determined the presence of *histoplasma capsulatum*. cns involvement is clinically recognized in 5-10% of cases of progressive disseminated histoplasmosis. However, in autopsy studies, it is reported in up to 25% of cases. Sites of cns involvement include the basilar meninges, graywhite matter junction in the brain and rarely the spinal cord. Isolated involvement of the thalamus and choroid plexus has also been described. Based on pathological correlation cns histoplasmosis has been described in three forms:

meningitis, cerebritis and vasculitis. Imaging features of CNS histoplasmosis are nonspecific. CT is abnormal in ~90% of cases, usually showing enhancing mass lesions, cerebral atrophy or hydrocephalus. On MRI, the lesions are hyperintense on T2WI and hypointense on T1WI with perilesional edema and ring enhancement. In abscesses, the rim may be hypointense on T2WI due to the presence of paramagnetic free radicals in its wall. Diffuse leptomeningeal enhancement may also be present. Rarely, the disease may present as a histoplasma, which appears as an expansile lesion in the thalamic, hypothalamic and chiasmatic regions, with ring-enhancement. A series involving a larger number of immunocompetent patients included 54 cases in the state of Rio Grande do Sul, 38 in Rio de Janeiro, 8 in the state of São Paulo, 8 in the state of Minas Gerais, and 5 in the state of Mato Grosso do Sul. The available data suggest a low prevalence in the population with intact immunological defenses and an irregular distribution of histoplasmosis in Brazil. Faiolla et al 2013 in 123 immunocompetent patients study with histoplasmosis, 12 have acute disseminated form, 32 subacute disseminated form and 6 have histoplasma in lung, CNS involvement/lesions occurs in seven patients manifested as meningitis, myelitis, or brain granuloma, none have histoplasma in the CNS. Diagnosis of systemic fungal infections is problematical and many infections are confirmed only at autopsy. The clinical symptoms are nonspecific and similar to those of bacterial and viral infections. In addition, the isolation of fungi from clinical samples is unreliable and may be complicated by the presence of a colonizing commensal organism, or ubiquitous fungi in the environment, causing false-positive results. Furthermore, the collection of clinical samples often requires an invasive procedure, which may not be advisable in critically ill patients. Direct microscopic examination of clinical samples may provide a tentative diagnosis, but this is often difficult to confirm by culture because of the presence of atypical fungal elements or sparse fungal populations. Serological tests that detect antibodies are low in sensitivity and specificity because many patients with systemic fungal infections are immunocompromised and, therefore, have an impaired antibody response. However, even in immunocompetent individuals, the delay between the onset of infection and the development of the antibody response reduces the practical value of these tests.

EP-805

Identifying causes of medication errors in a pediatric intensive care unit

Érica Cecília Resende de Souza¹, Tainara Barbosa Nunes¹, Ana Elza Oliveira de Mendonça¹, Tatiana Maria Nóbrega Elias¹, Adriana Batista Resende de Lima²

¹Hospital Universitário Onofre Lopes, Universidade Federal do Rio Grande do Norte - Natal (RN), Brasil; ²Maternidade Escola Januário Cicco, Universidade Federal do Rio Grande do Norte - Natal (RN), Brasil

Objective: To identify among nursing professionals the factors that contribute to medication errors in a pediatric intensive care unit.

Methods: This is a descriptive, cross-sectional and quantitative study, carried out in January 2017, with sixteen nursing professionals in a pediatric intensive care unit of a teaching hospital in Northeastern Brazil. The data collection was based on a Brainstorming.

Results: 24 causes of errors were identified by the nursing team, divided into five categories: 1 - method: Pleasure of several medications at the same time; Absence of record in medical records after administration; Delays in the delivery of medications by the pharmacy; 2- Materials: Packaging and incompatible preparation material; Need for fractionation and dilution of drugs with industrial preparation for adults; 3-Environment: Space inadequate to the number of professionals; Inadequate air circulation and renovation; 4 - Professionals: professional turnover; Lack of specific knowledge to perform in pediatrics; 5 - Patient / Accompanying person: Lack of child collaboration; Refusal of child or accompanying person.

Conclusion: Errors of medication administration in the studied unit were related to multiple factors, which were grouped in: errors related to methods, materials, environment, professionals and patients / companions. Understanding the factors related to errors can contribute to the implementation of barriers that contribute to prevent errors and improve the safety of hospitalized children.

EP-806

Impacto nos resultados da unidade de terapia intensiva pediátrica de um hospital público da Bahia após reformulação da estabilização/emergência local

Sandro da Silva Nunes¹, Marina Vieira Silva¹, Pablo Carneiro de Oliveira Costa¹

¹Hospital Bambino - Feira de Santana (BA), Brasil

Objetivo: Demonstrar a importância de medidas simples de gestão na emergência de um Hospital estadual pediátrico e a sua repercussão de maneira positiva nos indicadores da UTI pediátrica, beneficiando não apenas a instituição e profissionais, mas principalmente os usuários do serviço.

Métodos: Pesquisa descritiva realizada no setor de estabilização (emergência) e unidade de terapia intensiva de um Hospital Estadual Pediátrico em Feira de Santana, Bahia. A forma de gestão foi a educação continuada, padronização da assistência da equipe, implantação de protocolos clínicos, gestão de leitos. Coleta de dados utilizando arquivos e registros do Hospital nos anos de 2014 e 2015. Feita análise estatística dos dados.

Resultados: Comparando os anos de 2014 (antiga gestão) e 2015 (gestão integrada emergência e UTI), houve aumento do número de admissões de 214 para 458 (p 0,0002) e admissões externas de 23 para 123 (p 0,0002), redução da

taxa permanência de 17,5 para 8 dias (p 0,0002), redução mortalidade geral de 25,5% para 15,3% (p 0,0088), redução da mortalidade > 24h de 23 para 13% (p 0,0024) e um aumento do número de altas de 162 para 377.

Conclusão: A melhoria dos indicadores da UTI durante um ano em que a mesma equipe assumiu a gestão da UTI e da emergência é nitidamente visível e se deve, sobretudo, à aplicação da educação continuada, padronização da assistência da equipe e implantação de protocolos clínicos, repercutindo na qualidade da assistência prestada e na gestão de fluxo dos pacientes.

EP-807

Incidência de complicações pulmonares em cirurgias cardiopediátricas

Joyce Annenberg Araújo dos Santos¹, Rita de Cássia dos Santos Moreira¹, Ana Carolina do Nascimento Calles¹

¹Hospital do Coração de Alagoas - Maceió (AL), Brasil

Objetivo: Avaliar a incidência de complicações pulmonares em crianças submetidas à cirurgia cardíaca.

Métodos: Tratou-se de um estudo retrospectivo descritivo, feito através da análise dos prontuários de crianças que passaram por cirurgia cardíaca em um hospital de Maceió, sendo essas, separadas de acordo com a idade. Foi realizada média e desvio padrão da idade, tempo de circulação extracorpórea (CEC) e tempo de internação e frequência e porcentagem do diagnóstico, sexo e das complicações.

Resultados: Foram avaliados 13 prontuários com pacientes com idade = 72 meses, com idade média de $56,3 \pm 15,78$ meses, tempo de CEC $32,69 \pm 23,68$ minutos e com tempo de internação de $5,92 \pm 0,95$ dias, ainda, observou que 46% apresentaram infiltrados na imagem radiológica, 15% tiveram pneumotórax, 8% apresentaram congestão pulmonar e 31% não tiveram complicações. E 10 prontuários de pacientes com idade > 72 meses, com média de idade de $141,6 \pm 32,39$ meses, tempo de CEC de $33 \pm 24,4$ minutos, e com tempo de internação de $8,2 \pm 3,52$ dias, ainda, observou que 30% apresentaram infiltrados, 20% atelectasias e derrame pleural, 10% congestão pulmonar e 40% não apresentaram complicações.

Conclusão: De acordo com os resultados obtidos, foi observado que as complicações mais comuns são: a presença de infiltrados radiológicos e pneumotórax. Ainda, notou-se que a maioria dos pacientes não apresentaram complicações.

EP-808

Infecções de corrente sanguínea laboratorialmente confirmadas associadas ao uso de cateter central em unidade de terapia intensiva neonatal

Juliana Diaz Siebra¹, Regia Damous Fontenele Feijó¹, Aline Aparecida Carneiro de Souza¹, Leandro Defacio¹, Muriel Cristina Borges Simonato¹, Talita Elci de Castro Magalhães¹, Graziela Lopes Del Ben¹, José Jair James de Arruda Pinto¹

¹Hospital e Maternidade São Luiz Itaim - São Paulo (SP), Brasil

Objetivo: Descrever o perfil das infecções de corrente sanguínea laboratoriais associadas a cateter central (ICSL-CVC) notificadas em uma Unidade de Terapia Intensiva Neonatal (UTIN) no período de 18 meses.

Métodos: Estudo retrospectivo realizado na UTIN de uma instituição privada no município de São Paulo com 60 leitos no período de 01/2016 a 06/2017 através das notificações de Infecção Relacionada a Assistência à Saúde (IRAS) em todas as faixas de peso ao nascer. Os dados foram coletados no Serviço de Controle de Infecção Hospitalar (SCIH) da instituição. Foram consideradas IRAS as infecções diagnosticadas após 48h de vida do recém-nascido (RN) utilizando os critérios da ANVISA, 2013.

Resultados: No período foram notificadas 133 IRAS sendo 40% ICSL-CVC. Cateter central de inserção periférica foi o dispositivo mais frequente (83%), seguido do cateter venoso central (13%). A média do tempo de cateteres até identificação da infecção foi 13 dias e de dias de internação até a ICSL-CVC foi 29 dias. Em relação à faixa de peso ao nascer observou-se que 26% das infecções ocorreram na faixa de peso de 1.000 a 1.499 gramas. Os agentes etiológicos mais frequentes foram *Serratia marcescens* (30%) e *Staphylococcus epidermidis* (24%).

Conclusão: ICSL-CVC representa quase metade das IRAS, principalmente em RN com baixo peso ao nascer. A média de dias de cateter antes das IRAS demonstra que a manipulação diária destes cateteres seja um fator de risco. Boas práticas devem ser seguidas com rigor pela equipe multidisciplinar para prevenção e controle das IRAS.

EP-809

Invasive aspergillosis with pneumonia and osteomyelitis in immunocompetent children

Diana Vega¹, María Eugenia Alvarez¹, Ana Barreno¹, Mónica Moreno¹, Carolina Villegas¹

¹Hospital General Docente Calderon - Quito, Ecuador

Invasive Aspergillosis is a severe fungal infection with a high mortality rate. Aspergillosis has been described worldwide in immunocompromised children, but there are not enough reports in immunocompetent children because most of them might go undiagnosed. Invasive Aspergillosis has been defined to include those patients with a clinically documented site of infection, which is defined when fever is accompanied by cellulitis, sinusitis, pneumonia or esophagitis. We present a case of a 9 year old girl without previous diseases, who was initially diagnosed with pneumonia and cellulitis in her right leg and referred to our hospital from the amazon region of

Ecuador. The patient arrived in critical condition and was treated in the pediatric intensive care unit; despite she received broad-spectrum antibiotic her condition didn't improve until physicians discovered that she had been exposed to decomposed organic matter that came from bats' and rats' droppings. After obtaining blood samples for Histoplasmosis and Aspergillosis tests, we added amphotericin B to the treatment. After two days of treatment the patient's condition improved considerably and mechanical ventilation was no longer needed. The patient had also a positive blood culture for *Aureus staphylococcus* MRSA and the magnetic resonance image from her right leg was positive for osteomyelitis. The final result was Aspergillosis and an epidemiologic alert was released to investigate her school and classmates. The report of this case alerts our health system about a possible carrier community that could lead to a massive outbreak.

EP-810

Invasive fungal infection in critically-ill children: epidemiology, risk factors and outcomes

Shekezelo Hlophe¹

¹*Inkosi Albert Luthuli Central Hospital - Durban Kwazulu Natal, South Africa*

Objective: Fungal infections and colonization are common in the Paediatric intensive care unit (PICU). Prevention of candida colonization using systemic antifungal agents has been used successfully for prevention of invasive fungal infection. The objective was to describe epidemiology, predictors and outcomes of invasive fungal infections.

Methods: A retrospective cross-sectional study was conducted at 14-bed Inkosi Albert Luthuli Central Hospital PICU between January 2015 and December 2016. Cases were invasive fungal infection (positive fungal blood culture), probable (at least 2: elevated serum beta-1,3-D glucan/positive culture urine /endotracheal aspirate). Controls were those with negative or bacterial or mixed cultures.

Results: 19 of 1029 had invasive fungal infections with a prevalence of 1.85 per 100 admissions. Predisposing risk factors identified were Central venous catheters 16 (84%), urinary catheters 100%, surgery 12 (63%), total parental nutrition 63%, and broad-spectrum antibiotics (including vancomycin) in 47%. In-hospital mortality rate was 16.5%(170/1029) and case fatality ratio 36.8%(7/19) versus 16.1% (163/1010) in controls. The average length of stay 20.5 days in cases compared to 8.3days of culture negative patients.

Conclusion: Fungal infections contributed to increased mortality and morbidity. Risk factors identified include catheter placement, use of parenteral nutrition and broad-spectrum antibiotics.

EP-811

Klebsiella pneumoniae carbapenemase-producing: management and outbreak control in a intensive care unit of an oncologic pediatric hospital

Leticia Maria Acioli Marques¹, Priscila Costa Pimentel Germano¹, Adriana Maria Paixão de Sousa da Silva¹, Silvana Pringler¹, Dafne Cardoso Bourguignon da Silva¹, Fabianne Altruda de Moraes Costa Carlesse¹

¹*Instituto de Oncologia Pediátrica, GRAACC, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil*

Objective: The incidence of infections caused by carbapenemase resistant agent in immunocompromised children is still poorly described, making treatment more difficult, since the antibiotics usually used in the therapy are not tested yet in the pediatric population. We aim to describe the experience of an outbreak of *Klebsiella pneumoniae* carbapenemase-producing in an oncologic pediatric hospital's UCI in São Paulo, Brazil.

Methods: The investigation of the primary case and reasons for cross-transmitted infection caused by this agente and the relation with posterior cases of colonization was carried out.

Results: The outbreak lasted 9 months, with 12 months of institutional surveillance for the appearance of new cases. During this period, 7 cases of primary current infection and 2 cases of urinary tract infection were identified and all of these were successfully treated, in addition to the primary case. We identified 25 cases of colonization.

Conclusion: From the molecular analysis of agents involved in the infections it was possible to identify that the outbreak occurred through the cross-transmission of the agent between patients hospitalized in the same unit, probably transmitted by the hands of the health care workers. It is believed that the commitment of the multiprofessional team in adherence to the proposed measures to contain the outbreak, as well as the surveillance of the inpatient unit, are essential factors for the control and positive outcome of the outbreak.

EP-812

Lung mechanic properties of children with acute viral bronchiolitis on mechanical ventilation

Cinara Andreolio¹, Jefferson Pedro Piva¹, Francisco Bruno¹, Paulo Roberto Antonacci Carvalho¹, Taís Sica da Rocha¹, Marcela Cristina Weber Pasa¹, Cinara Carneiro Neves¹

¹*Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil*

Objective: To evaluate the lung mechanic properties in children with acute viral bronchiolitis submitted to mechanical ventilation (MV).

Methods: Between February 2016 and March 2017, an observational longitudinal study was conducted involving children with acute viral bronchiolitis submitted to MV in Pediatric Intensive Care Unit. Pulmonary mechanics

measurements were performed on the 2nd and 3rd day of MV: dynamic compliance, static compliance, elastance, resistance and autoPEEP. Clinical characteristics, patient position, fluid cumulative balance and the MV parameters were registered.

Results: A total of 64 patients were included (median age 2.8 months, 60% male, mean weight 4.8 ± 1.7 kg, median PIM 0.37%, mortality rate zero, mean length of ICU 10 days, mean length of VM 7 days). Viruses were identified in 56% of cases. Patients were ventilated with mean tidal volume of 10.5 ± 2 ml/Kg, PIP 31 ± 5 cmH₂O, PEEP 5.5 ± 1 cmH₂O and FiO₂ 0.3 ± 0.1 . The mean dynamic compliance was 2 ± 0.9 ml/cmH₂O, static compliance 3.8 ± 1.9 ml/cmH₂O, elastance 300.8 ± 130.1 cmH₂O/L, inspiratory resistance 151.4 ± 52.3 cmH₂O/L/s, expiratory resistance 179.3 ± 84.2 cmH₂O/L/s, auto-PEEP 3.7 ± 2.4 cmH₂O.

Conclusion: The inspiratory and expiratory resistances of children with acute viral bronchiolitis requiring MV showed higher values than expected to the normal population. These findings could explain the elevated autoPEEP observed and may impact the driving pressure required to better ventilate the alveolus in such situations.

EP-813

Management of Gullian Barre syndrome in a resource poor setting

Irene Akhiden¹, Ejike C J¹

¹Irrua Specialist Teaching Hospital - Edo, Nigeria

Gullian Barré syndrome (GBS) is a heterogeneous group of immune-mediated conditions. There's usually a prior history of infection (respiratory or GIT). Some of these patients (20%) will require ventilatory support. Active treatment usually within the first 2 weeks of presentation include: Plasmapheresis, Intravenous immunoglobulin G. Supportive therapy and multidisciplinary approach is very important. 80% attain full recovery, 16% have residual neurological deficit while mortality accounts for 4% which is usually due to the effects of prolonged immobilization rather than the disease process. 16 year old female with a diagnosis of Gullian Barre syndrome with respiratory failure necessitating ICU admission and mechanical ventilation. A nasogastric tube (NGT) for feeding was instituted immediately. Care of the immobilized was instituted with passive physiotherapy, administration of DVT prophylaxis, air ripple mattress. Less than 2 weeks of endotracheal intubation, a tracheostomy tube was inserted to prevent tracheal stenosis. Recovery of speech, gag, swallowing and cough reflexes returned at 1,3,5 and 8 months. Ventilatory mode changed at 6th month with onset of spontaneous efforts to Adaptive Support ventilation till discontinuation at 12th month. The NGT was discontinued at the 10th month due to improvement. The tracheostomy tube removed at 14 months post insertion. She is currently undergoing physiotherapy as the motor function is yet to recover.

Recurrent challenges include Depression (on Escitalopram), Malaria, Urinary tract infection, Orthostatic pneumonia and Secondary Amenorrhea. Gullian Barre syndrome is a challenge to manage in resource poor settings due to unavailability of medication, equipments and all support specialties. Recovery is very slow. A multidisciplinary approach is vital in the management. However, a versatile ventilator is vital in the acute phase.

EP-814

Mortalidade por septicemia bacteriana em menores de um ano na cidade de Manaus, Amazonas

Bianca Pires dos Santos¹, Michel dos Santos Domingos¹, Sibila Lilian Osis¹

¹Universidade do Estado do Amazonas - Manaus (AM), Brasil

Objetivo: Descrever a epidemiologia de óbitos por septicemia bacteriana em menores de um ano de idade residentes da cidade de Manaus, no período de 1996 a 2015.

Métodos: Trata-se de um estudo epidemiológico descritivo, utilizando dados secundários do Sistema de Informações sobre Mortalidade (SIM), disponibilizados no banco de dados do DATASUS. Analisou-se a prevalência da mortalidade por septicemia bacteriana em menores de um ano de idade, quanto às variáveis sexo, raça/cor, faixa etária, peso ao nascer, idade gestacional e idade da mãe.

Resultados: Foram registrados 1.543 (9,49%) óbitos por septicemia. O ano de 1997 teve a menor taxa com 55 (2,96%) casos, atingindo seu ápice em 2000 com 151 (8,13%). O sexo masculino apresentou maior mortalidade com 896 (58,07%) casos. Em relação à raça/cor prevaleceu a parda com 1.121 (72,65%) casos. A faixa etária com maior registro de óbitos foi a de recém-nascidos (RN) de 0 a 6 dias com 55,61%, seguido por RN de 7 a 27 dias com 43,36%. Identificou-se 404 (31,12%) casos de óbitos em menores de um ano com peso ao nascer entre 1500 a 2499 g. A idade gestacional mais prevalente foi de 32 a 36 semanas com 362 (27,72%) casos. Em relação à idade da mãe, 61,30% tinham de 15 a 24 anos.

Conclusão: Observou-se que prevaleceu a maior taxa de óbitos entre os RN, do sexo masculino, pré-termos, com baixo peso ao nascer de mães jovens.

EP-815

Neuropsicomotor development and nutritional aspect of infants until six months of age

Micheli Martinello¹, Cintia Johnston²

¹Centro de Informações Toxicológicas de Santa Catarina, Secretaria Estadual de Saúde do Estado de Santa Catarina, Universidade Federal de Santa Catarina - Florianópolis (SC), Brasil; ²Departamento de Pediatria, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil

Objective: To describe possible associations of neuropsychomotor development (DNPM) with the nutritional status of full-term infants up to six months of age.

Methods: Cross-sectional study (from August to December 2015) including convenience sample of typical infants born at term, residents in the municipalities of Grande Florianópolis-SC, whose parents authorized an evaluation at the Clinical School of Physiotherapy of UDESC. DNPM was evaluated by the Bayley Scales of Infant and Toddler Development III (Bayley III) scale, and the nutritional status by brachial perimeter measurement.

Results: 29 infants participated in the study, totaling 54 evaluations, with a mean age of 4.01 months \pm 1.69 months, mean weight of 5.215 kg \pm 1.31 and mean age of 132.5 days \pm 26.1. There was no correlation between the DNPM domains and the brachial perimeter of the children participating in the study.

Conclusion: Early identification of risk factors, developmental deviations and intervention in a timely manner is necessary to minimize changes in the child's future life. Using diagnostic methods allows us to measure degrees of impairment in the neuropsychomotor performance of infants, although considered a risk factor for neuropsychomotor development deviations; the nutritional status was not related to the DNPM in the infants evaluated in this study.

EP-816

Noninvasive ventilation in children with acute respiratory failure acute respiratory after extubation tracheal

Ana Paula Lopes de Melo¹, Werther Brunow de Carvalho², Micheli Martinello¹, Cíntia Johnston¹

¹Departamento de Pediatria, Universidade Federal de São Paulo (UNIFESP) - São Paulo (SP), Brasil; ²Hospital Universitário, Universidade de São Paulo - São Paulo (SP), Brasil

Objective: To compare the success versus (vs.) failure of noninvasive ventilation (NIV) in children with primary clinical diagnosis of community-acquired pneumonia (CAP) and acute respiratory failure (ARF) after extubation (ET).

Methods: A prospective cross-sectional. Patients with CAP who evolved with ARF after ET underwent NIV protocol. Statistical analysis: nonparametric categorical variables differences - %, parametric continuous variables - median. Student's t test, Fisher exact, Chi-square tests were performed (p=0,05).

Results: Included 24 children, demographic characteristics (med-min-max): age 11 (1-204) months, weight 9 (2.6 to 23) kg, Pediatric Index of Mortality (PIM II) 5 (1-32), duration of mechanical ventilation (MV) 5 (1-17) days. Comparison success vs. failure of NIV: age 10 (1-204) vs. 59 (4-156) months, p = 0.629; weight 8 (2.6 to 23) vs 11 (4-19) kg, p = 0.629; time of VPM 5 (1-17) vs 8 (4-9) days, p = 0.139; inspiratory positive airway pressure (IPAP) 10

(8-14) vs 14 (12-16) cmH₂O, p = 0.005; expiratory positive airway pressure (EPAP) 5 (4-6) vs. 6 (6-7) cmH₂O, p = 0.015; FiO₂ 40 (25-50) vs 50 (50-60)%, p = 0.001; SpO₂ before 90 (87-97) vs 86 (83-91)%, p = 0.007; SpO₂ 2h after 96 (83-98) vs 92 (87-94)% (p=0.004).

Conclusion: Increased SpO₂ 2h after NIV and PaO₂ using lower FiO₂. The need for higher levels of IPAP, EPAP and FiO₂ was related to the failure of NIV.

EP-817

O teste de respiração espontânea como método de avaliação para extubação traqueal em pediatria

Michele Aparecida Marques¹, Sílvia Regina Valderramas², Marimar Goretti Andreazza³, ³Adriana Koliski⁴, Valeria Cabral Neves¹

¹Programa de Pós-Graduação em Saúde da Criança e do Adolescente, Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil; ²Curso de Fisioterapia, Universidade Federal do Paraná - Curitiba (PR), Brasil; ³Programa de Residência Multiprofissional em Atenção à Saúde da Criança e do Adolescente, Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil; ⁴Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil

Objetivo: Testes preditivos são utilizados para a avaliação de autonomia respiratória. O Teste de Respiração Espontânea (TRE) é uma técnica simples, que pode ser realizada imediatamente antes da extubação. Este estudo tem como objetivo descrever a utilização do teste de respiração espontânea na indicação de extubação traqueal de crianças em uma UTI pediátrica.

Métodos: Foram incluídas crianças de ambos os sexos, com idade entre 28 dias até 14 anos, em uso de ventilação mecânica por no mínimo 24 horas, sendo excluídas crianças traqueostomizadas. Foram coletados os dados de identificação dos pacientes, diagnóstico clínico e parâmetros de ventilação mecânica diariamente, até a indicação do teste para a extubação. O teste foi aplicado com os pacientes conectados ao ventilador, no modo pressão de suporte, foram ajustados os parâmetros pressóricos inspiratórios entre 7 a 10 cmH₂O e expiratórios entre 5 e 6 cmH₂O, por 30 minutos.

Resultados: 31 pacientes foram incluídos na pesquisa, destes 23 foram extubados após o TRE, cinco foram extubados antes da realização do teste e 3 crianças extubaram-se acidentalmente. A taxa de sucesso de extubação foi de 86,95% (20 pacientes), após a aplicação do teste, com o índice de falha de extubação de 12,9% (3 pacientes). Os pacientes que foram reintubados apresentavam comorbidades graves, menor idade e maior tempo de ventilação mecânica.

Conclusão: O TRE parece ser um método auxiliar seguro para avaliar a prontidão de extubação em pediatria. Protocolos de utilização deste método devem ser construídos e desenvolvidos para contribuir significativamente para a melhor avaliação da população pediátrica.

EP-818

Ocorrência de sepse em uma unidade de terapia intensiva neonatal no ano de 2015 no Município de Manaus-AM

Francisco Railson Bispo de Barros¹, Maria Cristina Martins de Oliveira¹
¹Fundação de Medicina Tropical do Amazonas - Manaus (AM), Brasil

Objetivo: As infecções sanguíneas em recém-nascidos corroboram para o aumento do tempo de internação hospitalar, o que requer da equipe multidisciplinar uma assistência ainda mais qualificada e especializada. Por essa razão, este estudo buscou quantificar as sepse ocorridas em recém-nascidos internados em uma UTI neonatal de um Hospital-Maternidade de Manaus no ano de 2015.

Métodos: Trata-se de um estudo exploratório com abordagem quanti-qualitativa e estudo dos casos de 15 neonatos. A coleta de dados foi realizada através da consulta e registro das planilhas da CCIH e do caderno de registro de internações na UTI neonatal no ano de 2015. Os dados foram tabulados e analisados por meio do programa Excel.

Resultados: Observou-se que 80,0% dos neonatos eram pré-termos com peso médio de 1.650,88g, idade gestacional aproximada de 30 semanas, sendo que 66,6% nasceram de parto cesáreo com diagnóstico de sepse tardia (60,0%). O tempo médio de internação ficou caracterizado na faixa de 43 dias, onde 33,3% foram à óbito. Diversos foram os microorganismos responsáveis pela infecção dos recém-nascidos, predominando infecções por *Staphylococcus Aureus*. Nenhum dos RNs estudados demonstrou resistência à vancomicina e destes, 70% apresentou sensibilidade ao referido medicamento.

Conclusão: Apesar de se tratar de assunto de extrema importância, sempre existe a necessidade de estudos adicionais, na tentativa de alcançar novos métodos para a erradicação do problema, ou se essa não for possível, a diminuição considerável de sua incidência.

EP-819

Pediatric protocol of sepsis in early diagnosis of pediatric severe sepsis and septic shock

Isabela Coan Brocca¹, Maria Carolina Caparica Modolo¹, Regina Grigolli Cesar¹, Nelson Kazunobu Horigoshi¹

¹Hospital Infantil Sabará - São Paulo (SP), Brasil

Objective: Without the use of guidelines, perhaps the diagnosis of sepsis be considered belatedly. Westphal et al. (2011), in an active research using a guideline, found 124 cases with criteria for severe sepsis and septic shock, 115 (93%) of them developed that during hospitalization. In approximately 50% of inpatients under intensive care for severe sepsis or septic shock in the PICU of Hospital Infantil Sabará, these are not the cause of transference. This retrospective study aims to investigate the

frequency of early diagnosis if a use of guidelines for sepsis was routine in our service.

Methods: Considering as expected frequencies 0.930 and 0.465 (0.93x0.5) for early sepsis identifications, respectively with and without a guideline, critical effect size of 0.80, data from at least 11 patients should be analyzed to ensure a 90% power for a chi-square one tail test, significance level of 1%.

Results: From January to July, 2017, 39 patients were admitted at PICU with severe sepsis or septic shock. The analysis of medical records revealed that, without a guideline, diagnostic hypothesis of severe sepsis or septic shock were the cause of transference to PICU in just 10 (26%) of cases, lower than the expected frequency (0.465x39 = 18,14) ($\chi^2 = 6.821$; $df = 1$; $p < 0.01$). If it was used the ILAS Pediatric Protocol of Sepsis (IPPS), the early diagnosis could be occurred in 100% of patients.

Conclusion: The adoption of IPPS could be imply in early recognition of severe sepsis and septic shock.

EP-820

Perfil clínico e epidemiológico de pacientes internados em uma unidade de terapia intensiva pediátrica de um hospital privado da Grande Vitória-ES

Glaziela Sena Santana Dornela¹, Leandro de Oliveira Coelho¹, Betania Silva Sales¹, Liliana Iapequino Morais¹, Rita de Cassia de Almeida¹

¹Hospital Unimed Vitória - Vitória (ES), Brasil

Objetivo: Descrever perfil clínico e epidemiológico de pacientes internados em uma unidade de terapia intensiva pediátrica de um hospital privado da Grande Vitória.

Métodos: Trata-se de um estudo observacional com análise de prontuário. Foram incluídos pacientes internados na UTIP do Hospital Unimed Vitória no período de janeiro/maio de 2017, e excluídos quando óbito <12hs de internação e alta <24hs de internação.

Resultados: 126 pacientes internados, um excluído por tempo internação <24horas, idade média 3 anos (distribuição 1 dia a 13 anos), 66(52%) sexo masculino. O setor de emergência foi a maior origem das admissões 62(49%), seguido do centro cirúrgico e hemodinâmica 20(16%), 44(35%) outros (enfermarias, outro hospital e home care). Internação clínica 93(74%)casos, cirúrgica 33(26%) e 25(20%) eletiva/planejada (>48hs antecedência). Motivo de internação: respiratório 63(50%), 11(9%) sistema nervoso central, 6(5%) endócrino-metabólico, 7(6%)cardiopatas congênitas, 5(4%)gastrointestinais, 32(25%) outros (prematuridade, hematológico, monitorização, cardiovasculares, renal, hepático, auto-imune, colagenoses, oncológicas, pós-PCR). Suporte ventilatório: 18(14%) usaram VNI, 3(2%) falha da VNI, 49(39%) aderiram protocolo VMI (>24hs), 4(3%) evoluíram para desmame difícil (>7dias), tempo médio VMI foi 7($\pm 3,5$) dias. No período da coleta de dados tiveram 8 óbitos e 118 altas, destas 41(34%) foram alta para residência.

Conclusão: Conhecer perfil clínico e epidemiológico possibilitou capacitar equipe multiprofissional frente a novos atendimentos, aprimorar tratamento, qualificar gestão de cuidados, diminuindo mortalidade, custos e tempo de ocupação hospitalar.

EP-821

Perfil clinicoepidemiológico de uma unidade de terapia intensiva pediátrica na Amazônia brasileira

Patricia Barbosa de Carvalho¹, Mary Lucy Ferraz Maia¹, Angélica de Abreu Santana¹, Susan Carolina Diniz de Sales¹, Emmerson Carlos Franco de Farias¹

¹Fundação Santa Casa de Misericórdia do Pará - Belém (PA), Brasil

Objetivo: Traçar o perfil epidemiológico de pacientes admitidos na unidade de terapia intensiva pediátrica no período de janeiro de 2016 a dezembro de 2016.

Métodos: Os dados foram coletados retrospectivamente de todos pacientes admitidos na Unidade de Terapia Intensiva Pediátrica. A extração dos dados contidos nos 352 prontuários revisados e analisada com o programa Biostat.

Resultados: A média de ocupação foi de 90% ao ano com maior fluxo nos meses de marco e dezembro. A média de permanência variou de 7,6 a 17,5 dias. Não houve diferença significativa para gênero, e a faixa etária predominante foi de 1 a 6 anos. As doenças respiratórias foram responsáveis pelo maior número de pacientes na Unidade de Terapia Intensiva Pediátrica e a taxa de mortalidade foi de 17%, com prism médio de 24,5%.

Conclusão: As doenças respiratórias foram as mais frequentes e a maior taxa de mortalidade esteve associada a sepse e choque séptico. O conhecimento dos dados epidemiológicos de morbimortalidade de uma unidade de saúde permite a tomada de decisões estratégicas visando ao aperfeiçoamento da qualidade de atenção.

EP-822

Perfil dos pacientes internados na unidade de terapia intensiva pediátrica com bronquiolite causada por vírus sincicial respiratório em 2016

Ana Paula Rodrigues da Silva¹, Tatiana Pissolati Sakomura¹, Maura Cristina Negrelli¹, Natália Almeida de Arnaldo Silva Rodriguez Castro¹

¹Faculdade de Medicina de São José do Rio Preto - São José do Rio Preto (SP), Brasil

Objetivo: Avaliar o perfil de pacientes com bronquiolite viral aguda (BVA) por vírus sincicial respiratório (VSR) internados na unidade de terapia intensiva pediátrica (UTIP).

Métodos: Estudo retrospectivo observacional e descritivo através de dados do prontuário de pacientes internados na UTIP do Hospital da Criança e Maternidade da Faculdade de Medicina de São José do Rio Preto em 2016.

Resultados: Avaliamos 10 crianças (4% das internações em 2016). A média de idade foi 4,9 meses e 72% do sexo feminino. A média de dias de internação foi 42,7 e 25,2 dias na UTIP. Todos receberam suporte ventilatório, sendo 64% ventilação mecânica invasiva (28% necessitaram de modos avançados) e 27% ventilação não invasiva, e um paciente recebeu óxido nítrico. Oseltamivir foi administrado em 45%, e 82% receberam antibióticos. O uso de corticosteroides foi 82%, tanto por laringite pós extubação quanto no início da BVA, e 36% receberam agonistas beta-adrenérgicos. As principais complicações foram pneumotórax, síndrome do desconforto respiratório agudo e choque (18%). Apenas um paciente evoluiu com parada cardiorrespiratória, complicações intestinais, crise convulsiva, e posteriormente bronquiolite obliterante. A taxa de mortalidade foi zero. Os fatores de risco foram prematuridade (55%) e baixo peso ao nascer (18%).

Conclusão: A prematuridade é o principal fator de risco, e foi confirmado nesta pesquisa. Quanto ao uso de antibióticos observa-se uma variabilidade desta conduta entre diferentes serviços. Não foi possível identificar complicações tardias, pois não houve seguimento após alta hospitalar. Também não foi possível avaliar o uso prévio de Palivizumab, pois não constava nos prontuários.

EP-823

Perfil epidemiológico das pneumonias complicadas em uma unidade de terapia intensiva pediátrica de São José do Rio Preto-SP

Tatiana Pissolati Sakomura¹, Natália Almeida de Arnaldo Silva Rodriguez Castro¹, Ana Paula Rodrigues da Silva¹, Maura Cristina Negrelli¹

¹Faculdade de Medicina de São José do Rio Preto - São José do Rio Preto (SP), Brasil

Objetivo: Análise dos casos de pneumonias complicadas internadas na UTI Pediátrica do Hospital da Criança e Maternidade de S. J. Rio Preto entre 2015 e 2016, objetivando comparar os dados com os da literatura, racionalizando, o uso de antimicrobianos e indicações cirúrgicas.

Métodos: Através de revisão de prontuário, foram coletados os dados dos casos de pneumonias complicadas adquiridas na comunidade. Os desfechos analisados foram: tempos de internação hospitalar, em UTI, ventilação mecânica; antibioticoterapia, resultado de culturas e procedimentos realizados.

Resultados: Dentre os 23 casos analisados, 47,8% eram do sexo feminino e a média de idade foi de 3,8 anos. O tempo médio de internação hospitalar foi de 26,5 dias e a de UTI foi de 12,4 dias; 19 pacientes necessitaram de ventilação mecânica durante uma média de 8 dias. Dos 23 pacientes, 5 não foram submetidos à procedimento cirúrgico, 9 realizaram drenagem torácica, 5 drenagem torácica e videotoracoscopia, 3 drenagem torácica e toracotomia exploradora e 1 paciente passou pelos 3 procedimentos.

Os desfechos se correlacionaram com a necessidade de procedimentos cirúrgicos, especialmente videotoroscopia, a qual esteve associada a períodos de internação em UTI, hospitalização e ventilação mecânica superiores. Todos os pacientes foram submetidos à algum exame de imagem (tomografia de tórax 69,5%). Culturas foram positivas em 26% dos casos, sendo isolados *Streptococcus pneumoniae* na maioria dos casos, 80% sensíveis a penicilina.

Conclusão: Frente à literatura avaliada houve muita discrepância quanto ao atendimento oferecido, o que gerou a necessidade de desenvolvimento de protocolo institucional de atendimento adequado,

EP-824

Postoperative complications in the surgical management of spinal dysraphisms: advantages of early extrauterine surgical correction

Bruna Camila Rufino Gualberto de Brito¹, Andrea Lopes Ramires Kairala², Kaio Alves Paulino¹

¹Centro Universitário de Brasília (UNICEUB) - Brasília (DF), Brasil;

²Hospital de Base do Distrito Federal - Brasília (DF), Brasil

Objective: This work aims to analyze the epidemiological profile of the newborns with spinal dysraphism and the incidence of postoperative complications in the surgical management of this malformation.

Methods: An epidemiological study of a descriptive character, with data from 76 medical records of newborns who underwent surgical treatment at a reference hospital from Distrito Federal, from 2011 to 2016.

Results: Myelomeningocele (MMC) is a congenital malformation of the spine and spinal cord secondary to abnormal neural tube closure that occur between the third and fourth weeks of gestation. In this study, we found that there was no statistical difference between male (N=39) and female (N=37). Lumbosacral lesions were the majority (77%). 77,1% of the patients who developed complications underwent surgery within more than 72 hours after birth (p-value = 0,035) showing statistical significance. On the occasion of birth, 53,4% presented disrupted lesions. This percentage increased to 79,2% on the occasion of surgery. 61,5% of the patients with complications also presented other malformations, the most common being: CNS (48%) and orthopedic (39%) malformations. The most common postoperative complications are: 63% hydrocephalus, 6% ventriculitis, 4% liquoric fistula e 4% sepsis.

Conclusion: Early extrauterine surgical correction of the myelomeningocele has a fundamental role in the prevention of postoperative complications. It is important to consider that the birth place must have a specialized facility for early surgical correction of the malformation, which means that the infant will have the opportunity to live with more quality, less restrictions and morbidities.

EP-825

Prevalência da morbidade neonatal em duas cidades do triângulo mineiro no Estado de Minas Gerais: vigilância dos últimos quatro anos

Carla Cristina Ferreira de Andrade¹, Marisa Afonso Andrade Brunherotti¹

¹Universidade de Franca - Franca (SP), Brasil

Objetivo: Identificar a taxa de morbidade neonatal no período de quatro anos de duas regiões de Minas Gerais.

Métodos: Estudo descritivo sobre a taxa de morbidade no período neonatal. Foram utilizados dados do DataSus do Ministério da Saúde, no período de janeiro de 2012 a dezembro de 2016, da região do triângulo mineiro, Estado de Minas Gerais, representada por duas cidades: A - Patos de Minas, que fica a noroeste da região; B - Araguari, situado no centro do triângulo mineiro.

Resultados: Foram incluídos 1.605 (mil seiscentos e cinco) recém-nascidos internados em Unidade de Terapia Intensiva Neonatal (A 785 RN e B 820 RN). A taxa de morbidade apresentou alta no período neonatal (?89%); sistema respiratório (?1,46%), infecções (?1,53%), malformação congênita e anomalia cromossômica (?1,34%) em ambos os sexos. Apenas a taxa de infecção (1,15%) apresentou-se maior em Araguari.

Conclusão: A prevalência da morbidade neonatal comportou-se de forma semelhante entre as cidades que possuem, aproximadamente, a mesma densidade demográfica. Entretanto A apresentou menor número de Unidades de Terapia com maior rotatividade, quando comparada com a cidade situada no centro do triângulo mineiro. Para atender às metas do milênio, há necessidade de investigação para ações que promovam a redução da taxa de morbidade.

EP-826

Profile of patients readmitted to the pediatric intensive care unit in a tertiary Brazilian hospital

Bruna Pinheiro Machado¹, Jefferson Pedro Piva¹, Paulo Roberto Antonacci Carvalho¹, Tais Sica da Rocha¹, Candida Ludtke¹, Cinara Carneiro Neves¹, Marcela Cristina Weber Pasa¹, Cinara Andreolio¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul- Porto Alegre (RS), Brasil

Objective: Evaluate the characteristics of children readmitted to the pediatric intensive care unit (PICU) located in a tertiary Brazilian hospital with high clinical complexity.

Methods: All children admitted to the PICU from March 2015 to February 2017 were evaluated. According to the previous PICU admission, two groups were defined: readmission after >24 hours of PICU discharge and no previous PICU admission. Were excluded from the study those children admitted to the PICU in the first 24 hours. The groups were compared regarding clinical and anthropometric characteristics as well as the outcome.

Results: 1.055 pats were admitted to the PICU being 309 readmissions (29.3%). The pats in the readmission group were younger (2.8×3.5 ys; $p < 0.01$), had longer mean LOS in the PICU (9.5×7.1 days), longer LOS Hospital (119×35 days). The global mortality rate was 6.1% (64 deaths) being higher in the readmission group ($9.1\% \times 4.8\%$), presenting an OR=1.96 (CI 1.2-3.2) for death. There were only four readmissions in a period lower than 24h.

Conclusion: Patients readmitted to the PICU belong to a complex group demanding excessive resources, long length of hospital stay and high mortality rate.

EP-827

Profile of patients submitted to the use of nitric oxide hospitalized in the pediatric intensive care unit

Jaqueline Albert¹, Lana dos Santos Martins¹, Mariana de Oliveira Santos¹

¹Hospital das Clínicas, Universidade Federal de Minas Gerais - Belo Horizonte (MG), Brasil

Objective: Inhaled nitric oxide (NOi) is a potent pulmonary vasodilator. The goal of this study was to analyze the epidemiologic profile of patients submitted to the use of inhaled nitric oxide (NOi) in a pediatric intensive care unit (PICU).

Methods: Retrospective analysis of the profile of the patients submitted to the use of NOi from march 2015 to march 2017 at the PICU, based on the medical records.

Results: They were admitted 836 patients from the period of the study. Five of them (0.6%) were submitted to the use of NOi. Three of them (60%) were male and 2 (40%) were female. The average age of those patients was 7.2 months. The average weight was 5.3 kg. In all cases, the indication of the use of NOi was pulmonary hypertension (PH) secondary to congenital cardiopathies. The average duration of the mechanical ventilation in these patients was 18.6 days, and 3.9 days for the use of NOi. None of the patients passed away. There are no protocols regarding the administration and weaning of NOi at the PICU where the research took place, however, the doses ranged from 5 to 20 ppm, as described in literature.

Conclusion: The benefits of NOi for PH are already well known and our study also verified that. The use of NOi is not common in this PICU. The children had the expected outcome. It is necessary the creation of a protocol of administration of NOi, due to its high risk of rebound effect.

EP-828

Profile of preterm newborns submitted to mechanical ventilation

Thalita Cogrossi do Nascimento¹, Marimar Goretti Andreazza¹, Bruno Silva Miranda¹, Ana Carolina Macedo², Valeria Cabral Neves³

¹Programa de Residência Multiprofissional em Atenção à Saúde da Criança e do Adolescente, Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil; ²Curso de Fisioterapia, Universidade Federal do Paraná - Curitiba (PR), Brasil; ³Programa de Pós-Graduação em Saúde da Criança e do Adolescente, Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil

Objective: To evaluate ventilatory parameters in preterm infants of a neonatal intensive care unit (NICU).

Methods: This is an observational, prospective cohort study, the sample consisted of preterm newborns below 37 weeks of gestational age and up to 1,000 grams submitted to invasive mechanical ventilation in the first seven days of life. The data collection was performed at the NICU of the Hospital de Clínicas do Paraná through a semi-structured evaluation form with clinical and laboratory data, as well as parameters of mechanical ventilation.

Results: A total of 16 newborns with a mean birth weight of $737 \text{ grams} \pm 0.16$, mean positive end expiratory pressure of 5 ± 0.68 , average mean airway pressure of 7 ± 2.27 , mean tidal volume was 8 ml / kg ranging from 1 ml / kg to 33 ml / kg and the median inspiratory oxygen fraction was 0.35% ranging from 0.21% to 1%, the median arterial oxygen partial was 78 mmHg, ranging from 32 to 240 mmHg, the PaO₂ / FiO₂ ratio with a mean of 263.7 ± 166.44 , an oxygenation index with a median of 2.5 ranging from 0.60 to 28.0.

Conclusion: A large variation of tidal volume and inspired oxygen fraction was observed, which emphasizes the importance of maintaining a strict tidal volume monitoring based on oxygenation indices for individualized management of the preterm newborn undergoing mechanical ventilation.

EP-829

Repercussions of the oxygen therapy in a neonatal intensive care unit in Brasilia

Flavia Perassa de Faria¹, Marcele Camila Neles¹, Thamara da Silva Martins¹, Bruno Sousa Lopes¹

¹Centro Universitário Euro-Americano - Brasília (DF), Brasil

Objective: Oxygen therapy is an oxygen (O₂) supplementation technique in concentrations higher than 21%, widely applied to newborns, however its excess can be toxic mostly to the Newborns.

Our objective is to verify the repercussions of the oxygen therapy in Newborn patients in a private neonatal intensive care unit in Distrito Federal.

Methods: Retrospective, transversal, descriptive and quantitative Study with patient records analysis were randomly selected. A form was elaborated in order to collect informations as: type of ventilation, newborn weight, Apgar, gestational age, indication and time of O2 use and diagnosed illnesses and associated to O2. The data was analyzed with SPSS 18.0.

Results: 100 patient records of newborns that were hospitalized in 2016 were analyzed. We observed that 90% of the newborns were in VNI, 58% in VM and 29% were using O2 freely. The average of O2 utilization was 22±25,9 days. The average of those who presented Premature Retinopathy and Bronco-pulmonary Dysplasia was 70±31,8 and 66±31,9 days respectively. 69% of the newborns were preterm. The weight average was 2.258g±931,5g, and 59% of them were low-weight at birth. Respiratory Distress Syndrome was with 85% and the largest cause of O2 use indication. The diagnosed illnesses were Bronco-pulmonary Dysplasia with 17% of frequency and Premature Retinopathy with 15% of the studied sample.

Conclusion: Oxygen therapy is very important to the newborns recovery, nevertheless it's necessary to reinforce the caution with its usage.

EP-830

Risk factors for pediatric intensive care after hematopoietic stem cell transplant, characteristics and mortality

Patricia de Oliveira Costa¹, Maria Isabel Brandão Pires E Albuquerque¹, Amanda da Silva Santos Mendes¹, Marcia Barbosa de Freitas¹, Aline Lessa¹, Renato Castro¹, Decio Lerner¹, Elias Atta¹

¹Instituto Nacional do Câncer - Rio de Janeiro (RJ), Brasil

Objective: A considerable number of patients undergoing hematopoietic stem cell transplant (HSCT) develop post-transplant complications. The objective of this study is to determinate the risk factors leading to Pediatric intensive Care (PIC) and outcomes at our institution.

Methods: Prospective single-center study on all pediatric admissions from january 2013 until july 2017 analyzing the risk factors for PIC, characteristics and outcome. Variables were compared in patients who required PIC or not by the Mann-Whitney U-tests or ?2tests. Risk factors were analyzed by binary logistic regression analysis.

Results: 167 admissions in HSCT ward, 39 (19%) required PIC. Second HSCT (p 0.04 OR 4.53 IC 1.069-19.24), fungal infection (p 0.024 OR 2.69 IC 1.138-6.362) and viral infection (p 0.041 OR 2.54 IC 1.017-6.360) were the significant risk factors for PIC treatment. Other factors like conditioning regimen, source of stem cell, positive blood culture were not significant. Among PIC patients,

26 (81.3%) allogeneic HSCT. Ten (31.3%) positive blood cultures. Four (40%) by multi drug resistant bacteria. Eleven (34.3%) fungal infection, mainly by *Fusarium* sp four (36.4%) and *Aspergillus* sp four (36.4%). Nine (28.1%) viral infection, mainly cytomegalovirus 5 (55.5%). Twenty-seven (84.4%) required vasopressors, 12 (37.5%) noninvasive ventilation, 18 (56.3%) invasive ventilation. 10 (31.3%) hemodialysis. Seventeen (53.1%) died.

Conclusion: The mainly risk factors to PIC at our institution were second HSCT and fungal or viral infection.

EP-831

Scientific evidence for the use of facilitated tucking associated with suctioning of airway in the neonatal intensive care unit: a systematic review of the literature

Maria Luiza Pereira de Souza¹, Michele Ramos Lourenço², Cristiane Sousa Nascimento Baez Garcia²

¹Instituto Nacional de Cardiologia- Rio de Janeiro (RJ), Brasil; ²Instituto Federal de Educação, Ciência e Tecnologia do Rio de Janeiro - Rio de Janeiro (RJ), Brasil

Objective: To evaluate if there is available scientific evidence favorable to the use of 'facilitated tucking' as non-pharmacological management of pain and stress associated with suctioning of airway, as well as control of physiological homeostasis, in newborns (NB) hospitalized in Neonatal Intensive Care Unit.

Methods: Systematic review of studies published until June 2017 in PubMed, Scielo, Bireme, PEDro, Web of Science and Scopus databases. Inclusion criteria were: to be a primary study (including controlled or comparative, randomized, quasi-randomized, or cross-over clinical trial or case series); to perform facilitated tucking associated with suctioning of upper and/or lower airways; to have NB as the study population; to have NICU as the place of study. Articles that did not fit the theme and/or did not meet any of the inclusion criteria were excluded.

Results: Six randomized crossover clinical trials that described how to perform facilitated tucking associated with suctioning of airway. Among the benefits listed are: pain reduction; lower variation in heart rate (HR) and oxygen saturation (SatO2); less adverse effects (characterized by reduction of HR and SatO2 or both), reduction of stress and defense behaviors; and increase of self-regulation behaviors.

Conclusion: The use of suctioning of airway is recommended because it is a simple, easy-to-perform, low-cost, safe and efficient conduct in the non-pharmacological management of pain, which causes many benefits to the NB. The technique does not require professional training, contributing to parents' involvement in the care of their children and providing more humanized health care.

EP-832

Score for Neonatal Acute Physiology version II applied to newborns with perinatal asphyxia in neonatal intensive care unit

Tainá Madeira Barros Pontes¹, Fabíola Nunes de Sá², Sâmua Kelen Mendes de Lima³, Jéssica Lourenço Carneiro³, Ana Kelve de Castro Damasceno³

¹Universidade de Fortaleza - Fortaleza (CE), Brasil; ²Maternidade Escola Assis Chateaubriand - Fortaleza (CE), Brasil; ³Universidade Federal do Ceará - Fortaleza (CE), Brasil

Objective: To evaluate SNAP II (Score for Neonatal Acute Physiology Version II) and the outcomes of hospitalization in patients diagnosed with perinatal asphyxia in a neonatal intensive care unit.

Methods: This is a cross-sectional, retrospective study conducted in April 2016. Initially, all patients diagnosed with perinatal asphyxia were raised from January to December 31, 2015. The data were collected in the medical record, using a structured form, containing questions about sociodemographic, clinical data and SNAP II of the first 24 hours of hospitalization. They were analyzed in tables, through Microsoft Excel 2010. The study was approved by the ethics and research committee, with number: 1,719,907.

Results: A total of 47 newborns diagnosed with perinatal asphyxia were enrolled on the study, 58.3% of the participants were male. The majority (83.3%) were from the countryside, 54.1% from multiparous mothers, 60% from married mothers/stable union, 65.9%, mothers age were between 20 to 35 years old. Related to neonatal outcomes, 36.1% died. Analyzing the neonatal outcomes with SNAP II, it was found the minimum values 5, maximum 97 and average 50.23 in the infants who died, being higher when compared to the values of 8.77 and 35.16 for the infants who had left the neonatal intensive care unit, with a total mean of SNAP II of 40.61.

Conclusion: SNAP II is an excellent predictor of neonatal survival, as observed its high value for infants who died later.

EP-833

The importance of early management in pediatric hemolytic uremic syndrome

Diana Vega¹, Ricardo Morales¹, Andres Sanchez¹, Fabian Paredes¹, Daniel Puertas¹

¹Hospital General Docente Calderon - Quito, Ecuador

Typical hemolytic uremic syndrome is a life-threatening condition and most of the time a consequence of wrong antibiotic prescription for diarrhea. The abnormal destruction of red blood cells in this condition leads to kidney failure, massive hemorrhage and death. We present the case of a 7 year old boy initially diagnosed with gastroenteritis, he received 3 days of antibiotics without improvement. The patient presented bloody diarrhea, fever

and severe abdominal pain; physicians decided to take him to surgery as an appendicitis finding most of his gut with small perforations so the surgeon built a colostomy and decided to start aggressive antibiotic therapy. He was referred to our hospital in critical condition and was treated in the pediatric intensive care unit. At the time of his arrival his condition was worse; he showed signs of septic shock, kidney failure, hemolytic anemia and severe thrombocytopenia. The patient was evaluated by our pediatric surgeon and nephrologist who decided to start dialysis immediately; he also went to surgery again and needed considerable quantities of blood transfusions. After approximately ten days of dialysis, transfusions, electrolyte support and broad-spectrum antibiotic, our patient finally achieved normal kidney function and overcame his anemia and thrombocytopenia. The report of this case is an alert for antibiotic prescription not only in our country but also around the world.

EP-834

The influence of a spontaneous breathing trial protocol on successful extubation of patients from a pediatric intensive care unit

Bruno Silva Miranda¹, Valeria Cabral Neves¹, Adriana Koliski¹, José Eduardo Carreiro¹, Aline Dandara Rafael², Jenifer dos Santos², Thalita Cogrossi do Nascimento², Jaqueline Silveira²

¹Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil; ²Programa de Residência Multiprofissional em Atenção à Saúde da Criança e do Adolescente, Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil

Objective: To verify the effectiveness of a spontaneous breathing trial (SBT) protocol in the success of extubation in pediatric patients.

Methods: A SBT protocol was developed by the Physiotherapy team from Hospital de Clínicas do Paraná and applied to children with more than 24 hours of mechanical ventilation between March and July, 2017. Patients who were eligible to perform the test, by clinical and laboratory criteria, were placed in Support Pressure of 12 cmH₂O and Positive End-Expiratory Pressure (PEEP) of 5 cmH₂O for 30 minutes. If, during the test, the parameters of respiratory rate, heart rate, blood pressure, peripheral oxygen saturation and tidal volume were age appropriate, the patient was extubated promptly.

Results: Representing an initial descriptive analysis of the protocol, SBT was applied in 19 children and of these, 18 (94%) were successfully extubated, 16 (88%) were extubated after the first test. Two children (11%) had extubation failure after the first test and were successful after the second test. One child (5%) failed the test 2 times, evolving to perform the tracheostomy and following with mechanical ventilation.

Conclusion: SBT seems to be useful in determining successful elective extubation in pediatric patients. However, more research needs to be done, with a larger sample, to be able to identify test failures that influence extubation failure in certain patients.

EP-835

Therapeutic surfactant fortified with selective NF- κ B inhibitor improves lung functions more than budesonide addition in meconium aspiration syndrome

Pavol Mikolka¹, Jana Kopincova¹, Petra Kosutova¹, Maros Kolomaznik¹, Michaela Mikolkova², Andrea Calkovska¹, Daniela Mokra¹

¹Biomedical Center Martin and Department of Physiology, Jessenius Faculty of Medicine, Comenius University - Martin Slovakia, Slovakia;

²Clinic of Anesthesiology and Intensive Medicine, University Hospital Martin - Martin Slovakia, Slovakia

Objective: Meconium aspiration syndrome (MAS), neonatal life-threatening condition, is treated by ventilation support and exogenous surfactant i.t. to prevent respiratory failure. However, meconium-induced triggering of inflammatory and oxidative pathways in lungs could inactivate surfactant and reduce therapy effect. Direct addition of anti-inflammatory agent (corticosteroid or selective inhibitor of NF- κ B) into therapeutic surfactant could improve lung functions and thereby enhance surfactant therapy of MAS.

Methods: New Zealand rabbits with meconium-induced respiratory failure were divided: non-treated (Mec), treated with surfactant-only (Curosurf; Surf), or combination of surfactant and budesonide (Curosurf+Pulmicort; Surf+BUD), or inhibitor of NF- κ B (IKK NEMO Binding Domain Inhibitor) (Surf+IKK-NBD). Blood gases, ventilation parameters (PaO₂/FiO₂, oxygenation index OI, PaCO₂, oxygen saturation SatO₂, ventilator efficiency index VEI) were observed before and 30 min after meconium instillation, and 30 min, 1, 2, 3, 4 and 5 hours after therapy.

Results: Surfactant therapy improved OI and SatO₂ compared to Mec immediately after administration. Surf+BUD increased therapy effectivity in PaO₂/FiO₂, PaCO₂ and VEI compared to Mec group. Surf+IKK-NBD significantly improved PaO₂/FiO₂ and OI compared to Surf and additionally improved VEI compared to Surf+BUD group.

Conclusion: The addition of IKK-NBD to surfactant therapy rapidly and intensively improved ventilation parameters, probably due to targeted suppressing inflammation and preventing therapeutic surfactant inactivation. Selective NF- κ B inhibitor may represent an effective alternative of budesonide to bridge over the syndrome critical phase and improve MAS therapy. Support: VEGA 1/0305/14, APVV-15-0075.

EP-836

Tracheitis associated with mechanical ventilation in pediatric intensive care unit in Northern Brazil

Patricia Barbosa de Carvalho¹

¹Fundação Santa Casa de Misericórdia do Pará - Belém (PA), Brasil

Objective: To estimate the prevalence of tracheitis associated with mechanical ventilation in the Pediatric Intensive Care Unit.

Methods: To estimate the prevalence of tracheitis associated with mechanical ventilation in the Pediatric Intensive Care Unit, as well as to describe the etiological agents involved, the mortality rate related to cases of tracheitis and the percentage of tracheitis evolving to pneumonia associated with mechanical ventilation. The study was a retrospective, case-control study performed at the pediatric intensive care unit from September 2015 to May 2017. Patients from 29 days of age to 13 years of age who needed mechanical ventilation were included in the sample. A period greater than or equal to 48 hours, with diagnosis of TAV, through clinical criteria (fever and purulent tracheal secretion) and microbiological (positive tracheal aspirate greater than or equal to 10⁵ cfu / ml). Patients who had been diagnosed with pneumonia at admission were excluded from the sample.

Results: 302 were included in the study. Of these, 15 presented TAV, 12 present VAP and 26 presented TAV that evolved to VAP. The mean mechanical ventilation time for TAV development was 8,7 days, while 13,6 days for development of VAP, and 5,4 days from the development of TAV to VAP. The mortality rate among cases of tracheitis was 15%, with PRISM mean admission between cases of 25%. In 85% of cases, the infection was gram negative. The mean permanence was 20 days for TAV, 25 for VAP and 27 for TAV/VAP.

Conclusion: TAV increases mediation permanence and difficulty extubating.

EP-837

Translation of the Empowerment of Parents in the Intensive Care 30 (EMPATHIC-30): a tool to assess the satisfaction of parents of children hospitalized in pediatric intensive care units in Brazil

Alessandra Rodrigues Dias¹, Pedro Celiny Ramos Garcia¹, Fernanda Zancheti¹, Joanne Sausen Velasques¹, Caroline Abud Drumond Costa¹, Cristian Tedesco Tonial¹, Francisco Bruno¹, Rita Mattiello¹, Paulo Roberto Einloft¹

¹Terapia Intensiva Pediátrica, Programa de Pós-Graduação em Pediatria e Saúde Infantil, Hospital São Lucas, Pontifícia Universidade Católica do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: In view of the lack of validated instruments to evaluate the parental satisfaction with the patients hospitalized in pediatric intensive care units (PICUs) in Brazil, the aim was to translate the Empowerment of Parents in the Intensive Care-30 (EMPATHIC-30) as the first stage in the process of validating the questionnaire for the Portuguese.

Methods: The translation of the instrument was carried out in accordance with the protocol of the International Society for Pharmacoeconomics and Outcomes Research- ISPOR, 2005, Transcultural Translation and Adaptation Group. It proposes translation in ten stages: preparation, translation, reconciliation and retranslation, revision of retranslation, harmonization, comprehension test, revision and final version.

Results: There were few differences in the two versions translated into Portuguese, performed by two different translators, about the use of synonyms. In the reconciliation stage, carried out by the authors of the study, the term considered easier to understand and more common to the research population was chosen. There were also changes in the order of the words of some phrases and in the verbal tense, for example, the expression "We had daily talks about our child's care and treatment with the doctors", resulted in the translation "Every day we talked with the doctors about our child's care and treatment", adapting them to the syntax of the Brazilian Portuguese language.

Conclusion: This first stage of the study results in the adequate translation of EMPATHIC-30, for later validation, in order to obtain an instrument sufficient of evaluating the parental satisfaction in PICU in Brazil.

EP-838

Traqueite associada a ventilação mecânica em terapia intensiva pediátrica no norte do Brasil

Patricia Barbosa de Carvalho¹

¹Fundação Santa Casa de Misericórdia do Pará - Belém (PA), Brasil

Objetivo: Estimar a prevalência de traqueite associada a ventilação mecânica na Unidade de terapia Intensiva pediátrica e seu impacto clínico.

Métodos: O estudo foi do tipo caso controle, retrospectivo, realizado na unidade de terapia intensiva pediátrica, no período de setembro de 2015-maio de 2017. Foram incluídos na amostra, pacientes de 29 dias de vida a 13 anos, que necessitaram de ventilação mecânica por um período maior ou igual a 48 horas, com diagnóstico de TAV, através de critérios clínicos (febre e secreção traqueal purulenta) e microbiológicos (aspirado traqueal positivo maior ou igual a 105 ufc/ml). Foram excluídas da amostra, os pacientes que apresentaram diagnóstico de pneumonia a admissão.

Resultados: Foram incluídos no estudo, 302 pacientes. Destes, 15 apresentaram TAV (5%), 12 apresentaram PAV (4%) e 26 apresentaram TAV que evoluiu pra PAV (9%). O tempo médio de ventilação mecânica para desenvolvimento de tav foi de 8,7 dias, enquanto 13,6 dias para desenvolvimento de PAV e 5,4 dias, do desenvolvimento de tav para Pav. A taxa de mortalidade entre os casos de traqueite foi de 15%, com pRISM médio de admissão entre os casos de 25%. 85% dos casos, a infecção foi por gram negativo. A média de permanência foi de 20 dias para TAV, 25 dias para PAV e 27 dias pros casos de TAV que evoluíram pra PAV.

Conclusão: A TAV é uma patologia que prolonga o tempo de ventilação mecânica invasiva, a média de permanência, dificultado desmame ventilatório e promovendo falhas de extubação.

EP-839

Trichosporium asahii sepsis in an infant undergoing unrelated allogeneic bone marrow transplant

Patricia de Oliveira Costa¹, Maria Isabel Brandão Pires E Albuquerque¹, Renato Castro¹, Marcelo Schimer¹, Decio Lerner¹

¹Instituto Nacional do Câncer - Rio de Janeiro (RJ), Brasil

Fungi of the genus Trichosporon are known to cause superficial mycoses, such as the "white piedra" that is characterized by the presence of fungal nodules of various colors in the genital region hair, scalp, beard and mustache. Immunosuppressed patients may develop the invasive and disseminated form, which mainly affects lung and gastro-intestinal tract presenting high lethality. A 1-year-old patient with long-term neutropenia due to myelodysplastic syndrome was admitted for non-related allogeneic bone marrow transplantation after placement of a semi-implanted catheter. After 1 week of conditioning regimen for transplantation, presented hyperemia, yellowish secretion on the ostium of the catheter and fever, cefepime and vancomycin were prescribed. Initial blood cultures and catheter ostium swab were positive for CA-MRSA. Despite adequate treatment, subsequent negative blood cultures and replacement of the catheter, the patient maintained daily fever and evolved with respiratory failure, pulmonary hemorrhage, refractory septic shock and death in 1 week. There was growth of fungi of the species Trichosporium asahii in blood cultures from the date of death. Considering that the number of cases of invasive infection by fungi of the genus Trichosporon described in the literature has increased considerably in the last decades, its high lethality and the fact that some species of Trichosporon, such as T. asahii, T. faecale and T. coremiiforme are resistant to Amphotericin B, empiric treatment with voriconazole should be considered early in this subgroup of patients.

EP-840

Tumor cerebral na infância evoluindo com choque séptico, em unidade de terapia intensiva pediátrica, Teresina-PI

Kaline Cardoso de Oliveira¹, Sarita Sousa Bastos¹, Ana Lorena de Carvalho Lima¹, Gildene Alves da Costa¹, Bruna Nayana Ribeiro Barbosa¹

¹Hospital Infantil Lucídio Portela - Teresina (PI), Brasil

O tumor teratóide rabdóide é uma neoplasia primária do Sistema nervoso central (SNC), rara e agressiva, classificada como tumor embrionário de grau IV pela OMS. É mais comum na infância, particularmente em menores de 3 anos. J.S.M.A, 1 ano e 11 meses, com relato de cefaleia, vômitos e sonolência durante 01 mês. Realizou ressonância nuclear magnética de crânio que evidenciou lesão expansiva

infiltrativa medindo 6,9 x 7,1 x 8,4 cm de aspecto neoplásico comprometendo a substância branca profunda do hemisfério cerebral esquerdo, com desvio de estrutura da linha média para a direita por cerca de 1,5 cm. Ao exame apresentava exoftalmia e pupilas não fotorreagentes. Evoluiu com rebaixamento do nível de consciência e crises convulsivas de difícil controle, Glasgow 6, sendo transferida para UTI por necessidade de intubação orotraqueal e ventilação mecânica. Iniciadas drogas vasoativas por choque séptico durante acompanhamento. Realizada biópsia do tumor e aspirado conteúdo necrótico. Paciente apresentou instabilidade durante ato cirúrgico dificultando a ressecção tumoral. Os exames histopatológico e imuno-histoquímico demonstraram células pleomórficas com núcleos vesiculares, irregulares, com cromatina grosseira e nucléolos proeminentes, por vezes de aspecto rabdóide, compatível com neuroepitelioma de alto grau e tumor rabdóide/teratóide. Encaminhada a serviço especializado, realizada traqueostomia e desmame de oxigenioterapia, porém ainda não iniciado tratamento específico pela gravidade do caso.

EP-841

Tutorial for application of Nursing Activities Score in specialized pediatric unit

Laressa Manfio Monteiro¹, Wilza Carla Spiri²

¹Complexo Hospital de Clínicas, Universidade Federal do Paraná - Curitiba (PR), Brasil; ²Departamento de Enfermagem, Faculdade de Medicina de Botucatu, Universidade Estadual Paulista - Botucatu (SP), Brasil

Objective: To describe the construction of the tutorial for application of the Nursing Activities Score (NAS) by nurses in semi-intensive care unit serving children with cleft lip and palate associated or not with syndromes and/or craniofacial anomalies.

Methods: Methodological study that occurred in five stages: identification of items to be appropriate; adequacy of identified items; evaluation specialist; review; use the tutorial by a nurse with computerized application. To verify that the proposed tutorial describes the care practice of specialized pediatric nursing, it was decided to use the apparent validation of the instrument.

Results: Based on clinical experience in the area, the researcher has adapted the necessary items for the measurement of Nursing Activities Score and, subsequently, submitted the assessment of specialist nurse, who considered that the changes made in the tutorial represented the care practice of nursing in the unit under study. A second version was made that was sensitive, answering the objective proposed for use in specific pediatric units.

Conclusion: It is believed that this will help to standardize the collection of the Nursing Activities Score by pediatric nurses from other institutions, giving a measurement of nursing workload more precise and providing a qualified and comprehensive care children and parents/caregivers.

EP-842

Two patients with haemolytic uremic syndrome that developed haemophagocytic syndrome

Maria Carolina Caparica Modolo¹, Barbara Geane Alves Fonseca¹, Priscilla Helena Costa Alves Felix¹, Regina Grigolli Cesar¹, Nelson Kazunobu Horigoshi¹

¹Hospital Infantil Sabará - São Paulo (SP), Brasil

Hemolytic uremic syndrome (HUS) is a serious illness and the most frequent cause of acute renal failure in childhood. Characterized by the triad of microangiopathic hemolytic anemia, thrombocytopenia and acute renal failure. Haemophagocytic syndrome (HS) is a potentially life-threatening disorder characterized by abnormal immune activation and inflammation. Case report: Two previously healthy boys (18 and 14 month-old) were transferred to our hospital with HUS. Patient A.T.B starts with enteritis and dehydration, haemolytic anemia, thrombocytopenia and acute renal failure, developed oligoanuria, arterial hypertension and seizures. A diagnosis of typical HUS was made based on starts signs with enteritis and good clinical evolution. On the second week of his admission, developed a diary fever, hepatic transaminase levels increased, cholestatic jaundice, hypervolemia, ascites and cytopenias. Discarded infection; a diagnose of HS was made with clinical and laboratorial alterations; although normal bone marrow aspiration. Patient J.G.J. O starts with pneumonia, acute respiratory insufficiency and septic shock, haemolytic anemia, thrombocytopenia, acute renal failure and oligoanuria, he received supportive therapy and large spectrum antibiotic therapy. Confirmed diagnosis of typical HUS with positive blood culture for *Streptococcus pneumoniae*, haemolytic anemia, thrombocytopenia, renal failure, low hatoglobulin and plasma C3, he evolved with improvement of almost all signs unless the renal function. Developed hypoactivity, inappetence, splenomegaly, bicytopenia, began antibiotic therapy without improvement, bone marrow aspiration was performed and revealed macrophages that phagocytized erithrocytes, another alterations: bicytopenia, hyperferritinemia, hypofibrinogenemia and splenomegaly, with these criteria a diagnosis of HS was made.

EP-843

Unplanned extubation in a paediatric intensive care unit of a university hospital of the south of Brazil

Vanisse Borges Nunes Kochhann¹, Jefferson Pedro Piva¹, Patricia Miranda do Lago¹

¹Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul - Porto Alegre (RS), Brasil

Objective: To evaluate the unplanned extubation in a paediatric intensive care unit, identifying the main associated rates.

Methods: A prospective longitudinal study evaluating a series of cases involving children who had unplanned extubation from January 2015 to August 2016 in a pediatric ICU of

a University Hospital of Southern Brazil. The study was approved by the Research Ethics Committee of the institution. **Results:** 27 patients were identified, adding 34 cases of accidental extubation in the period. Only 10 cases (29.4%) were officially reported in the hospital risk management system. The rate ranged from 0.63 to 3.75 EA / 100 ventilated day-patients. The mean rate assessed in the total study period was 1.5 EA / 100 ventilated patient-days. Multifactorial causes were described as risk factors for accidental extubation: such as age less than 1 years, psychomotor agitation and non-effective tube fixation. The reintubation rate was 61.8%. There was no difference in comparison to the groups that presented failure and success after accidental extubation ($P < 0.005$).

Conclusion: The rate of unplanned extubation is within acceptable limits among large intensive care units, but compared to quality markers, was considered high.

EP-844

Uso de ventilação por pressão positiva intermitente (nIPPV), e pressão positiva contínua em vias aéreas (CPAP) em recém-nascidos pré-termo após a extubação traqueal

Leticia Guimarães Peyneau¹, Mirely Roncette de Bortoli¹, Maria Laura Fernandes Gaigher¹

¹Escola Superior de Ciências, Santa Casa de Misericórdia de Vitória - Vitória (ES), Brasil

Objetivo: O objetivo foi analisar qual das modalidades de ventilação não invasiva, CPAP e nIPPV, no tratamento de recém-nascidos pré-termos após a extubação traqueal apresenta maior índice de sucesso e associá-lo às características destes pacientes.

Métodos: Trata-se de uma pesquisa aplicada, exploratória e quantitativa, onde foi efetuada pesquisa de campo caracterizada como estudo transversal com coleta de dados retrospectiva. Foram analisados 641 prontuários de neonatos prematuros nascidos entre janeiro de 2008 e dezembro de 2014, internados na Unidade de Terapia Intensiva Neonatal da Santa Casa de Misericórdia de Vitória submetidos à intubação. Análise estatística através do teste Qui-quadrado de Pearson, Exato de Fisher e Teste U de Mann-Whitney. Apresentado e aprovado pelo comitê de ética em pesquisa da Escola Superior de Ciências da Santa Casa de Misericórdia de Vitória.

Resultados: Do total 28,1% dos pacientes obtiveram sucesso na extubação, destes 61,8% foram classificados prematuridade extrema, 58,8% muito baixo peso e 88,2% adequados a idade gestacional. Quando utilizado CPAP após a extubação apenas 19% apresentaram sucesso, enquanto 32,9% dos que fizeram uso de nIPPV precisaram ser reintubados, porém, a diferença entre as modalidades não apresenta significância estatística. Dos prontuários, 84,3% realizaram fisioterapia, desses, 98% realizaram

técnicas de Reequilíbrio Tóraco-Abdominal, resultado foi estatisticamente significativo para evitar a reintubação.

Conclusão: Encontramos que o índice de reintubação em recém-nascidos é alto quando associada à prematuridade extrema e muito baixo peso ao nascer. Grande parte dos prematuros reintubados utilizaram nIPPV, porém, sem significância estatística.

EP-845

Variability of intensive care treatments for infants with bronchiolitis in a Latin-American Collaborative Network (LARed)

Sebastian Gonzalez Dambrasas¹, Nicolas Monteverde Fernandez², Alberto Serra¹, Leticia Rodriguez¹, Carina Viejo¹, Franco Diaz Rubio³

¹Casa de Galicia - Montevideo, Uruguay; ²Medica Uruguaya Corporacion Asistencia Medica - Montevideo, Uruguay; ³Facultad de Medicina Clinica Alemana, Universidad del Desarrollo - Santiago, Chile

Objective: To describe variability of intensive care practices in children with bronchiolitis admitted to 6 pediatric intensive care units (PICUs) in Uruguay during the winter season in 2015.

Methods: Prospective, observational study of infants with bronchiolitis admitted without previous invasive mechanical ventilation (MV) support. Demographic, comorbidities, clinical data, respiratory support and adjuvant therapy were registered. Data expressed as median (IQR) or Percentage (range).

Results: 168 patients met inclusion criteria. 61.9% were male, age was 3 months (1-7), PIM2 score 5.8 % (5.3-8.75) and respiratory distress severity Tal's score 7 (6-8). Baseline characteristics and severity scores did not differ between centers. Across sites, there were significant differences on invasive (IMV) 19.6% (4.3-47.4) and non-invasive (BiPAP or CPAP) 11.9% (5-26.1) MV, antibiotic use 69% (36.8-91.3) and nebulized hypertonic saline 23.2% (0-80.6) ($p < 0.05$). No significant variability was detected for high flow nasal cannula (HFNC) use; 60.7% (28.4-80.8), nebulized salbutamol; 94.8% (89.7-100) and systemic corticosteroids; 33.3% (26.5-39.1) ($p < 0.05$). No deaths occurred. Median PICU length of stay was similar among sites: 5 days (4-8).

Conclusion: Significant variations for intubation rate were found between centers. There was a wide variation use in some adjuvant therapies, while others were systematically used even when they have no strong support in evidence. Variability was not explained by disparities in population characteristics. Variability of practice between PICUs should trigger more collaborative research initiatives, aiming to avoid gaps in knowledge and unjustified over and underuse of practices and then improving health care performance in bronchiolitis.

EP-846

Visita multiprofissional: o enfermeiro no gerenciamento do cuidado em unidade de terapia intensiva pediátrica

Thais Sanglard de Souza Reche¹, Thais Oliveira Franco¹, Daniela Rocha Neves¹, Patrícia Soto¹, Cristiane Vieira Cavalheiro¹

¹Hospital Infantil Sabará - São Paulo (SP), Brasil

Objetivo: O profissional enfermeiro desempenha papel fundamental no gerenciamento do cuidado multidisciplinar por configurar-se em articulador frente às demais profissões que realizam a assistência direta ao paciente. Diante do atual cenário de avanço tecnológico, especialmente em unidades de terapia intensiva pediátrica, o gerenciamento deste cuidado atrelado à busca pela qualidade e segurança em sua execução torna-se imprescindível para a reabilitação do paciente pediátrico e de suas famílias. Ressalta-se, para o êxito deste processo, o mecanismo de compartilhamento das informações entre todas as categorias de cuidadores. **Objetivo:** Relatar a elaboração, implantação e resultados de um registro multidisciplinar para a gestão efetiva do cuidado em saúde.

Métodos: Trata-se de um relato de experiência realizado em um hospital pediátrico acreditado internacionalmente no município de São Paulo. Descreve-se a elaboração, implantação e resultados de um instrumento para a gestão do cuidado individualizado ao paciente pediátrico. Salienta-se, nessa trajetória, a relevância do profissional enfermeiro, o qual desenvolve como atividade diária o gerenciamento e registro das ações propostas no plano terapêutico.

Resultados: Elaborou-se um instrumento para o registro dos cuidados discutidos e implementados em visita multidisciplinar diária em unidade de terapia intensiva pediátrica. Tal instrumento foi composto de três partes. A primeira envolveu o registro dos dispositivos de monitorização do paciente. A segunda parte contemplou o plano terapêutico diário e, a terceira parte do instrumento, englobou metas estabelecidas para o alcance do plano terapêutico proposto.

Conclusão: Após a implantação do instrumento gerenciado pelo enfermeiro a comunicação tornou-se mais efetiva.

EP-847

Dexamethasone in postextubation stridor: a prospective observational study

Priscilla Helena Costa Alves Felix¹, Luene Maia Mayoral¹, Pamella Gabriela dos Santos Ferreira¹, Michelle Rodrigues Alba Moreno¹, Bibiane Ramos Pinheiro Bispo¹, Maria Carolina Caparica Modolo¹, Nelson Kazunobu Horigoshi¹, Regina Grigoli Cesar¹

¹Hospital Infantil Sabará - São Paulo (SP), Brasil

Objective: The efficacy of dexamethasone to prevent post-intubation stridor (PES) is still debated in pediatrics. It may

be more a question about treatment of an inflammatory process, which already exists since the process of intubation or due to cannula (persistent after extubation), than a prophylaxis of obstruction. This study aims to investigate the effectiveness of dexamethasone in reduce the edema responsible for the obstruction.

Methods: Patients admitted on PICU of Hospital Infantil Sabará from 2016 oct to 2017 jul, intubated for CMV due to respiratory failure of known etiology or post operatory for routine surgery, receiving intravenous dexamethasone 2mg/kg/day, initiated 24 hours prior to extubation. The Westley' score was registered immediately after extubation and every 6 hours up to 6 doses. The frequencies of mild, moderate, severe PES in function of time elapsed after extubation were treated as repeated measures and the significance of differences tested by mean of Two-factor ANOVA, repeated measures on one factor.

Results: Just after the extubation, among 56 inpatients included, (mean age: 19 months), 43 (76.8%) showed signals of airway obstruction, 17 (30.1%) of them were severe (score > 6). Seven (12.5%) needed reintubation. ANOVA reveals a statistically significant ($F [3, 15] = 6.62, p < 0.01$) reduction of the scores observed after 12h of extubation, for patients not reintubated until 24h after extubation ($N = 53$).

Conclusion: There was a reduction in obstruction scores after the sixth dose of dexamethasone, suggesting that the therapeutic effect of dexamethasone was greater after the sixth dose.

EP-848

The impact of the implantation of a programmed extubation protocol in newborns submitted to mechanical ventilation in a neonatal intensive care unity

Luiz Matheus Xavier Cocentino¹, Bruna Rolim Peixoto da Silva¹, Marcos Guimarães², Andrea Lopes Ramires Kairala², Natália Ramires Kairala¹, Marcos Paulo Gonçalves Carlos¹, Samara Lopes Baião Gomes²

¹Centro Universitário de Brasília (Uniceub) - Brasília (DF), Brasil; ²Hospital Santa Marta - Brasília (DF), Brasil

Objective: To evaluate the effectiveness of the implantation of a programmed protocol of extubation (checklist) in newborns and to analyze the prevalence of extubation failures before and after the implantation of this protocol in a neonatal ICU.

Methods: Retrospective study of the medical charts, with data collection for term and preterm newborns hospitalized at a NICU / DF ($N = 170$) shortly after birth and requiring mechanical ventilation (MV) between January 2013 and December 2016.

Results: The implantation of a protocol for weaning VM prior to extubation promotes greater participation and adherence of a multiprofessional team in the extubation process, shorter MV time, better evolution and a decrease in the number of extubation failure in these patients. The checklist was implanted in March 2015, and a decrease in

both time of MV and number of extubation failures was observed in relation to the previous year. The items of the protocol that presented a greater relation with the extubation failure were $RF > 40$ ipm and failure of the spontaneous breathing test.

Conclusion: Weaning from mechanical ventilation is a challenge in NICU and is linked or subject to complications

that may lead to an increase in mortality within the NICU. From the professional point of view, creating facilitative mechanisms can shorten VM time; Since professionals should feel more confident in identifying the patient capable of undergoing the spontaneous ventilation test (PSV), thus reducing the degree of extubation failure, thus ensuring a better evolution of the patient.

ÍNDICE DE AUTORES

A

Abílio Torres dos Santos Neto	EP-696	Alberto Hil Furtado Júnior	EP-282
Ada Clarice Gastaldi	EP-040	Alberto Serra	AO-043, EP-845
Adelina Ferreira Gonçalves	EP-317	Alda Silva Lopes	EP-203, EP-665
Aderson da Silva Araújo	EP-055	Aldemir José Nogueira	EP-724
Adolfo Andre Mendes de Lima	EP-773	Aldir Chagas Filho	EP-300, EP-340
Adriana Bastos Conforto	EP-584	Aldo Perazzi	EP-165
Adriana Batista Resende de Lima	EP-201, EP-329, EP-805	Aldrin Lucas Bethiol	EP-035
Adriana Carla Bridi	EP-278, EP-280, EP-281, EP-322, EP-336	Alejandro Duran Crane	EP-155
Adriana Claudia Lunardi	EP-655	Alejandro Enrique Barba Rodas	AO-013
Adriana Cristina de Oliveira	EP-204	Alessandra Castilho Mansano Sanches	EP-341
Adriana de Oliveira Lameira Veríssimo	AO-006, EP-124, EP-151, EP-708	Alessandra Emmanouilidis	EP-091
Adriana de Oliveira Ribeiro dos Santos	EP-747	Alessandra Fabiane Lago	EP-040
Adriana de Rezende Dias	EP-772	Alessandra Franco	EP-179
Adriana Feldman	EP-002	Alessandra Gonçalves Ribeiro	EP-420
Adriana Karina Feldman	EP-165, EP-188, EP-191, EP-646	Alessandra Maria Bonatto	EP-260
Adriana Kessler	AO-037	Alessandra Rodrigues Dias	EP-837
Adriana Koliski	EP-730, EP-767, EP-777, EP-798, EP-817, EP-834	Alessandra Vasconcelos da Silva Paiva	EP-622
Adriana Maria Paixão de Sousa da Silva	EP-811	Alessandro Nascimento Araujo Sousa	EP-400
Adriana Moraes	EP-041	Alessandro Rocha Milan de Souza	EP-109, EP-164
Adriana Valentina Lopes Padilha	EP-299, EP-334	Alessandro Tisso Goulart	EP-275, EP-374, EP-375
Adriana Watts Soares	EP-433	Alex Junior Ferreira	EP-116, EP-705
Adriane Isabel Rohden	AO-038	Alex Tamayo	EP-081
Adriano Rogério Baldacin Rodrigues	AO-036, EP-621	Alexandra Coelho de S Lopes	EP-526
Adriano Sousa Tavares	EP-107	Alexandra Nogueira Mello Lopes	AO-025, EP-234, EP-331, EP-345
Adriell Ramalho Santana	AO-023, EP-243, EP-399, EP-440, EP-516, EP-622	Alexandre Barbosa Camara de Souza	EP-535
Adrielle Martins Monteiro Alves	EP-448	Alexandre Biasi Cavalcanti	AO-001
Adrien Drouet	EP-028	Alexandre Bussinger Lopes	EP-109, EP-164
Afzal Azim	AO-004	Alexandre da Rocha Pereira	EP-021
Agliberto Baliano Careta Junior	EP-593	Alexandre de Souza Narciso	EP-601
Agnaldo da Silva	EP-718, EP-766	Alexandre Francisco Silva	AO-013
Agñel Ramos	EP-670, EP-684	Alexandre Gardim de Cesare	EP-651, EP-657
Ahlana Francine Trevisan	EP-489	Alexandre Guimarães de Almeida Barros	EP-560
Ahmet Mahli	EP-349	Alexandre Jorge de Andrade Negri	EP-402, EP-664
Aila Maria da Silva Bezerra	EP-587	Alexandre Marini Isola	AO-001, EP-310, EP-327
Aitana Martins da Silva	AO-003	Alexandre Mitsuo Mituiassu	EP-533
Akemy Carvalho do Rosário	EP-173, EP-177, EP-228, EP-354, EP-367	Alexandre Peixoto Serafim	EP-732
Alain Mercat	EP-028	Alexandre Pohn Zavascki	AO-008
Alana de Alcântara Brito	EP-245, EP-417	Alexandre Ribas Klippel	EP-428
Alana de Souza Reis Carneiro	EP-530	Alexandre Sanches Larangeira	EP-557
Alba Luz Rodríguez-Acelas	EP-306	Alexandre Sousa da Silva	EP-663
Albert Bacelar de Sousa	EP-543	Alexandre Toledo Maciel	EP-310, EP-327
		Alexandre Vargas Schwarzbild	EP-163
		Alexandre Walter Rosa	EP-693, EP-740

Alexandrina Aparecida Maciel Cardelli	EP-751	Álvaro Réa-Neto	EP-119, EP-255, EP-338, EP-377, EP-378, EP-392, EP-398, EP-437, EP-546, EP-551, EP-676, EP-679
Alexandrina Maria Cavalcante Lopes Veloso Galvão	EP-328, EP-474		
Alexis Milan	EP-721	Alyne Borges dos Santos	EP-471
Alfonsina Ruiz Spinelli	EP-161	Amanda Alves Silva	EP-040
Alfred Papali	EP-250, EP-387	Amanda Antunes Fagundes	EP-241, EP-253
Alfredo Alberto Matos Adames	EP-045	Amanda Aparecida da Silva Machado	EP-120
Alfredo Carrillo Moya	EP-017	Amanda Beraldo Coelho	EP-716
Alfredo Perez Sarriguren	EP-005	Amanda Cristina da Silva Chagas	EP-727
Ali Khatibi	EP-004	Amanda da Fontoura San Martin	EP-746
Ali Reza Mirahmadizadeh	EP-370	Amanda da Silva Santos Mendes	EP-731, EP-738, EP-830
Ali Seifi	AO-030, EP-184, EP-206, EP-370	Amanda de Araújo Bomfim	EP-048, EP-158
Alice Araujo Cunha	EP-130	Amanda Dias Lima Morais	EP-652
Alice Maria Camilo de Aguiar	EP-539, EP-540	Amanda Gorla Cobra	EP-565
Alicia Araújo de Oliveira	EP-640, EP-663, EP-667	Amanda Jacomeli Matsuura	AO-023, EP-440
Aline Amorim Amaral Cardoso	EP-082	Amanda Quinteiros E Silva	EP-185
Aline Andrea Martins Moreira	EP-148, EP-150, EP-264, EP-390, EP-483, EP-484	Amauri Francisco de Marchi Bemfica	EP-511
Aline Aparecida Carneiro de Souza	EP-808	Amaury Cezar Jorge	EP-240, EP-261, EP-529, EP-537
Aline Avila Cordeiro	EP-180	America Revere	EP-206
Aline Branco	EP-049, EP-084, EP-649	Amr Arar	EP-370
Aline Brenner	EP-256	Ana Amélia Gadelha Martins	EP-697
Aline Carvalho Gouveia	EP-203, EP-665	Ana Angélica de Souza Couto	EP-159
Aline Christine da Silva	EP-747	Ana Barreno	EP-809
Aline Dandara Rafael	EP-777, EP-834	Ana Beatriz de Athayde Neno Cortez	EP-066
Aline dos Santos Carvalho	EP-552	Ana Beatriz Nepomuceno Cunha	EP-102, EP-181, EP-402, EP-429, EP-444, EP-487, EP-605, EP-685, EP-702
Aline Fantin Cervelin	EP-196, EP-251, EP-256	Ana Beatriz Rodrigues Romansini	EP-555
Aline Lessa	EP-731, EP-738, EP-830	Ana Beatriz Santana Cavalcante	EP-735
Aline Maria Ascoli	AO-016	Ana Beatriz Sorbille Veiga Ancora da Luz	AO-013
Aline Maria Heidemann	EP-015, EP-016, EP-067	Ana Carla Carvalho Coelho	EP-130, EP-454, EP-609
Aline Medeiros Botta	EP-724	Ana Carla Silva Alexandre	EP-235, EP-627, EP-668
Aline Mizusaki Imoto	AO-023, EP-440	Ana Carolina de Faccio Azevedo	EP-118, EP-296, EP-312
Aline Nassiff	EP-125, EP-372	Ana Carolina de Santana Vicente da Silva	EP-030
Aline Pinto Alves	EP-709	Ana Carolina do Nascimento Calles	EP-064, EP-436, EP-447, EP-674, EP-763, EP-791, EP-807
Aline Ribeiro Moreira	EP-511	Ana Carolina dos Santos Demarchi	EP-047
Aline Sterque Villacorta	EP-607, EP-608	Ana Carolina Figueiredo	EP-021, EP-031
Aline Valli de Leão	EP-156, EP-237, EP-238, EP-308, EP-330	Ana Carolina Floriano de Moura	EP-263
Alireza Pournajafian	EP-004	Ana Carolina Macedo	EP-828
Alisson Rodrigo Belini	EP-126	Ana Carolina Rodrigues Fortes	EP-133, EP-348
Allan Peixoto de Assis	EP-186, EP-224	Ana Carolina Zenatti	EP-779
Allana dos Reis Correa	EP-204	Ana Caroline Iglesias	EP-796
Alline de Souza Lessa	EP-776	Ana Caroline Sampaio Amaral	EP-478
Almir Germano	EP-383	Ana Cecilia Santos Martins Cláudio Mourão	EP-505, EP-506
Aloir Paschoal Junior	EP-172	Ana Cecília Silveira Quintella	EP-153
Alonso Manuel	EP-114	Ana Cláudia Bastos Ribeiro	EP-765
Álvaro Della Bona	EP-014		
Alvaro Nagib Atallah	EP-574		

Ana Cláudia de La Rocque Ferreira Molina	EP-803	Ana Paula Pereira da Silva	EP-056
Ana Cláudia Medeiros Serra	EP-044, EP-602	Ana Paula Pierre de Moraes	EP-388, EP-435, EP-542
Ana Claudia Pinho de Carvalho	EP-177, EP-228, EP-354, EP-367	Ana Paula Ragonete dos Anjos	EP-015, EP-016
Ana Cristina Burigo Grumann	AO-018	Ana Paula Rodrigues da Silva	EP-799, EP-822, EP-823
Ana Cristina Carvalho da Costa	EP-635	Ana Paula Vivan Duz	EP-022
Ana Cristina D Vasconcelos	EP-526	Ana Paula Zeni	EP-756
Ana Cristina Lage	EP-012	Ana Soca	AO-027
Ana Cristina Martins Dal Santo Debiasi	AO-031, AO-033, EP-134, EP-139, EP-143	Ana Tallita de Oliveira Xavier	EP-094, EP-416
Ana Elisa Buzetti Neves	EP-767	Ana Teresa Andrade Franco	EP-765
Ana Elisa Ricci Lopes	EP-269	Ana Tereza de Almeida Costa	EP-540
Ana Elza Oliveira de Mendonça	EP-805	Ana Terezinha Guillaumon	EP-673
Ana Flávia Gallas Leivas	EP-132	Ana Vitória Martins Pimentel	EP-424
Ana Flávia Gurgel do Amaral Pinheiro	EP-245	Anamélia Gouveia Gama	EP-390
Ana Gabriela Fernandes Ramos	EP-539, EP-540	Anamelia Menezes Gouveia Gama	EP-148, EP-150, EP-483, EP-484
Ana Gabriela Gewehr Vale	AO-040, EP-632, EP-666,	Ananda Catharina Azevedo Silva	EP-272, EP-403, EP-661, EP-648, EP-714
Ana Helena Vicente Andrade	EP-264	Ananda Ciriaco Losquiavo	EP-453
Ana Isabela Morsch Passos	EP-067	Ananda de Mesquita Araújo	EP-624
Ana Kelve de Castro Damasceno	EP-832	Anary Isis Rossi Martins Moreira	EP-103, EP-148, EP-150, EP-358, EP-390, EP-452, EP-483, EP-484
Ana Lorena de Carvalho Lima	EP-840	Andersen Othon Rocha Fernandes	EP-732
Ana Lucia Cascardo Marins	EP-133, EP-315, EP-348	Anderson Camacho Silva	EP-355
Ana Lúcia das Graças	EP-082	Anderson Cardoso da Silva	EP-533
Ana Lúcia dos Anjos Ferreira	EP-047	Anderson Gonçalves Panisset	EP-768, EP-789
Ana Lúcia Gut	EP-047	Anderson Luis de Alvarenga Nascimento	EP-355
Ana Lucia Vitti Ronchini	EP-744, EP-788	Anderson Luiz Antunes	EP-216
Ana Luiza Brunelli Cassette	EP-225	Anderson Nascimento	EP-023, EP-616
Ana Luiza Ferreira Kogut Gelhoren	EP-066	Anderson Vilela de Freitas	EP-119
Ana Luiza Tainski de Azevedo	EP-717, EP-746, EP-781	Andersosn M Campos	EP-031
Ana Maria Cavalheiro	EP-247, EP-303	Andre Casarsa Marques	AO-021, EP-599
Ana Maria Figueiredo dos Santos	EP-173, EP-228	Andre Chevitarese	EP-066
Ana Maria Gondim Valença	EP-013, EP-050, EP-059, EP-077	André Franz da Costa	EP-052, EP-171, EP-326, EP-405, EP-408, EP-409, EP-410, EP-556
Ana Maria Laus	EP-125, EP-252, EP-269, EP-372	André G Machado	EP-584
Ana Maria Marcondes Fiorano	EP-138	André Guasti	EP-058
Ana Maria Porto Carvas	EP-686	Andre Gustavo Santos Pereira	EP-641
Ana Maria Silva Camargo	EP-118, EP-296, EP-312	Andre Ibrahim David	EP-638, EP-641
Ana Maria Veiga de Melo	EP-351	André Jaccoud de Oliveira	EP-622
Ana Paula Amestoy de Oliveira	EP-106	André Luis de Carvalho Soledade	EP-786
Ana Paula Amorim Moreira	EP-363	André Luis Valera Gasparoto	EP-199, EP-271, EP-275, EP-374, EP-375, EP-376, EP-425, EP-432, EP-614
Ana Paula Azeredo Teixeira	EP-350	Andre Luiz Dias Lima Bonfim	EP-597
Ana Paula Costa de Oliveira	EP-055	André Luiz Nascimento Souza	EP-065
Ana Paula da Silva	EP-279, EP-344, EP-366	Andre Luiz Nunes Gobatto	EP-051, EP-503, EP-515
Ana Paula de Magalhães Cunha	EP-232	André Luiz Santos de Moraes	EP-181, EP-429, EP-487, EP-502, EP-570, EP-605, EP-703
Ana Paula Dias Soares	EP-186	André Mansur de Carvalho Guanaes Gomes	EP-041
Ana Paula Gasparotto	EP-671, EP-691		
Ana Paula Lopes de Melo	EP-816		
Ana Paula Lopes Luiz	EP-551		

André Martins de Lima Cecchini	EP-568	Anna Luiza de Araujo Neurauder	EP-057, EP-131
André Ricardo Araujo da Silva	EP-737	Annette Dickinson	EP-290
Andrea Bernardes	EP-317	Anny Giselly Milhome da Costa Farre	EP-307
Andrea Calkovska	EP-835	Annyelly Aires Leal Braga	EP-282
Andrea Catherine Salazar Trujillo	EP-680, EP-688, EP-690	Anselmo Abdo Cuza	EP-100
Andréa de Melo Leite	AO-021	Antonella Cotoia	AO-041
Andrea Lopes Ramires Kairala	AO-042, EP-745, EP-792, EP-824, EP-848	Antonia Brandão de Jesus	EP-449
Andrea Neves Soares	EP-640, EP-663, EP-667	Antônio Augusto de Freitas Peregrino	EP-363
Andrea Rodrigues Gomes da Silva	AO-024	Antônio Augusto Moura da Silva	EP-388, EP-435
Andréa Stopiglia Guedes Braide	EP-076, EP-362	Antonio Brazil Viana Júnior	EP-393, EP-461, EP-505, EP-506
Andréia Aparecida Fretitas Souza	EP-734	Antonio Carlos Magalhães Duarte	EP-041
Andreia Centenaro Vaez	EP-107	Antonio Carlos Tomé Armindo	EP-773
Andreia Fogarolli Marinho	EP-118	Antônio Claudio do Amaral Baruzzi	EP-209
Andreia Minossi	EP-784	Antônio Fernando Carneiro	EP-265, EP-369
Andreia Ramos Lira	EP-227	Antônio Ferreira Lopes Neto	EP-474
Andréia Schubert de Carvalho	EP-501	Antonio Galiana	AO-007
Andres Sanchez	EP-833	Antonio Gonçalves de Oliveira	EP-121, EP-273, EP-274, EP-283, EP-287, EP-298, EP-299, EP-300, EP-321, EP-334, EP-340, EP-603, EP-710
Andressa Bonifácio Nunes	EP-069	Antônio Lima Netto	EP-725
Andressa Izes Bella	EP-782	Antonio Luis Eiras Falcão	AO-032, EP-015, EP-016, EP-034, EP-035, EP-067, EP-560, EP-671, EP-672, EP-673, EP-691, EP-699
Andressa Larissa Dias Müller de Souza	EP-716, EP-751	Antônio Messias	EP-433
Andressa Marques	EP-544	Antonio Paulo Nassar Jr.	AO-020
Andressa Siuves Gonçalves Moreira	EP-316	Antônio Pazin Filho	EP-301
Andressa Tomazi	AO-049	Antonio Pergentino Barreira Neto	EP-245, EP-417
Andreu Mauro	AO-002	Antonio Quaresma de Melo Neto	EP-448
Andrey Wirgues de Sousa	EP-011, EP-257, EP-266	Antonio Ralph Ribeiro Oliveira Junior	EP-220
Andreza Moura Magalhães Ferreira	EP-176, EP-697	Antonio Sergio Petrilli	EP-752
Andreza Werli-Alvarenga	EP-193, EP-208, EP-222, EP-316, EP-406	Aquiles Camelier	EP-786
Andreza Serpa Franco	EP-213, EP-281	Aramendi I	EP-161
Andy Rocha Quintana	EP-100, EP-141, EP-422, EP-430, EP-687	Aretha Pereira de Oliveira	EP-694
Angel Augusto Perez Calatayud	EP-615	Ariane Baptista Monteiro	EP-049, EP-084
Angel Ricardo Arenas Villamizar	EP-045	Ariel Chena	EP-005
Angela Cardona	EP-155	Ariel Dogliotti	EP-670, EP-684
Angela Pinho Dariano	EP-496, EP-507	Ariel Pasquini	EP-165
Angela Regina Maciel Weinmann	EP-715	Arielle Suzy Dias de Oliveira	EP-534
Ângela Scarparo Caldo Teixeira	EP-456	Arlson Camargo	EP-289
Angélica de Abreu Santana	EP-821	Armando da Rocha Ribeiro	EP-268
Angelina Vessozi de Azevedo	EP-037	Armando dos Santos Trettene	EP-726
Angeline Maria Holanda Pascoal da Silva	EP-698	Armèle Dornelas de Andrade	EP-054
Anibal Basile Filho	EP-040, EP-125, EP-252, EP-269, EP-372	Arnaldo Aires Peixoto Júnior	EP-094, EP-393, EP-461, EP-505, EP-506, EP-698
Anke Bergmann	EP-104, EP-214	Arnaldo Alves da Silva	EP-564, EP-574, EP-584
Anna Beatriz Alves Pereira Lôbo	EP-694	Arnaldo André Binhara	EP-066
Anna Carolina das Neves Timóteo	EP-019, EP-267, EP-311, EP-659	Arnaldo Bernardo Filho	EP-638, EP-641
Anna Carolina de Barros Pinto	EP-342	Arnaldo Fleury Moreira	EP-783
Anna Carolina Jaccoud	EP-058		
Anna Karoline Vasques de Almeida	AO-017		

Arthur Cavalcanti	AO-016	Bhaves M Patel	EP-250
Arthur Eumann Mesas	EP-601	Bianca Alves de Miranda	AO-017
Arthur Henrique Ribeiro do Valle de Faria	EP-153	Bianca de Moraes Fracasso	EP-162
Arvind Kumar Baronia	AO-004	Bianca de Negri Souza	EP-412
Asad Moten	EP-233	Bianca Milena Verboski	EP-210
Atsushi Sawamura	EP-567	Bianca Paes	AO-020
Augusto Arcemiro Bittencourt	EP-413	Bianca Pires dos Santos	EP-814
Augusto Manoel de Carvalho Farias	EP-400	Bianca Rodrigues Orlando	EP-332, EP-581, EP-582
Augusto Savi	EP-007, EP-042, EP-136	Bianka Santana dos Santos	EP-055
Aureo do Carmo Filho	EP-109, EP-164	Bibiana de Almeida Rubin	EP-507
Auro Vieira de Paiva Junior	AO-040, EP-626	Bibiane Ramos Pinheiro Bispo	EP-734, EP-847
Awdry Elle Abreu Barreto Cardoso	EP-594	Bilal Badat	EP-028
B		Blasco Miguel Angel	EP-026, EP-114
Ballester Florencia María	EP-026, EP-063, EP-114, EP-527, EP-713	Borello Silvina	AO-002
Bárbara Begot de Freitas Rosa	EP-187	Bradley Dengler	AO-030
Barbara Cristina de Abreu Pereira	EP-572	Branca Jardini de Freitas	EP-504
Bárbara Decontof	EP-277	Brenda Aguiar Rocha	EP-048, EP-158
Bárbara Dias Barbosa	EP-022	Brenda Lorrany Bernardo da Silva	EP-768, EP-789
Barbara Diniz Faria	EP-350	Brenda Marjorie Gregoratto Lee	EP-500
Bárbara Duarte Dutra	EP-465	Brenno Belazi Nery de Souza Campos	EP-600
Barbara Geane Alves Fonseca	EP-842	Brovica C Carla	AO-002
Barbara Hang Loos	EP-597	Bruna Akie Kanezawa	EP-240, EP-302, EP-333
Bárbara Magalhães Menezes	EP-137	Bruna Borges de Cerqueira	EP-609
Barbara Maximino Rezende	EP-127	Bruna C Matos-Garcia	EP-677
Bárbara Nunes Terol	EP-101	Bruna Camila Rufino Gualberto de Brito	EP-824
Bárbara Pompeu Christovam	EP-318	Bruna Cassia Dal Vesco	EP-523
Bárbara Rayanne Fior	EP-001	Bruna Engelman	EP-306
Bárbara Rezende Guarini	EP-012, EP-085	Bruna Felix Fernandes Souza	EP-103, EP-452
Barbara Vieira Carneiro	EP-653	Bruna Ferreira Breder de Paula	EP-795
Beatriz Amorim Beltrão	EP-393, EP-461, EP-505, EP-506	Bruna Figueiredo Manzo	EP-204
Beatriz Brandel Bosio	EP-490	Bruna Gomes Pereira	EP-395
Beatriz Fagundes	EP-750	Bruna Laranjeira Alves	EP-205
Beatriz Helena Sanches Furlanetto	EP-742, EP-749	Bruna Letícia da Silva	EP-501
Beatriz Kelly Oliveira Silva	EP-053, EP-382, EP-700	Bruna Luiza Pinheiro de Carvalho	EP-486
Beatriz Longo Bortoletto	EP-450, EP-451	Bruna Mansur Lago	EP-499
Beatriz Medeiros Gurgel	EP-126, EP-531	Bruna Martins de Carvalho	EP-324
Beatriz Mergulhão Ribeiro Praseres	EP-294, EP-347	Bruna Nayana Ribeiro Barbosa	EP-840
Bedrana Moro Salihovic	EP-198	Bruna Pereira Lima de Figueiredo	EP-057
Berenice Zavala Barrios	EP-615	Bruna Pinheiro Machado	EP-764, EP-797, EP-826
Bernardina Frache	AO-019	Bruna Rolim Peixoto da Silva	AO-042, EP-745, EP-848
Bernardo Considera Vogas	EP-770	Bruna Theodoro	EP-693
Bernardo Rangel Tura	EP-322	Bruno Barcellos Hervé	EP-439, EP-681
Betania Silva Sales	EP-027, EP-820	Bruno Betelloni	EP-023, EP-616
Bezzi Marco Guillermo	AO-002	Bruno Bohme	EP-770
		Bruno Bulhões Ribeiro Ramos	EP-515
		Bruno Coymbra do Amaral	EP-215

Bruno da Silva Baron	EP-577
Bruno Eduardo de Moraes Santos	AO-040, EP-626, EP-632, EP-636
Bruno Eiji Nakano	EP-426
Bruno Ferraz de Oliveira Gomes	AO-021, EP-599
Bruno Gonçalves Silva	EP-548
Bruno Leonardo da Silva Guimaraes	EP-020, EP-024, EP-029, EP-060
Bruno Miranda	EP-777
Bruno Nervi Nattero	EP-397
Bruno Pereira dos Santos	EP-268
Bruno Silva Miranda	EP-828, EP-834
Bruno Sousa Lopes	EP-048, EP-068, EP-158, EP-190, EP-829
Bruno Sousa Pereira	EP-403, EP-508, EP-648
Bruno Trindade da Costa Henriques	EP-153
Bruno Vinícius Struzik	EP-551
Burak Ayan	EP-080
Burgos Hilda Isabel	EP-114

C

Cabrera J	EP-161
Caio Augusto Santos Rodrigues	EP-099
Caio César Araújo Moraes	EP-010, EP-054
Caio César Jucá Lucena	EP-416, EP-698
Caio Lopes Pinheiro de Paula	EP-107
Caio Moreno Perret Novo	EP-561
Caio Teixeira dos Santos	AO-017, EP-194, EP-395, EP-412, EP-424
Caio Tramont	EP-021, EP-031
Camila Adriana Barbosa Costa	EP-204
Camila Barbio Velasco	EP-146
Camila Bobato Lara	EP-557
Camila Borela	EP-610
Camila Botana Ferreira de Carvalho	EP-257
Camila da Cunha Niedermeyer	AO-037
Camila de Gouvea E Silva	EP-453
Camila Dietrich	EP-373, EP-401, EP-681
Camila do Couto Maia	EP-384
Camila Fernanda de Carvalho	EP-546, EP-676, EP-679
Camila Gemin Ribas	EP-777, EP-798
Camila Jimbo Torii	EP-531
Camila Leal Cardoso	EP-520
Camila Lima	EP-166, EP-170, EP-230, EP-314, EP-320, EP-339, EP-341, EP-360, EP-468, EP-481
Camila Mendonça de Moraes	EP-186
Camila Oliveira Valente	EP-239, EP-486
Camila Patricia Galvao Patricio Carvalho	EP-013, EP-050, EP-059, EP-077, EP-328
Camila Pereira Cardoso de Lima	EP-050
Camila Pinho Brasileiro Martins Nam	EP-729

Camila Polis Bellott	EP-776
Camila Ronchetti dos Santos Gomes	EP-593, EP-594, EP-612
Camila Vieira Hirata	EP-635
Camila Werner Engelhardt	EP-499
Camilla Benigno Costa	AO-045
Camylla Santos de Souza	AO-017, EP-089, EP-194, EP-395, EP-412, EP-424, EP-769
Candida Ludtke	EP-759, EP-764, EP-797, EP-826
Canzonieri Romina	EP-114
Carballo Juan Manuel	AO-002
Carina Marinho Picanço	EP-168
Carina Pino	EP-165, EP-646
Carina Viejo	EP-845
Carine Raquel Blatt	EP-649
Cariston Rodrigo Benichel	EP-498
Carla Bittencourt Rynkowski Di Leoni	EP-568
Carla Cristina Ferreira de Andrade	EP-385, EP-825
Carla de Sousa Faria Figueiredo	EP-318
Carla Di Giorgio	EP-764
Carla Maria Vallejo Narvaez	EP-174, EP-343, EP-536, EP-615, EP-711
Carla Morales Guerra	EP-355
Carla Regina Worliczeck Martins	EP-144
Carlito Lopes Nascimento Sobrinho	EP-407, EP-411, EP-418
Carlos Alberto Gonelli	EP-025, EP-199, EP-271, EP-275, EP-368, EP-374, EP-375, EP-376, EP-380, EP-425, EP-432, EP-614
Carlos Alexandre Birnfeld de Arruda	EP-048, EP-068, EP-158, EP-190
Carlos Andres Santacruz Herrera	EP-185
Carlos Augusto Dias	EP-310, EP-327
Carlos Augusto Ramos Feijó	EP-245, EP-417
Carlos Baccin	EP-549
Carlos Briones Vega	AO-014, EP-270, EP-343, EP-536, EP-711
Carlos Diego Lisboa Carneiro	EP-187
Carlos Fernando Ronchi	AO-047
Carlos Henrique Oliveira de Freitas	EP-032
Carlos José Dornas Gonçalves Barbosa	EP-540
Carlos José Oliveira de Matos	EP-307
Carlos Lovesio	EP-670, EP-684
Carlos Pan	AO-019
Carlos Pereira	EP-433
Carlos Roberto Ribeiro de Carvalho	EP-039
Carlos Rodrigo Zárate-Bladés	EP-384
Carmem Rocha Nunes	EP-473, EP-480
Carmen Silvia Valente Barbas	AO-001, EP-043
Carmen T Cordier Damasceno	EP-509
Carmira Fernandes Jeronimo	EP-030
Carola Denisse Amoroso Iñiguez	EP-746

Carolina Bozicovich	EP-670, EP-684	Cecile Ricard	EP-028
Carolina Braga de Resende	EP-127	Cecília Flávia Lopes Couto	EP-496, EP-507
Carolina Corrêa Pinto de Farias	EP-278, EP-336	Cecilia Gómez Ravetti	EP-061, EP-090
Carolina da Silva Gomes	EP-428	Cecilia Rotava Buratti	AO-048
Carolina da Silveira dos Santos	EP-091	Cecilia Saori Mitsugui	EP-383
Carolina Fraga Paiva	EP-089, EP-769	Ceila Maria Sant'Ana Málaque	EP-386
Carolina Fu	EP-039	Celso Fruscalso Junior	EP-541
Carolina Kowalczuk Cioffi	EP-119	Celso Gustavo Ritter	EP-514, EP-522, EP-524, EP-525, EP-569, EP-578
Carolina Machado Lemos	EP-088, EP-382	César Alencar da Silva Filho	EP-401, EP-681
Carolina Marchi Guerra	EP-802	César Augusto Ferreira Alves-Filho	EP-561
Carolina Perrone Marques	AO-031, AO-033	Cesar Helbel	EP-383
Carolina Ruiz Balart	EP-397	Cezar Eumann Mesas	EP-601
Carolina Santos Souza Tavares	EP-107	Charles Maroly Lessa Mantovani	EP-179
Carolina Villegas	EP-809	Chelsea Mendonca	EP-370
Caroline Abud Drumond Costa	EP-717, EP-761, EP-837	Chertcoff Julio Felipe	AO-022, EP-026, EP-063
Caroline Bastos Cyrino	EP-182	Chiara de Fazio	AO-041
Caroline Cabral Robinson	EP-258, EP-373, EP-401, EP-681	Chirag Buch	EP-370
Caroline Davanzo Dutra	EP-540	Christiane Luck Macieira	EP-655
Caroline Faustino Bracarense	EP-275	Christiane Rodrigues Alves	EP-097
Caroline Ferreira Guerreiro	EP-051	Christina de Paola	EP-796
Caroline Freiesleben Cruz	EP-412	Christopher Eyeington	AO-011
Caroline Lavor Fernandes	EP-381	Cibele Tais Puato de Almeida	EP-047
Caroline Luciane de Oliveira	AO-038	Cilomar Martins de Oliveira Filho	EP-797
Caroline Marques do Nascimento	EP-662	Cinara Andreolio	EP-812, EP-826
Caroline Máximo Batista	EP-765	Cinara Carneiro Neves	AO-046, EP-743, EP-764, EP-797, EP-812, EP-826
Caroline Sbardellotto Cagliari	AO-017	Cinara Silva Feliciano	EP-179
Caroline Shihara de Assis	AO-036, EP-621	Cinthia Arakaki Watanabe	EP-599
Caroline Tolentino Sanches	EP-110	Cinthia Gomes da Silva	EP-545, EP-558, EP-575, EP-579, EP-580, EP-585, EP-586
Carollina Danezi Felin	EP-692	Cínthia Kanazawa Silveira	EP-046
Cassia Gomes Borges	EP-315	Cíntia Johnston	AO-001, EP-719, EP-727, EP-748, EP-815, EP-816
Cássia Righy Shinotsuka	EP-548, EP-559	Cintia Magalhães Carvalho Grion	EP-110, EP-178, EP-254, EP-276, EP-292, EP-396, EP-467, EP-557, EP-601
Cassiane Dezoti da Fonseca	EP-538	Ciro Leite Mendes	EP-102, EP-328, EP-402, EP-443, EP-444, EP-487, EP-502, EP-570, EP-664, EP-685, EP-702, EP-703
Cassiano Felipe Gonçalves de Albuquerque	EP-111	Clairton Marcos Citolino Filho	EP-226
Cassiano Teixeira	AO-016, EP-136, EP-258, EP-305, EP-373, EP-401, EP-439, EP-477, EP-496, EP-681	Clara H Gaspari	EP-058
Catarina Rodrigues Corrêa	EP-386	Clara Monteiro Antunes Barreira	EP-552
Catarina Schiavo Grubert	EP-599	Clarice Teixeira Silva Araujo	EP-441, EP-442
Caterine Maria Redondo de Sousa Pereira	EP-173, EP-177, EP-228, EP-354, EP-367	Clarissa de Oliveira Soares Peixoto	EP-650
Catharinne da Silva Souza Rodrigues	EP-239	Clarissa Garcia Leaes	EP-037
Catherine P Hermida Reigada	EP-672	Clarissa Netto Blattner	EP-135
Catherine Staton	EP-562	Claudia Almeida Ribeiro Torres	EP-454, EP-476, EP-609
Cathrine Tadyanemhandu	EP-231	Claudia Cantagalli Soleo	EP-025, EP-368, EP-380
Catia Arcure Branco	EP-299		
Catia Moreira Guterres	AO-038		
Catiana Mitica Gritti	EP-638, EP-641		

Cláudia Cosentino Gallafrio	EP-771	Cristiane Gonçalves dos Santos	EP-772
Claudia da Rocha Cabral	EP-136	Cristiane Helena Papacidero	EP-257
Cláudia Geovana da Silva Pires	EP-609	Cristiane Hubner Florindo	EP-469
Cláudia Kist Fortino	EP-479	Cristiane Maria C Costa Dias	EP-786
Claudia Lima Lanziani Spegiorin	EP-212, EP-689	Cristiane Silva de Souza	EP-159
Cláudia Maria Dantas de Maio Carrilho	EP-178, EP-276, EP-467	Cristiane Sousa Nascimento Baez Garcia	EP-733, EP-735, EP-831
Cláudia Maria de Paiva	EP-329	Cristiane Vieira Cavalheiro	EP-728, EP-782, EP-846
Claudia Pires Ricachinevsky	EP-724, EP-756	Cristiano Bertolossi	EP-278, EP-280, EP-281, EP-322, EP-363
Claudia Regina Felicetti Lordani	EP-529, EP-537	Cristiano dos Santos Rodrigues	EP-037
Claudia Rejane Lima de Macedo Costa	EP-093, EP-240, EP-261, EP-302, EP-333, EP-365	Cristiano Rodrigo de Alvarenga Nascimento	EP-355
Claudia Sena de Pádua	EP-514, EP-522, EP-525	Cristina Bueno Terzi Coelho	AO-032, EP-673
Cláudia Severgnini Eugênio	EP-210, EP-258, EP-477	Cristina Prata Amendola	AO-020, EP-223, EP-241, EP-253, EP-323
Cláudia Sorelle Cavalcanti de Santana	EP-235, EP-627, EP-668	Cristina Sanches	EP-753
Claudia Yanet San M de Bernoche	EP-359, EP-591, EP-595	Cristine Pilati Pileggi Castro	EP-014
Claudiane Silva Pereira Cedraz	EP-486	Cristini Klein	EP-156, EP-237, EP-238
Claudinéia Mutterie Logato Marmirolli	EP-560	Cynthia Karina de Mesquita Costa	EP-685, EP-703
Claudio Coy	EP-671	Cyntia Maria Lins Santana de Lima	EP-220, EP-232, EP-244
Cláudio Heitor Tavares Gress	EP-195, EP-607, EP-608, EP-618, EP-619, EP-620	Cyntia Woitexen Campos	EP-119
Claudio Henrique Pinto Gonçalves	EP-593, EP-594, EP-612	D	
Cláudio Piras	EP-152	Dafne Cardoso Bourguignon da Silva	EP-752, EP-771, EP-811
Claudir Lopes da Silva	EP-335	Daiana Barbosa da Silva	EP-196, EP-210, EP-251, EP-256, EP-258, EP-305, EP-477
Clayton Lima Melo	EP-316, EP-406	Daiana Cristine Bundchen	EP-003
Cleide Lucilla Carneiro Santos	EP-411	Daiana Terra Nacer	EP-129, EP-317, EP-696
Cleidiane da Silva Andrade	EP-187	Daiane Feil Schmitz	EP-240, EP-365
Cleonice de Fátima Vechi	EP-083	Daiane Malheiros	EP-265, EP-369
Cléria Regina Bizon	EP-255, EP-338	Daiane Prass	EP-335
Cleyde Thereza Leal Casemiro Vanzillotta	EP-768, EP-789	Daísa Carla Bezerra Silva	EP-587
Cleydson Rodrigues de Oliveira	EP-208, EP-406	Daisy Crispim	EP-625
Cosenza Sebastian	EP-633	Dalmo Valério Machado de Lima	EP-694
Crislanny Regina Santos da Silva	EP-181	Damião da Conceição Araújo	EP-107
Cristhiano Adkson Sales Lima	EP-010	Dandara Melo Lima Costa	EP-173, EP-177, EP-228, EP-354, EP-367
Cristian Pozo	EP-165, EP-188	Daniel Aragão Machado	EP-278, EP-280, EP-281, EP-322
Cristian Tedesco Tonial	EP-717, EP-746, EP-761, EP-781, EP-837	Daniel Dutra Cavalcanti	EP-058
Cristiana Martins Duarte	EP-346	Daniel Ferreira de Barros Rodrigues	EP-548
Cristiane Aparecida Souza Saraiva	AO-049, EP-479	Daniel Godoy	AO-030
Cristiane Araújo Nunes	AO-028	Daniel Orselli Comparato	EP-275, EP-375, EP-432
Cristiane Bauermann Leitão	EP-625	Daniel Ponte Frota	EP-698, EP-416
Cristiane Bertoldo Duarte	EP-166, EP-170, EP-230, EP-314, EP-320, EP-468, EP-481	Daniel Puertas	EP-833
Cristiane Carius de Oliveira	EP-259	Daniel Rodrigues Ribeiro	EP-552
Cristiane Cordeiro Velasco	EP-355	Daniel Sant Anna Vieira	AO-039
Cristiane Cursino Cavina	EP-735	Daniel Sganzerla	EP-373, EP-401, EP-439
Cristiane Damiani Tomasi	EP-669	Daniel Varela	EP-002, EP-188, EP-191, EP-646
Cristiane dos Santos Manoel Resende da Silva	EP-202, EP-787		

Daniela Cabral	EP-023, EP-616	Débora Mansur Giroto	EP-728
Daniela Correia Santos Bonomo	EP-027	Debora Mariani de Oliveira	EP-258
Daniela Cunha de Oliveira	EP-239	Debora Mayane de Carvalho Pestana Miguel	EP-133, EP-348
Daniela de Oliveira Cardozo	EP-196, EP-251, EP-256	Débora Rodrigues Nunes Tassis	EP-720, EP-780
Daniela de Paula Coelho	EP-166, EP-320, EP-360	Débora Silveira da Motta Oliveira	AO-005
Daniela Di Girolamo	EP-583	Débora Souza Beck	EP-099, EP-120
Daniela dos Santos Marona Borba	EP-331	Debora Teixeira Marques	EP-640, EP-663, EP-667
Daniela Ferrari	EP-790	Deborah Monize Carmo Maciel	EP-454
Daniela Mokra	EP-835	Decio Lerner	EP-731, EP-738, EP-794, EP-830, EP-839
Daniela Occhiena Gomes de Oliveira Avelar	EP-471	Deise Andrade Marinho Brandão	EP-539, EP-540
Daniela Rocha Neves	EP-728, EP-846	Deise Gomes da Silva Melo	EP-098, EP-180
Daniele Martins Piekala	EP-229	Deisy Irene Silva de Moraes	EP-169
Daniella Cabral de Freitas	EP-355	Delmaria Teixeira Marinho	EP-530, EP-609
Daniella Caroline Vargas Luzia	EP-800, EP-801	Delmiro Becker	EP-246, EP-470
Daniella Cunha Brandão	EP-054	Demet	EP-349
Daniella Teotônio Araujo Cartaxo Queiroga	EP-599	Denis Conci Braga	EP-532
Danielle Candido de Moraes	EP-667	Denise de Andrade	EP-167
Danielle Conceição Costa Tavares	EP-013, EP-328, EP-351, EP-474	Denise Espindola Castro	EP-237, EP-238
Danielle de Mendonça Henrique	EP-213	Denise Maria Nascimento Chimentão	EP-744
Danielle Rodrigues	EP-753	Denise Rolim Tucunduva da Fonseca	AO-028
Danielle Rosani Shinohara	EP-383	Desanka Dragosavac	AO-032, EP-015, EP-016, EP-034, EP-035, EP-067, EP-560, EP-600, EP-671, EP-672, EP-673, EP-691, EP-699
Danielly Moreira Gonçalves Cabral	EP-544	Descotte Emiliano	AO-022, EP-063
Daniely Viana da Silva Costa	EP-282, EP-393, EP-461, EP-505, EP-506	Diamantino Ribeiro Salgado	AO-005, EP-160
Danilo Alves Saback	EP-337	Diana da Silva Russo	EP-210, EP-477
Danilo Cosme Klein Gomes	EP-640, EP-663	Diana Latasa	EP-670, EP-684
Danilo Sena Cotrim	EP-675, EP-695	Diana Paola Diaz Aya	EP-155
Danilo Stabile Gonnelli	EP-199, EP-271, EP-275, EP-374, EP-376, EP-425, EP-432, EP-614	Diana Taila	EP-786
Danilo Tavares Silva	EP-605	Diana Vega	EP-809, EP-833
Danilo Voltan Franciotti	EP-521	Dib C Paula	AO-002
Danize Aparecida Rizzetti	EP-038	Diego Eduardo dos Santos	EP-074
Danniel da Silva Rocha	EP-428	Diego Manoel Gonçalves	EP-782
Dario Bordas Garcia	EP-383	Diego Monteiro	EP-718, EP-766
Dario Quaranta	EP-002, EP-165, EP-191, EP-646	Diego Rodrigues Falci	AO-008
Daryl Jones	AO-011	Dilma Maria de Andrade	EP-212, EP-689
Davi Francisco Casa Blum	EP-014	Dilon Antonio Schmitt	EP-007
David Dias Durães	EP-167	Dilson Palhares Ferreira	AO-023, EP-137, EP-440
David Freire Maia Vieira	EP-194	Dimas Tadahiro Ikeoka	EP-556
Dayane Souza Oliveira Vasconcelos	EP-316	Dinarte José Giraldi	EP-798
Dayanne Catherine Martins Souza	EP-733	Dinora Alves Bezerra	EP-511
Debora Barbosa Guerra	EP-025, EP-368, EP-380	Diogo Oliveira Toledo	EP-504
Débora de Oliveira Darmochid	EP-260	Diogo Toledo Matias	EP-096
Débora Feijó Villas Boas Vieira	EP-156, EP-237, EP-238, EP-407	Dionara Schlichting	EP-022
Débora Fiorentin Vandresen	EP-739	Djalma Antonio da Silva Junior	EP-686
Débora Gonzaga Pedro	EP-453	Domenico Luca Grieco	EP-028

Donald F Zimmer	EP-250
Dora Mannarino	EP-018, EP-154
Dorcelina Correa de Sousa Lopes	EP-539, EP-540
Douglas Neves	EP-038
Dulce Ines Welter	EP-001
Durval Ferreira Fonseca Pedroso	EP-686
Dusan Morman	EP-472, EP-712
Dyaiane Marques dos Santos	EP-504

E

Ecryd Cristine Fernandes Abdala Elias	EP-742, EP-749
Eden Sirak	EP-206
Edenise Maria Santos da Silva Batalha	EP-337
Eder Chaves Pacheco	EP-042, EP-683
Ederlon Alves de Carvalho Rezende	EP-550, EP-608, EP-617, EP-628, EP-642
Ederson Paulo dos Reis	EP-342
Edésio Vieira da Silva Filho	EP-166, EP-170, EP-230, EP-314, EP-320, EP-339, EP-341, EP-360, EP-468, EP-481
Edgar Cellis	EP-155
Edgar de Brito Sobrinho	AO-006, EP-124, EP-151, EP-708
Edilene Coelho de Souza Novaes	EP-354
Edilson Fernandes de Arruda	EP-371
Edilson Misael Guimarães	EP-225, EP-755
Edino Parolo	EP-652
Edison Ferreira de Paiva	EP-404
Edmilson Leal Bastos de Moura	EP-446, EP-622, EP-682
Edna Vitoria Martins	EP-532
Ednaldo Magalhães Ferreira Filho	EP-486
Edson Antônio Nicolini	EP-125
Edson Pedro Rocha	EP-576
Edson Renato Romano	EP-033, EP-039, EP-052, EP-171, EP-326, EP-405, EP-408, EP-409, EP-410, EP-556
Edson Rodrigues Garcia Filho	EP-662
Eduardo Couto Campelo	EP-287, EP-298, EP-321
Eduardo da Silva Oliveira	EP-319, EP-403, EP-508, EP-648, EP-661, EP-714
Eduardo Fagundes Parrillo	EP-355
Eduardo Leite Costa	EP-010
Eduardo Mensch Jaeger	EP-379
Eduardo Moreira San Martin	AO-019
Eduardo Shimoda	EP-650
Eduardo Tavares Lima Trajano	EP-597
Eduardo Vilela	EP-265, EP-369
Edvar Ferreira da Rocha Junior	AO-040, EP-626, EP-632, EP-636,
Edwin Koterba	EP-096, EP-576
Ejike C J	EP-813
Elaine Cristina de Ataíde	EP-672

Elaine Gama Pessoa de Araujo	EP-286
Elaine Pereira Soares	EP-631, EP-642
Elaine Pertile	EP-277
Elaine Regina de Souza	EP-651, EP-657
Elbia Assis Wanderley	EP-102, EP-444, EP-570, EP-702
Eliana Bernadete Caser	AO-001, EP-027, EP-441, EP-442, EP-469
Eliana Claudia de Otero Ribeiro	EP-371
Eliane Maria Simoni	EP-407
Eliane Regina Pereira do Nascimento	EP-465
Elias Atta	EP-731, EP-830
Elieusa E Silva Sampaio	EP-130, EP-404, EP-454, EP-609
Elineuza Costa	EP-782
Elis Cristina Cunha Marques Dias	EP-800, EP-801
Elis Regina Bastos Alves	EP-279
Elisa Beatriz Braga Dell'Orto Van Eyken	EP-733, EP-735
Elisa Gouvêa Bogossian	EP-160
Elisa Helena Gontijo Spolaore	EP-303
Elisabeth Capel Kleinhans	EP-215
Elisangela Martins de Lima	EP-099, EP-120, EP-123
Elizabeth Fernandes Reis	EP-285
Elizabeth Hanson	EP-236
Elizabeth Mesquita Melo	EP-176, EP-697
Elizandra Oliveira	EP-535
Ellen Chirwa	EP-290
Ellen Costa Santos	EP-295
Ellen Kariny Almeida da Silva	EP-722
Ellen Maria Pires Siqueira	EP-394, EP-658
Ellis Regina Penteado	EP-093, EP-261, EP-333
Elma Mathias Dessunti	EP-110
Elza Sara Maues Pena	AO-035
Ema Benech	AO-043
Emanoel Guimarães Paiva	EP-089
Emanoela Paz da Silva Brito do Amaral	EP-051
Emanuel Henrique Cardoso Muniz	EP-662
Emanuelle Flavia Alves Pinto	EP-332, EP-379
Emerson Matheus Silva Lourençone	EP-049, EP-084, EP-649
Emília de Alencar Andrade	EP-587
Emilia Orellano	AO-027
Emiliane Nogueira de Souza	EP-477
Emily Smith Rufino	EP-465
Emmanuel Charbonney	EP-028
Emmanuela Bortoletto Santos dos Reis	EP-800, EP-801
Emmerson Carlos Franco de Farias	EP-774, EP-778, EP-804, EP-821
Enaura Helena Brandão Chaves	EP-331
Enéias Ribeiro de Oliveira	EP-411, EP-418
Ênio Silveiro do Canto	EP-717, EP-746, EP-781

Enirtes Caetano Prates Melo	AO-024, EP-304
Eric da Silva	EP-044, EP-217, EP-596, EP-602
Erica Batassini	AO-025, EP-234, EP-345
Erica Fernanda Osaku	EP-093, EP-240, EP-261, EP-302, EP-333, EP-365
Érica Monize Chagas Santos	EP-307
Erick Cesar de Farias Albuquerque	EP-328, EP-487, EP-703
Éricka Cecília Resende de Souza	EP-805
Érika Bicalho de Almeida	EP-089, EP-769
Érika de Paula da Cruz	EP-096
Eriton de Souza Teixeira	AO-015
Ernesto Jocelin Carneiro Pinto	EP-540
Esperidião Elias Aquim	EP-009, EP-197, EP-215, EP-216, EP-277
Estela Silva Simões	EP-113, EP-157
Ester de Oliveira Pinto	EP-468, EP-481
Ester Góes Oliveira	EP-226
Ester Maria do Nascimento	EP-530
Ester Martins Carneiro	EP-448
Ester Telles Rangel	EP-426
Eugene Yang	EP-563
Eva Drbohlavova	EP-712
Evandro Watanabe	EP-167
Evelin Carneiro Sanchez	EP-439
Evelyn Batista Lauredo Domingos	EP-006
Ewerton Andrez Alves Tavares	AO-006
Exedito Eustaquio Ribeiro da Silva	EP-209, EP-359, EP-591, EP-595

F

Fabian Paredes	EP-833
Fabiana Christina Araujo Nossa	EP-742
Fabiana Coelho Couto Rocha Corrêa	EP-085
Fabiana de Mello Barros	EP-288
Fabiana Fernandes de Araújo	EP-102
Fabiana Fontana Medeiros	EP-751
Fabiana Ruotolo	EP-493
Fabiana Salles de Sousa Matos	EP-449
Fabiana Wahl Hennigen	EP-162
Fabiane Costa Santos	EP-051
Fabianne Altruda de Moraes Costa Carlesse	EP-811
Fabiano Ramos	AO-008, EP-106
Fábio Antonio Gomes	EP-006
Fábio de Melo Alves	EP-030
Fabio dos Santos Barbosa	EP-691, EP-699
Fábio Fernandes Neves	EP-301
Fábio Ferreira Amorim	AO-023, EP-101, EP-137, EP-243, EP-399, EP-440, EP-446, EP-516, EP-622, EP-682

Fabio Guimaraes de Miranda	EP-548, EP-559
Fábio Henrique Bento da Costa	EP-531
Fábio Hüsemann Menezes	EP-673
Fabio Liberali Weissheimer	EP-221
Fabio Marcelo da Silva Valverde	AO-020, EP-241, EP-253
Fabio Poianas Giannini	EP-310, EP-327
Fabio Silvio Taccone	AO-041, EP-198
Fabio Zanerato	EP-526
Fabio Zanoni	EP-756
Fabiola Nunes de Sá	EP-613, EP-832
Fabiola Vital Munhoz	EP-526
Fabricia Fernanda Bezerra de Carvalho	EP-059
Fabricio Buchdid Cardoso	EP-560
Fabricio Duarte Caires	EP-101, EP-243, EP-399, EP-516
Fabricio Piccoli Fortuna	AO-039, EP-462
Fabrine Ceron	EP-022
Faranak Rokhtabnak	EP-004
Fares Darawshy	EP-630
Fátima Elizabeth Fonseca de Oliveira Negri	EP-402, EP-664, EP-702
Fátima Kiyoko Hayashi	EP-043
Fatima Venancio Porfirio	EP-500
Federico Acharta	EP-670, EP-684
Federico Galiotti	EP-005
Federico Verga	AO-007
Felícia Maria Matias Silveira	EP-176, EP-697
Felício Chueiri Neto	EP-672
Felipe Barbosa Braga de Castro	EP-449
Felipe Bomtempo	EP-289
Felipe Caetano Pardo	EP-651, EP-657
Felipe Campos Ferreira	EP-086
Felipe Dal Pizzol	EP-669
Felipe Ferreira Ribeiro de Souza	EP-272, EP-319, EP-648, EP-661, EP-714
Felipe Lambert Bitarello	EP-426
Felipe Lessa Soares	EP-441, EP-442, EP-469
Felipe Mafort Rohen	EP-642
Felipe Menezes Varela de Araújo	EP-551
Felipe Ribeiro Henriques	EP-041, EP-466
Felipe Seabra Costa Cunha	EP-542
Fernanda Alberici	EP-149
Fernanda Angela Rodrigues	EP-554
Fernanda Baumle Reese	EP-523, EP-546, EP-676, EP-679
Fernanda Bassan Lopes da Silva	EP-624
Fernanda Brum	EP-041
Fernanda Cabral Xavier Sarmento de Figueiredo	EP-003
Fernanda Cajuhy dos Santos	EP-130, EP-404, EP-454, EP-476
Fernanda Callefe Moreira	EP-681

Fernanda Cardoso Chies	EP-162	Filipe Utuari de Andrade Coelho	EP-538
Fernanda Carneiro Mussi	EP-458	Fiorella González	AO-007
Fernanda Cintra Lima	AO-026	Firmino Haag Ferreira Junior	EP-166, EP-170, EP-230, EP-314, EP-320, EP-339, EP-341, EP-360, EP-468, EP-481
Fernanda Cristina Messias Buriozo	EP-323	Flair José Carrilho	EP-653
Fernanda da Cunha Salvi	EP-421	Flaubert Luiz Lopes Rocha	EP-011
Fernanda de Brito Silva Campos	EP-147	Flavia Castanho Hubert	EP-546, EP-676, EP-679
Fernanda de Carvalho Braga	EP-792	Flavia Evelyn Medeiros Fernandes	EP-211
Fernanda de Medeiros Nóbrega	EP-351	Flávia Fernandes Manfredi de Freiras	EP-549
Fernanda Diório Masi Galhardo	EP-015, EP-016	Flávia Gimenes Ferreira Tibau	EP-733
Fernanda Faria Reis	EP-694	Flavia Giron Camerini	EP-213
Fernanda Fernandes Costa	EP-130	Flavia Julie do Amaral Pfeilsticker	EP-504
Fernanda G M Soares Pinheiro	EP-107, EP-307	Flavia Lucena da Costa	EP-392
Fernanda Guedes de Carvalho	EP-778	Flavia Perassa de Faria	EP-048, EP-068, EP-092, EP-158, EP-190, EP-785, EP-829
Fernanda Lemos de Souza Ribeiro	EP-431	Flávia Priscila Souza Tenório	EP-307
Fernanda Lemos do Prado Boechat Muniz	EP-075	Flavia Ribeiro Machado	EP-146
Fernanda Lie Kurokawa	EP-025	Flavia Rodrigues Guerra	EP-138
Fernanda Lima Santos Pires	EP-346	Flavia Vieira Rezende	AO-020
Fernanda Machado Assunção	EP-204	Flaviane Leite Bortoli	EP-119
Fernanda Machado Balzan	EP-007, EP-042	Flaviani Alves Santana Alfano	EP-169
Fernanda Machado Kutchak	EP-038, EP-683	Flávio Berriel Abreu	EP-650
Fernanda Rocha Rodrigues da Silva	EP-056	Flávio Elias Callil	EP-104
Fernanda Rodrigues	EP-783	Flávio Roberto Sztajnbock	EP-770
Fernanda Vilas Bôas Araújo	EP-137	Flávio Virgílio Rocha Guimarães	EP-221
Fernanda Zancheti	EP-761, EP-781, EP-837	Folco Juan Jose	EP-117
Fernando Antibas Atik	AO-040, EP-626, EP-632, EP-636, EP-666	Fortunato Prado Brancher	EP-773
Fernando Antônio Botoni	EP-222	Francelise Pivetta Roque	EP-456
Fernando Augusto Bozza	EP-548, EP-559, EP-669	Franciele Ortiz Machado Gazola	EP-532
Fernando Bellissimo-Rodrigues	EP-252, EP-269	Franciele Spada	AO-003
Fernando Beserra Lima	EP-203, EP-361, EP-665	Francielly Crestani	EP-717, EP-761
Fernando Bourscheit	EP-132	Francielly Nardy Souza	EP-414
Fernando de Moura Juncá	AO-005	Francimary de Alencar Campos	EP-455
Fernando de Souza Machado	EP-471	Francine Dutra	EP-373
Fernando Jiménez Torres	EP-078	Francine Hoffmann	EP-401
Fernando Jorge Cotrim Arantes	EP-220	Francine Sanchez Gulin	EP-252, EP-269, EP-372
Fernando Jose Ferreira Marecos	EP-654	Francineide de Oliveira Santos	EP-539
Fernando Lipovestky	EP-045	Francisca Janaina R da Silva	EP-785
Fernando Lucas Soares	EP-378, EP-398, EP-499, EP-679	Francisca Vanoide de Brito Santos	EP-736
Fernando Nataniel Vieira	EP-042, EP-683	Francisco Albano de Meneses	EP-245, EP-417
Fernando Ramos Gonçalves	EP-545, EP-558, EP-575, EP-579, EP-580, EP-585, EP-586	Francisco Bruno	EP-717, EP-761, EP-781, EP-812, EP-837
Fernando Silva Guimarães	EP-020, EP-060	Francisco de Assis Duarte Miguel	EP-077
Fernando Suparregui Dias	AO-039	Francisco de Assis Silva de Azevedo Medeiros	EP-773
Filipe Abdalla dos Reis	EP-047	Francisco Dieimes Alves Peixoto	EP-019
Filipe Boeira Schedler	EP-163	Francisco Javier Ochoa Carrillo	EP-536
Filipe da Silva Reis	EP-070	Francisco Railson Bispo de Barros	EP-818
Filipe Sousa Amado	AO-003		

Francisco Roberto Lello Santos	EP-006
Franck Maciel Peçanha	EP-038
Franco Diaz Rubio	AO-043, AO-044, EP-845
Frederico Balverdu Zauk	EP-445
Frederico Klein Gomes	EP-305

G

Gabriel Antonio Fernandes Messias	EP-531, EP-565, EP-562
Gabriel Augusto Cordeiro dos Santos	EP-223, EP-323
Gabriel Baldanzi	EP-742, EP-749
Gabriel Bortoli Ramos	EP-531
Gabriel de Oliveira Araújo	EP-101, EP-137, EP-243, EP-399, EP-516
Gabriel Farias da Cruz	EP-776
Gabriel Franco	EP-673
Gabriel Gomes Maia	EP-074
Gabriel Kanhouche	EP-622
Gabriel Lunardi Aranha	EP-629
Gabriel Matos dos Santos	EP-075
Gabriel Nascimento Jesus	EP-382, EP-700
Gabriel Pedreira Leal Araponga	EP-503
Gabriel Previero Elias da Silva	EP-637
Gabriel Senes Velloso Ribeiro	EP-378, EP-398
Gabriel Silva Rocha	EP-272, EP-319, EP-403, EP-411, EP-418, EP-648, EP-661, EP-714
Gabriel Victor Dornelas	EP-629
Gabriela Anastacio Gabas	AO-032, EP-699
Gabriela Andrades	EP-717, EP-761
Gabriela Atique Lima	EP-266
Gabriela Bazin	EP-577
Gabriela Bezerra Figueiredo	EP-741, EP-768, EP-789
Gabriela Bonilha Nogueira	EP-378, EP-398
Gabriela Botelho Pereira	EP-332
Gabriela da Rocha Branco Silveira	EP-046
Gabriela da Silva	EP-568
Gabriela de Oliveira Gomes Barbosa	EP-429
Gabriela de Souza Soares	EP-413
Gabriela dos Santos Ança	EP-581
Gabriela Ferreira de Oliveira	EP-265, EP-369
Gabriela Lapuente da Silva	EP-790
Gabriela Maria Fernandes Vieira	AO-009
Gabriela Mesquita dos Santos Coelho	EP-348
Gabriela Néto Caetano	EP-147
Gabriela Nunes Leal	EP-729
Gabriela Pereira do Carmo	EP-262, EP-473, EP-480
Gabriela Santa Maria Lucin	EP-197
Gabriela Santos Menezes	EP-108

Gabriela Sibila	EP-002, EP-191, EP-646
Gabriella Bené Barbosa	EP-411, EP-418
Gabriella Rocha Santos Correa	AO-015
Gael Mearns	EP-290
Garcia Shustereder L Silvina	AO-002
Gastón Burghi	AO-007, AO-019, EP-161
Gean Lucas Farias da Paz	EP-248
Gedson Rodrigues de Morais Lima	EP-211
Geisa Cristina da Silva Alves	EP-753
Geisiane Custodio	EP-625
George Robson Ibiapina	EP-181, EP-429, EP-605
George Veras Barbosa	EP-074
Geovana Botan Gois de Oliveira	EP-612
Geraldo Sadoyama	EP-200, EP-242
Germana Peres Canedo	EP-265, EP-369
Gerson Luiz de Macedo	EP-414
Giani Cioccarì	EP-756
Gil Gouveia Hans Carvalho	EP-450, EP-451
Gilberto da Luz Barbosa	EP-022
Gilberto Friedman	EP-136, EP-496, EP-507
Gilberto Peron Junior	EP-638
Gildene Alves da Costa	EP-840
Gilian Grazielle Tomporoski	EP-144
Gilles Bronchti	EP-028
Gilmaikon Pereira Roela	EP-202
Gilmara Johany de Mello	EP-769
Gilselena Kerbauy Lopes	EP-110, EP-716
Giorgia Maria Moreira de Campos	EP-392
Giovana Giacomini Bozi	EP-291
Giovanna Marcela Cavalcante Carvalho	EP-056
Giovanna Mercado Torres	EP-465
Giovany Inchauste	EP-189
Girlyne Batista de Arruda	EP-299
Girlene Paiva de Oliveira Dias	EP-287, EP-298, EP-300, EP-321, EP-340
Giselda Martins Romero	EP-420
Gisele Amado Boumann Valois	EP-367
Gisele Baldez Piccoli	EP-156
Gisele Fernandes Tarma	EP-769
Gisele Sampaio Silva	EP-209, EP-549, EP-574
Gisele Spaki de Castro	EP-693
Giselle Machado Campos de Oliveira	EP-749
Giselle Simões Rocha Ferreira	EP-168
Giudici P	EP-161
Giulia Alessandra Wiggers Peçanha	EP-038
Giulia Wendt Fadel	EP-793
Giulio Cesare Longo Neto	EP-175

Giulliana Martines Moralez	EP-559
Gizele Pereira Mota	EP-325
Gladson Denny Siqueira	EP-046
Gladson Fernandes Vieira	EP-455
Glauco Adriano Westphal	AO-038
Glauco Cabral Marinho Plens	EP-010
Glaziela Sena Santana Dornela	EP-027, EP-820
Glenn Eastwood	AO-011
Gloria Barragan Pola	EP-706, EP-707
Glória Vicente de Rezende	EP-396
Gokhan Kilinc	EP-463
Gonzalez Florez Angela	EP-063
Gonzalo Pagella	EP-005
Grace Caroline Van Leeuwen Bichara	EP-742, EP-749
Graciele Calazans de Freitas Magalhães	EP-361
Gracieli Nadalon Deponti	EP-229
Grassi Fernando	AO-022
Graziela da Costa Santos	EP-208, EP-406
Graziela Librelato	AO-048
Graziela Lopes Del Ben	EP-808
Graziella Lopes	EP-277
Grazielle Rezende da Silva Santos	EP-288
Grazielle Roberta Freitas da Silva	EP-263
Gregory Lui Duarte	EP-035
Gregory Saraiva Medeiros	AO-008, AO-016
Greice Lithiele Klug da Cruz	EP-479
Guilherme Alves Lepski	EP-576
Guilherme Andrade	EP-653
Guilherme de Almeida Costa	EP-651, EP-657
Guilherme Duprat Ceniccola	AO-026, EP-624
Guilherme Fraga Gehring	EP-378, EP-398
Guilherme Gomes Ribeiro	EP-241, EP-253
Guilherme Henrique Caspary Ribeiro Filho	EP-524
Guilherme Kriger	AO-031, AO-033, EP-134, EP-139, EP-143, EP-802
Guilherme Luiz Rodrigues Ramajo	EP-490
Guilherme Menezes Mescolotte	EP-560
Guilherme Mincewicz	EP-197
Guilherme Vilela Machado João	EP-179
Guillermo Cueto Robledo	EP-706, EP-707
Gustavo Adolfo Kuriyama Massari	EP-424
Gustavo Baptista Ferreira Braga	EP-066
Gustavo Canine da Costa	EP-494
Gustavo da Fontoura Galvão	EP-561
Gustavo Henrique de Oliveira Amorim	EP-599
Gustavo Henrique Pascoal	EP-082

Gustavo Oliveira	EP-289
Gustavo Roberto Pereira Teruya	EP-671
Gustavo Salles Bueno Zoéga	EP-378, EP-398
Gustavo Sattelmayer de Lima	EP-260
Gustavo Teixeira Alves	EP-388, EP-435, EP-542

H

Hananda Roberta Cunha Paixão	EP-364
Hannah Luiza Batista Almeida	EP-413
Haulcienne Nilbe Watanabe Lacerda Cintra	AO-036, EP-621
Hayandra Ferreira Dias	EP-048, EP-158
Hayanne O Pauletti	EP-677
Heise Schneider Falcão	EP-364
Heithor de Castro Sell	EP-445
Helânia do Prado Cruz	EP-142, EP-282
Helen Young	AO-011
Helena Gracielli de Carvalho Almeida	EP-194
Helena Van Aswegen	EP-231
Helga Lucy Feitosa Santos Melo	EP-169
Hélio Anjos Ortiz Junior	EP-532
Helio Cesar Telles Primo	EP-159
Helissar M Fernandes	EP-277
Hellen Caroline Soares Rovesse	EP-316
Hellen Karinna Monteiro	AO-006, EP-124, EP-151, EP-708
Helmngton José Brito de Souza	EP-065
Heloisa Baruffi	EP-531
Heloísa Costa	EP-465
Heloise Helena Silva Medeiros	EP-686
Henrik Werneck Vilagra	EP-597
Henrique Luiz de Godoy	EP-023, EP-616
Henry Albornoz	AO-007
Herbert Missaka	EP-561
Herika Lucia da Costa Silva	AO-029, EP-195, EP-550, EP-607, EP-608, EP-617, EP-618, EP-619, EP-620
Hermann Heinrich Husch	AO-037
Hermilio Garcez Jr	EP-757, EP-758
Hertaline Menezes do Nascimento	EP-307
Hevanir Cavalcante de Mesquita	EP-220
Hiago Sousa Bastos	EP-662
Hideobu Shigemitsu	EP-634
Hideo Takahashi	EP-634
Hilderlan Fernandes Martins	EP-008
Hilkias Bernardo de Souza Neto	AO-006
Hilmara Aparecida Jesus Maioli	EP-140
Hilton de Castro Chaves Junior	EP-299, EP-334, EP-603
Hitoshi Kaneko	EP-192

Hivila Nayanna da Silva Moreira	EP-211
Holcilene Carvalho de Araujo	EP-219
Huama Oliveira dos Santos	EP-790
Huark Douglas Correia	EP-221
Hudson Henrique Gomes Pires	EP-301
Hugo Andrade Santos	EP-259
Hugo Fernando Bianco Cáceres	EP-654
Hülya Sungurtekin	EP-463
Humberto Villacorta Junior	AO-029, EP-195, EP-457, EP-550, EP-577, EP-589, EP-607, EP-608, EP-617, EP-618, EP-619, EP-620, EP-628, EP-631, EP-642

I

Ianick Souto Martins	EP-737
Iara Sayuri Shimizu	EP-248
Iasmin Cava de Sa	EP-640, EP-667
Iasmin Lima Aguiar	EP-476
Ibera Catarina da Silva Bispo	EP-205
Ícaro Sampaio Toutsis	EP-053, EP-700
Ignacio Previgliano	AO-027
Igor Almeida Silva	EP-044, EP-217, EP-248, EP-448, EP-596, EP-602
Igor Bromonschenkel Brandão	EP-741
Igor Kenned Durães Paiva	EP-698
Igor Mendonça do Nascimento	EP-102, EP-402, EP-443, EP-444, EP-474, EP-487, EP-502, EP-570, EP-664, EP-685, EP-702, EP-703
Ilaria Alice Crippa	EP-198
Ilka de Fátima Santana Ferreira Boin	EP-672
Inara Cristina Marciano Frini	EP-113, EP-157
Ingrid Bezerra Portela	EP-344, EP-366
Ingrid Regia Lopes Jeronimo	EP-286
Ingrid Wahlin	EP-236, EP-353
Iorran Noceti Silvestri	EP-490
Ioshiaki Yogi	EP-637
Iracema de C O F Fernandes	EP-779, EP-793, EP-796
Irapuã José Garcia Junior	EP-464
Irene Akhiden	EP-813
Irene Telias	EP-028
Irina Aversa	AO-027
Íris de Lima Ferraz Siqueira	EP-324, EP-525, EP-569, EP-578
Irla Maiara Silva Medeiros	EP-324, EP-514, EP-522, EP-524, EP-569, EP-578
Isabel Cristina de Oliveira	EP-098, EP-180
Isabel Cristina Veras Aguiar	EP-697
Isabela Bonifácio Brige Ferreira	EP-515
Isabela Christina Venancio	EP-097
Isabela Coan Brocca	EP-819

Isabela Corrêa Cavalcanti Sá	EP-395
Isabela Macedo Ribas	EP-531
Isabela Nascimento Borges	EP-127
Isabela Netto Macri Brotto	EP-052, EP-171, EP-326, EP-405, EP-408, EP-409, EP-410, EP-556
Isabela Seccato Ruis Chagas	EP-441, EP-442
Isabella Barros Rabelo Gontijo	EP-471
Isabella Batista Pires	EP-404, EP-476
Isabella Diniz Faria	EP-350
Isabella Naiara de Almeida Mou	EP-364
Isabella Silva Guimarães Lima	EP-220, EP-232
Isadora Carvalho Grion	EP-110
Isadora Salvador Rocco	EP-677
Isis Jaspe Reis da Silva	EP-151
Ísis Sousa Bezerra de Menezes	EP-282
Islane Costa Ramos	EP-639
Ismário Silva Meneses	EP-169
Israel Guerrero Izaguirre	EP-045
Ítala Martins Souza Marques	EP-092
Italo Gadelha de Lucena	EP-443, EP-502, EP-664
Ítalo Lennon Sales de Almeida	EP-381
Itamar Regazzo Pedreschi Porto	EP-093, EP-365
Itiana Cardoso Madalena	AO-038
Ivan F C Toro	EP-699
Ivana Zykova	EP-472, EP-712
Ivanil Aparecida Moro Kauss	EP-254, EP-276, EP-292, EP-467
Ivens Augusto Oliveira de Souza	EP-493
Iveth Yamaguchi Whitaker	EP-678, EP-701
Ivonne Nina Orellana	EP-189
Izabel Dayana de Lemos Santos	EP-751
Izabela Lima Fonseca	EP-429
Izabela Lourenço Rodrigues Silva	EP-312
Izabella Liguori Corsino Vabo	EP-488
Izadora Dalenogare	EP-717, EP-761
Izamara Fernandes Brunello	EP-728

J

Jackeline Soares Costa	EP-299
Jackline Duran Souza	EP-241, EP-253
Jackson Freire	AO-006, EP-124, EP-151, EP-708
Jacqueline Matos Cabral	EP-257
Jacqueline Staniszewski Ladeia	AO-031, AO-033, EP-134, EP-139, EP-143, EP-802
Jacques Creteur	AO-041, EP-198
Jaene Nunes Mello	EP-454
Jaiane Luiza Jaskowiak	EP-240, EP-261, EP-302
Jaianúzia Souza Silva	EP-530

Jailson Vieira Machado	EP-418	Jenifer dos Santos	EP-834
Jaime de Oliveira Campos Junior	EP-208, EP-406	Jennifer Costa Sales Honorato	EP-694
Jair Francisco Pestana Biatto	EP-126, EP-565	Jeovana Soares Mourão	EP-605
Jair Rodrigues Trindade Junior	EP-534	Jerry Chandler	EP-387
Jairo Guedes Fioravante Rezende	EP-561	Jessica Abel	EP-361
Jairo Werner	EP-750	Jessica Amarante de Oliveira	EP-624
Jakeline de Lima Israel	EP-522, EP-524, EP-569, EP-578	Jéssica de Andrade	EP-384
Jakeline Marie Servilha Brotto	EP-144	Jessica de Souza Luiz	EP-593
Jamile Maria Thomé	EP-342	Jéssica Lajús Fortes Lima	EP-802
Jamile Prado Oliveira Santos	EP-411, EP-418	Jéssica Lourenço Carneiro	EP-832
Jana Kopincova	EP-835	Jéssica Marques Oliveira	EP-167, EP-590, EP-606
Janaína da Silva Mendonça Santos	EP-315	Jéssica Monteiro Pinto	AO-035
Janaina Morandi de Carvalho	EP-453	Jessica Orlando Martins	EP-008
Janaína Sortica	EP-802	Jéssica Santoro	EP-368, EP-380
Janaine Fernada dos Santos Souza	EP-651, EP-657	Jéssyca Michelin Barbosa	EP-086
Jane Walkiria da Silva Nogueira	EP-590	Jesus Araujo Castillo	EP-415
Janete Alves Araújo	EP-464	Jesus Carlos Briones Garduño	AO-014, EP-174, EP-270, EP-343, EP-536, EP-615, EP-711
Janine Batista Andrade Botelho	EP-008	Jesus Valverde Huaman	EP-415
Jansen Giesen Falcao	EP-027, EP-441, EP-442	Jilson Leão de Almeida Junior	EP-543
Janser Moura Pereira	EP-727	Joalbo Matos Andrade	EP-682
Januário Manoel de Souza	EP-036	Joana Angelica Grossi Honorato	EP-208, EP-406
Jaqueline Albert	EP-760, EP-827	Joanne Sausen Velasques	EP-761, EP-781, EP-837
Jaqueline Dario Capobianco	EP-716	João Alberto Costa Neto	EP-248
Jaqueline Lima de Souza	AO-023, EP-101, EP-137, EP-243, EP-399, EP-440, EP-516, EP-622	João Carlos Batista Santana	AO-046
Jaqueline Naomi Fujimura	EP-499	João David de Souza Neto	AO-017, EP-089, EP-194, EP-395, EP-412, EP-424, EP-769
Jaqueline Petitembert Fonseca	EP-049, EP-084	João Felipe Hermann Costa Scheidt	EP-126, EP-562
Jaqueline Sangiogo Hass	EP-136	João Fernando Ramos Raymundo	EP-223, EP-323
Jaqueline Silveira	EP-834	João Gabriel Rosa Ramos	EP-219
Jaques Sztajnbok	EP-386, EP-500	João Geraldo Simões Houly	EP-313
Jarbas da Silva Motta Junior	EP-255, EP-338	João Henrique Bignardi	EP-511
Javier Horacio Alvarez	EP-633	João Leonardo Zampieri Pelandá	EP-377
Javier Osatnik	EP-117	João Luiz Fernandes Petriz	EP-599
Jean Carlos Bofi Rodrigues	EP-126, EP-565	João Manoel Silva Junior	EP-504
Jean Carlos Zanardo	EP-541	João Paulo Venturelli Martins	EP-148, EP-150, EP-390, EP-483
Jean Charles Monteiro Salgado	EP-451	João Pedro Moreira Sampaio	EP-488
Jean Pierre Oses	EP-582	João Pedro Silva Tonhá	EP-120
Jean-Christophe M. Richard	EP-028	João Ricardhis Saturnino de Oliveira	EP-055
Jeane Cristine de Souza da Silveira	EP-156, EP-237, EP-238	João Ricardo Nickenig Vissoci	EP-562
Jeane Xavier dos Santos Farias	EP-232, EP-244, EP-786	João Victor Moraes de Melo	EP-272, EP-319, EP-403, EP-508
Jean-Louis Vincent	AO-041, EP-198	João Vitor Alves Coutinho	EP-296
Jeany de Oliveira Barreto	EP-294, EP-347	João Vítor Nunes Sobreira Cruz	EP-543
Jefferson Braga Caldeira	EP-024, EP-029	Joaquim Henrique de Carvalho Lobato Filho	EP-542, EP-662
Jefferson Pedro Piva	AO-046, AO-048, EP-759, EP-764, EP-797, EP-812, EP-826, EP-843	Joaquín Calatayud Gastardi	EP-017
Jefferson Rodrigues Amorim	EP-248	Joares Luiz Moretti Junior	EP-042
Jeniane Santos da Rocha	EP-190	Jocélia Resende Pereira da Silva	EP-448

Jocemir Ronaldo Lugon	EP-020, EP-060	José Luis Bernal Muñoz	EP-422
Jocimar Antonio Machado	EP-521	José Luis Bolarte Espinoza	EP-415
Joel Malaquias Junior	EP-473, EP-480	Jose Luis Marengo	EP-005
Joel Michalek	AO-030	José Maria da Costa Orlando	EP-709
Joel Tavares Passos	EP-449	Jose Mario Camelo Nunes	EP-098, EP-180
Johan Fernando Devia Alvira	EP-155	José Massoud Salame	EP-561
John Allexander de Oliveira Freitas	EP-685	José Mateus de Souza Ribeiro	EP-412
Jordana Rey Laureto	EP-212, EP-689	José Mauro Vieira Júnior	EP-658
Jordi Mancebo Cortes	EP-028	José Pettine	EP-132
Jorge Alberto Martins Pentiado Junior	EP-610	José Raimundo Araujo de Azevedo	AO-003
Jorge Alcantara Farran	EP-052, EP-171, EP-326, EP-405, EP-408, EP-409, EP-410	Jose Ricardo Santos de Lima	EP-388, EP-435, EP-542
Jorge Amilton Hoher	EP-496	José Roberto Fioretto	AO-047
Jorge da Costa Pereira	EP-021, EP-097	José Roberto Lapa E Silva	EP-371
Jorge Eduardo da Silva Soares Pinto	EP-494	José Ronaldo Mesquita	EP-177
Jorge Guilherme Vieira Nogueira	EP-428	Joselice Almeida Góis	EP-239, EP-458, EP-478
Jorge Ibrain Figueira Salluh	EP-104, EP-669	Joseph Nates	EP-155
Jorge Luis Carvalho Vigorito Junior	EP-773	Joséte Luzia Leite	EP-460
Jorge Luis dos Santos Valiatti	EP-047	Josevane da Silva Marenga	EP-329
Jorge Marcelo Padilla Mancero	EP-638	Josiane Festti	EP-178, EP-254, EP-292, EP-557
Jorge Sinclair	EP-045	Josiane França	AO-008
José Aires de Araújo Neto	EP-008, EP-203, EP-361, EP-665	Josias Alves de Oliveira	EP-404
José Alaor da Veiga Júnior	EP-126, EP-565	Joubin Keyhani Vahgefi	EP-017
Jose Albani de Carvalho Junior	EP-103, EP-148, EP-150, EP-264, EP-358, EP-390, EP-452, EP-483, EP-484	Joyce Annenberg Araújo dos Santos	EP-064, EP-436, EP-447, EP-674, EP-763, EP-791, EP-807
José Aloísio Dias Massote Mourão Oliveira	EP-208, EP-222, EP-406	Joyce Peixoto dos Santos	EP-426
José Antônio Matos Paramo	EP-159	Juan Carlos de Arruda Oliveira	EP-503, EP-515
Jose Antonio Viruez Soto	AO-010, AO-014, EP-072, EP-078, EP-174, EP-270, EP-343, EP-536, EP-615, EP-711	Juan Carlos Rosso Verdeal	AO-005
José Arthur Santos Brasil	EP-377, EP-546, EP-551	Juan Felipe Cáceres Sepúlveda	EP-680, EP-688, EP-690
José Augusto Santos da Silva	EP-169	Juan Francisco Rocha Hernandez	EP-141, EP-422, EP-430, EP-687
José Augusto Santos Pellegrini	AO-018, AO-048, EP-652	Juang Horng Jyh	EP-473, EP-480
José Carlos Alves Filho	EP-127	Juçara Gasparetto Maccari	AO-016
Jose Carlos Fernandes	EP-793, EP-796, EP-779	Júlia Bertholdo Bossardi	AO-039, EP-462
José Carlos Nicolau	EP-359, EP-591, EP-595	Júlia Forte Giacheto	EP-437
Jose Claudio T Seabra	EP-699	Julia Goetttert	EP-421
José Colleti Junior	EP-723	Julian Camilo Alfonso Diaz	EP-414, EP-533
Jose Daniel Charry Cuellar	EP-680, EP-688, EP-690	Julián Cerezo Gonzáles	EP-072
José Eduardo Carreiro	EP-730, EP-767, EP-777, EP-834	Juliana Aguiar Chencchi	EP-098, EP-180
José Eduardo Krieger	EP-128	Juliana Carvalho Ferreira	EP-043
José Guilherme Frediani Oliveira	EP-126, EP-565	Juliana Clementino Pimentel	EP-235, EP-668
José Hipolito de Godoy E Oliveira	EP-195, EP-618, EP-619, EP-620	Juliana Conti	EP-584
Jose Hugo Gameiro Salles	EP-249, EP-352, EP-611	Juliana Cordeiro E Silva	EP-392
Jose Ignacio Garrote Moreno	EP-017	Juliana Dias Pereira de Sousa	EP-351
José Jair James de Arruda Pinto	EP-358, EP-808	Juliana Diaz Siebra	EP-808
José Laércio de Araújo Filho	EP-428	Juliana dos Santos Marques	EP-783
José Linhares Vasconcelos Filho	EP-194	Juliana Duarte Diniz	EP-732
		Juliana Faria Campos	EP-213
		Juliana Gamalho Pereira	EP-379

Juliana Januzzi da Costa	EP-227
Juliana Mara Stormovski de Andrade	EP-037
Juliana Maria da Silva	EP-181
Juliana Moreira	EP-557
Juliana Regis de Almeida	EP-101, EP-243, EP-399, EP-516
Juliana Ribeiro Constante	EP-770
Juliana Santos Marques	EP-736
Juliana Vassalo Rodrigues Leal	EP-057
Juliane da Silva Pereira	EP-235, EP-627, EP-668
Juliano Martins Arruda	EP-027
Julião Fidelis Cordeiro Neto	EP-686
Júlio César Acarine Mouro	EP-613
Júlio Cesar Jacob Junior	EP-544
Julio Meneses Osoria	EP-428
Julio Mott	EP-616
Jurema da Silva Herbas Palomo	AO-036, EP-621
Jussara Gomez	EP-022, EP-389

K

Kaio Alves Paulino	EP-824
Kaline Cardoso de Oliveira	EP-840
Kalinne Sorrentino Martins	EP-351
Kamayura Pestana da Silva Melo	EP-168
Kamila Ramborger Goulart	EP-001
Kamile Kampff Garcia Pavani	EP-308, EP-330
Kamylla Veras Teixeira	EP-142
Karen Azevedo Benevenuto	EP-025, EP-380
Karen de Abreu Lima	EP-131
Karen Jansen	EP-582
Karen Yumi Miyashiro	EP-123
Karina Alvitos Pereira	EP-147
Karina Marques de Mendonça	EP-613
Karina Sorto Souza	EP-232
Karina Tavares Weber	EP-552
Karine dos Santos Silva	EP-142
Karine Letícia de Araujo Costa	EP-208, EP-406
Karinna Aparecida Moreira Manhães	EP-172
Karinne Cristinne da Silva Cunha	EP-278, EP-280, EP-281, EP-322
Karinne Rebelo de Jesus	EP-027
Karla Biancha Silva de Andrade	EP-172
Karla Coccaro Cardoso dos Santos	EP-260
Karla Loyola de Oliveira Arantes	EP-725
Kárla Mára Fátima de Souza Magalhães Pereira	AO-036, EP-621
Karla Pinheiro Afonso	EP-094
Karole Brito Alves Costa	EP-411

Karolina Porto Barreto	EP-019
Karoline Colombelli Trai	EP-532
Karoline Gonsalves Mendes	EP-239
Karoline Sampaio Nunes Barroso	EP-587
Kássia Pinho da Silva	EP-103, EP-148, EP-150, EP-358, EP-390, EP-452, EP-483, EP-484
Katherine Blaha Klein	AO-044
Katherine Kolcaba	EP-458
Katia C F Millares	EP-796
Katia Cabral de Sousa Arruda do Vale	EP-558
Katia Grillo Padilha	EP-538
Katia Jarandilha dos Santos	EP-736, EP-744, EP-754, EP-783, EP-788
Katia Santana Freitas	EP-239, EP-458, EP-478, EP-486
Katia Silva Cavallaro Torres	EP-056
Katia Vasconcelos Guimaraes	EP-400
Katiuscia Brandenburg	EP-421, EP-501
Katyúcia Egito de Araújo Urquiza	EP-102, EP-685
Keiki Shimizu	EP-192
Kellen Eloisa Gonçalves Rocha	EP-755
Kelly Cortez Oliveira	EP-056
Kelly Cristina Inoue	EP-383
Kelly Regina Pires da Silva Cacicano	EP-514, EP-569, EP-578
Kelsey Sampaio Ferreira Junior	AO-029
Kenichi Katabami	EP-704
Kenji Wakabayashi	EP-634
Kennya Henriqueta de Carvalho	EP-377
Kentaro Morikawa	EP-192
Keroulay Estebanez Roque	AO-024, EP-286, EP-304
Késia Alves dos Santos	EP-386, EP-500
Kilvia Rodrigues Gomes Cavalcante	EP-279
Kise Carvalho Guimarães Sapucaia	EP-205
Kleinert Maria Mercedes	EP-117
Kleyton Santos de Medeiros	EP-329
Kryssia de Oliveira Brito de Queiroz	EP-503
Kusminsky Gustavo	EP-633
Kycia Hellen Cruz Marques de Oliveira	EP-059

L

L Nathalie Colas	EP-250
Laércia Ferreira Martins	EP-279, EP-344, EP-366, EP-643, EP-644, EP-660
Lahis Werneck Vilagra	EP-597
Laís Corsino Durant	EP-241, EP-253
Laís de Cássia Nunes	EP-038
Laís Henriques de Oliveira	EP-181, EP-402, EP-429, EP-443, EP-444, EP-487, EP-664, EP-702

Laís Rodrigues Caldas	EP-605	Leilane Marcos	EP-284
Laís Sousa Santos	EP-217, EP-596	Leileane Alves	EP-282
Lais Yasue Taquemori	EP-453	Lelia Bolonha	EP-736, EP-783
Laisa Liane Paineiras Domingos	EP-074	Lennart Magnusson	EP-236
Laise Locks Stahlhofer	EP-122	Leonardo Baron Spolidoro	EP-561
Lana dos Santos Martins	EP-760, EP-827	Leonardo Brauer	EP-310, EP-327
Lana Ferreira Moreira	EP-543	Leonardo Carvalho Guerreiro	EP-175
Lanara Alves Pereira	EP-303	Leonardo Cordeiro de Souza	EP-020, EP-060
Lanese Medeiros de Figueirêdo	EP-176, EP-613, EP-697	Leonardo dos Santos Pereira	EP-019, EP-267, EP-311, EP-604, EP-656, EP-659
Lara Borges Gullo Ramos Pereira	EP-008	Leonardo G Cohen	EP-584
Lara Carolina Januário Cabral	EP-733	Leonardo Jadyr Silva Rodrigues Alves	EP-065
Lara Ferreira Ventura	EP-424	Leonardo Javier	EP-738
Lara Freire Bezerril Soares	EP-088	Leonardo Mendes Nogueira	EP-445, EP-581
Lara Matos Rodrigues	EP-094	Leonardo Passos de Souza	EP-159
Lara Patrícia Bastos Rocha	EP-212, EP-689	Leonardo Pinto	EP-746
Laressa Manfio Monteiro	EP-726, EP-841	Leonardo S Faria	EP-031
Larissa Almeida Oliveira Aragao	EP-205	Leonardo Shingu de Oliveira	EP-396
Larissa Bertacchini de Oliveira	AO-036, EP-621	Leonardo Silva da Costa	EP-668
Larissa Bianchini	EP-022, EP-389	Leonardo Teodósio de Melo	EP-631
Larissa Bulhões Nogueira	EP-053	Leonor Monteiro	EP-289
Larissa Chaves Pedreira	EP-294, EP-347	Leriane Leuzinski	EP-216
Larissa de Araújo Lemos	EP-639	Leticia Georgett	EP-255, EP-338
Larissa Fernandes Sales Gomes	EP-173, EP-177, EP-228, EP-354, EP-367	Leticia Guimaraes Peyneau	EP-844
Larissa Gomes da Silva	EP-050, EP-328	Letícia Magalhães Costa	EP-732
Larissa Lins	EP-783	Leticia Maria Acioli Marques	EP-811
Larissa Monteiro Gondim Teixeira	EP-742, EP-749	Letícia Massaud Ribeiro	EP-768, EP-789
Larissa Salgado de Oliveira Rocha	EP-187	Leticia Petry Castro Becker	AO-039
Larissa Sena Cotrim	EP-675, EP-695	Leticia Pontual Souto Maior Tavares	EP-464
Larissa Tomé Ferreira	EP-478	Leticia Porto da Silva	EP-503
Lauana Maschietto Costa	EP-437	Leticia Rodriguez	EP-845
Laura Emanuela Pinheiro Machado	EP-279, EP-344	Letícia Santos de Carvalho	EP-403, EP-508, EP-661, EP-714
Laurelisa Franco de Oliveira	EP-006	Leticia Santos de Oliveira	EP-610
Laurent Brochard	EP-028	Letícia Tramontin Mendes	AO-031, AO-033, EP-134, EP-139, EP-143, EP-802
Layana de Paula Cavalcante	EP-639	Leva Arani Shayani	EP-803
Lázaro França Nonato	EP-208	Lia de Oliveira Domingues	EP-094
Leah Peck	AO-011	Lia Ilona Losonczy	EP-387
Leandro de Oliveira Coelho	EP-820	Lia Mara de Lara Favero Ferreira	EP-098, EP-180
Leandro Defacio	EP-358, EP-452, EP-808	Lidia D P Siqueira	EP-197
Leandro Fefacio	EP-103	Lídia Miranda Barreto Mourão	EP-061, EP-090
Leandro Franco de Meira	EP-197	Lidiane Meira Benevides	EP-170
Leandro Kazuki	EP-058	Lidiane Miranda Milagres	EP-460
Leandro Miranda de Azeredo	EP-024, EP-029	Lidiane Riva Pagnussat	EP-022
Leandro Moreira Peres	EP-552	Lidiani Figueiredo Santana	EP-696
Leandro Utino Taniguchi	AO-018, EP-491, EP-493, EP-658	Lígia Closs de Oliveira	EP-612
Leila Alves Pereira	EP-741	Lígia dos Santos Roceto Ratti	EP-015, EP-016, EP-035
Leila Harumi Fukuhara	EP-170, EP-230, EP-339		

Lígia Maria Coscrato Junqueira Silva	AO-015, AO-028, EP-553, EP-566	Luana Alves Tannous	EP-119, EP-378, EP-398, EP-499, EP-546, EP-555, EP-676, EP-679
Lígia Maria da Silva Brito	EP-118	Luana de Almeida Gomes	EP-065
Lila Otoni Durante	EP-755	Luana Eugênia de Andrade Siqueira	EP-235, EP-627, EP-668
Lília de Souza Nogueira	EP-226	Luana Ferreira de Almeida	EP-213
Lilian Coutinho Cabral Chabu	EP-309, EP-466, EP-475, EP-485	Luana Ferreira Martins de Toledo	EP-741
Lilian Faccioli Desan	EP-730	Luana Gabrielle de França Ferreira	EP-217, EP-448, EP-596
Lilian Pinto Alves	EP-709	Luana Malczewski	EP-551
Lilian Prates Behring	EP-079	Luana Scheffer Navarro	EP-437
Lilian Regina Lengler Abentrotth	EP-261, EP-365	Luanna Gabarrão Silva	EP-490
Liliana Iapequino Morais	EP-795, EP-820	Lucas Amaral Emidio	EP-672
Liliane Nunes Aires	EP-483	Lucas Ambrosio Rosa Costa	EP-179
Liliane Nunes da Silva	EP-148, EP-150, EP-390, EP-484	Lucas Barbosa Bezerra	EP-101, EP-137, EP-243, EP-399, EP-516
Liliane Souto Pacheco	EP-163	Lucas de Oliveira Ferrer	EP-426
Lindemberg da Mota Silveira Filho	AO-032	Lucas Ferreira de Castro	AO-042, EP-745
Lino Marcelo Pederzani Damen	EP-654	Lucas Lameirão Pinto de Abreu Rosas	EP-123
Lionéle Santos de Lima	EP-715	Lucas Mariano Costa	EP-009
Lisandra Parciannelo Melo Iwamoto	EP-772, EP-775	Lucas Roberto da Silva Barbosa	EP-424
Lisandra Stein Bernardes	EP-729	Lucas Rodrigo Oliveira Viana	EP-179
Lisely Garcia	EP-041	Lucas Strufaldi Nunes	EP-573
Lisiane Lisboa Carvalho	EP-091	Lucas Vieira Chagas	EP-061, EP-090
Lislaine Fideski	EP-517	Lucas Zambiasi	EP-379
Lissa Shizue Tateiwa Niekawa	EP-396	Lucélia Batista Neves Cunha Magalhães	EP-108
Liseth Paola Lopez Narvaez	EP-680, EP-688, EP-690	Lucélia dos Santos Silva	EP-694
Livia Barroso Ribeiro	EP-544	Lucélia Malaquias Cordeiro	EP-366
Livia Biason	EP-136	Lucero Pablo	AO-022, EP-063, EP-527, EP-713
Livia Hostalacio Mega	EP-253	Lucia Collares Meirelles	EP-162
Livia Krever de Souza	EP-149	Lucia da Conceição Andrade	EP-500
Livia Liberata Barbosa Bandeira	EP-412, EP-424, EP-769	Luciana Antunes Chagas	EP-768, EP-789
Livia Magalhaes Costa Castro	EP-609	Luciana Carla Belém dos Santos	EP-088, EP-700
Livia Maria de Araujo Maia Cláudio	EP-140	Luciana Castilho de Figueiredo	EP-015, EP-016, EP-034, EP-035, EP-067, EP-691
Livia Maria Gonçalves Barbosa	EP-293, EP-356	Luciana Coelho Sanches	EP-323
Livia Marie Kubagawa	EP-082	Luciana da Costa Nogueira	EP-070, EP-492
Livia Pilau	EP-692	Luciana Dalla Torre	EP-025, EP-368, EP-380
Livia Roberta Paiva	EP-121, EP-710	Luciana de Lima Sousa	EP-008
Livia Rodrigues de Araújo	EP-416	Luciana Maciel de Souza	EP-239
Lizianne Hermogenes Lopes Zini	EP-673	Luciana Mello de Oliveira	EP-790
Lolita Dopico da Silva	EP-213, EP-512	Luciana Neves da Silva Bampi	EP-325
Lorena Cerqueira Marques Bastos	EP-486	Luciana Souza Freitas	AO-015, EP-566, EP-571
Lorena Lameri	EP-795	Luciana Tiziani Silva	EP-671, EP-673
Lorena Macedo Araujo Miranda	EP-144, EP-392	Luciana Vlândia Carvalhede Fragoso	EP-697
Lorena Martel Uruçu	EP-182	Luciane de Fraga Gomes Martins	EP-439
Lorena Rodriguez Nunez	EP-709	Luciane Maria Fabian Restelatto	AO-008
Lorenna Toledo Rodrigues	EP-593, EP-594, EP-612	Lucianne Thays Cantanhede Garcês Barbosa	EP-354, EP-367
Lorraine Alves de Souza Santos	EP-478		
Lorraine Gomes Teixeira Nunes	EP-008		
Louise Medeiros Porto	EP-088		

Luciano Corrêa Ribeiro	EP-221
Luciano de Andrade	EP-490, EP-562
Lucie Zihlova	EP-712
Luciele Medianeira Oliveira Schifelhain	EP-692
Luciene Castilho da Silva Ferreira	EP-296
Lucieni de Oliveira Conterno	EP-391
Lucienne Tibery Queiroz Cardoso	EP-178, EP-254, EP-276, EP-292, EP-396, EP-467
Lucilena Françolin	EP-116
Lucilene Marmelo da Silva	EP-031
Lucio Couto de Oliveira Junior	EP-272, EP-319, EP-403, EP-418, EP-508, EP-648, EP-661, EP-714
Lucio Jary Almeida de Moraes	EP-532
Ludhmila Abrahão Hajjar	EP-359, EP-591, EP-595
Ludimila Fontes de Moraes	EP-019
Ludimilla Mendonça	EP-499
Ludymila Nascimento Veiga	EP-503
Luene Maia Mayoral	EP-847
Luis Antonio Nunes	EP-262
Luis Augusto Palma Dallan	EP-209, EP-359, EP-591, EP-595
Luis Augusto Prado	EP-651, EP-657
Luis Barrado Muñoz	EP-017
Luís Claudio Campos	EP-147
Luis Cuadrado Martin	EP-047
Luis Gustavo Guerrero Rojas	EP-415
Luís Henrique Bastos Gonçalves	AO-003
Luís Henrique Simões Covello	EP-086
Luis Matheus Xavier Cocentino	AO-042
Luisa Anzolin	EP-258
Luisa Gomes Klein	EP-568
Luise Alexandre Rocha Soutinho	EP-544
Luiz Alberto Manfré Knaut	EP-009
Luiz Antônio da Silva	EP-457, EP-631
Luiz Antônio Gomes Osorio	EP-018, EP-154
Luiz Antônio Nunes	EP-473, EP-480
Luiz Carlos Santiago	EP-224
Luiz Felipe Moraes Schwerz Bonadiman Blanco	EP-490, EP-565
Luiz Fernando Baqueiro Freitas	EP-116
Luiz Fernando Nogueira Simvoulidis	EP-133
Luiz Gustavo Favoreto Genelhu	EP-027, EP-441, EP-442, EP-469
Luiz Henrique Zanata Pinheiro	EP-099, EP-123
Luiz Marcelo Sá Malbouisson	EP-653
Luiz Matheus Xavier Cocentino	EP-848
Luiza Daniela Zerman	AO-039
Luiza Macedo Travalloni	EP-494
Luiza Martins Faria	EP-003, EP-284

Luiza Raira Viana Parrião	EP-032, EP-587, EP-655
Luize da Silva Rezende da Mota	EP-130
Luma Maria Tavares de Sousa	EP-416, EP-698
Luzia Clara Cunha de Menezes	EP-201
Luzia Noriko Takahashi Taniguchi	EP-033, EP-039
Luzitano Ferreira Brandão	EP-792
Lyvia Barbosa Machado	EP-594

M

M Edson Augustin	EP-250
Mabel Duarte Alves Gomides	EP-200, EP-242
Maicon Falavigna	EP-373
Maira J Maturana	EP-009, EP-197, EP-215, EP-216, EP-277
Maira Sgueglia de Salles Pereira	EP-033
Maisa Santos Valderramas Talon	EP-800, EP-801
Maitê Domingos Almeida	EP-131
Mamede Moura dos Santos Neto	EP-102, EP-444, EP-502, EP-570, EP-703
Manoel Luiz de Cerqueira Neto	EP-307
Manoela Moreira de Sousa	EP-511
Manuel Antonio Diaz de Leon Ponce	AO-014, EP-270, EP-343, EP-615, EP-711
Manuela Albuquerque Lima Ribeiro	EP-324, EP-524
Manuela Pires Montenegro	EP-474
Mara Albonei Dudeque Pianovski	EP-144
Mara Galdino Müller	EP-488
Mara Rúbia de Moura	EP-225, EP-316
Mara Sizino da Victoria	EP-280
Marana Carvalho Gomes	EP-792
Marc Augustin	EP-387
Marceau Rigollot	EP-028
Marcela Aparecida Leite	EP-261, EP-302
Marcela Cavalcanti	EP-209
Marcela Cristina Weber Pasa	EP-764, EP-797, EP-812, EP-826
Marcela Dias Izuel Luth	EP-068, EP-190
Marcela Ferreira Matos Barros Cotrim	EP-205
Marcela R Nunes	EP-031
Marcela Ribeiro	EP-097
Marcela Salvador Galassi	EP-752
Marcela Viceconte	EP-677
Marcele Camila Neles	EP-829
Marcele Chisté	EP-229
Marcele Dias	EP-056
Marcella Mateus Cavalcante	AO-042, EP-745
Marcelle Cristine de Freitas Soares Vieira	EP-227
Marcelle Passarinho Maia	EP-720, EP-780
Marcelo Abarca Calquin	EP-397

Marcelo Araújo de Oliveira	EP-124	Marcos Almeida Matos	EP-407
Marcelo Barbato	AO-007, AO-019	Marcos Alves de Lima	EP-223, EP-241
Marcelo Barros Weiss	EP-629	Marcos Antônio Cavalcanti Gallindo	EP-153
Marcelo Britto Passos Amato	EP-010	Marcos Aurélio de Moraes	AO-047
Marcelo Cunio Machado Fonseca	EP-762	Marcos Correa	EP-550, EP-617
Marcelo de Mello Rieder	EP-683	Marcos da Costa Melo Silva	AO-031, AO-033, EP-134, EP-139, EP-143
Marcelo de Oliveira Maia	EP-203, EP-342, EP-361, EP-446, EP-534, EP-539, EP-622, EP-665, EP-682, EP-720, EP-780	Marcos Guimarães	EP-848
Marcelo dos Santos Cruz Júnior	EP-089, EP-395	Marcos Henrique Monteiro Camilo	EP-030
Marcelo Ferreira Palomo Valle	EP-599	Marcos Lopes de Miranda	EP-464
Marcelo Lacerda	EP-041	Marcos Paulo Gonçalves Carlos	AO-042, EP-745, EP-848
Marcelo Luz Pereira Romano	EP-052, EP-171, EP-326, EP-405, EP-408, EP-409, EP-410, EP-556	Marcos Roberto Colombo Barnese	EP-111
Marcelo Mendonça	EP-313	Marcos Tadashi Kakitani Toyoshima	EP-535
Marcelo Park	EP-491	Marcos Toshiyuki Tanita	EP-178
Marcelo Pereira Maia	EP-228	Marcus Ângelus Jannuzzi de Oliveira	EP-757, EP-758
Marcelo Ribeiro Bueno	EP-553	Marcus Antonio Godoy	EP-221
Marcelo Rodrigues	EP-730, EP-767	Mari Ângela Gaedke	EP-421, EP-482, EP-489, EP-501
Marcelo Schimer	EP-738, EP-794, EP-839	Maria Alice Gurgel Henriques	EP-153
Marcelo Scotta	EP-746	Maria Anakarine de Souza Medeiros	EP-201
Marcia Barbosa de Freitas	EP-731, EP-738, EP-830	Maria Angelica de Macedo Orione	EP-784
Marcia Barbosa Trarbach	EP-576	Maria Antônia Mendonça Soledade	AO-046, EP-743
Marcia Cardinalle Correia Viana	EP-076, EP-362	Maria Aparecida Batistão Gonçalves	AO-036, EP-621
Marcia Cristina da Silva Magro	EP-167, EP-423, EP-427, EP-510, EP-517, EP-518, EP-519, EP-520, EP-590, EP-606	Maria Aparecida Pereira dos Santos	EP-286
Marcia Garnica	AO-009	Maria Aparecida Vitagliano Martins	EP-391
Márcia Gonçalves Debessa	EP-221	Maria Auxiliadora Martins	EP-125, EP-252, EP-269, EP-372
Marcia Lucia Verpa de Souza Sasaki	EP-744, EP-754, EP-783, EP-788	Maria Beatriz Altschuller	EP-249, EP-352, EP-611
Márcia Maria Carneiro Oliveira	EP-130, EP-454, EP-530, EP-609	Maria Carolina Bertan Barutta	EP-178
Marcia Maria Pinheiro Dantas	EP-076, EP-362	Maria Carolina Caparica Modolo	EP-734, EP-819, EP-842, EP-847
Marcia Nery	EP-535	Maria Carolina Ceron Foppa	EP-215
Márcia Odília Marçal de Vasconcelos	EP-514	Maria Cecilia Rezek Juliano	EP-313
Marcia Oliveira Staffa Tironi	EP-407	Maria Cecilia Zambrana Curti	EP-744
Marcia Rosangela Bertin	EP-098	Maria Clara de Araujo Silva	EP-211
Marcia Sasaki	EP-736	Maria Cristina Bronharo Tognim	EP-383
Marciele Estela Fachinello	EP-528	Maria Cristina Cesar	EP-511
Marcieli Nascimento da Silva	EP-144	Maria Cristina Martins de Oliveira	EP-818
Marcio Andre Batista de Farias	EP-628	Maria Cymara Pessoa Kuehner	EP-587, EP-655
Márcio Flávio Araújo Guanabara Júnior	EP-416, EP-698	Maria da Gloria Aragão Martins Ferreira	EP-420
Márcio Manozzo Boniatti	EP-132	Maria Dalva de Barros	EP-562
Marcio Osorio Guerreiro	EP-581, EP-582	Maria de Fátima Fernandes Estrela	EP-220
Marcio Soares	EP-669	Maria de Fátima Fernandes Vattimo	EP-538
Marco Antonio Mendes Castilho Junior	EP-686	Maria do Horto Cardona Obes	EP-069, EP-075
Marco Aurélio Ferrari Sant'Anna	EP-179	Maria Eduarda Ferreira Pedroso	EP-062
Marco Paulo Souza Oliveira	EP-051	Maria Eduarda Gurgel da Trindade Meira Henriques	EP-153
Marconi Cosme	EP-653	Maria Esther Jurfest Rivero Ceccon	EP-729
Marcos Alberto Ribeiro	EP-303	Maria Eugenia Alvarez	EP-809
		Maria Gouvêa de Lacerda	EP-456

Maria Guaymas	EP-002, EP-165, EP-188, EP-191, EP-646	Mariana Zanzini Torrano	EP-571
Maria Helena Buarque Souza de Lima	EP-083, EP-291	Mariane Albuquerque Lima Ribeiro	EP-324, EP-514, EP-522, EP-524, EP-525, EP-569, EP-578
Maria Helena da Silva Pitombeira Rigatto	EP-106	Marianne Monteiro Garrido	EP-182
Maria Helena Pitombeira Rigatto	AO-008	Marianne Soares de Oliveira	EP-361
Maria Inês Amaro Assunção de Melo	EP-470	Marie Tanaka	EP-634
Maria Inês de Moura Campos Pardini	EP-323	Mariella de Moraes	EP-532
Maria Isabel Brandão Pires E Albuquerque	EP-731, EP-737, EP-738, EP-794, EP-830, EP-839	Marília Moreira de Melo Silva	EP-265, EP-369
Maria Itayra Coelho de Souza Padilha	EP-465	Marília Niedermeyer Fagundes	EP-382, EP-700
Maria Jaqueline Braga Bezerra	EP-587	Marília Teixeira de Gois Alcoforado	EP-146
Maria Johansson	EP-236	Marimar Goretti Andreazza	EP-817, EP-828
Maria Karoline de Franca Richtmoe	EP-054	Marina Araújo Ferreira Maroni	EP-803
Maria Laura Fernandes Gaigher	EP-844	Marina Baladon Bainy	EP-582
Maria Lorena Fontclara López	EP-654	Marina Barasuol	EP-692
Maria Lourdes Setsuko	EP-671	Marina Benevides Menescal Pinto	EP-245
Maria Luisa Del Valle Marocco	EP-045	Marina de Paulo Sousa Fontenele Nunes	EP-395
Maria Luisa Quintana Galende	EP-141, EP-422, EP-430, EP-687	Marina Elise Pagel Scharf	EP-377
Maria Luiza Macdowell Couto	EP-640, EP-663, EP-667	Marina Parente Albuquerque	EP-245, EP-417
Maria Luiza Pereira de Souza	EP-733, EP-831	Marina Peres Bainy	EP-332, EP-379, EP-581, EP-582
Maria Luzinete Lima de Carvalho	EP-076	Marina Ramos Costa	EP-640, EP-663
Maria Monica Machado Ulsenheimer	EP-730	Marina Rocha Gomes de Freitas	AO-003
Maria Orellano	AO-027	Marina Targino Bezerra Alves	EP-771
Maria Otaciana Teixeira Sousa de Queiroz	EP-366	Marina Vieira Silva	EP-806
Maria Paula Siqueira de Melo Peres	EP-096	Mário Ferreira Carpi	AO-047
Maria Raquel Vitorino de Lima	EP-356	Mario Henrique Bravo de Almeida Santos	AO-024
Maria Stella de Castro Lobo	EP-371	Mario P Gimenez	EP-796
Maria Telma de Araújo	EP-329	Marisa Afonso Andrade Brunherotti	EP-385, EP-420, EP-825
Maria Tereza Serrano Barbosa	EP-363	Marisa Chiconelli Bailer	EP-783
Maria Verônica Câmara Santos	EP-771	Marisa de Moraes Regenga	EP-033, EP-039
Marian Pereira Faxas	EP-175	Marisa Zenaide Ribeiro Gomes	EP-099, EP-120, EP-123
Mariana Alves Robledo	EP-068, EP-190	Mariur Gomes Beghetto	EP-234, EP-345
Mariana Batista Leite Leles	EP-675, EP-695	Mariza da Costa Cruz	EP-048, EP-158
Mariana Bruinje Cosentino	EP-676	Mariza Silva Ramos Loesch	EP-103, EP-358, EP-390, EP-452
Mariana Cecília E Silva de Oliveira Nery	EP-053	Mark Mvungi	EP-562
Mariana Davies	EP-394	Markus Barcellos de Albuquerque	AO-006, EP-124, EP-151, EP-708
Mariana de Oliveira Santos	EP-760, EP-827	Marlene Aparecida Moreno	AO-035
Mariana Fernandes Cremasco	EP-678, EP-701	Marlon Mohamud Vilagra	EP-597
Mariana Fischer da Silva Oliveira	EP-544	Marlon Souza Freitas	EP-623
Mariana Lima Fernandes	EP-032, EP-587, EP-655	Marluce Alves Nunes Oliveira	EP-478
Mariana Meggiolaro Coppetti	EP-692	Marluci Luzia Lunelli	EP-215
Mariana Mendonça de Andrade	EP-667	Marlus Muri Thompson	EP-593, EP-594, EP-612
Mariana Nunes Lisboa	EP-588	Marlúzia da Cunha Batista dos Santos	EP-201
Mariana Pereira Varela de Souza	EP-095	Maros Kolomaznik	EP-835
Mariana Pfau Ferrarini	EP-767	Marta Garroni Magalhães	EP-426
Mariana Rabelo de Brito	EP-560	Marta Raquel dos Santos	EP-216
Mariana Scorsatto Boeira	EP-037	Martha Maria Romeiro F F Fonseca	EP-121, EP-299

Martha Raquel Santos	EP-215	Maynara Nayara Neves	EP-093, EP-302
Martin M Celeste	AO-002	Mayra Gonçalves Meneguetti	EP-125, EP-252, EP-269, EP-372
Martina Cassol Turcato	EP-163	Mayra Wilbert Rocha	EP-079
Mary Ellen Figueiredo Ruffato	EP-025, EP-368, EP-380	Maysa Nascimento Paula Romanhuk	EP-446, EP-682
Mary Lucy Ferraz Maia	EP-774, EP-804, EP-821	Meire Cristina Novelli E Castro	EP-047
Maryjanne Santana dos Santos Ferreira Calado	EP-328	Meiry Sayuri Tsuda	EP-396
Mateus Andrade Alvaia	EP-319, EP-508, EP-661, EP-714	Melina de Omena Moura Bertoldo	EP-431
Mateus Freitas Teixeira	EP-131	Melina Silva de Loreto	EP-001, EP-652
Mateus Lisboa Otero	EP-515	Mercedes Ruibal	AO-043
Mateus Mistieri Simabukuro	EP-653	Merian Paula Santos de Albuquerque	EP-464
Matheus Amorim Martins	EP-444	Micha Mandel	EP-630
Matheus Boer Casonato	EP-437	Michael Beil	EP-630
Matheus Couto Furtado Albuquerque	EP-094	Michael T Mccurdy	EP-250, EP-387
Matheus Felipe Belo Silva	EP-637	Michaela Mikolkova	EP-835
Matheus Lisboa Vieira	EP-431	Michaelle Junko Doamim Serrão	EP-778
Matheus Oliveira Ferreira	EP-703	Michel dos Santos Domingos	EP-419, EP-814
Matheus Castelo Prudente	EP-629	Michel Pordeus Ribeiro	EP-219
Matheus Silva Vaz Pereira	AO-029	Michele Aparecida Marques	EP-817
Matheus William Becker	EP-649	Michele Coutinho	EP-720
Matias Lompizano	EP-002	Michele Cristina de Araujo Negrão	EP-098, EP-180
Matthew Chan	AO-011	Michele Gomes Germiniani	EP-255, EP-338
Matthew Posada	EP-112, EP-357	Michele Oliveira de Marco	EP-653
Maura Cristina Negrelli	EP-799, EP-822, EP-823	Michele Pereira de Lima	EP-577
Maureen Allage Mendes	EP-499	Michele Ramos Lourenço	EP-733, EP-735, EP-831
Maurício Barcellos Bernardes Carvalheira	EP-533	Micheli Martinello	EP-719, EP-748, EP-815, EP-816
Mauricio Beitia Kraemer	EP-521	Michell Ângelo Marques Araújo	EP-639
Mauricio Gomes da Silva Serra	EP-272, EP-319, EP-403, EP-508, EP-648, EP-661	Michelle Alencar Maciel	EP-273, EP-274, EP-283, EP-299, EP-334
Maurício Kenzo Tobará	EP-257	Michelle da Silva Ferreira Almas	EP-718
Mauricio Reis Pedrosa	EP-574	Michelle dos Santos Lobato	EP-549
Maurício Younes-Ibrahim	EP-111	Michelle Ferreira	EP-766
Mauro Czepielewski	EP-625	Michelle Moreira Dima Gomes	EP-768, EP-789
Mauro Martins Teixeira	EP-127	Michelle Rodrigues Alba Moreno	EP-847
Mauro Perezlindo	EP-670, EP-684	Michelle Silva Nunes	EP-211
Mauro Roberto Tucci	EP-010	Mieko Claudia Miura	EP-033, EP-039
Mauro Sérgio Vieira Machado	EP-199, EP-271, EP-275, EP-374, EP-375, EP-376, EP-425, EP-432, EP-614	Miguel Cenacchi Garcia Pereira	EP-062, EP-572, EP-573, EP-583
Mauro Velho Castro Faria	EP-111	Mijail Jose Caillares Montano	EP-260
Mayana da Silva Almeida	EP-564	Mikaela Maria Baptista Passos	EP-448
Mayane Queiroz da Mota	EP-543	Milce Ellen Barros de Oliveira	AO-006, EP-124, EP-151, EP-708
Mayara Cristina Sanches	EP-057	Milena Barcelos Lima	EP-449
Mayara Elisa M Moura	EP-526	Milena Coelho Vale	EP-257
Mayara Manzoni	EP-093, EP-333	Milena Cristina Outuki	EP-557
Mayara Martins Alves	EP-600	Milena de Azevedo Teles	EP-417
Mayara Regina Seer	EP-693	Milena Gomes Almeida	EP-543
Maykel Lazel Rocha Quintana	EP-100, EP-141, EP-422, EP-430, EP-687	Milene Cripa Pizarro de Araújo	EP-490
		Milla Carolina Costa Lafeté Araújo	EP-632, EP-636
		Mirella Almeida Souza	EP-486
		Mirella Cristine de Oliveira	EP-546, EP-676, EP-679

Mirely Roncette de Bortoli	EP-844	Nao Nishi	EP-634
Miriam de Abreu Almeida	EP-306	Nara Percília da Silva Sena	EP-181, EP-402, EP-429, EP-570, EP-605
Miriam de San Juan Bosco Lastre González	EP-100	Natali Schiavo Giannetti	EP-209, EP-359, EP-591, EP-595
Mirian Carla Bortolamedi da Silva	EP-528, EP-739	Natalia Afonso de Souza	EP-223
Mirian Cozer	EP-528	Natália Almeida de Arnaldo Silva Rodríguez Castro	EP-799, EP-822, EP-823
Mirian Oliveira Figueiredo	EP-249	Natalia Borges Abrão	AO-032, EP-691, EP-699
Mirian Silveira Moretti	EP-106	Natalia Britz de Lima	EP-568
Mirian Watanabe	EP-538	Natalia Cusano Darrigo	AO-039
Miriane Melo Silveira Moretti	EP-001, EP-229	Natalia Elis Giordani	EP-401
Mohammadreza Ghodrati	EP-004	Natalia Fioravanti Postalli	EP-036, EP-062, EP-207, EP-553, EP-566, EP-571, EP-573, EP-583, EP-638, EP-641
Moisés Aramis Santos Peña	EP-141, EP-430		
Moises Santos Peña	EP-422	Natalia Gumiel	EP-165, EP-188
Molina Mancero Guillermo	EP-026	Natália Linhares Aragón Bridge	EP-416, EP-698
Mônica Cristina Bogoni Savian	EP-332	Natália Linhares Ponte Aragão	EP-094, EP-393, EP-461, EP-505, EP-506
Mônica Cristina Sawada Yanaguibashi	EP-774, EP-804	Natália Lúcia Lima de Oliveira	EP-032
Mônica de Castro Silva	EP-221	Natália Medeiros Pereira	EP-501
Mônica de Jesus Silva Barreto	EP-205	Natalia Nora Clocchiatti	AO-034, EP-073
Monica de Sousa Araujo	EP-279, EP-344, EP-366	Natália Ramires Kairala	AO-042, EP-848
Mônica Lima Cat	EP-777, EP-798	Natália Rodrigues Darc Costa	EP-448
Monica Maria Pena Quintao	EP-021, EP-031	Natália Vieira Araújo Cunha	EP-510, EP-517
Monica Menezes	EP-006	Natan Monsore de Sá	EP-775
Mónica Moreno	EP-809	Natasha de O Marcondi	EP-677
Monica Nunes Lima Cat	EP-730	Natássia Carmo Lopes Queiroz Ferreira	EP-372
Mônica R Gadelha	EP-058	Nathália Costa Almeida Pinho	EP-061, EP-090
Monica Rodrigues da Cruz	EP-056	Nathalia Pereira Vizontin	EP-629
Monica Sequeira Lopes Teixeira	EP-133, EP-348	Nathalia Preissler Vaz Silveira	AO-017
Monique da Silva Goulart	EP-790	Nathalie Colas	EP-250
Monique de Sousa Furtado	EP-278, EP-280, EP-281, EP-322, EP-336	Nathaly Yoko Matsuda	AO-015
Morena Peres Bittencourt da Silva	EP-414	Natyele Rippel Silveira	EP-465
Moreno Calcagnotto dos Santos	EP-132	Nayara Firmino	EP-747
Morio Suzuki	EP-192	Nayla Raabe Venção de Moura	EP-044, EP-217, EP-596, EP-602
Moyzes Pinto Coelho Duarte Damasceno	AO-009, EP-146	Nayra Costa Moreira	EP-792
Mozart Bellas Rodrigues	EP-146	Nayra Souza da Silva	AO-003
Mucio Tavares Oliveira	EP-359, EP-591, EP-595	Nazah Cherif Mohamad Youssef	EP-547
Muriel Cristina Borges Simonato	EP-808	Neide Marcela Lucinio	EP-247
Muryan Alexis	EP-114	Nelson A Hosse	EP-677
Myriam Nuñez	AO-027	Nelson Kazunobu Horigoshi	EP-734, EP-742, EP-749, EP-819, EP-842, EP-847
N		Nelson Miguel Galindo Neto	EP-235, EP-627
Nabile Montserrat Nieto Anaya	EP-711	Nelson Spector	EP-669
Naciele Almeida de Meneses	EP-307	Nely Cristina Medeiros Caires	EP-413
Nádia Alessa Venção de Moura	EP-217, EP-596	Neulanio Francisco de Oliveira	EP-772
Nadja Roberta Melo dos Santos Warrak	EP-166, EP-170, EP-230, EP-314, EP-320, EP-339, EP-341, EP-360, EP-468, EP-481	Neymar Elias de Oliveira	EP-623
Naira Helena Bohrer Scherer	EP-135	Nickson Scarpine Malheiros	EP-019, EP-604
		Nicolas Monteverde Fernandez	AO-043, EP-845

Nicole Almeida Leite	EP-443, EP-502, EP-702	Patricia Bispo de Oliveira Ouais	EP-294, EP-347
Niels Vinícius Padua Carvalho	EP-119	Patrícia Burth	EP-111
Nilda Rosa de Oliveira Prado	EP-394	Patrícia Cabral Ferreira	EP-329
Nivaldo Menezes Filgueiras Filho	EP-503, EP-515	Patrícia de Almeida Vanny	EP-384
Nivea Carla Nascimento dos Santos	EP-297	Patricia de Oliveira Costa	EP-731, EP-737, EP-738, EP-794, EP-830, EP-839
Nivea Melo	EP-548	Patricia de Paiva Medeiros	EP-006
Nivia Maria Silveira Silva	EP-268	Patrícia Fraga Paiva	EP-089, EP-769
Nixon Ramos da Silva	EP-223	Patricia Freire Cavalcante	EP-686
Noberto Fernandes da Silva	EP-030	Patricia Gusmão Leite	EP-147
Norberto Tiribelli	EP-002, EP-188, EP-191	Patrícia Madalena Vieira Hermida	EP-465
Nucleo Interdisciplinar de Investigação em Medicina Intensiva	EP-061, EP-090, EP-127	Patricia Margot Mesa Garcia	AO-027
Nutrition Support Team	EP-493	Patrícia Mendes de Lima	EP-773
O		Patricia Miranda do Lago	AO-046, EP-743, EP-843
Octavio Henrique Coelho Messeder	EP-400	Patricia Nogueira Lobo	EP-375, EP-376
Octavio Marques Pontes Neto	EP-552	Patrícia Pampuri Lopes Peres	EP-395
Odin Barbosa da Silva	EP-153	Patricia Rezende do Prado	EP-324, EP-514, EP-522, EP-524, EP-525, EP-569, EP-578
Oktay Demirkiran	EP-080	Patricia Rockenbach	EP-037
Olindo Assis Martins-Filho	EP-125	Patricia Schwarz	EP-625, EP-652
Oliver German Pérez Martin	EP-100	Patrícia Soto	EP-728, EP-846
Onilmar de Oliveira Kohler	EP-588	Patrícia Vieira Martins	EP-284
Orit Moradov	EP-630	Patryck Lloyd-Donald	AO-011
Orlando Petrucci Jr	AO-032	Paul Ouellet	EP-028
Orlei Ribeiro de Araujo	EP-752, EP-771	Paula Buchs Zucatti	EP-568
Orlete Donato de Oliveira Miranda	EP-722	Paula de Souza Pereira	EP-101, EP-137, EP-243, EP-399, EP-516
Osvaldo Shuquichi Iochida	EP-473, EP-480	Paula Frizera Vassallo	EP-128, EP-140, EP-291
Otavio Alves de Souza	EP-560	Paula Geraldês David João	EP-119, EP-378, EP-398, EP-437, EP-499, EP-546, EP-679
Otto Villa	EP-112, EP-357	Paula Knorr de Oliveira	EP-308, EP-330
P		Paula Pinheiro Berto	EP-439, EP-681
Pablo Carneiro de Oliveira Costa	EP-806	Paula Pitta de Resende Côrtes	EP-071, EP-414, EP-459, EP-495, EP-513, EP-645, EP-647
Pablo Cruces Romero	AO-044	Paula Regina de Souza Hermann	EP-167, EP-590, EP-606
Pablo Daniel Santos Quadros	EP-093, EP-261	Pauline Lopes Carvalho	AO-037
Pablo Pratesi	EP-633	Paulo Benigno Pena Batista	EP-219
Palmiro Torrieri Júnior	EP-066	Paulo Brandão Sakr Khouri	EP-194
Paloma Alves Bezerra Moraes	EP-795	Paulo Carlos Garcia	EP-226
Paloma de Castro Brandão	EP-404, EP-454	Paulo Caro Cornejo	EP-397
Pamella Gabriela dos Santos Ferreira	EP-847	Paulo Cesar Gottardo	EP-102, EP-402, EP-443, EP-444, EP-474, EP-487, EP-502, EP-570, EP-664, EP-685, EP-702, EP-703
Pang Boon Chuan	EP-563	Paulo Cesar Mendes Barros	EP-099
Paola Calvachi Prieto	EP-155	Paulo César Ribeiro	EP-493
Paola Mendez-Gomez	AO-030	Paulo Cezar Nunes Fortes	EP-528, EP-739
Patrícia Aquen Cid	EP-099, EP-120, EP-123	Paulo Cezar Pires Martins Junior	EP-494
Patricia Baldiseria Silvestre	EP-025, EP-368, EP-380	Paulo Eugênio Silva	EP-554
Patrícia Barbosa de Carvalho	EP-774, EP-804, EP-821, EP-836, EP-838	Paulo Giordane	EP-381
Patrícia Beatriz Añazco Mareco	EP-654		

Paulo Henrique Reis Negreiros	EP-671, EP-691
Paulo Maciel Rinaldi	EP-332, EP-379
Paulo Orlando Alves Monteiro	EP-445
Paulo Ricardo Marques Filho	EP-037
Paulo Roberto Antonacci Carvalho	EP-743, EP-759, EP-764, EP-797, EP-812, EP-826
Paulo Roberto Bezerra de Sousa	EP-300
Paulo Roberto Brites Junior	EP-790
Paulo Roberto Einloft	EP-717, EP-761, EP-781, EP-837
Paulo Sergio Brito Felix	EP-046
Paulo Sérgio Lucas da Silva	EP-762
Paulo Sérgio Mendes de Lima	EP-773
Pavela Bambekova	EP-370
Pavol Mikolka	EP-835
Pedro Alves Lemos Neto	EP-209, EP-359, EP-591, EP-595
Pedro Alzugaray	AO-019
Pedro Benedito Batista Junior	EP-355
Pedro Celiny Ramos Garcia	EP-717, EP-725, EP-746, EP-761, EP-781, EP-837
Pedro Fortes	EP-433
Pedro Henrique Alves	EP-426
Pedro Henrique Nunes Costa Silami	EP-770
Pedro José Ramiro Muiños	EP-053
Pedro Kurtz	EP-058, EP-548, EP-559
Pedro Lucas Cordova Lima Pitangueira	EP-232, EP-244
Pedro Paulo Martins de Oliveira	AO-032
Pedro Póvoa	EP-669
Pedro Vitale Mendes	EP-491, EP-658
Péricles Almeida Delfino Duarte	EP-093, EP-246, EP-333, EP-470, EP-529, EP-537
Peter Vernon Van Heerden	EP-630
Petra Kosutova	EP-835
Philipe Aquim	EP-009, EP-216, EP-277
Phillipe Pereira Travassos	AO-015, AO-028, EP-036, EP-062, EP-207, EP-553, EP-566, EP-571, EP-572, EP-573, EP-583
Picón Xavier	EP-026, EP-063, EP-527, EP-713
Plínio dos Santos Ramos	EP-012, EP-085
Poliana Garcia Menezes	EP-473, EP-480
Pollyana Pereira Portela	EP-458, EP-478
Priscila Canales da Cunha	EP-070
Priscila Conceição Fernandes de Oliveira	EP-247, EP-303
Priscila Costa Pimentel Germano	EP-811
Priscila da Silva Nascimento	EP-309, EP-466, EP-475, EP-485
Priscila de Arruda Trindade	EP-163
Priscila de Castro Handem	EP-278, EP-280, EP-281, EP-322

Priscila Dias Alves	EP-772
Priscila Martins Cseke Campos	EP-534, EP-539
Priscila Pereira Passos	EP-055
Priscila Ribeiro Almeida	EP-429
Priscilla Carvalho Pizzini	EP-734
Priscilla Cukier	EP-535
Priscilla Darin	AO-028
Priscilla de Aquino Martins	EP-152, EP-218
Priscilla Flavia de Melo	EP-212, EP-689
Priscilla Helena Costa Alves Felix	EP-842, EP-847
Priscilla Satie Makino da Silva	EP-590
Pyetra de Oliveira Santos	EP-025, EP-368

Q

Quécia Lopes da Paixão	EP-478
------------------------	--------

R

Rafael Akira Sakugawa Becker	EP-260
Rafael Amorim da Costa	EP-438
Rafael Barberena Moraes	EP-625
Rafael Cabral Teixeira	EP-245, EP-417
Rafael Celestino da Silva	EP-288
Rafael da Mota Mariano	EP-193, EP-208, EP-406
Rafael de Oliveira Alvim	EP-128
Rafael Melo Silva	EP-152, EP-218
Rafael Olivé Leite	EP-379
Rafael Otto Schneidwind	EP-036
Rafael Silva Cardoso	EP-223, EP-323
Rafael Teixeira Azevedo	EP-771
Rafael Viana dos Santos Coutinho	EP-088, EP-382
Rafaela Pascoli Camargo	EP-293
Rafaela Winter Gasparoto	EP-199, EP-271, EP-275, EP-374, EP-376, EP-425, EP-432, EP-614
Rafaella Santos Dantas Beltrame	EP-521
Raiane Aparecida Martins Jacinto	EP-316
Raiane de Negreiros Oliveira	AO-026
Raiene Telassin Barbosa Abbas	EP-453
Raimundo Marcial de Brito Neto	AO-012, EP-071, EP-087, EP-459, EP-495, EP-513, EP-645, EP-647
Raimundo Nonato Diniz Rodrigues Filho	EP-265, EP-289, EP-369
Raissa Borges Peixoto	EP-088, EP-382, EP-700
Raissa Farias Correia	EP-054
Raissa Laruxa Oliveira Silva	EP-515
Raíssa Maria Rocha dos Santos	EP-203, EP-665
Raíssa Queiroz Rezende	EP-724, EP-756
Raíssa Soraya Souza de Oliveira	EP-549

Raissa Travagini Ferreira	EP-800, EP-801	Renata Borba de Amorim Oliveira	EP-456
Raíza Barros Couto	EP-053, EP-382, EP-700	Renata Brehm de Oliveira Barbosa	EP-450, EP-451
Ram Elazari	EP-630	Renata Carolina Aciri Nunes Miranda	EP-549
Ramez Kirolos	EP-563	Renata Cristina Teixeira Ribeiro	EP-488
Ramon Moraes Penha	EP-696	Renata de Sousa Acorsi	EP-793, EP-779
Raphael Augusto Gomes de Oliveira	EP-491	Renata de Souza Zaponi	EP-240, EP-333, EP-365
Raphael Brasileiro Coqui	EP-628	Renata Ferreira	EP-796
Raphael Mendonça Guimarães	EP-172	Renata Gomes Rodrigues	EP-295
Raphaella Rosado Gomes	EP-804	Renata Gonçalves Kasakewitch	EP-457, EP-607
Raquel Belmino de Souza	EP-768, EP-789	Renata Kochhann	EP-258, EP-373
Raquel Bittencourt Catto	EP-802	Renata Lazzari	EP-009
Raquel da Silva Townsend	EP-037	Renata Müller Couto	EP-057
Raquel de Mendonça Nepomuceno	EP-512	Renata Restay	EP-650
Raquel de Oliveira Piancó	EP-344	Renata Sampaio Santana	EP-486
Raquel de Seixas Zeitel	EP-770	Renata Silva Leite	EP-782
Raquel Dominoni Sogaiair	AO-031, AO-033, EP-134, EP-139, EP-143, EP-802	Renato Castro	EP-731, EP-794, EP-830, EP-839
Raquel Hermes Rosa Oliveira	EP-053, EP-088, EP-382, EP-400, EP-700	Renato Ferreira da Silva	EP-623
Raquel Moreira dos Santos	EP-147	Renato Mazzaro Ferrari	EP-651, EP-657
Raquel Oliveira Piancó	EP-366	Renato Tavares	EP-041
Raquel Pusch de Souza	EP-255, EP-338	Rhanna Emanuela Fontenele Lima de Carvalho	EP-176
Raquel Telles da Silva Vale	EP-036, EP-062, EP-207, EP-553, EP-566, EP-571, EP-573, EP-583	Rhuan de Moura Severo	EP-163
Rauan Sousa da Hora	EP-404	Ricardo Batista Simão	EP-083
Raul Cicero Sabido	EP-706, EP-707	Ricardo de Oliveira Lima	EP-381
Rayanir de Freitas Marinho	EP-443, EP-570	Ricardo Emanuel Vargas Arias	EP-174
Rayanne Furtado de Sousa	EP-539	Ricardo Filipe Alves da Costa	AO-020
Rayssa Calzavara Ferneda	EP-046	Ricardo Goulart Rodrigues	AO-001
Rayssa Cavalcante Fernandes	EP-344, EP-366	Ricardo Jose Eiras de Souza	EP-159, EP-175
Rayssa Macedo Rodrigues	EP-605	Ricardo Jose Rodrigues	EP-601
Rayssa Medeiros Marques	EP-735	Ricardo Kalafi Mussi	EP-699
Rayssa Santos Botelho	EP-575, EP-579, EP-585, EP-586	Ricardo Kuchenbecker	EP-496
Rcardo Ortiz Bolaños	EP-174	Ricardo Luiz Cordoli	AO-018
Rebeca Alves Santos Brito	EP-130	Ricardo Morales	EP-833
Rebeca Caldeira Machado Berger	EP-140	Ricardo Roberson Rivero	EP-335
Rebeca Santana de Oliveira	EP-138	Ricardo Schilling Rosenfeld	EP-509
Reberendo Jimena	AO-022	Ricardo Teixeira Di Rienzo	EP-535
Regia Damous Fontenele Feijo	EP-103, EP-358, EP-452, EP-808	Ricardo Turon Costa da Silva	EP-548
Regina Claudia Silva Souza	EP-394	Ricardo Viegas Cremonese	AO-016
Regina Grigolli Cesar	AO-045, EP-734, EP-819, EP-842, EP-847	Richard Chiquetto	EP-293
Regina Lumi Yassui Ishikawa	EP-033	Rildo Batista de Sousa	EP-624
Regina Márcia Cardoso de Sousa	EP-129, EP-317, EP-696	Rinaldo Bellomo	AO-011
Régis Bueno Albuquerque	EP-001, AO-048, EP-229	Rita Catalina Aquino Caregnato	EP-049, EP-084, EP-649
Regis Goulart Rosa	AO-016, AO-038, EP-210, EP-305, EP-373, EP-477	Rita de Cássia Berenguer de Almeida	EP-121, EP-710
Renan Alves da Cruz	EP-600, EP-673	Rita de Cassia de Almeida	EP-795, EP-820
Renan Detoffol Bragança	EP-061	Rita de Cássia dos Santos Moreira	EP-064, EP-436, EP-447, EP-674, EP-763, EP-791, EP-807
		Rita de Cássia Martins Alves da Silva	EP-623

Rita de Cássia Noronha Medeiros	EP-381	Rodwell Gundo	EP-290
Rita de Cassia Oliveira Costa Berriel Abreu	EP-650	Roger Malacarne Caleffi	EP-428
Rita Gigliola Gomes Prieb	EP-229	Rogério Carvalho de Araújo	AO-029
Rita Mattiello	EP-837	Rogério Correa Silva	EP-631
Rita Simone Moreira	EP-677	Rogério da Hora Passos	EP-219
Roan da Silva Gomes Sampaio	EP-411, EP-418	Rogério Gomes Fleury	EP-105, EP-109, EP-115, EP-164, EP-249, EP-295, EP-352, EP-434, EP-544, EP-611
Roberta Arinelli Fernandes	EP-209	Rogério Passos	EP-400
Roberta Bezerra de Moraes	EP-067	Rogério Ribeiro da Silveira	AO-029, EP-195, EP-457, EP-550, EP-589, EP-607, EP-608, EP-617, EP-618, EP-619, EP-620, EP-628, EP-631, EP-642
Roberta Catunda Costa	EP-362	Rojas Balcázar Nicolas	AO-022, EP-026, EP-527, EP-713
Roberta Esteves Vieira de Castro	EP-750	Rolfer Seabra de Barros	EP-773
Roberta Fernandes Bomfim	EP-203, EP-361, EP-665	Ronal Arteaga	EP-415
Roberta Fittipaldi Palazzo	EP-043	Roquelia Ferreira Caetano Guedes	EP-757, EP-758
Roberta Gabriela de Mattos Silva	EP-737	Rosa Goldstein Alheira Rocha	EP-709
Roberta Manfro Lopes	EP-196, EP-251, EP-256	Rosa Leda Belinni	EP-285
Roberta Marques Lisboa	EP-034	Rosa Maria da Costa Simões	EP-230
Roberta Mazzali Biscaro	EP-003	Rosana Mayumi Higa	EP-257, EP-266
Roberta Pereira Goes	EP-294, EP-347, EP-530	Rosane Barreto Cardoso	EP-133, EP-315, EP-348
Roberta Teixeira Prado	EP-460	Rosane Sonia Goldwasser	EP-371
Roberta Vieira da Silva Bento	EP-260	Rosangela Aparecida Pimenta Ferrari	EP-716, EP-751
Roberto Adrian Villa	AO-034, EP-073	Rosario Mucha	EP-415
Roberto Carlos Lyra da Silva	EP-278, EP-280, EP-281, EP-322, EP-336	Roseane Melo dos Santos	EP-291
Roberto Kalil Filho	EP-209, EP-359, EP-591, EP-595	Roselaine Pinheiro de Oliveira	EP-136
Roberto Villa	EP-497	Rosemeire Andreatta	EP-140
Robervam de E Moura Pedroza	EP-235, EP-627, EP-668	Roseny dos Reis Rodrigues	EP-260
Robson Correa Santos	EP-104, EP-559	Rosianne de Vasconcelos	EP-052, EP-171, EP-326, EP-405, EP-408, EP-409, EP-410, EP-556
Rocio Ochoa	EP-646	Rosilene Linhares de Souza	EP-474
Rodolfo Eduardo de Andrade Espinoza	EP-104, EP-214, EP-559	Rosimeire Brito de Oliveira Santos	EP-244
Rodrigo Alves dos Santos	AO-020, EP-610	Ross Arena	EP-677
Rodrigo Barbosa da Conceição	EP-626, EP-636	Rossana Saboya Leitão	EP-153
Rodrigo Cavalcante Carlos de Carvalho	EP-369	Rubens Sergio da Silva Franco	EP-511
Rodrigo Genaro Arduini	EP-752	Rubinstein Fernando	EP-633
Rodrigo Jefman	EP-439	Rurick Chumacero Vanderlei	EP-502, EP-664, EP-685
Rodrigo Lins Santana de Lima	EP-220	S	
Rodrigo Marins Féres	EP-131	S. Suretheran	EP-563
Rodrigo Marques Di Gregório	AO-028	Sabino Scolletta	AO-041
Rodrigo Marques Tonella	EP-015, EP-016, EP-034, EP-035, EP-067, EP-691	Sabrina Frighetto Henrich	EP-014
Rodrigo Massaud	EP-549	Sabrina Oliveira Fridrich	EP-790
Rodrigo Monteiro Fontes	EP-291	Sabrina Pinheiro Marques	EP-142
Rodrigo Moulin Silva	EP-770	Sabrina Sabino da Silva	EP-106
Rodrigo Olynto de Almeida	EP-199, EP-271, EP-275, EP-374, EP-375, EP-376, EP-425, EP-432, EP-614	Sabrina Souza da Silva	AO-038
Rodrigo Palácio de Azevedo	AO-003	Sabrina Souza Martins dos Santos	EP-534
Rodrigo Pereira Pio	AO-040, EP-632, EP-666	Sabrine de Bona	EP-482
Rodrigo Pires dos Santos	EP-156, EP-237		
Rodrigo Santiago Barbosa Rocha	AO-035, EP-187		
Rodrigo Santos Biondi	AO-040, EP-626, EP-632, EP-636, EP-666		

Sac Santiago	EP-063	Sebastian Fredes	EP-002, EP-188, EP-191
Saint Clair dos Santos Gomes Junior	EP-099, EP-120, EP-123	Sebastian Gonzalez Dambrasukas	AO-043, EP-845
Saint-Clair Gomes Bernardes Neto	EP-008	Sebastian P Chapela	AO-022, EP-026, EP-063, EP-114, EP-527, EP-713
Salomon Soriano Ordinola Rojas	AO-015, AO-028, EP-036, EP-062, EP-207, EP-553, EP-566, EP-571, EP-572, EP-573, EP-583, EP-638, EP-641	Sebastian Ugarte Ubierno	EP-045
Samanta Forti	EP-255, EP-338	Selene Pozzebon	EP-198
Samantha Brandes	EP-122	Selin Eyupoglu	EP-349
Samantha de Freitas Campos	EP-364	Selmira Nunes de Oliveira	EP-173
Samara Ezzat Khalil	EP-392	Sergio Aparecido Cleto	EP-500
Samara Lopes Baião Gomes	EP-848	Sérgio da Cunha	EP-464
Samara Ribeiro Alves da Silva	EP-476	Sérgio de Vasconcellos Baldisserotto	AO-001
Sâmia Yasin Wayhs	EP-576	Sergio Henrique da Silva Tristão	EP-195, EP-618, EP-619, EP-620
Samira Fiorot Lodi	EP-593, EP-594, EP-612	Sérgio Henrique Loss	EP-001
Samon Tavakoli-Sabour	AO-030	Sergio Luiz S. Marcos da C. Chermont	EP-021, EP-031
Sâmua Kelen Mendes de Lima	EP-832	Sérgio Luz Domingues da Silva	EP-474
Samuel Alejandro Gomez Lucas	EP-706, EP-707	Sérgio Martins Pereira	EP-010
Samuel Dutra da Silva	EP-753	Sergio Nogueira Nemer	EP-024, EP-029
Samya Raquel Soares Dias	EP-217, EP-263, EP-596	Sergio Panay Serra	EP-397
Sandra Albuquerque Lima Ribeiro	EP-324	Sergio Seiji Yamada	EP-490, EP-531
Sandra Cristina Hernandez	EP-219	Sergio SM Chermont	EP-097
Sandra Mara Lima	EP-144	Sergio Teixeira Sant Anna Junior	EP-494
Sandra Maria Barroso Werneck Vilagra	EP-597	Sérgio Timerman	EP-209, EP-359, EP-591, EP-595
Sandra Maria do Valle Leone de Oliveira	EP-129	Shaadi Abughazaleh	EP-184
Sandra Marisa Peloso	EP-562	Shana Menezes de Oliveira	EP-219
Sandra Regina Alves Belo	EP-493	Shannon Lasorsa	EP-112, EP-357
Sandra Regina Maciqueira Pereira	EP-213	Shannon Olwine	EP-250
Sandro da Silva Nunes	EP-806	Sheila Borges Rocha Barros Ferreira	EP-293
Sandro de Gouvêa Montezano	EP-457, EP-631, EP-642	Sheila de Carvalho	EP-736
Santiago Barroso Matilla	EP-017	Sheila Suzana Glaeser	EP-439
Sany Aparecida Sant Ana Teixeira	EP-103, EP-358, EP-452	Sheyla Cristine Lobo Pegoraro	EP-342
Sara Batista Nogueira	EP-293	Shirlene Barbosa Simas	EP-133, EP-315, EP-348
Sara Caetano Albergaria	EP-203, EP-665	Shirley de Azevedo Morais	EP-449
Sara Juliana de Oliveira	EP-197	Shirley Helena dos Santos Henriques da Silva	EP-124
Sara Larissa de Melo Araujo	EP-575, EP-579, EP-585, EP-586	Shirley Lima Campos	EP-054
Sara Menezes Pinheiro de Moraes	EP-778	Sibila Lilian Osis	EP-419, EP-814
Sarah Kalley Cezar Jeronimo de Campos	EP-178, EP-276	Sigal Sviri	EP-630
Sarah Monteiro dos Anjos	EP-584	Silene El-Fakhouri	EP-391
Sarah Moreira E Silva Alves	EP-181	Sileyde Cristiane Bernardino Matos Póvoas Jucá	EP-784
Sarah Schmidt Iahn	EP-284	Silmara Machado Rodrigues	EP-493
Sarah Williams	EP-387	Silmara Meneguín	EP-498
Sarita Sousa Bastos	EP-840	Silvana Cavalcanti dos Santos	EP-627, EP-668
Satoshi Gando	EP-704	Silvana Pinto Hartmann	EP-305
Sbekezelo Hlophe	EP-810	Silvana Pringler	EP-811
Scyla Maria de Sant'Anna Reis Di Chiara Salgado	EP-123	Silvane Damasceno de Oliveira	EP-469
Sebastia ´n Mondaca Contreras	EP-397	Silvia Daniela Minossi	EP-229

Sílvia Feitosa de Sousa	EP-418	Susimeire Gomes	EP-010
Sílvia Helena Gelas Lage	EP-359, EP-591, EP-595	Suzana Margareth Ajeje Lobo	EP-113, EP-157
Sílvia Maria dos Santos Saalfeld	EP-383	Suzane Cabrera de Oliveira	EP-021
Sílvia Maria Fachin	EP-122	Suzane Pereira de Souza	EP-272, EP-319, EP-508, EP-648, EP-714
Sílvia Pedroso Soares	EP-106	Suzete Nascimento Farias da Guarda	EP-219
Sílvia Regina de Oliveira Machado	EP-736	Suzi Laine Longo dos Santos Bacci	EP-727
Sílvia Regina Martins dos Santos	EP-694	Sylvia Márcia Fernandes dos Santos Lima	EP-503, EP-515
Sílvia Regina Valderramas	EP-817	Symone Gondim	EP-720
Sílvia Renata Rezek Juliano	EP-313		
Sílvia Tamiles Marques de Oliveira Lopes	EP-092		
Silvina Favretto	AO-027		
Simão Pedro Bicudo Bamberg	AO-029	Tabata Cristina de Oliveira	EP-612
Simay Serin	EP-463	Tábata Passos Ferreira	EP-208, EP-222, EP-406
Simone Alves Santos Ferreira	EP-183	Taciana de Castilhos Cavalcanti	EP-331, EP-401, EP-681
Simone Aranha Nouér	EP-160, EP-352	Taina da Silva de Cussatti	EP-479
Simone Gabetto Bruno Processi	EP-473, EP-480	Tainã de Godoy Creace	EP-034
Simone Nouer	AO-005	Tainá Decimo	EP-014
Simone Redaelli	AO-039	Tainá Madeira Barros Pontes	EP-613, EP-832
Simone Reges Perales	EP-672	Tainara Barbosa Nunes	EP-805
Sion Divan Filho	EP-561	Taís Hochegger	EP-331, EP-345
Sirleia Lucy Aragão da Silva	EP-176	Taís Sica da Rocha	AO-046, AO-048, EP-743, EP-759, EP-764, EP-797, EP-812, EP-826
Solange Diccini	EP-643, EP-644, EP-660	Taísa Melo Monteiro Chenci	EP-116, EP-705
Solange Guizilini	EP-677	Taise Costa Ribeiro Klein	EP-384
Solena Ziemer Kusma	EP-437	Taisi Aureliano Feitosa	EP-787
Soloaga Elias	AO-022, EP-026	Takeshi Wada	EP-704
Sonia Altez	AO-027	Talissa Bianchini	EP-106
Soraya Assef Benhame	EP-449	Talita Elci de Castro Magalhães	EP-808
Sosa Fernando Ariel	EP-117	Talita Fischer Oliveira	EP-379
Speranza Vieira	EP-509	Talita Santos de Arruda	EP-696
Stanley da Cunha Menezes	EP-032	Talita Teles Teixeira Pereira	EP-219
Steice da Silva Inácio	EP-149	Tamara Cordova Fernandez	AO-044
Stela Maris Antunes de Araulo	EP-736	Tamara Gomes Marques	AO-045
Stelamaris Luchese	AO-048, EP-759	Tamara Missão da Silva Rios	EP-530
Stella Carlos Alberto	EP-114	Tâmara Rúbia Cavalcante Guimarães Coutinho	EP-173, EP-177, EP-228, EP-354, EP-367
Stephane Delisle	EP-028		
Stephanie Barbara Dias dos Santos	EP-019, EP-267, EP-311, EP-659	Tamires Goulart Brondani	EP-756
Stephanie Theisen Konzen	AO-031, AO-033	Tamires Matos de Souza de Jesus	EP-051
Suelaine Aparecida Ghenov de Souza	EP-082	Tânia Carla Sousa Nogueira	EP-173
Suely Mariko Ogasawara	EP-240, EP-302, EP-333, EP-365	Tânia Couto Machado Chianca	EP-222
Suely Sueko Viski Zanei	EP-678, EP-701	Tarcísio Lordani	EP-537
Suene Barbosa dos Santos	EP-055	Tarissa da Silva Ribeiro Haack	EP-210, EP-258, EP-477
Suha Bozbay	EP-080	Tássia Nery Faustino	EP-337
Sukhen Samanta	AO-004	Tassiane Batista Souza	EP-056
Susan Carolina Diniz de Sales	EP-774, EP-778, EP-821	Tatiana de Medeiros Colletti Cavalcante	EP-643, EP-644, EP-660
Susanna Ågren	EP-353	Tatiana Helena Rech	EP-625
Susiane de Oliveira Klefens Barbosa	AO-047	Tatiana Maria Nóbrega Elias	EP-201, EP-805
		Tatiana Pissolati Sakomura	EP-799, EP-822, EP-823

Valquiria de Abreu Ramos Queiroz	EP-195, EP-607, EP-617, EP-618, EP-619, EP-620	Vitor Baptista Tardin	EP-449
Valter Nilton Felix	EP-637	Vitor Carneiro de Vasconcelos Gama	EP-094
Vandack Alencar Nobre Jr	EP-061, EP-090, EP-127	Vitor Hugo da Silva Silveira	EP-159
Vanessa Nunes	EP-188, EP-191, EP-646	Vitor Nogueira Araújo	EP-393, EP-461, EP-505, EP-506
Vanessa Alexandra Ramirez Sanmartin	EP-045	Vitor Salvatore Barzilai	AO-040, EP-626, EP-632, EP-636, EP-666
Vanessa Bordin	EP-122	Vitor Takashiba	EP-528, EP-739
Vanessa Braz Tanaka	EP-040	Vitoria de Paula Bettin	EP-610
Vanessa C Gomes	EP-796	Vitória Homem Machado	AO-016
Vanessa Campos Pinheiro Grano	EP-364	Vitorio Guedes Gomes	EP-406
Vanessa Chaves Barreto Ferreira de Lima	EP-257, EP-266	Vivian Biazon El Reda Feijó	EP-601
Vanessa do Amaral	EP-532	Vivian Caroline Siansi	EP-040
Vanessa dos Santos Munhoz	EP-728	Vívia da Pieve Antunes	EP-715
Vanessa Galdino de Paula	EP-213	Vivian de Biase	EP-052, EP-405, EP-556
Vanessa Gomes Mazieiro	EP-317	Vivian Mara Gonçalves de Oliveira Azevedo	EP-727
Vanessa Hegele	EP-162	Vivian Polachini Skzypek Zanardo	EP-541
Vanessa Martins de Oliveira	EP-001, EP-229, EP-582	Viviane Bernardes de Oliveira Chaiben	EP-676
Vanessa Pegoraro Maschke	EP-568	Viviane Cabral Quixabeira	EP-784
Vanessa Pinho	EP-127	Viviane Cordeiro Veiga	AO-015, AO-028, EP-036, EP-062, EP-207, EP-553, EP-566, EP-571, EP-572, EP-573, EP-583, EP-638, EP-641
Vanessa Yummy Nishi	EP-126, EP-565	Viviane Helena Rampon Angeli	EP-724
Vania Maria Carneiro da Silva	EP-105, EP-115, EP-434, EP-611	Vivienne Lemos	EP-387
Vanilton de Jesus Chagas	EP-098, EP-180		
Vanisse Borges Nunes Kochhann	EP-843		
Vanusa Aparecida Cunha	EP-329		
Verena Pinheiro Meira Oliveira	EP-205		
Veronica Ntsiea	EP-231		
Verusca Najara de Carvalho Cunha Rodrigues	EP-069, EP-075		
Vicente Ces de Souza Dantas	EP-669		
Victor Barasuol	EP-692		
Victor Carneiro de Vasconcelos Gama	EP-416		
Victor Fellipe Justiniano Barbosa	EP-597		
Victor Hugo Ferreira E Léda	EP-053		
Victoria Astonitas	EP-415		
Victoria Markevich	EP-633		
Victória Queiroz Ramos	EP-412		
Vinicius Augusto Travassos	EP-034		
Vinicius Avellar Werneck	EP-052, EP-171, EP-326, EP-405, EP-408, EP-409, EP-410, EP-556		
Vinicius de Sá Patricio Franco	EP-217, EP-596		
Vinício Figueiredo Tavares	EP-782		
Vinicius Oliveira Fernandes	EP-779, EP-793		
Vinicius Zacarias Maldaner da Silva	EP-212, EP-554, EP-689		
Violante Augusta Batista Braga	EP-639		
Violeta Frota Lima	EP-176, EP-697		
Virginia Ramos dos Santos Souza Reis	EP-404		
Virna Mendonça Sampaio Lima	EP-088		

Wolney de Andrade Martins	AO-021
Wylcker Gustavo Wagmaker	EP-469

Y

Yara de Oliveira Sampaio	EP-279
Yara Lucia de Souza Machado	EP-521
Yara Pedroso Zen	EP-116, EP-705
Yasmin Sakimoto Garcia	EP-453
Yenny Rocio Cardenas	EP-155
Yngrid Souza Luz	EP-089

Yoko Tsukada	EP-634
Yoshihiro Hagiwara	EP-192
Yraima de Macedo Alencar	EP-342

Z

Zavattieri Agustina	EP-633
Zena Lind	EP-250
Zenio do Nascimento Norberto	EP-694
Zilfran Carneiro Teixeira	EP-393, EP-461, EP-505, EP-506
Zizar Melo	EP-129



Our attention will always be on the
person that exists in each patient

Nossa atenção sempre estará na
pessoa que existe em cada paciente

November 10th

Intensivist's Day
Dia do Intensivista

Em 2018,
o maior evento de
medicina intensiva da
América Latina
volta a São Paulo



XXIII CONGRESSO BRASILEIRO DE
MEDICINA INTENSIVA

S ã O P A U L O • 2 0 1 8

29, 30/11 e 01/12

