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ASSESSMENT OF THE SAFETY AND EFFECTIVENESS OF AN INSTITUTIONAL FLUID MANAGEMENT PROTOCOL IN CRITICALLY ILL PATIENTS WITH ACUTE LUNG INJURY (B3), Michael King, Leigh Ann Mike. UW Medicine, Seattle, WA (smrtmike@u.washington.edu) IRB approval received.

Acute lung injury (ALI) is a clinical syndrome that affects critically ill patients with in-hospital mortality approaching 40%. ALI is characterized by acute and persistent inflammation and increased vascular permeability resulting in pulmonary edema leading to respiratory failure. Studies using conservative fluid management strategies to manage patients with ALI have been shown to decrease both time on mechanical ventilation and ICU length of stay. Based on these studies, a fluid management protocol was instituted at Harborview Medical Center to manage patients with ALI. We conducted a retrospective cohort study to assess the safety and effectiveness of the fluid management protocol since its inception. Outcomes measured were mortality, days on mechanical ventilation, hospital length of stay, ICU length of stay, adverse events, and resource utilization. Fifty two patients were screened, 21 were enrolled. Apache II score on admission was 25 ± 8.1 . Seventy six percent of patients survived until hospital discharge. Patients spent 13.7 ± 8.3 days on mechanical ventilation and 17.7 ± 10 days in the ICU. Time on the fluid management protocol was 2.9 ± 1.6 days. The most common adverse outcome for patients managed by the

protocol was hypotension (33% of patients). Further results will be presented.