



# SOUTHEAST CHAPTER UPDATE

TRIANNUAL NEWSLETTER

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## NEWSLETTER EDITOR

Ah Hyun Jun, PharmD, BCCCP

EMAIL: [communications@scmse.org](mailto:communications@scmse.org)

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## FEBRUARY 2021 Meeting In Review

### TOPIC: Nutrition and Metabolic Needs In COVID-19

By Reyana Ewing, MPH, RD, LD



### Paul E. Wischmeyer, MD, EDIC, FASPEN, FCCM

*Professor of Anesthesiology*

*Associate Vice Chair for Clinical Research*

*Anesthesiology / Critical Care Medicine Duke Health*

On February 23, 2021, Dr. Paul Wischmeyer presented data on the importance of appropriate nutrition in patients with COVID-19. During the post viral phases of disease, patients enter a hyper-inflammatory phase characterized by a persistent hypermetabolic/hypercatabolic state and metabolic pathway impairment. This bradykinin-induced reaction leads to mitochondrial dysfunction resulting in muscle wasting, body composition changes, cardiac injury, infection, fatigue, and reduced quality of life (QOL). These patients are also more likely to be discharged to a rehab facility than home because of significant functional (physical and cognitive) impairment.

It is important to deliver early nutrition support within 24-36 hours of admission and 12 hrs of intubation even for patients on vasopressors or patients who are being prone. Feeding patients while they are on low and medium-dose norepinephrine has been found to be safe and associated with lower mortality rates. According to SCCM/ASPEN guidelines, most patients in the prone position can tolerate enteral nutrition delivered to the stomach with head of bed elevated > 10-25 degrees to decrease aspiration risk.

Determining appropriate caloric intake in critically ill COVID-19 patients remains an area in need of further research. A large cohort of ICU patients had a greater chance of survival when fed 70% of resting energy expenditure (REE) using indirect calorimetry (IC). Dr. Wischmeyer and his collaborators have been working on developing an accurate and reliable user-friendly portable indirect calorimeter, the Q-NRG, which is the only commercially available IC tested against mass spectrometry to ensure gas accuracy.

According to the LEEP-COVID study, estimated energy needs (EEN) in week 1 closely matched the permissive underfeeding rate of 70% of REE from previous ICU studies. By the fourth week, EEN increased to > 29 kcal/kg, indicating prolonged hypermetabolism. Providing 1.5-2 g/kg/day is the current target consistent with significantly improved QOL scores at 3 and 6 months after ICU stay.

In COVID-19 patients who cannot tolerate or receive adequate nutrition via enteral feeds, total parenteral nutrition (TPN) may be considered. Four randomized control trials demonstrate TPN does not increase the risk for infection. Additionally, mixed medium chain triglycerides and

*(Continued on Next Page)*

## FEBRUARY 2021 Meeting In Review (cont.)

### TOPIC: Nutrition And Metabolic Needs In COVID-19

omega-3 fatty acids (Smoflipid) in TPN reduce the rates of infection, sepsis, and ICU length of stay.

Dr. Wischmeyer's presentation

provided the latest research in indirect calorimetry, support of early enteral nutrition, adequate protein delivery, and importance of replacing

micronutrients on morbidity and mortality outcomes in COVID-19 patients.

## JUNE 2021 Meeting In Review

### TOPIC: Sustaining Wellness for Healthcare Professionals. Not Just a Pandemic Problem

By Ellen Huang, PharmD, BCCCP



**Rhonda D'Agostino, MSN, ACNP-BC, FCCM, FCCP**  
*Lead Advanced Practice Provider and Critical Care Nurse Practitioner  
Garnet Health Medical Center  
Instructor of Nursing  
Mount Saint Mary College*

On June 10, 2021, Ms. D'Agostino presented on wellness and burnout, which has been an especially important topic during the last several years as all healthcare workers have faced unprecedented times. She started the discussion by discussing what wellness means. Wellness is multidimensional and multifaceted and includes physical, intellectual, emotional,

social, financial and emotional health. Studies have shown that jobs in the ICU consistently rank amongst the highest burnout professions. Ms. D'Agostino also shared her personal path to wellness took time and many steps. However, she overcame her un-wellness and is now passionate about helping other healthcare workers do the same.

Although COVID has exacerbated stress, burnout for those working in critical care has been a long standing issue. She first discussed the importance of recognizing stress. This includes physical symptoms such as aches and pains and sleep disturbances as well as signs of burnout such as depersonalization, difficulty concentrating, and disillusionment about the job. Once those are able to recognize their stress, people can then identify methods to enhance well ness and build resiliency. This includes exercises to build awareness and resilience. She discussed methods including meditation, breathing exercises, and building time between responsibilities for self-care.

## AUGUST 2021 Meeting In Review

### TOPIC: The Future of Critical Care Medicine

By Claudia Tan, PharmD Candidate 2022



**Greg S. Martin, MD, MSc**  
*Professor of Medicine  
Executive Associate Division Director  
Pulmonary, Allergy, Critical Care, and Sleep Medicine  
Research Director, Emory Critical Care Center  
Emory University of School of Medicine  
Critical Care Chair, Grady Memorial Hospital  
President, Society of Critical Care Medicine*

On August 21, 2021, the Southeast Chapter welcomed Dr. Greg S. Martin, the current President of the Society of Critical Care Medicine, to speak on "The Future of Critical Care." His presentation focused on how quickly technology has advanced since the Crimean war in the 1850s, when a British nurse first created an "ICU" by requesting the sickest patients to be closest to the nursing station, to our present-day critical care units along with possible future advancements in ICUs. In this lecture, Dr. Martin started by explaining how changes in technology are

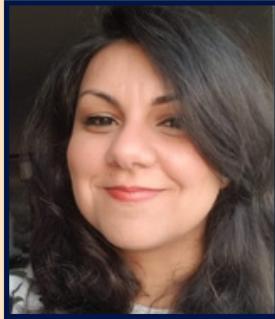
occurring incredibly quickly, and this will shape how patients are treated in the next 5 to 30 years. In addition to this evolution, there is an ever increasing demand for critical care services.

Dr. Martin went into detail about current technologies and progressive practice models that are growing and expanding to other parts of the world. This includes advanced practice providers, use of telehealth, point of care ultrasound, better implementation of existing data, and ways to achieve less sedation with earlier mobilization,

to name a few. In the next 15 years, he anticipates that we will see contactless patient monitoring, closed loop control systems, immunomonitoring/immunotherapy, and critical subspecializations. These are already reflected in some of our healthcare systems, but further growth remains possible. For example, many ICUs triage patients with different levels of trauma, and many are sorting patients into subspecialty categories such as sepsis and other common forms of critical illness.

Dr. Martin stated that there is promising research being done for the future of critical care. From finding genes that could potentially shed light on human hibernation to experimenting with robot ICU doctors, medical ideas that were once only in movies are now an imaginable possibility.

*The Southeast Chapter Would Like to Welcome the  
New Executive Board Officers for 2022-2024*



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**Rita Gayed, PharmD, BCCCP**

Critical Care Pharmacy Specialist, Grady Health System

**PRESIDENT-ELECT**

**Ah Hyun Jun, PharmD, BCCCP**

Critical Care Pharmacy Specialist, Northside Hospital Cherokee



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TOPIC: THE MANAGEMENT OF GASTROINTESTINAL BLEEDING IN THE ICU.

By Rosemary Shafack, PharmD Candidate 2022

The October 2021 Bite-Sized Lecture Series featured three speakers from Emory Saint Joseph's Hospital in Atlanta, GA on the topic of the management of gastrointestinal (GI) bleeding in the ICU.

**Sage Elmore, AG-ACNP** began the webinar with the initial assessment of GI bleeding. It is essential to collect and review the patient's history including any history of prior bleeding. Conducting an exam and evaluating labs can help determine the etiology and location of the bleed. In upper GI bleed, AIMS65 can be used as a risk stratification tool to predict mortality, in which a higher score indicates increased risk of mortality. For lower GI bleed, risk stratification is determined by shock index (HR/SBP). If this value is greater than one, it is recommended to promptly perform CT angiography prior to endoscopic evaluation to identify the lesion that is bleeding.

**Nicholas Barker, PharmD, BCCCP** discussed the ACG algorithmic approach to the upper GI bleeds. He evaluated the literature surrounding the use of erythromycin and proton pump inhibitor (PPI), including continuous infusion versus bolus intermittent PPI strategy which has inconclusive data. He presented treatment options for variceal



bleeding per AASLD recommendations and the use of viscoelastic testing for targeted transfusion. Additionally, the risks and benefits of various reversal strategies for anticoagulants were discussed.

**William Bender, MD** followed with discussions on transfusion of blood products in GI bleed patients and trial outcomes of restrictive vs. liberal transfusion. He discussed the use of the ATLS classification of hemorrhage in categorizing patients with massive exsanguination. He reviewed trials evaluating the mortality associated with different ratios of blood products during massive transfusion. He concluded the

lecture by elaborating on other interventions in upper GI bleeding including airway management, endoscopy, balloon tamponade, and TIPS.

Please click here ([https://www.youtube.com/watch?v=g\\_vJVzUWRhk](https://www.youtube.com/watch?v=g_vJVzUWRhk)) if you are interested in watching a recording of the full lecture.

*Our next Bite Size Lecture on Microdose Vasopressors will be held in April. Please follow our Facebook and Twitter for more information.*

*If you are interested in hosting a future Bite-Sized Lecture Series, please contact [susan.smith@uga.edu](mailto:susan.smith@uga.edu).*

A promotional graphic for SCCM Student-Led Critical Care Live Twitter Chats. It features the SCCM logo (Society of Critical Care Medicine Southeast Chapter) in the top left. The main text reads 'STUDENT-LED CRITICAL CARE Live TWITTER CHATS' in large, bold, orange and white letters. Below this, it says 'Follow us @SCCMSE #SCCMSEChat'. At the bottom, there is a call to action: 'Please be on the lookout for our next TWITTER JOURNAL CLUB announcement on our Facebook and Twitter. If you have suggestions for topics or are interested in hosting a Twitter Journal Club, please contact [adepriestr@gmail.com](mailto:adepriestr@gmail.com).'

SOUTHEAST CHAPTER OF THE  
SOCIETY OF CRITICAL CARE MEDICINE  
PROUDLY PRESENTS A QUARTERLY  
LECTURE AND DISCUSSION ON  
“FORGING A PATH TOWARDS  
HEALTH EQUITY IN CRITICAL CARE”



COURSE OBJECTIVES:

- » IDENTIFY RACIAL DISPARITIES THAT HAVE COMMONLY BEEN DESCRIBED IN THE CRITICAL CARE LITERATURE
- » DESCRIBE POTENTIAL CAUSES OF RACIAL DISPARITIES IN CRITICAL CARE
- » APPLY PRINCIPALS OF HEALTH EQUITY TO THEIR CRITICAL CARE PRACTICE



**VIRTUAL ONLINE PRESENTATION**  
**WEDNESDAY, MARCH 23, 2022**  
**6 - 7:30 P.M. EST | 5 - 6:30 P.M. CST**



GUEST SPEAKER

**JOHN M. ALLEN, PHARM.D, CPH, BCPS, BCCCP, FCCM, FCCP**  
ASSOCIATE DEAN FOR DIVERSITY, INCLUSION, AND HEALTH EQUITY  
CLINICAL ASSOCIATE PROFESSOR  
DEPARTMENT OF PHARMACOTHERAPY AND TRANSLATIONAL RESEARCH  
UNIVERSITY OF FLORIDA COLLEGE OF PHARMACY

CME CREDITS WILL BE PROVIDED FOR SE SCCM MEMBERS.

Registration is required. Register Today!  
<https://attendeegotowebinar.com/register/8192306528660090894>

This event is not commercially sponsored.  
For more information, and for future events, please visit our website  
<https://sccmse.org/>



Our next upcoming lecture will be in collaboration with **Georgia ASPEN:**

Date: **Tuesday, June 21, 2022**  
Topic: **Review of the Updated Guidelines on Nutritional Support in Critical Care**  
Speaker: **Jayshil Patel, MD**  
Associate Professor  
Division of Pulmonary, Critical Care, and Sleep Medicine  
Medical College of Wisconsin



**TOPIC & SPEAKER SUGGESTIONS?**

*Do you have any topics you'd like to hear more about in 2022? Email our programming chair Doug Smith Jr. at [Ieland.d.smith.jr@gmail.com](mailto:Ieland.d.smith.jr@gmail.com).*

# ANNOUNCEMENTS



## MAY IS NATIONAL CRITICAL CARE AWARENESS AND RECOGNITION MONTH (NCCARM)

The Southeast Chapter of SCCM is here to help you celebrate! For “Turn Your ICU Blue Day” (exact date to be announced by SCCM), we encourage you to buy blue treats, food, decorations, and gifts from a favorite local place to support your city’s local economy. Our Outreach Committee is offering some reimbursement for these as well as a small gift with our Chapter logo. If you are interested in joining the “Blue Party,” please send email to [communications@sccmse.org](mailto:communications@sccmse.org).

## JOIN US ON SOCIAL MEDIA

Follow us for Chapter updates!

- Facebook: [facebook.com/sesccm](https://facebook.com/sesccm)
- Twitter: @SCCMSE
- Website: [www.sccmse.org](http://www.sccmse.org)



## WANT TO BECOME MORE INVOLVED?

Looking to build leadership skills and connect with other professionals in the region? Get involved with our Chapter as a committee chair or as a member. For current or future members interested in joining a committee, please contact us at [communications@sccmse.org](mailto:communications@sccmse.org), and let us know how you’d like to become involved with the Southeast Chapter of SCCM.



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E-mail: [jackiemoore@bellsouth.net](mailto:jackiemoore@bellsouth.net)

## Southeast Chapter Member Benefits



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