

ASSOCIATION OF MERSEY INTENSIVE CARE UNITS

A.M.I.C.U.

Minutes of the third meeting of AMICU held on 12th June 1992.
Supported with an education grant from ELI-LILLY.

Present: Dr. S. Mostafa Chairman

Dr. P. Buckley	Dr. J. Chambers
Dr. A. Gilbertson	Dr. R. Griffiths
Dr. J. Harper	Dr. W. Horton
Dr. A. Jones	Dr. G. Smith
Dr. D. Southern	Dr. N. Sutcliffe
Dr. G. Taylor	Dr. B. Waters
Dr. J. Watt	Dr. R. Wilkes

Dr. D. Jayson Secretary

Apologies:

Dr. Abdel-Salam	Dr. S. Atherton
Dr. C. Charway	Dr. P. Drury
Dr. N. Fergusson	Dr. J. Hunter
Dr. A. Kent	Dr. R. Macmillan
Dr. J. Smith	Dr. E. Williams

12/92 Minutes. The minutes of the 2nd meeting of AMICU held on 6th March 1992 were circulated. Concerning the presentations on the use of Centoxin, it was noted that there is a question mark over the original data (NEJM.1991;429-436) and the results presented at the meeting did not look promising. It was felt that, to prescribe HA-1A endotoxin antibody, proven endotoxaemia was required, or, at least, positive gm-ve blood cultures. Dr. P. Buckley agreed to send a communication on this.

Dr. R. Griffiths confirmed that the ashtma audit was in progress and was continuing -forms to be sent to ITU secretary at Whiston Hospital.

13/92 I.C.S. Linkman. It was agreed to make this a regular slot for future meetings. Two local linkmen were present, Dr. P. Buckley and Dr. B. Waters. The next meeting will include an item to discuss our support of the I.C.S. in it's moves to form a faculty of intensive care.

14/92 Spinal Injury. Dr. D. Jayson presented two cases of lower cervical spine injury and discussed the pathophysiology and long-term complications of this type of injury.

15/92 Oxygen Uptake Isoleths. Dr. D. Southern presented a graph of cardiac index and oxygen extraction, with oxygen uptake isopleths, to be used as a clinical tool for monitoring changes of therapy and chasing therapeutic goals.

16/92 Bedside Endotoxin. Dr. G. Smith discussed the setting up of a study to evaluate a technique of routine and regular measurement of endotoxin levels. The need for early and adequate resuscitation of patients in septic shock was stressed, including antibiotic therapy. He noted that it was rare to detect endotoxin in ITU patients. Three samples would be required at 1/2 hourly intervals and a result could be available within 2 hours. A "tight" protocol would be required, with a single diagnosis, in a single centre.

17/92 Next Meeting. This was arranged for Friday 18th September 1992.