



# Ventilator Survival Rates By Age

**David Nott**



## Ventilator Survival Rates By Age

**The Molecular and Mechanical Mechanisms of the Age-associated Increase in the Severity of Experimental Ventilator Induced Lung Injury**  
Joseph Ames Herbert, 2016 Abstract Background The majority of patients requiring mechanical ventilation are over the age of 65 and advanced age is known to increase the severity of ventilator induced lung injury VILI and mortality However the mechanisms which predispose aging ventilator patients to increased mortality rates are not fully understood Pulmonary edema is a hallmark of VILI and the severity of edema increases with age Ventilation with conservative fluid management decreases mortality rates in acute respiratory distress ARDS patients but has not been investigated in VILI We hypothesized that age associated increases in pulmonary edema promote age related increases in ventilator associated mortality Endoplasmic reticulum ER stress can disrupt cellular functions and plays a key role in many disease states The severity of ER stress also increases with age We hypothesized that age associated increases in ER stress also increase in the severity of VILI Finally serum Vitamin C VitC levels also decrease with age VitC treatments have been shown to decrease mortality rates in murine models of ARDS by and attenuate pulmonary edema We hypothesize that VitC treatments will attenuate ventilator induced pulmonary edema in our aged murine subjects Methods Mechanical Ventilation Young and old mice were mechanically ventilated with either high tidal volume HVT or low tidal volume LVT for with either liberal or conservative fluid support One group received VitC treatment prior to ventilation Cell Stretch Alveolar epithelial cells ATIIs from young and old mice were harvested cultured and mechanically stretched Treatment groups received ER stress inhibitor 4 PBA Results Both advanced age and HVT ventilation significantly increased inflammation injury and decreased survival rates Conservative fluid support significantly diminished pulmonary edema decreased mortality rates VitC treatments significantly decreased pulmonary edema and improved pulmonary mechanics Mechanical stretch promoted ER Stress and upregulated proinflammatory gene expression and secretion in aged ATIIs ER stress inhibition attenuated all of these effects Conclusion Conservative fluid management alone attenuated age associated increases in ventilator associated mortality VitC treatments decreased pulmonary edema and partially restore pulmonary mechanics in old mice ventilated with HVT ER stress inhibition decreased stretch induced proinflammatory gene expression and protein secretion in aged mechanically stretched ATII cells

## **Age and Comorbidity Burden of Patients Critically Ill with COVID-19 Affect Both Access to and Outcome of Ventilation Therapy in Intensive Care Units**

Marie Louise de Hesselle, Stefan Borgmann, Siegbert Rieg, Jörg Janne Vehreschild, Sebastian Rasch, Carolin E. M. Koll, Martin Hower, Melanie Stecher, Daniel Ebert, Frank Hanses, Julia Schumann, [Study group] LEOSS study group, 2023 Abstract During the COVID 19 pandemic large numbers of elderly multimorbid people required treatment in intensive care units This study investigated how the inherent patient factors age and comorbidity burden affected the treatment strategy and the outcome achieved Retrospective analysis of data from intensive care patients enrolled in the Lean European Open Survey on SARS CoV2 Infected Patients LEOSS cohort found that a patient's age and comorbidity burden in fact influenced their mortality rate and the use of ventilation therapy Evidence showed that advanced age and multimorbidity were associated with the restrictive use of invasive ventilation therapies particularly ECMO Geriatric patients with a high comorbidity burden were clustered in the sub cohort of non ventilated ICU patients characterized by a high mortality rate The risk of death generally increased with older age and accumulating comorbidity burden Here the more aggressive an applied procedure the younger the age in which a majority of patients died Clearly geriatric multimorbid COVID 19 patients benefit less from invasive ventilation therapies This implies the need for a holistic approach to therapy decisions taking into account the patient's wishes

**The Outcomes and Prognostic Factors of the Very Elderly Requiring Prolonged Mechanical Ventilation in a Single**

**Respiratory Care Center**, 2016 Abstract Abstract This study investigated the outcomes and the prognostic factors among the very elderly patients 80 years old requiring prolonged mechanical ventilation PMV Between 2006 and 2014 all of the very elderly patients of age 80 or more transferred to respiratory care center RCC of a tertiary medical center were retrospectively identified and only patients who used mechanical ventilation MV for 3 weeks were included in this study A total of 510 very elderly patients undergoing PMV were identified The mean age of the patients was 84 3 3 3 years and it ranged from 80 to 96 years Male comprised most of the patients n 269 52 7% and most of the patients were transferred to RCC from medical ICU n 357 70 0% The APACHE II scores on RCC admission was 17 6 6 0 At least 1 comorbidity was found in 419 82 2% patients No significant differences of gender disease severity diagnosis dialysis laboratory examinations comorbidities and outcome were found between octogenarians aged 80 89 and nonagenarians aged 90 The overall in hospital mortality rate was 21 8% In the multivariate analysis patients who had APACHE II score 15 odds ratio OR 2 30 95% confidence interval CI 1 36 3 90 or albumin 2 g dL OR 3 92 95% CI 2 17 7 01 were more likely to have significant in hospital mortality P

*Surviving Intensive Care* Derek C. Angus, Jean Carlet, 2003 For many years intensive care has focused on avoiding immediate death from acute life threatening conditions However there are increasing reports of a number of lingering consequences for those who do indeed survive intensive care Examples include on going high risk of death neurocognitive defects significant caregiver burden and continued high healthcare costs *Surviving Intensive Care* written by the world s experts in this area is dedicated to better understanding the consequences of surviving intensive care and is intended to provide a synopsis of the current knowledge and a stimulus for future research and improved care of the critically ill

**Pediatric Respiratory Medicine** Lynn Max Taussig, Louis I. Landau, 2008-01-01 This user friendly text presents current scientific information diagnostic approaches and management strategies for the care of children with acute and chronic respiratory diseases A consistent chapter format enables rapid and effortless location of the most current protocols on manifestations etiologies triggers approaches to treatment complications and preventative strategies Includes guidance on differential diagnosis to help determine which disease or condition the patient may have Uses extensive color coded algorithms to facilitate quick diagnosis management and treatment decisions Provides the latest scientific information and diagnostic and management strategies for the care of children with respiratory illnesses Presents cutting edge coverage with new information on the biology of and the influences on the respiratory system during childhood as well as the diagnosis and management of both common ie wheezing infant cystic fibrosis tuberculosis and

*Pediatric Acute Respiratory Distress Syndrome* Steven L. Shein, Alexandre T. Rotta, 2019-08-22 This book provides a concise yet comprehensive overview of pediatric acute respiratory distress syndrome PARDS The text reviews the emerging science behind the new PARDS definition explores epidemiology pathobiology etiologies and risk factors reviews state of the art treatment modalities and strategies and discusses clinical outcomes Written by experts in the field *Pediatric Acute Respiratory Distress Syndrome A Clinical Guide* is a valuable resource for clinicians and practitioners who specialize in pediatric critical care

*Mechanical Ventilation and Weaning* Jordi Mancebo, Alvar Net, Laurent Brochard, 2012-12-06 Mechanical ventilation and weaning is one of the most common procedures carried out in critically ill patients Appropriate management of these patients is of paramount importance to improve the outcome in terms of both morbidity and mortality This book offers the physiological and clinical basis required to improve the care delivered to patients undergoing mechanical ventilation

*Rogers' Textbook of Pediatric Intensive Care* Donald H. Shaffner, David G. Nichols, 2015-07-29 Now in vibrant full color throughout Rogers Textbook of Pediatric Intensive Care 5th Edition continues its tradition of excellence as the gold standard in the field For more than 25 years readers have turned to this comprehensive resource for clear explanations of both the principles underlying pediatric critical care disease and trauma as well as how these principles are applied in clinical practice In the 5th Edition more than 250 global contributors bring you completely up to date on today's understanding treatments technologies and outcomes regarding critical illness in children

**Case Studies in Adult Intensive Care Medicine** Daniele Bryden, Andrew Temple, 2017-04-20 This case based approach to the intensive care medicine curriculum provides 48 case studies linking core knowledge to clinical context Topics chosen have been mapped to eight key areas of study making this ideal for both FFICM and EDIC exam candidates

**Preterm Birth** Institute of Medicine, Board on Health Sciences Policy, Committee on Understanding Premature Birth and Assuring Healthy Outcomes, 2007-05-23 The increasing prevalence of preterm birth in the United States is a complex public health problem that requires multifaceted solutions Preterm birth is a cluster of problems with a set of overlapping factors of influence Its causes may include individual level behavioral and psychosocial factors sociodemographic and neighborhood characteristics environmental exposure medical conditions infertility treatments and biological factors Many of these factors co occur particularly in those who are socioeconomically disadvantaged or who are members of racial and ethnic minority groups While advances in perinatal and neonatal care have improved survival for preterm infants those infants who do survive have a greater risk than infants born at term for developmental disabilities health problems and poor growth The birth of a preterm infant can also bring considerable emotional and economic costs to families and have implications for public sector services such as health insurance educational and other social support systems Preterm Birth assesses the problem with respect to both its causes and outcomes This book addresses the need for research involving clinical basic behavioral and social science disciplines By defining and addressing the health and economic consequences of premature birth this book will be of particular interest to health care professionals public health officials policy makers professional associations and clinical basic behavioral and social science researchers

Pocket Book of Hospital Care for Children World Health Organization, 2013 The Pocket Book is for use by doctors nurses and other health workers who are responsible for the care of young children at the first level referral hospitals This second edition is based on evidence from several WHO updated and published clinical guidelines It is for use in both inpatient and outpatient care in small hospitals with basic laboratory facilities and essential medicines In some settings these guidelines can be used in any facilities where sick children are admitted for inpatient care The Pocket Book is one of a series of documents and tools that support the Integrated Management

*War Doctor* David Nott, 2020-03-03 1 International Bestseller A frontline trauma surgeon tells his riveting true story of operating in the world's most dangerous war zones. The Times. For more than twenty-five years, surgeon David Nott has volunteered in some of the world's most perilous conflict zones. From Sarajevo under siege in 1993 to clandestine hospitals in rebel-held eastern Aleppo, he has carried out lifesaving operations in the most challenging conditions and with none of the resources of a major metropolitan hospital. He is now widely acknowledged as the most experienced trauma surgeon in the world. *War Doctor* is his extraordinary story encompassing his surgeries in nearly every major conflict zone since the end of the Cold War, as well as his struggles to return to a normal life and routine after each trip. Culminating in his recent trips to war-torn Syria and the untold story of his efforts to help secure a humanitarian corridor out of besieged Aleppo to evacuate some 50,000 people, *War Doctor* is a heart-stopping and moving blend of medical memoir, personal journey, and nonfiction thriller that provides unforgettable, at times raw, insight into the human toll of war. Superb. You are constantly amazed that men such as Nott can witness the extraordinary cruelties of the human race so many and so foul, yet keep going. Sunday Times. Gripping and fascinating medical stories. Kirkus Reviews.

**The ESC Textbook of Intensive and Acute Cardiovascular Care** Marco Tubaro, Pascal Vranckx, Susanna Price, Christiaan Vrints, Eric Bonnefoy, 2021-03-08. The ESC Textbook of Intensive and Acute Cardiovascular Care is the official textbook of the Acute Cardiovascular Care Association (ACVC) of the ESC. Cardiovascular diseases (CVDs) are a major cause of premature death worldwide and a cause of loss of disability-adjusted life years. For most types of CVD, early diagnosis and intervention are independent drivers of patient outcome. Clinicians must be properly trained, and centres appropriately equipped, in order to deal with these critically ill cardiac patients. This new updated edition of the textbook continues to comprehensively approach all the different issues relating to intensive and acute cardiovascular care and addresses all those involved in intensive and acute cardiac care, not only cardiologists but also critical care specialists, emergency physicians, and healthcare professionals. The chapters cover the various acute cardiovascular diseases that need high-quality intensive treatment, as well as organisational issues, cooperation among professionals, and interaction with other specialities in medicine. SECTION 1 focusses on the definition, structure, organisation, and function of ICCUs, ethical issues, and quality of care. SECTION 2 addresses the pre-hospital and immediate in-hospital ED emergency cardiac care. SECTIONS 3-5 discuss patient monitoring, diagnosis, and specific procedures: Acute coronary syndromes (ACS), acute decompensated heart failure (ADHF), and serious arrhythmias. SECTIONS 6-8 cover the main other cardiovascular acute conditions, grouped in SECTION 9. Finally, SECTION 10 is dedicated to the many concomitant acute non-cardiovascular conditions that contribute to the patient's case mix in ICCU. This edition includes new chapters, such as low cardiac output states and cardiogenic shock, and pacemaker and ICDs troubleshooting, and chapters have been extensively revised. Purchasers of the print edition will also receive an access code to access the online version of the textbook, which includes additional figures, tables, and videos to better illustrate diagnostic and therapeutic techniques and procedures in IACC. The third edition of the ESC Textbook of Intensive and Acute Cardiovascular Care will establish a common basis of knowledge and a uniform and improved quality of care across the field.

**Life-sustaining technologies and the elderly.** ,1987

Acute Heart Failure Alexandre Mebazaa, Mihai Gheorghiu, Faiez Zannad, Joseph E. Parrillo, 2009-12-24 For many years there has been a great deal of work done on chronic congestive heart failure while acute heart failure has been considered a difficult to handle and hopeless syndrome However in recent years acute heart failure has become a growing area of study and this is the first book to cover extensively the diagnosis and management of this complex condition The book reflects the considerable amounts of new data reported and many new concepts which have been proposed in the last 3 4 years looking at the epidemiology diagnostic and treatment of acute heart failure

**Sepsis Management in Resource-limited Settings** Arjen M. Dondorp, Martin W. Dünser, Marcus J. Schultz, 2019-02-08 This book is open access under a CC BY 4 0 license It constitutes a unique source of knowledge and guidance for all healthcare workers who care for patients with sepsis and septic shock in resource limited settings More than eighty percent of the worldwide deaths related to sepsis occur in resource limited settings in low and middle income countries Current international sepsis guidelines cannot be implemented without adaptations towards these settings mainly because of the difference in local resources and a different spectrum of infectious diseases causing sepsis This prompted members of the Global Intensive Care working group of the European Society of Intensive Care Medicine ESICM and the Mahidol Oxford Tropical Medicine Research Unit MORU Bangkok Thailand among which the Editors to develop with an international group of experts a comprehensive set of recommendations for the management of sepsis in resource limited settings Recommendations are based on both current scientific evidence and clinical experience of clinicians working in resource limited settings The book includes an overview chapter outlining the current challenges and future directions of sepsis management as well as general recommendations on the structure and organization of intensive care services in resource limited settings Specific recommendations on the recognition and management of patients with sepsis and septic shock in these settings are grouped into seven chapters The book provides evidence based practical guidance for doctors in low and middle income countries treating patients with sepsis and highlights areas for further research and discussion

**Oxford Textbook of Critical Care** Webb, 2020-01-10 Now in paperback the second edition of the Oxford Textbook of Critical Care is a comprehensive multi disciplinary text covering all aspects of adult intensive care management Uniquely this text takes a problem orientated approach providing a key resource for daily clinical issues in the intensive care unit The text is organized into short topics allowing readers to rapidly access authoritative information on specific clinical problems Each topic refers to basic physiological principles and provides up to date treatment advice supported by references to the most vital literature Where international differences exist in clinical practice authors cover alternative views Key messages summarise each topic in order to aid quick review and decision making Edited and written by an international group of recognized experts from many disciplines the second edition of the Oxford Textbook of Critical Care provides an up to date reference that is relevant for intensive care units and emergency departments globally This volume is the definitive text for all health care providers including physicians nurses respiratory therapists and other allied health professionals who take care of critically ill patients

**The Checklist Manifesto** Atul Gawande, 2010-04-01 The New York Times bestselling author of *Being Mortal* and *Complications* reveals the surprising power of the ordinary checklist We live in a world of great and increasing complexity where even the most expert professionals struggle to master the tasks they face Longer training ever more advanced technologies neither seems to prevent grievous errors But in a hopeful turn acclaimed surgeon and writer Atul Gawande finds a remedy in the humblest and simplest of techniques the checklist First introduced decades ago by the U S Air Force checklists have enabled pilots to fly aircraft of mind boggling sophistication Now innovative checklists are being adopted in hospitals around the world helping doctors and nurses respond to everything from flu epidemics to avalanches Even in the immensely complex world of surgery a simple ninety second variant has cut the rate of fatalities by more than a third In riveting stories Gawande takes us from Austria where an emergency checklist saved a drowning victim who had spent half an hour underwater to Michigan where a cleanliness checklist in intensive care units virtually eliminated a type of deadly hospital infection He explains how checklists actually work to prompt striking and immediate improvements And he follows the checklist revolution into fields well beyond medicine from disaster response to investment banking skyscraper construction and businesses of all kinds An intellectual adventure in which lives are lost and saved and one simple idea makes a tremendous difference *The Checklist Manifesto* is essential reading for anyone working to get things right

**A Practical Guide to Mechanical Ventilation** J. D. Truwit, S. K. Epstein, 2011-05-03 A new case oriented and practical guide to one of the core techniques in respiratory medicine and critical care Concise practical reference designed for use in the critical care setting Case oriented content is organised according to commonly encountered clinical scenarios Flow charts and algorithms delineate appropriate treatment protocols

**Cerebral Palsy** Isam Jaber Al-Zwaini, 2018-12-19 Cerebral palsy is a common pediatric problem and is the leading cause of childhood disability It occurs at a rate of 3.6 cases per 1000 children and represents a major social and psychological impact on both family and society It is a group of disorders with movement difficulties being common for all affected patients Its severity and extent are variable from one patient to another Additionally the impacts of cerebral palsy on daily activities communications and requirements are also variable Recent advances in clinical research increase our knowledge and understanding of causal pathways possible preventive measures specific intervention strategies and the value of new treatment modalities such as botulinum toxin and intrathecal baclofen in the management of cerebral palsy



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