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## Preventing Ventilator-Associated Pneumonia
20 Evidence-Based Practice: Use of the Ventilator Bundle to Prevent Ventilator-Associated Pneumonia
Arlene F. Tolentino-DelosReyes, Susan D. Ruppert, and Shyang-Yun Pamela K. Shiao

After reviewing published evidence on the use of the ventilator bundle to prevent ventilator-associated pneumonia, these authors held education sessions to share their findings before evaluating changes in nurses' knowledge and practices.

### CE Article and Journal Club Feature
28 Nurses' Implementation of Guidelines for Ventilator-Associated Pneumonia From the Centers for Disease Control and Prevention
Carolyn L. Cason, Tracy Tyner, Sue Saunders, and Lisa Broome

Ventilator-associated pneumonia accounts for 47% of infections in patients in intensive care units. This study evaluated the extent to which nurses working in intensive care units implemented best practices recommended by the Centers for Disease Control and Prevention for reducing the incidence of ventilator-associated pneumonia in the management of adult intensive care patients.

## Critical Care Techniques

### CE Article
39 Packed Red Blood Cell Transfusion in the Intensive Care Unit: Limitations and Consequences
Suzanne Gould, Mary Jo Cimino, and David R. Gerber

Complications of blood transfusions such as reactions and the transmission of infectious agents long have been recognized. These authors reviewed published articles in the PubMed database of the National Library of Medicine—case studies, meta-analyses, and retrospective and prospective studies—that discussed indications, clinical utility, limitations, and consequences of packed red blood cell transfusions, especially in the treatment of critically ill patients.

### CE Article
50 Rotational Bed Therapy to Prevent and Treat Respiratory Complications: A Review and Meta-Analysis
David R. Goldhill, Michael Imhoff, Barbara McLean, and Carl Waldmann

Immobility in the intensive care unit can result in serious medical complications. This article reviews literature on the effectiveness of rotational therapy (using therapeutic surfaces that turn on their longitudinal axes) for the prevention and treatment of respiratory complications in the critically ill.

## Editorial
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## Cardiology Casebook
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Kathryn Buchanan Keller and Louis Lemberg
Discriminating Between Right Coronary Artery and Circumflex Artery Occlusion by Using a Noninvasive 18-Lead Electrocardiogram
Shu-Fen Wung
Differentiating occlusion of the circumflex branch of the left coronary artery (also called the circumflex artery) from occlusion of the right coronary artery is difficult; either may be associated with a pattern of acute inferior myocardial infarction on the electrocardiogram. This article examines whether an inexpensive 18-lead electrocardiogram can help to differentiate sites of coronary occlusion.

Psychosocial Issues for Patients With Ventricular Assist Devices: A Qualitative Pilot Study
Elizabeth Chapman, Jayan Parameshwar, David Jenkins, Stephen Large, and Steven Tsui
Few studies have focused on patients’ experiences of having a ventricular assist device surgically implanted. Using semistructured face-to-face interviews, these authors retrospectively explored the phenomenological or psychological impact of surgical implantation of a ventricular assist device in 6 patients (4 men and 2 women) and 3 of their relatives in the United Kingdom.

Propofol Infusion Syndrome: A Case of Increasing Morbidity With Traumatic Brain Injury
Ilya Sabsovich, Zia Rehman, Jose Yunen, and George Coritsidis
Propofol infusion syndrome is a rare but often fatal complication in critically ill children given prolonged high-dose infusions of the drug. Often undetectable, the syndrome is characterized by severe metabolic acidosis, rhabdomyolysis, acute renal failure, refractory myocardial failure, and hyperlipidemia. This report describes the case of a previously healthy 16-year-old boy with traumatic brain injury who died of refractory cardiac dysrhythmia and circulatory collapse after continuous profusion of propofol for sedation and to control intracranial pressure.

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