



Geavanceerde hemodynamische monitoring bij kinderen

Wat is er mogelijk? is het anders dan bij volwassenen?

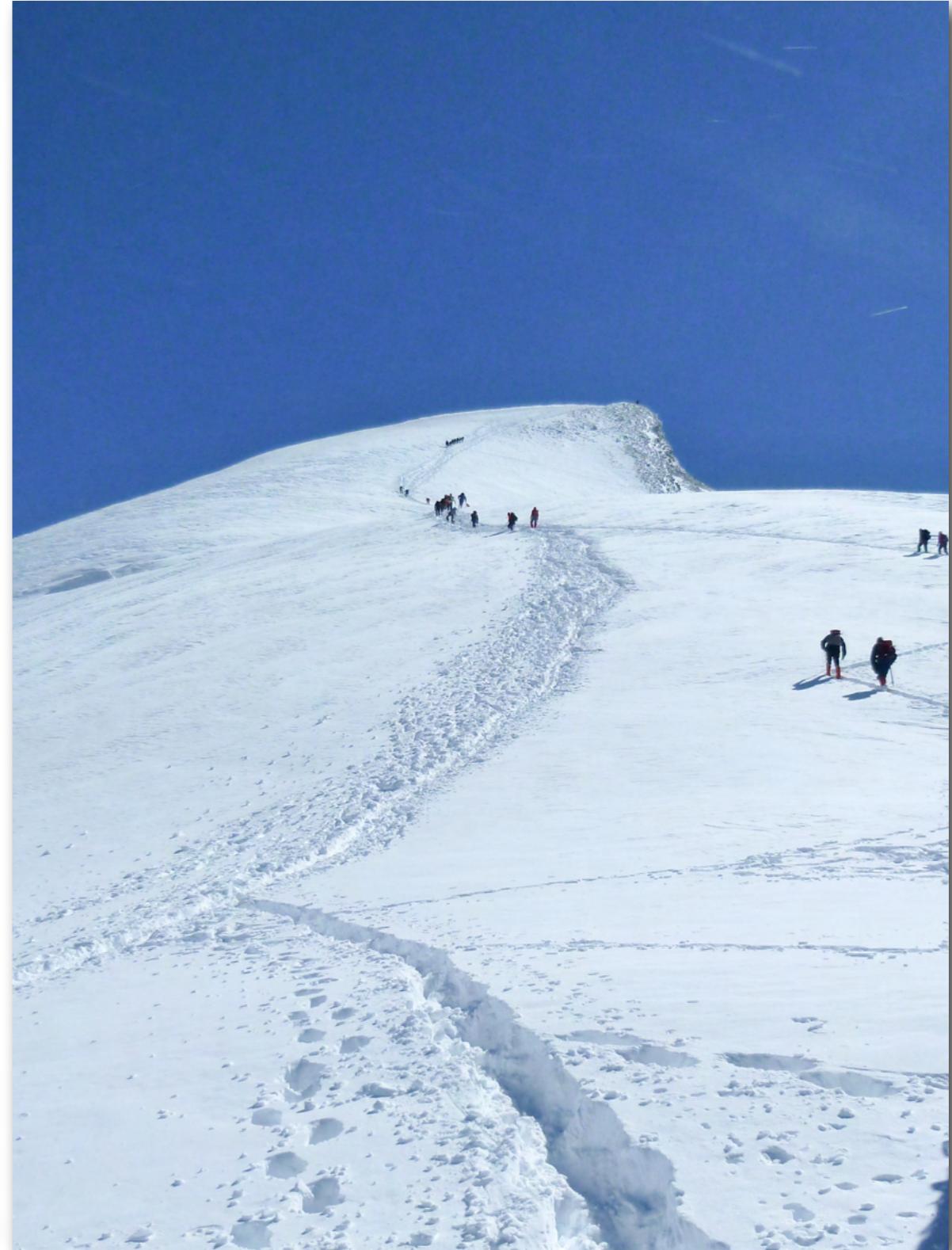
Joris Lemson

Symposium hemodynamiek bij volwassenen en kinderen

Vrijdag 15 oktober 2010

Joris Lemson

Advanced hemodynamic monitoring in critically ill children

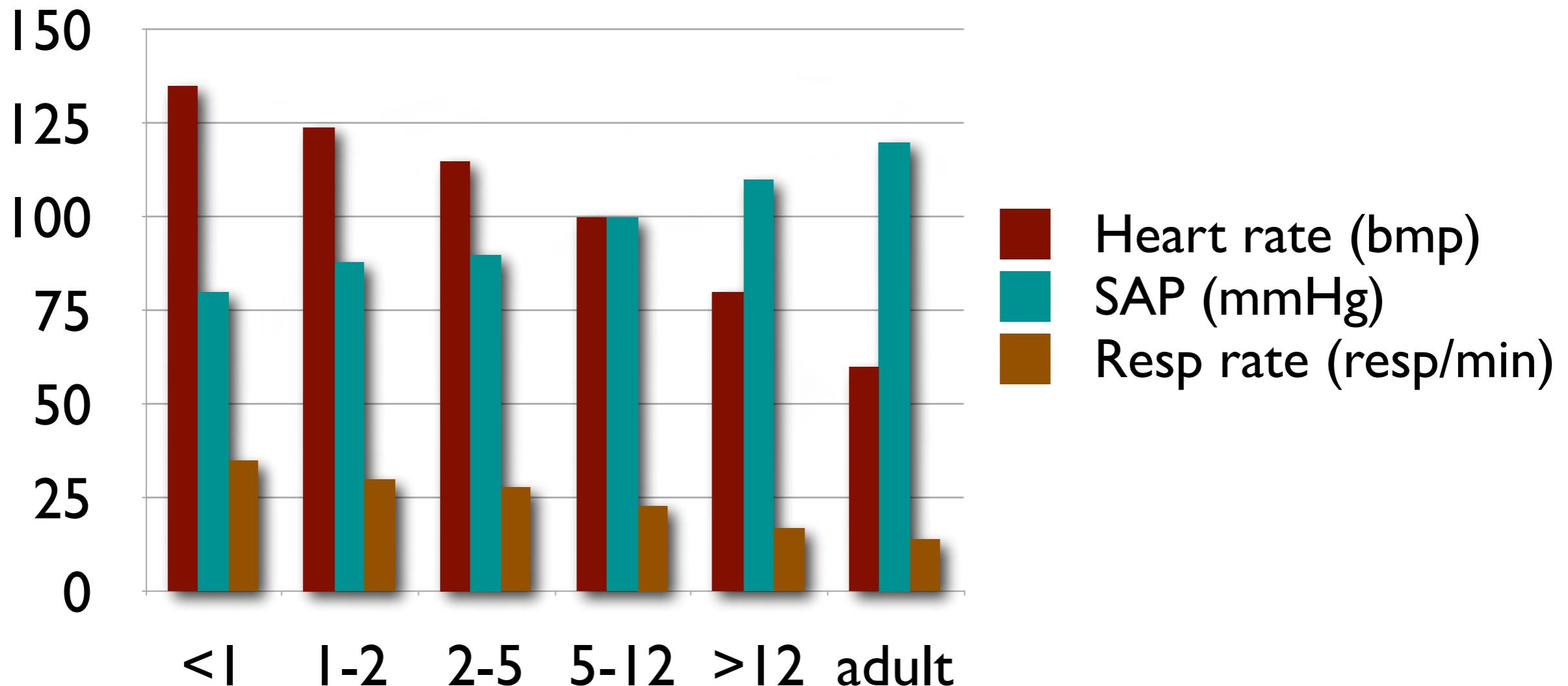


Differences between children and adults

- Size / weight
- Hemodynamic physiology
- Congenital cardiac defects



Basic hemodynamic parameters and age



Young children

VO_2 ↑

$\text{SaO}_2 =$

Cardiac output (CO) ↑

$\text{SvO}_2 =$

Heart rate ↑

CVP =

Blood pressure ↓

Systemic vascular resistance ↓

Body water ↑

The heart in children

- Higher basal contractile state
- Higher O₂ consumption at high heart rate or high preload
- Greater sensitivity to increase in afterload
- Are children heart frequency dependent? => no

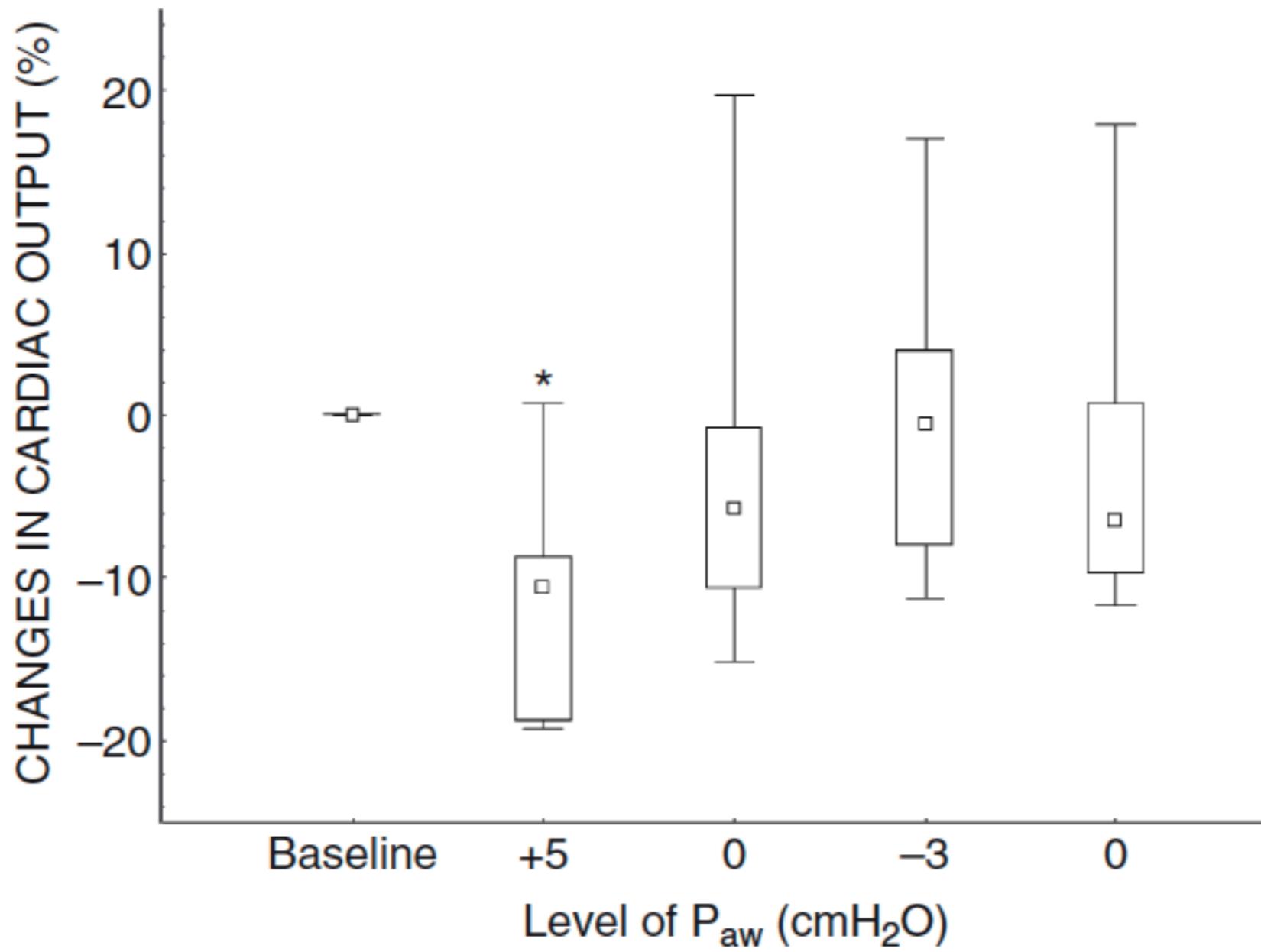


Newborn lamb and fluid resuscitation

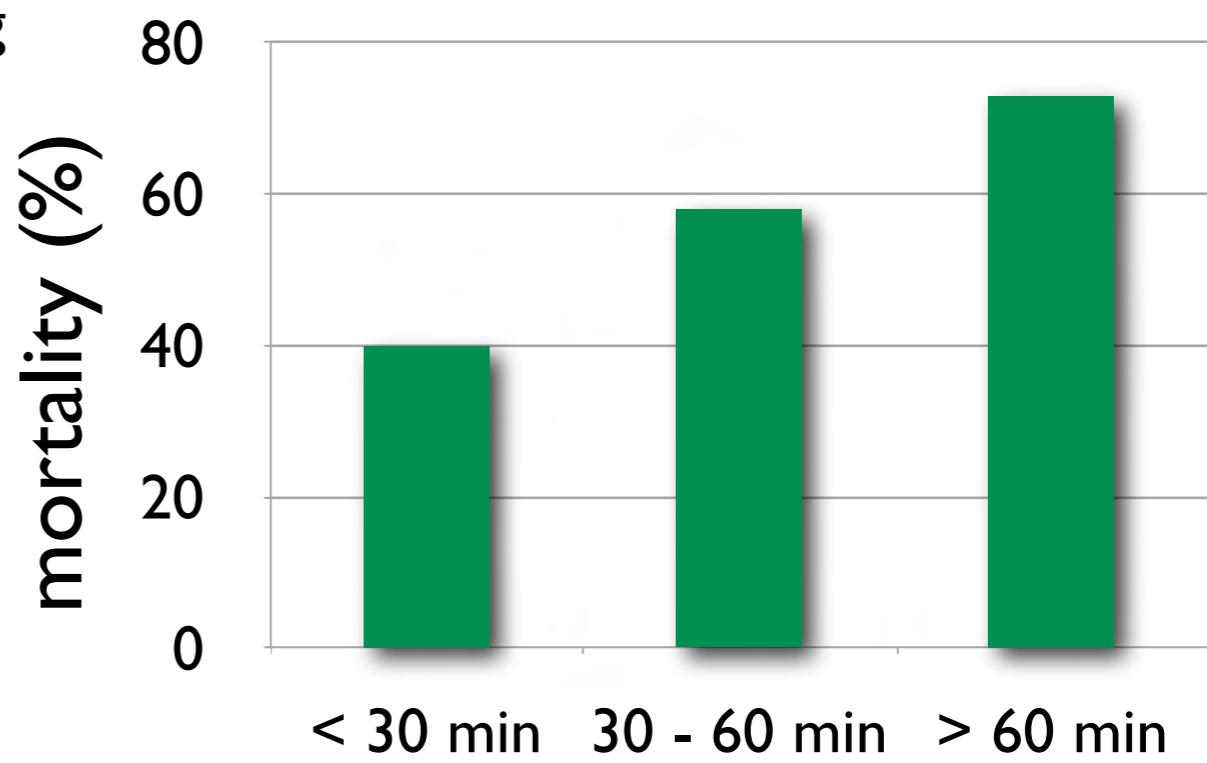
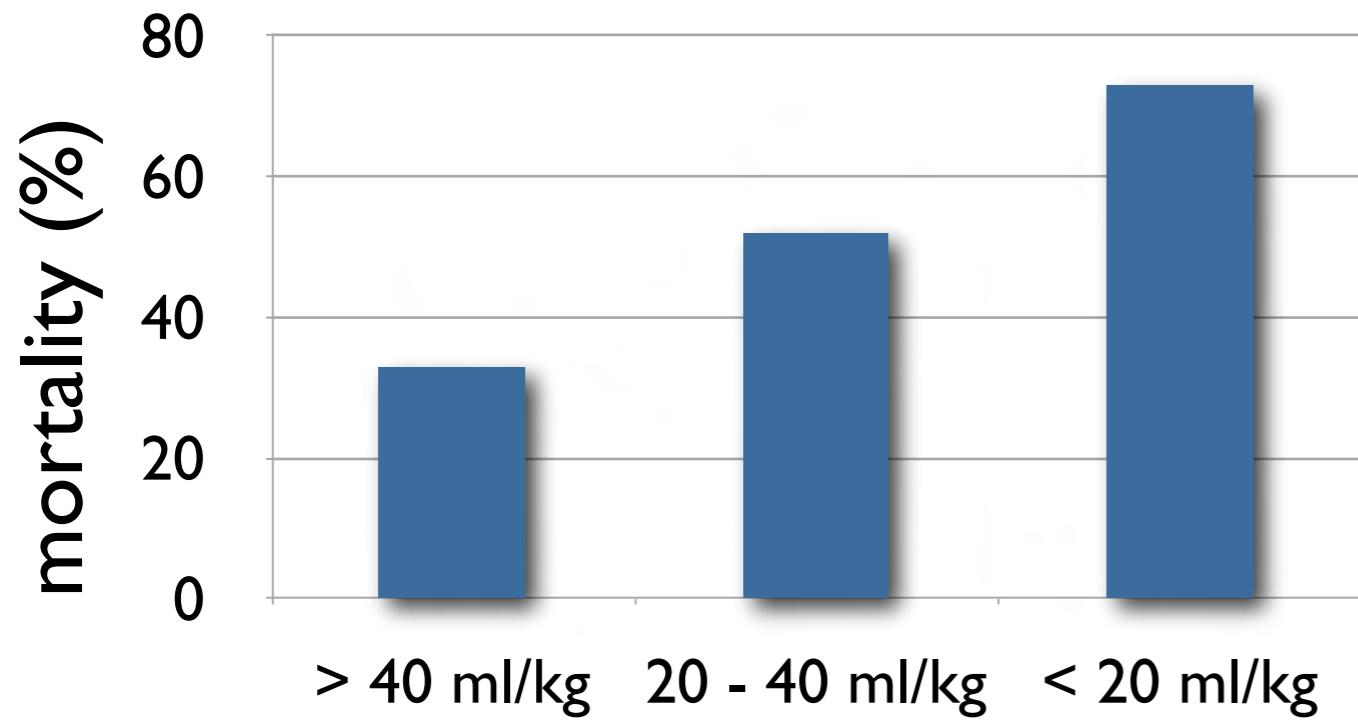


n = 11 (4.2 - 12.5 kg)

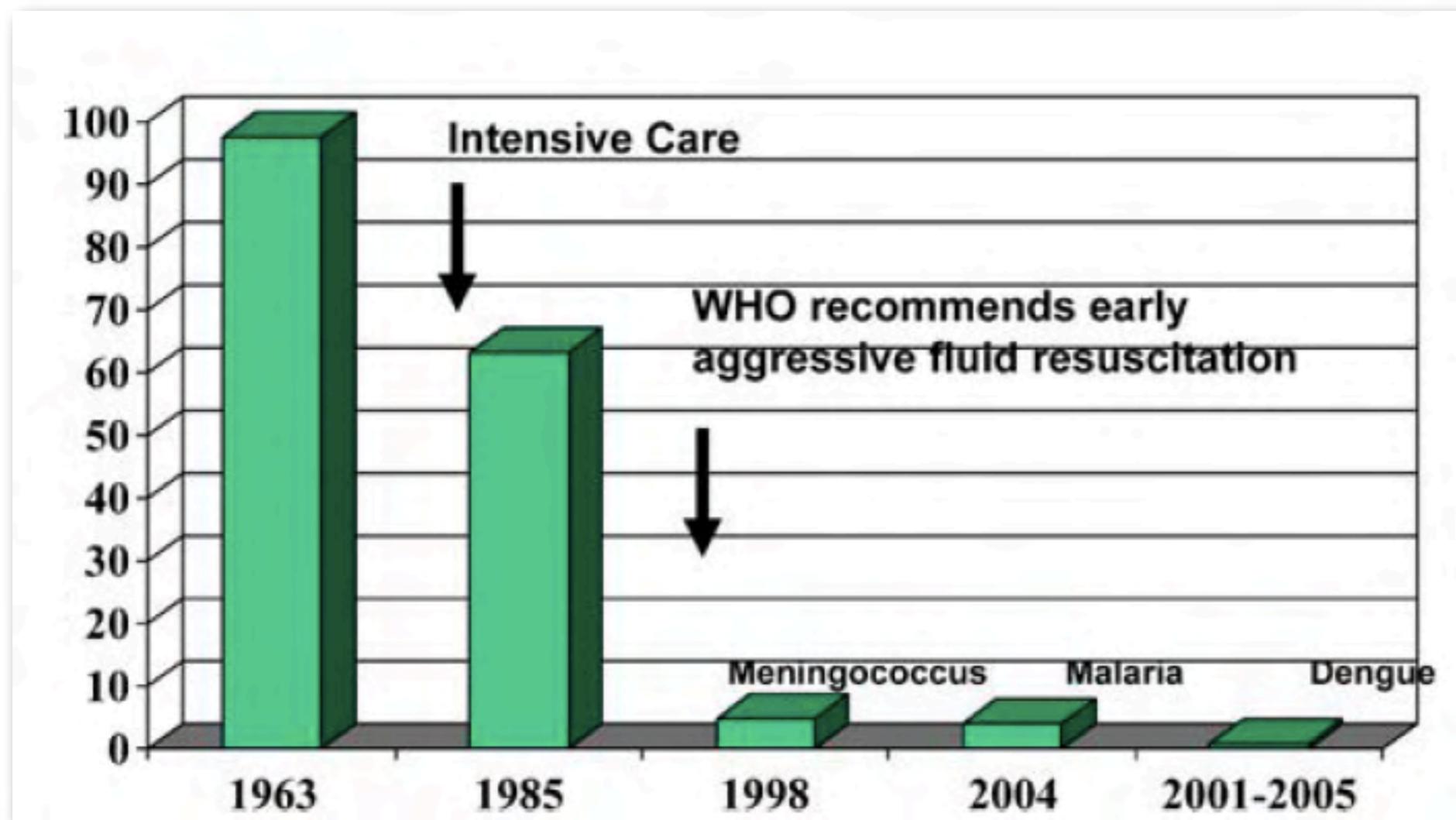
HFOV and CO in newborns



Early fluids; quantity and timing



Decrease in mortality of shock

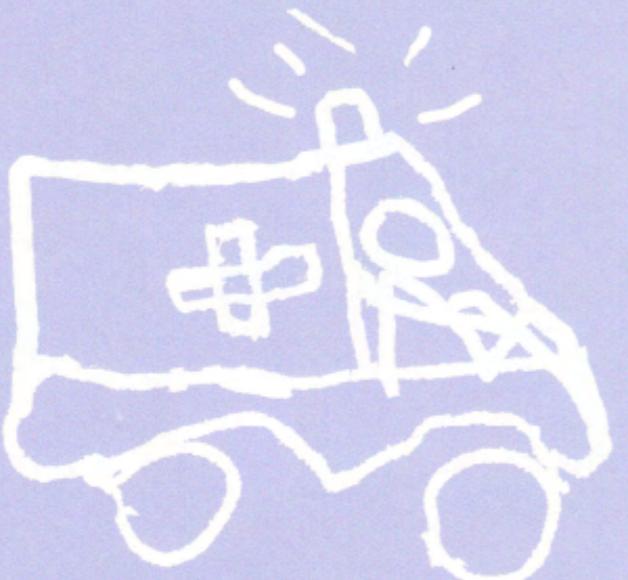




First hour

Advanced Paediatric Life Support de Nederlandse editie

redactie N.M. Turner en A.J. van Vught



SHK

Nederlandse Reanimatie Raad



ELSEVIER Gezondheidszorg

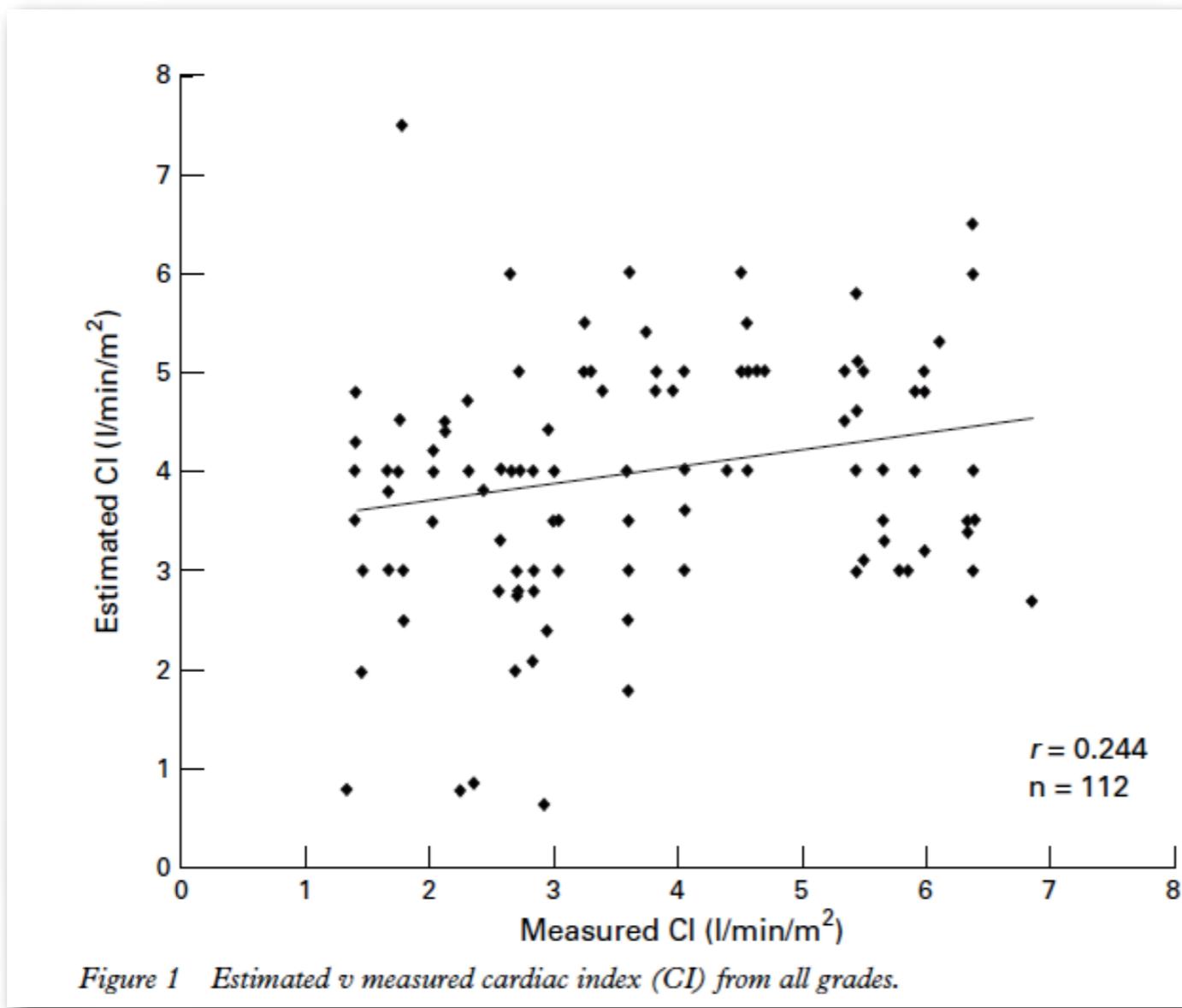


SHK



Clinicians' abilities to estimate cardiac index in ventilated children and infants

Shane M Tibby, Mark Hatherill, Michael J Marsh, Ian A Murdoch



The pulmonary artery catheter in children

The use of balloon-tipped pulmonary artery catheters in children undergoing cardiac surgery

J. Damen and J. E. A. T. Wever

Department of Cardiac Anaesthesia, University Hospital and University Children's Hospital, University of Utrecht, Utrecht, The Netherlands

Intensive Care Med 1987;13:266-272

- Size
- Lack of efficacy in adults
- Better alternatives



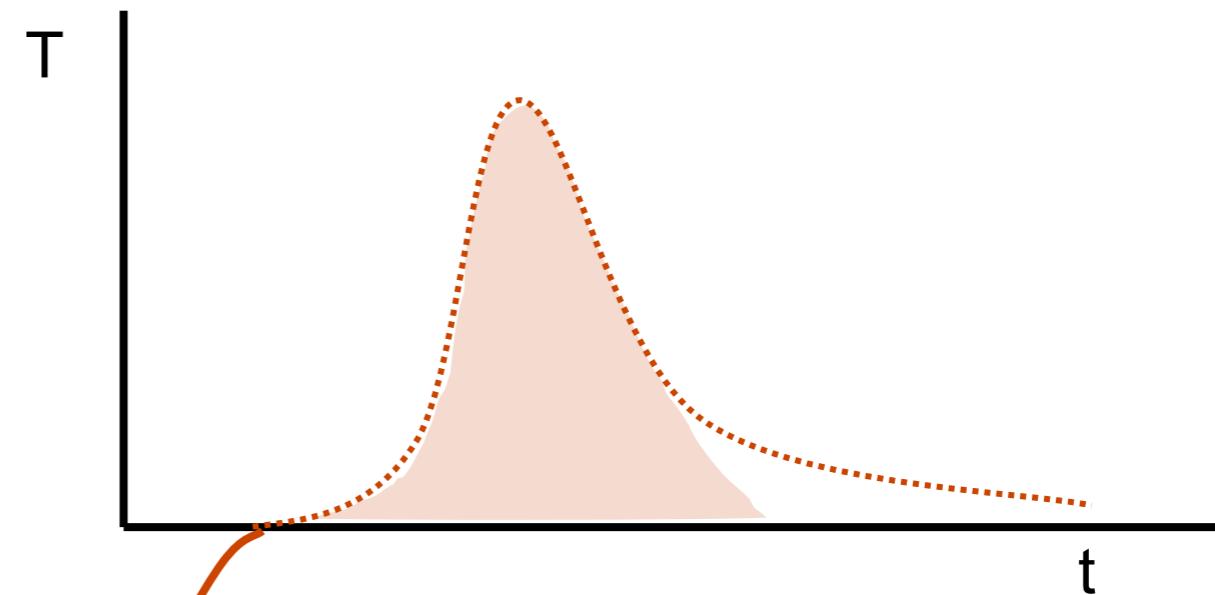
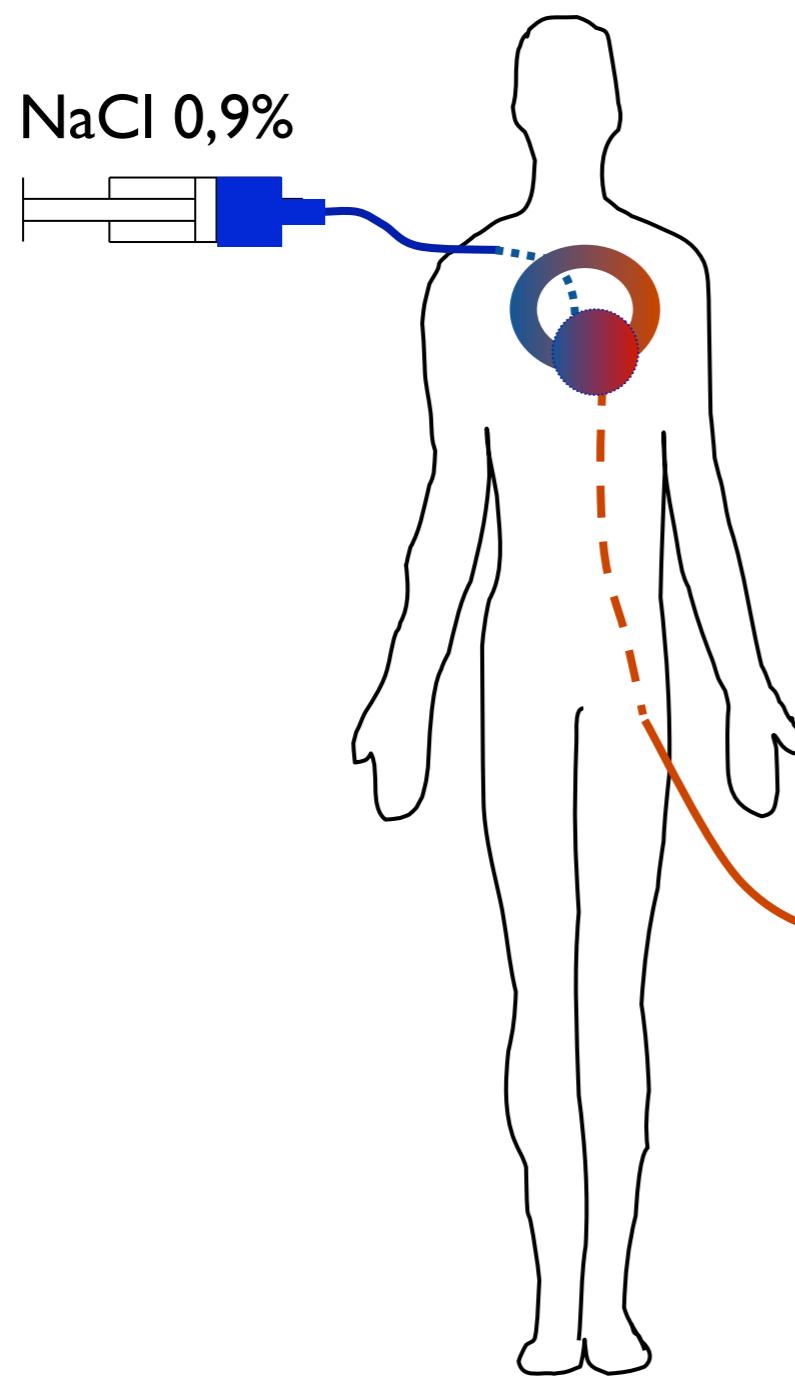
picture: Jeroen Verwiel

Hemodynamic monitoring in children

- ScvO₂ often not measured
- Continuous ScvO₂ (pediasat) introduced in 2006
- Introduction of PiCCO in 1997
- Pediatric arterial 3 Fr 7 cm catheter in 2004
- Oesophageal doppler in children from 2004
- Utrigeluid dilutie (COstatus) 2010

Transpulmonary thermodilution (TPTD)

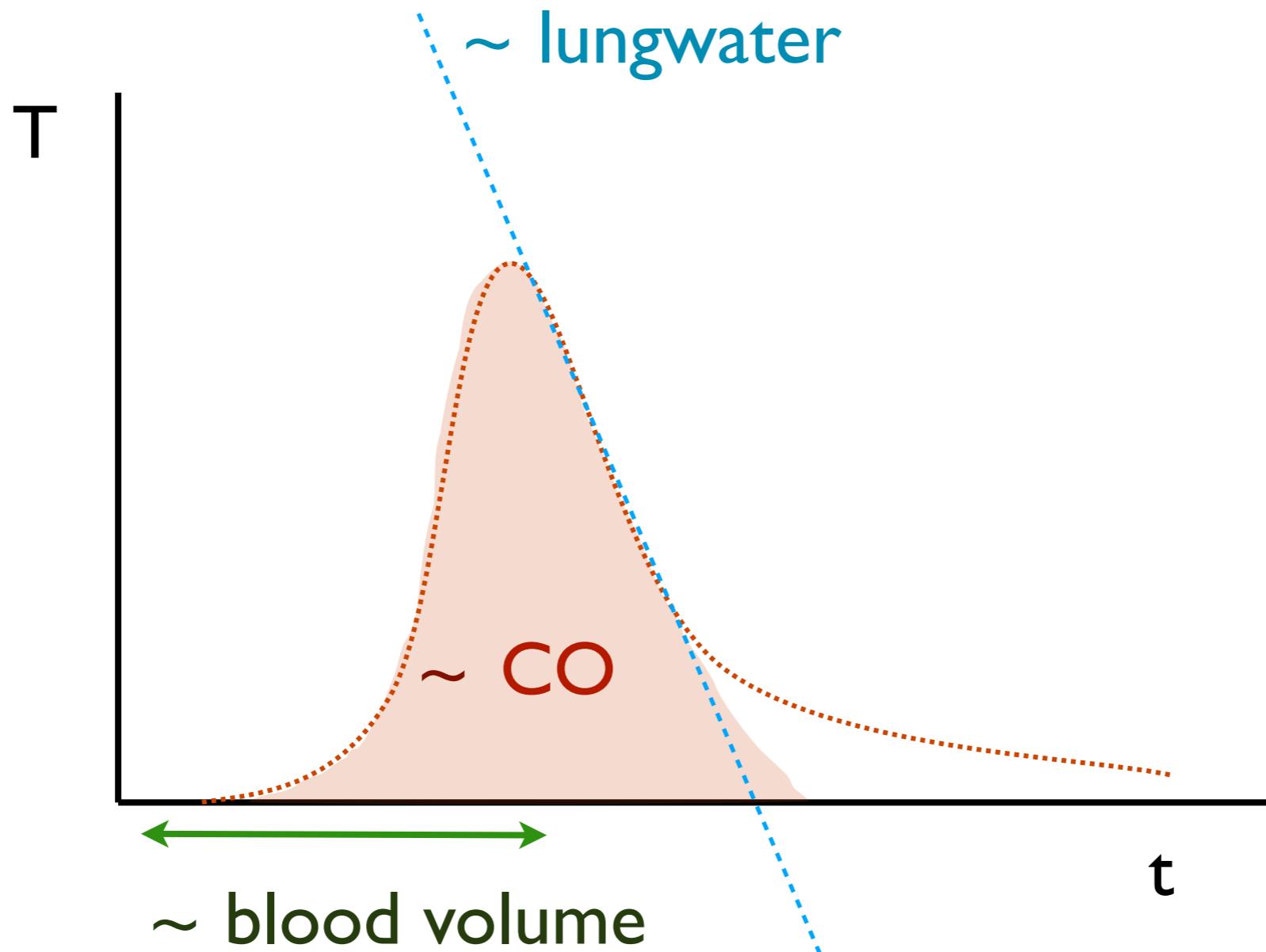
2 - 20 ml NaCl 0,9%



$$CO_{TDa} = \frac{(T_b - T_i) \times V_i \times K}{\int \Delta T_b \times dt}$$

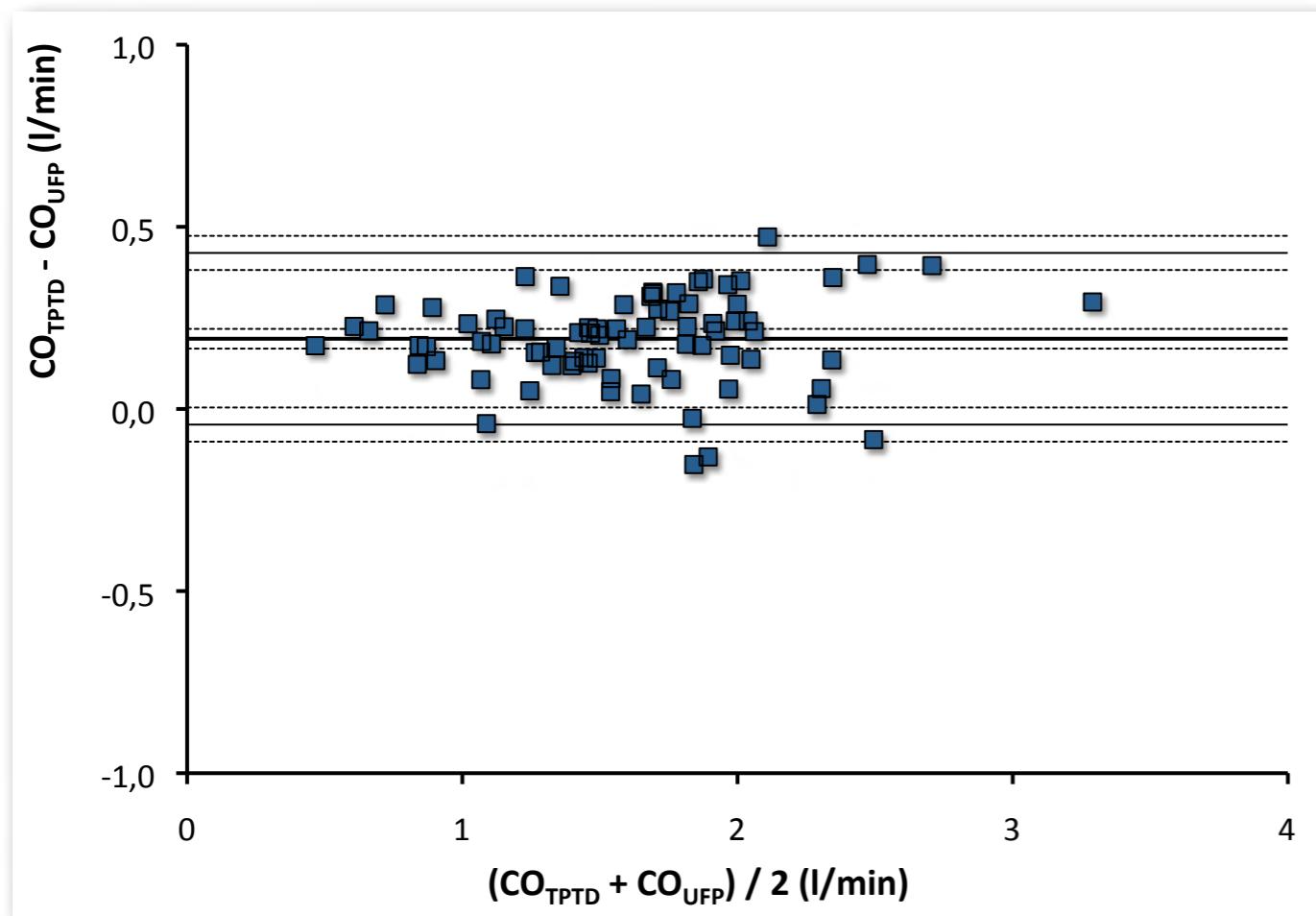
- T_b = Blood temperature
- T_i = Injectate temperature
- V_i = Injectate volume
- $\int \Delta T_b \cdot dt$ = Area under the thermodilution curve
- K = Correction constant, made up of specific weight and specific heat of blood and injectate

The TPTD curve



Reliability of CO measurement with TPTD

- 11 lambs
- Gold standard = flow probe
- Percentage error = 14%



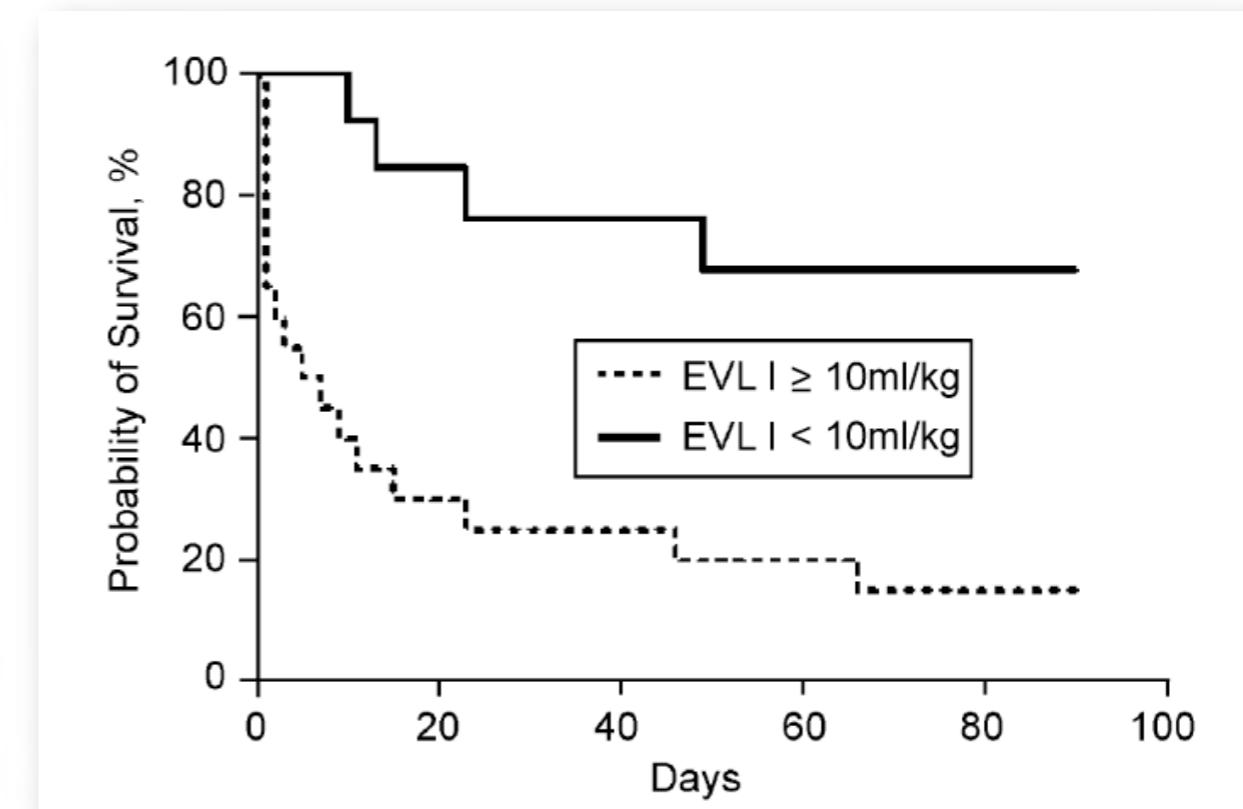
CO measurement in children

- Reliable when measured invasively
 - thermodilution (PiCCO)
 - ultrasound dilution (COstatus)
- Less reliable when measured with echo
- Arterial pressure wave CO measurement???
- Bioimpedance????



Extravascular lung water

- Prediction of mortality
- Indicator of severity of illness
- Discrimination between increased capillary permeability and increased hydrostatic pressure
- Possible therapeutic approach
- Research



Respiratory Medicine (2008) 102, 956–961

Lung water in children

Reliable?

Is it higher compared to adults?

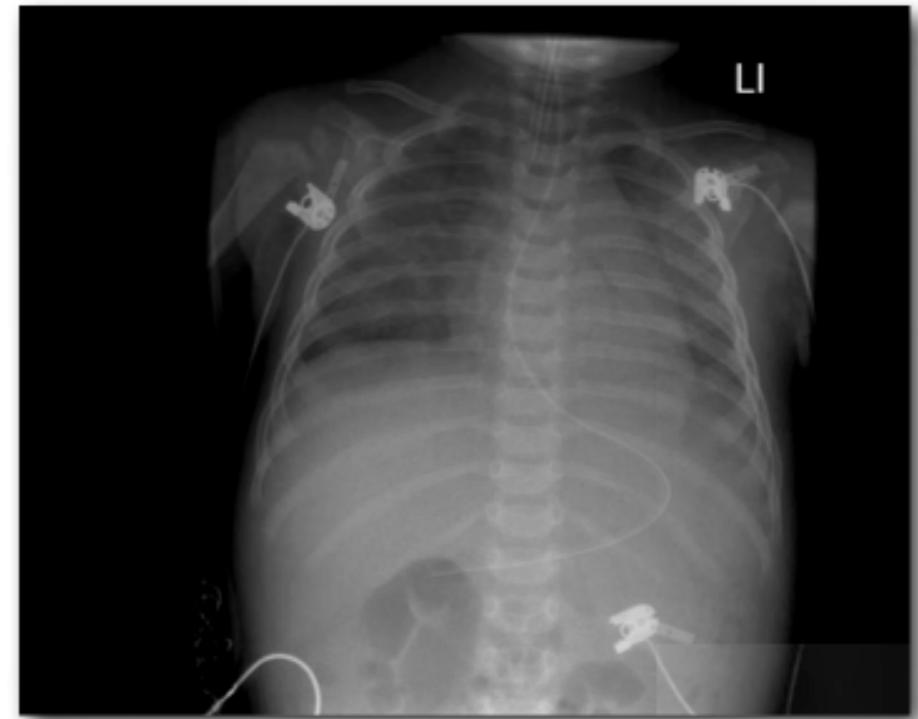
Pediatrics International (2009) 51, 59–65

Journal of Cardiothoracic and Vascular Anesthesia, Vol 16, No 5 (October), 2002: pp 592-597

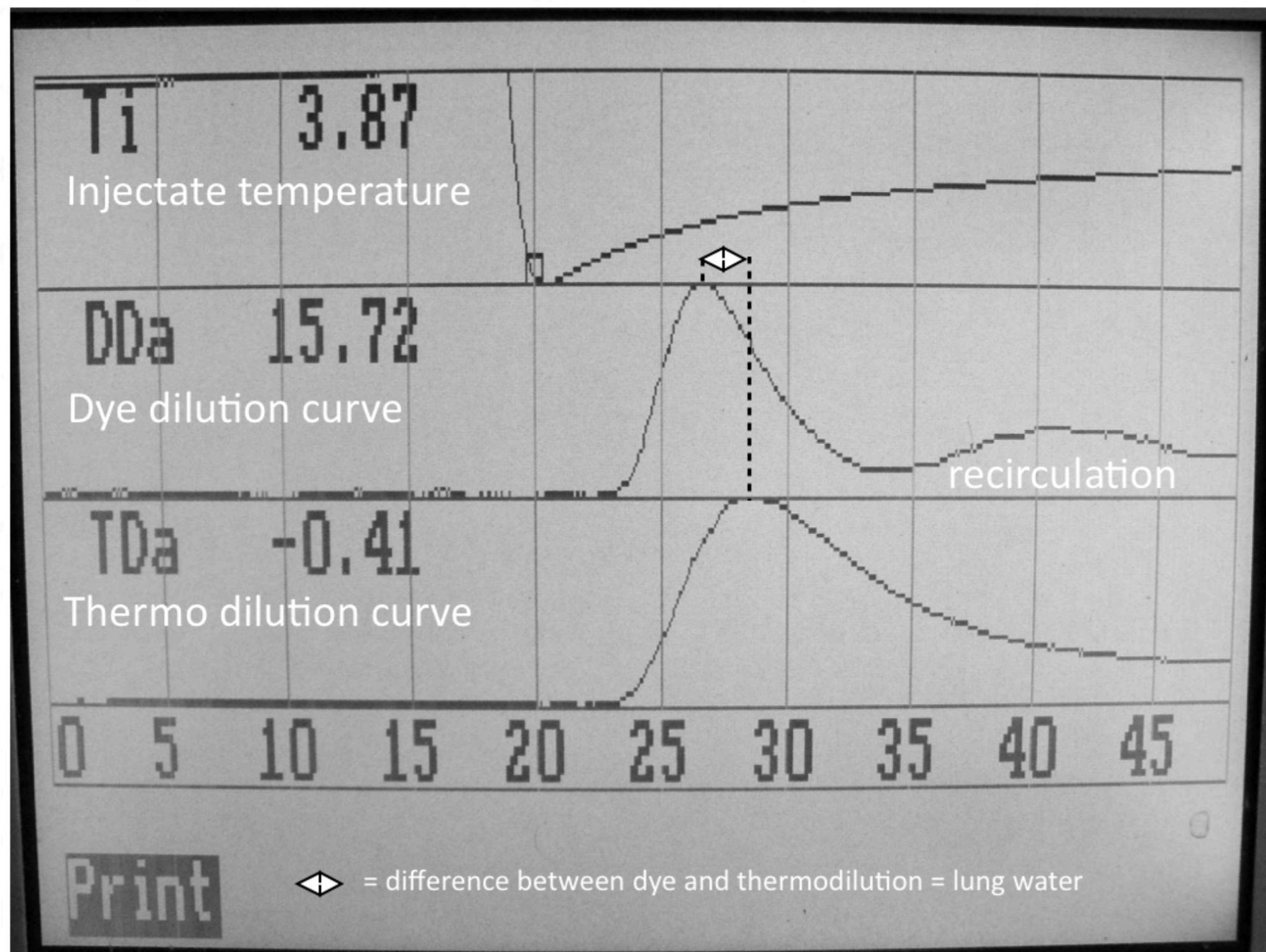
Pediatric Anesthesia 2006 16: 635–640

Crit Care 2010;14:R105

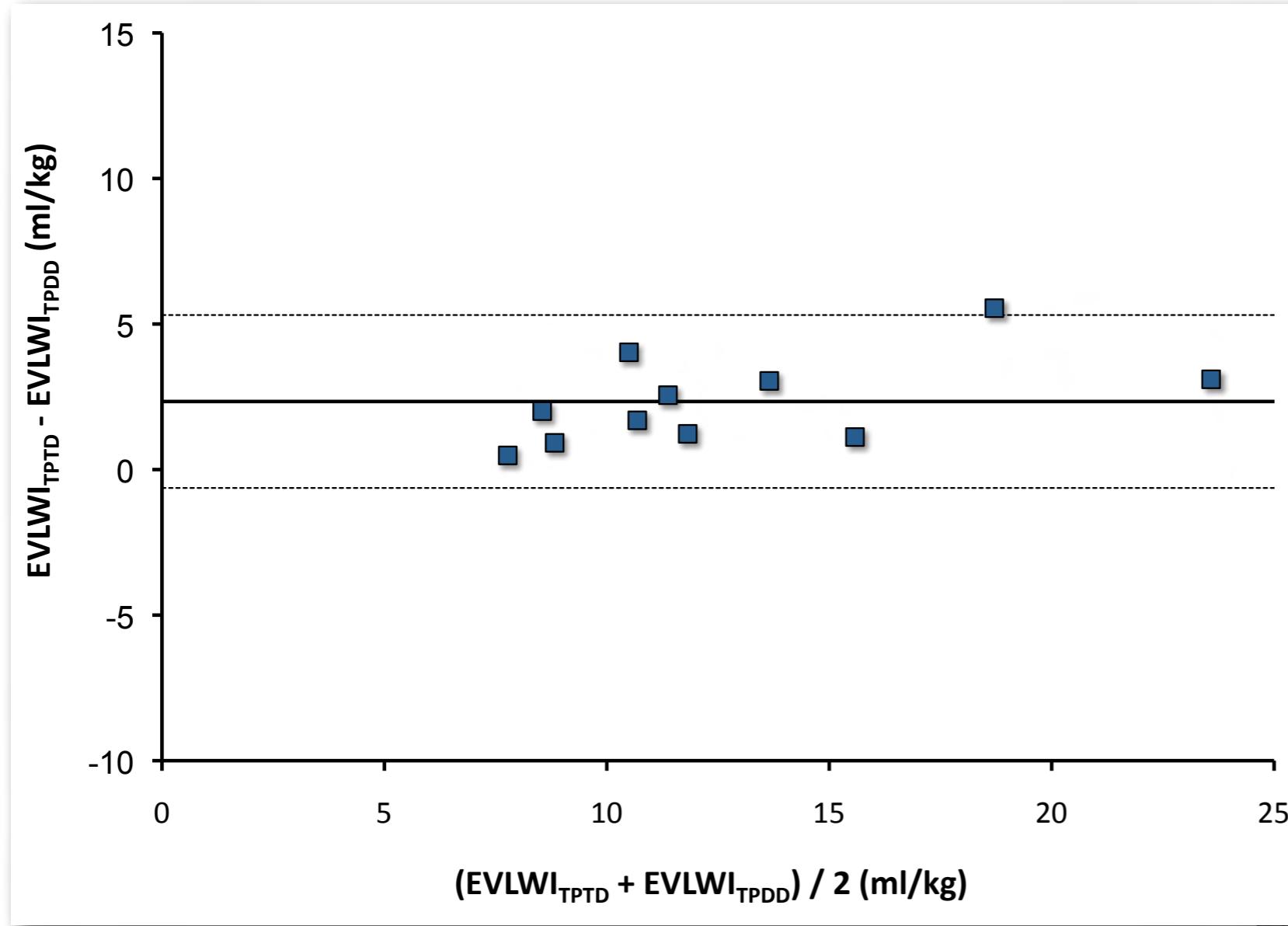
=> yes, but why?



Transpulmonary double indicator dilution



Lung water in children



Calculation of lungwater

TPDD (COLD)

Measured: ITTV and ITBV

$$\text{EVLW} = \text{ITTV} - \text{ITBV}$$

TPTD (PiCCO)

Measured: ITTV and PTV

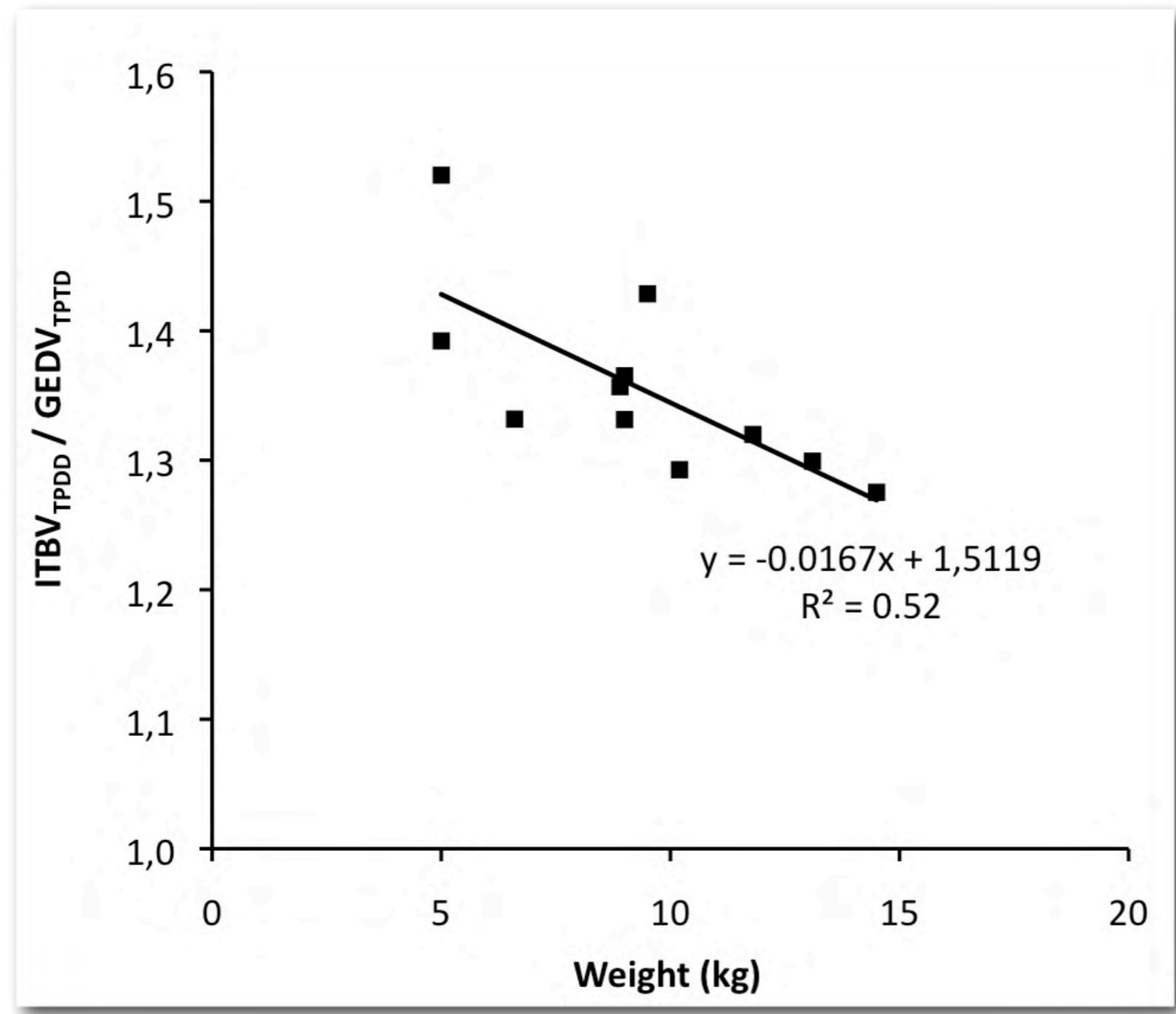
$$\text{GEDV} = \text{ITTV} - \text{PTV}$$

$$\text{ITBV} = \text{GEDV} \times 1,25$$

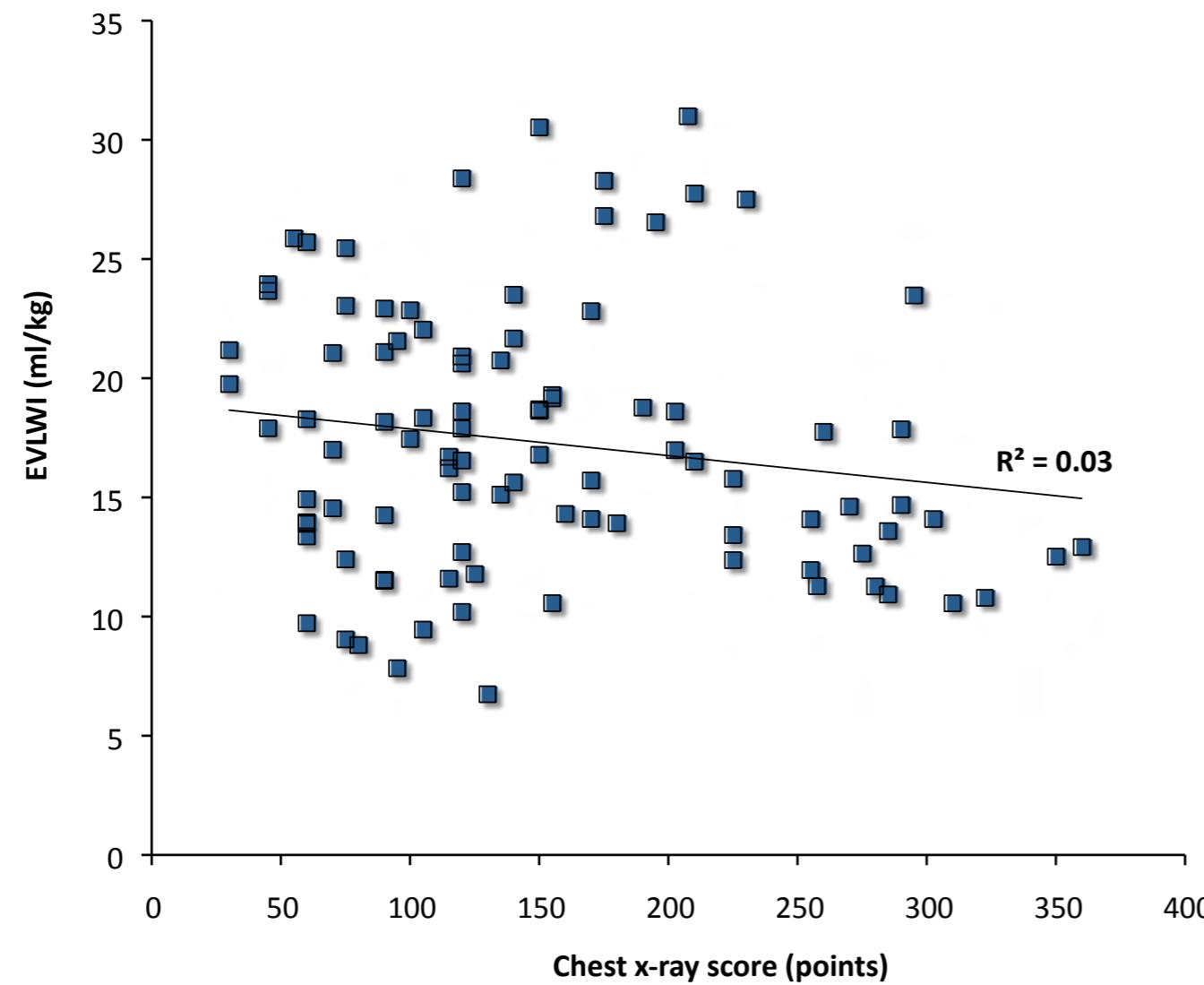
$$\text{EVLW} = \text{ITTV} - \text{ITBV}$$

$$(\text{ITBV} - \text{GEDV} = \text{PBV})$$

Calculation of ITBV

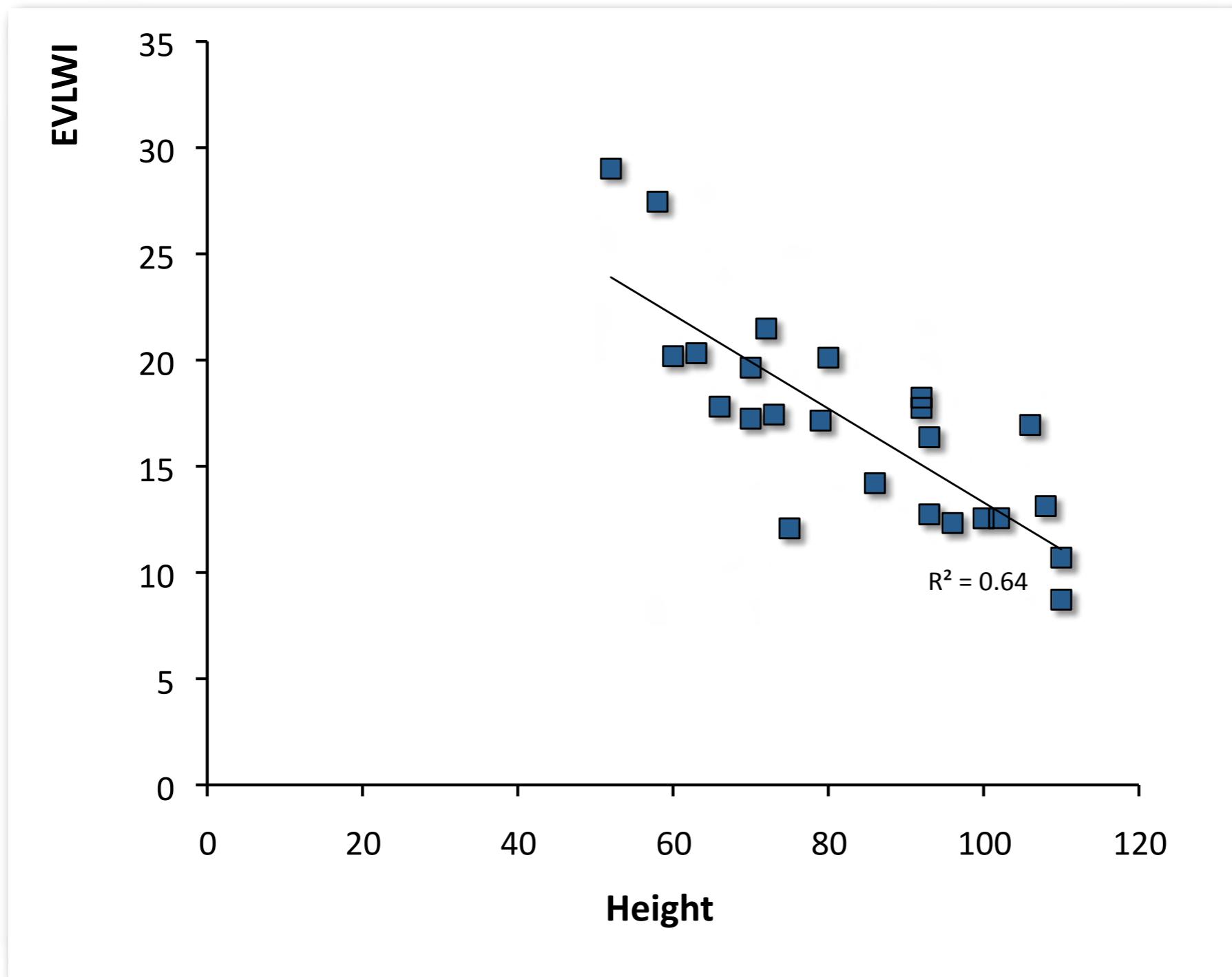


Lung water in critically ill children



EVLWI and chest x-ray score both no relation with outcome or oxygenation

Lung water in relation to height



Lung water in children

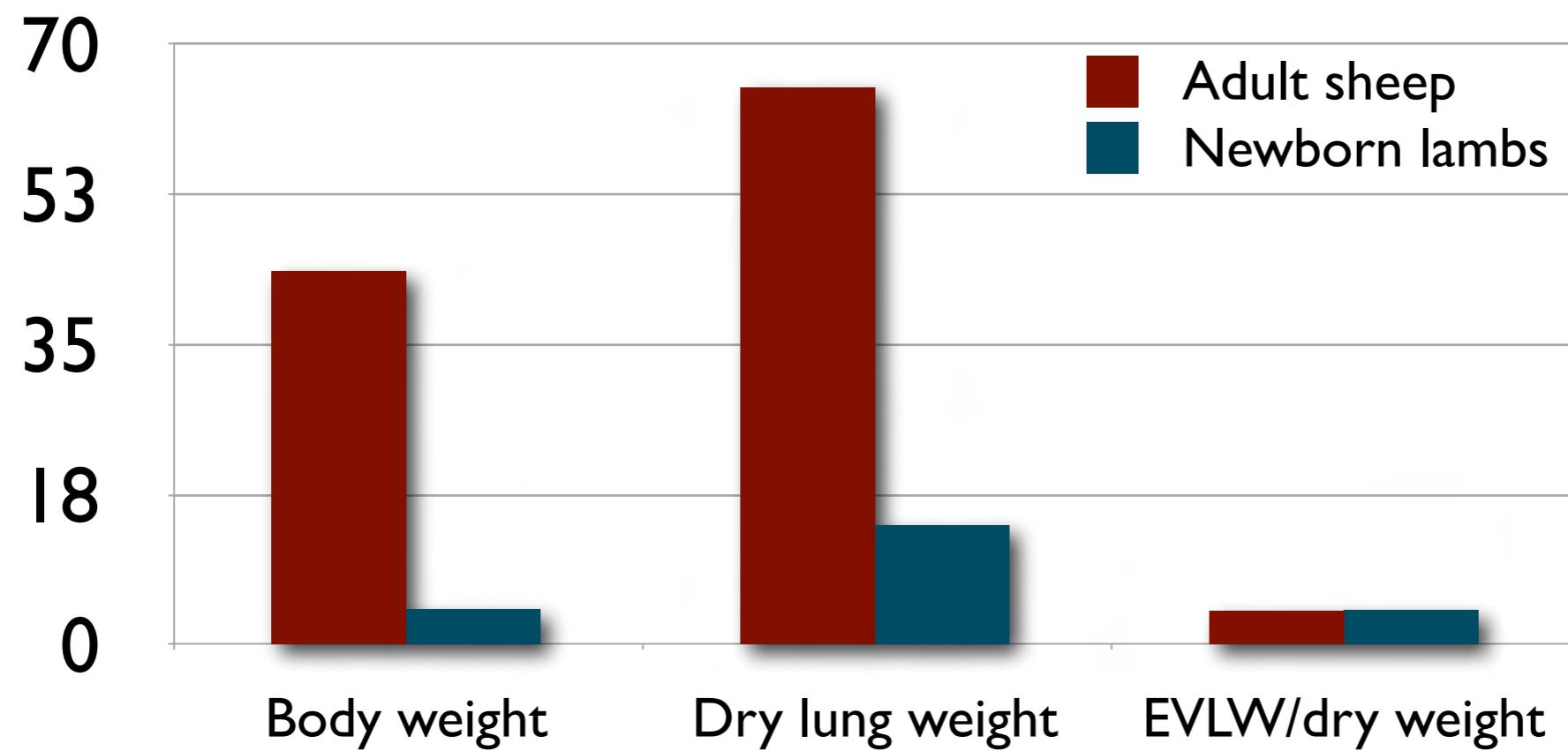
- Normal lung water in young children up to 20 ml/kg? (normal adult values 3 - 7 ml/kg)
- Can we explain this phenomenon?



Lung Water and Vascular Permeability in Sheep

Newborns Compared with Adults

KENNETH L. BRIGHAM, HAKAN SUNDELL, THOMAS R. HARRIS, ZAK CATTERTON,
ILLYA KOVAR, AND MILDRED STAHLMAN





Age and body weight, height and lung weight





Lung weight / body weight in relation to age

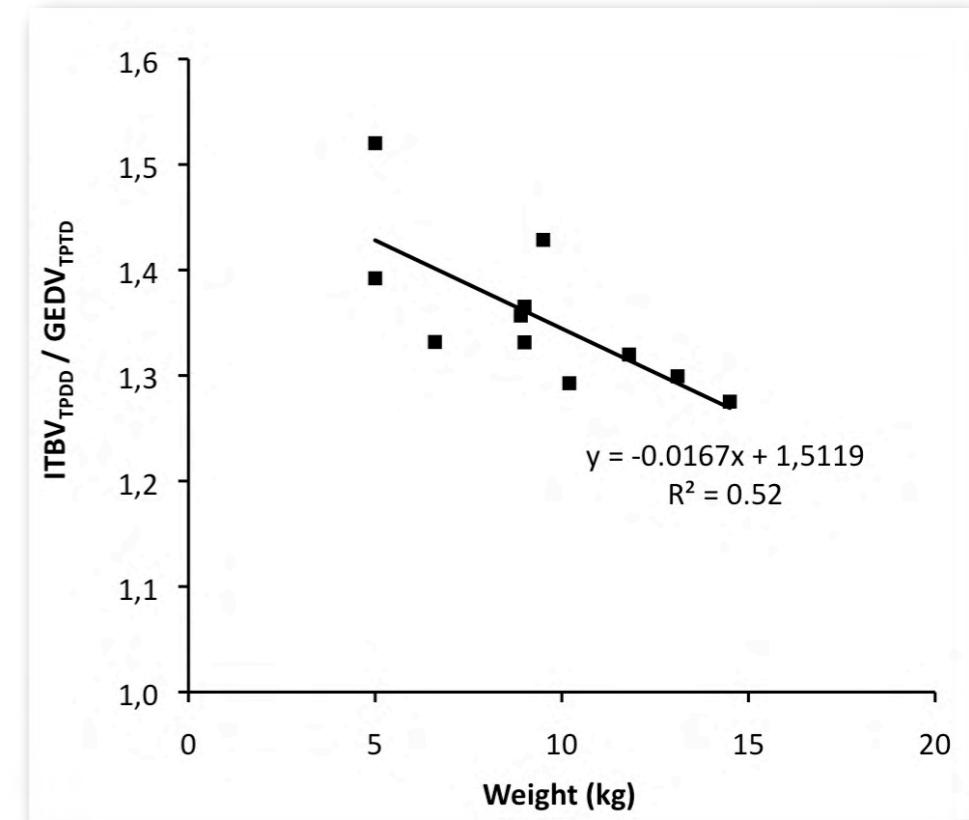


Lung water in children

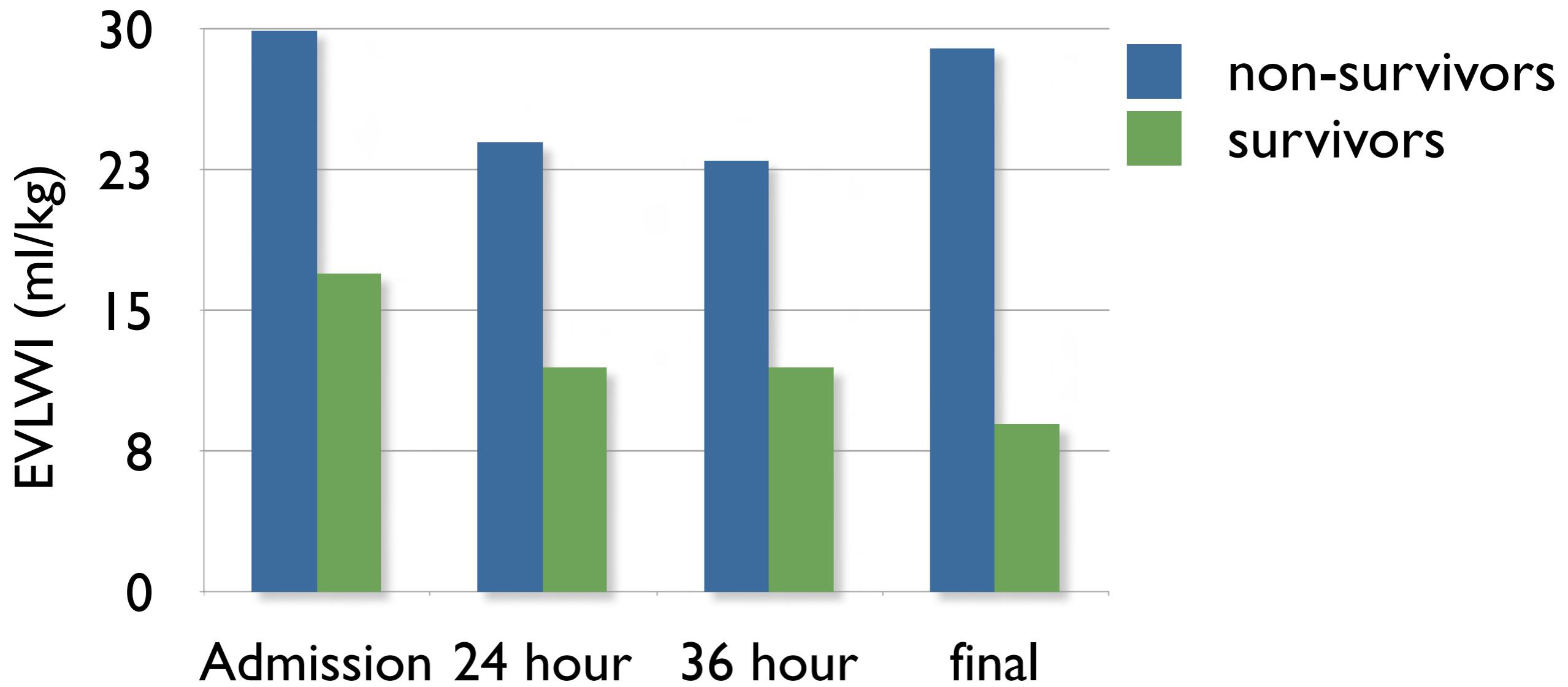
- Young children have a higher lung mass
- A higher lung mass => more lung water
- A higher lung mass => higher pulmonary blood volume
(children have higher body water content)

Solution

1. Develop age related normal values
2. Develop a correcting algorithm

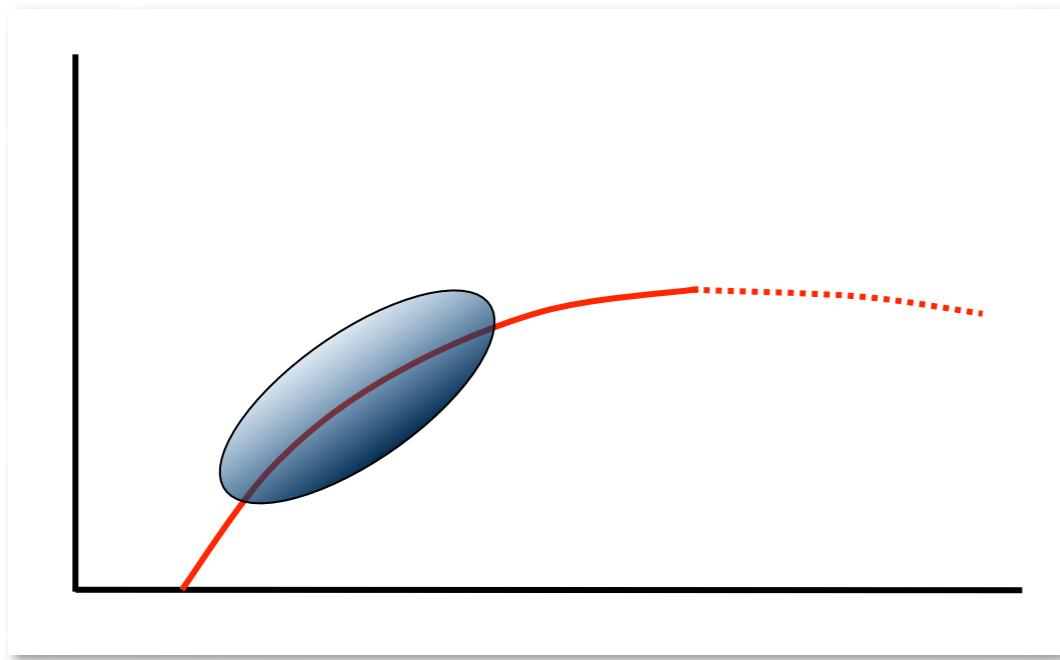


27 children with ALI/ARDS

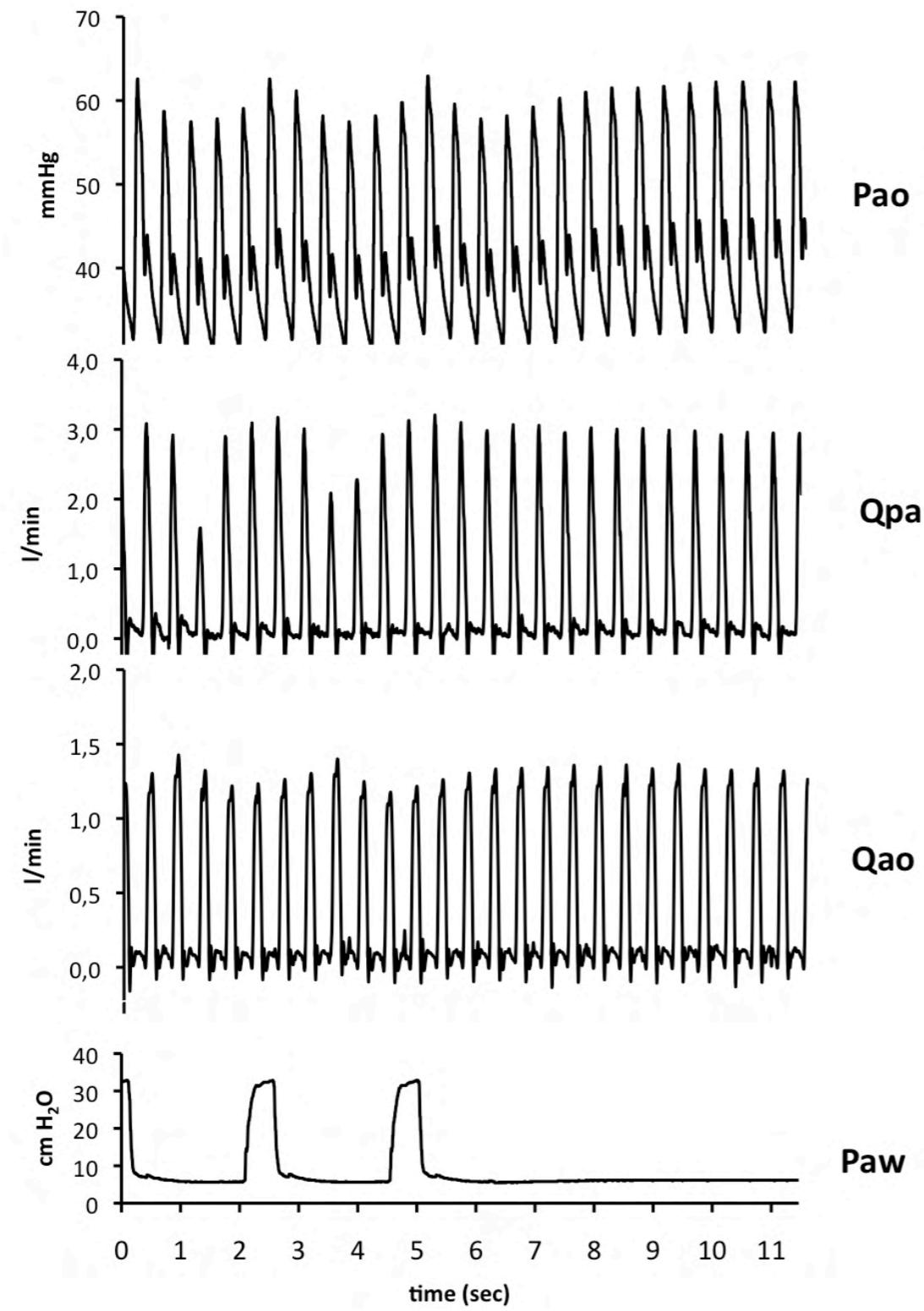


Fluid responsiveness in children

- Arterial pressure variations
- Passive leg raising test

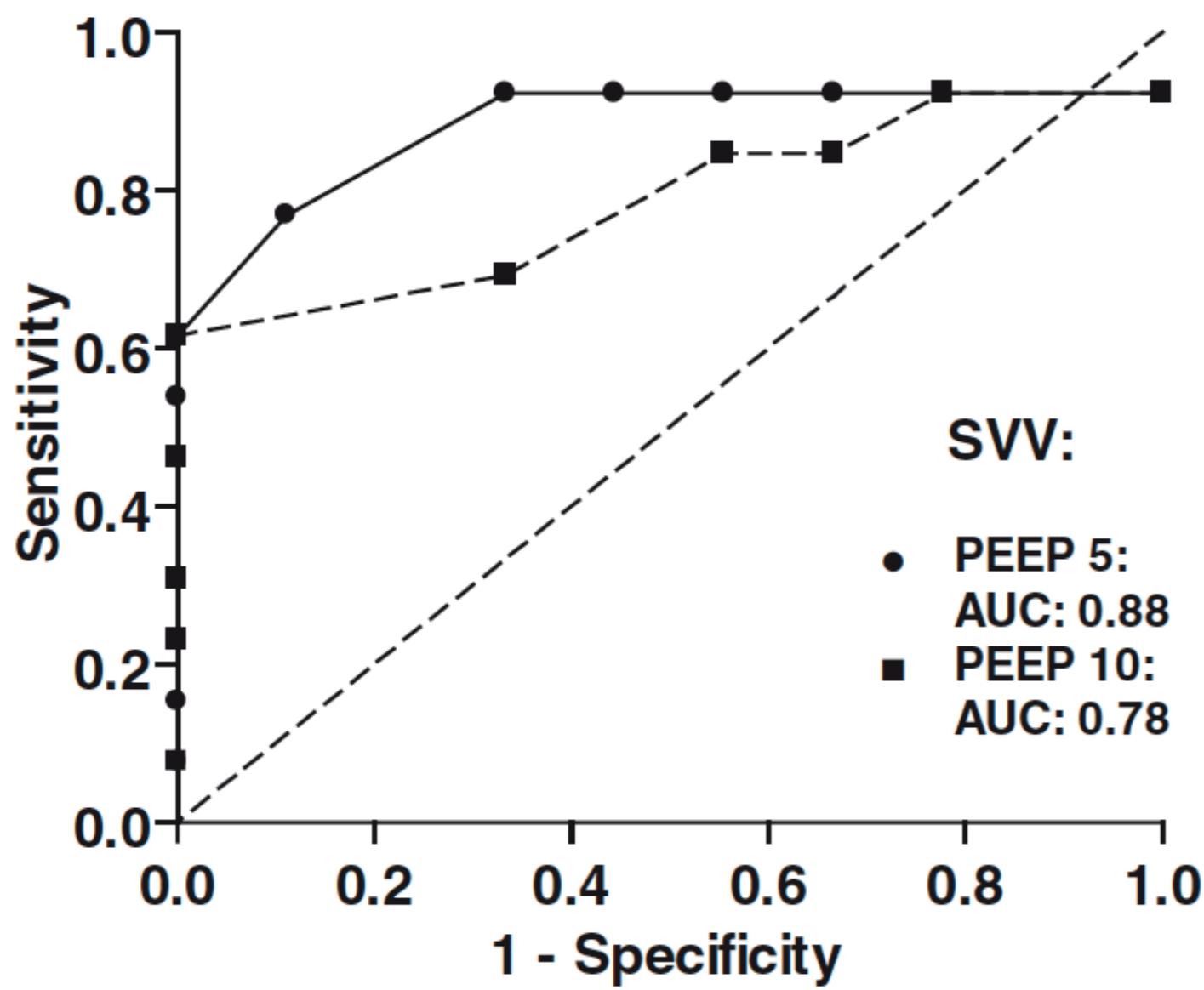


Arterial pressure variations



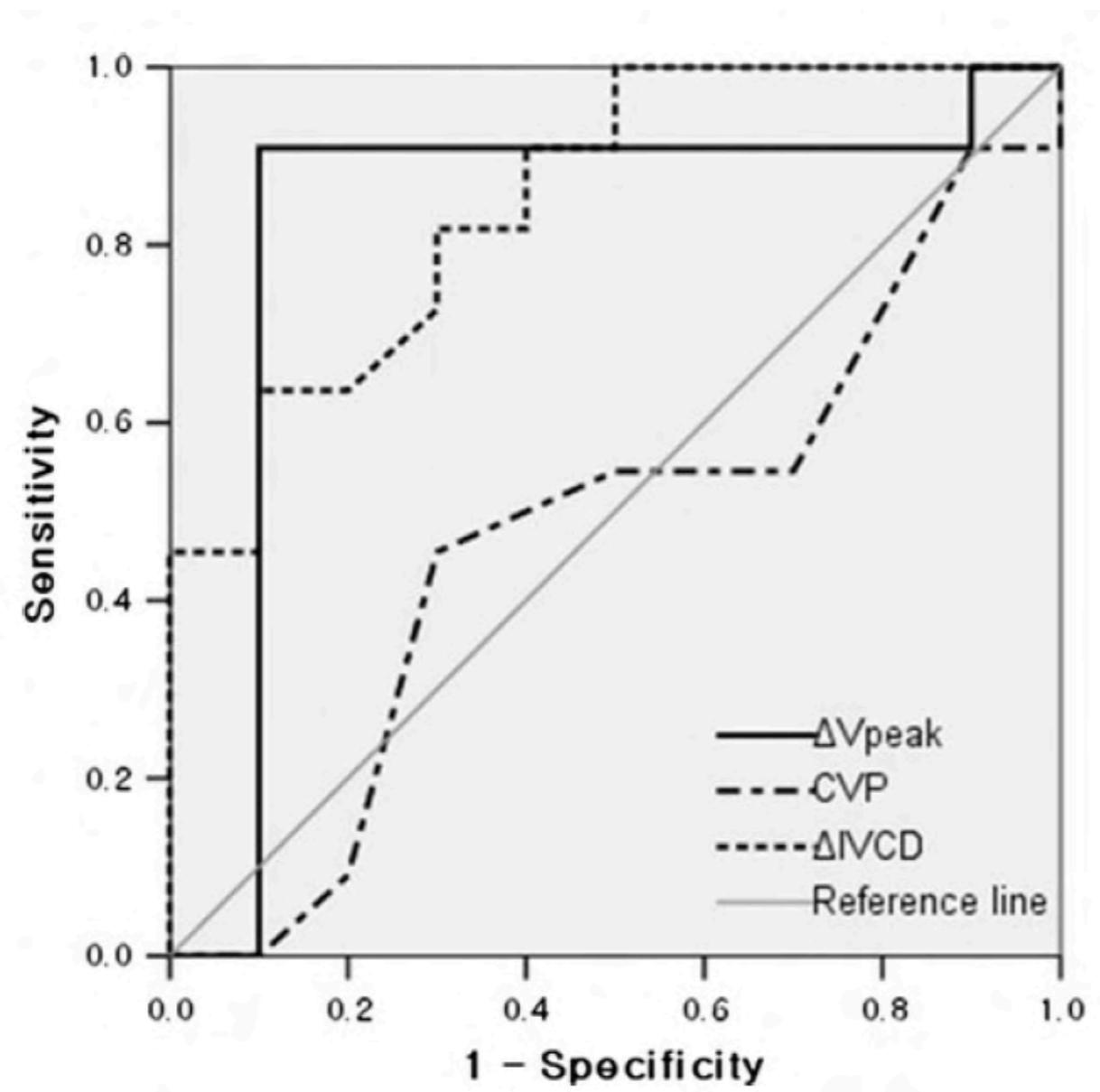
Lamb of 7 kg

SVV in hypovolemic piglets



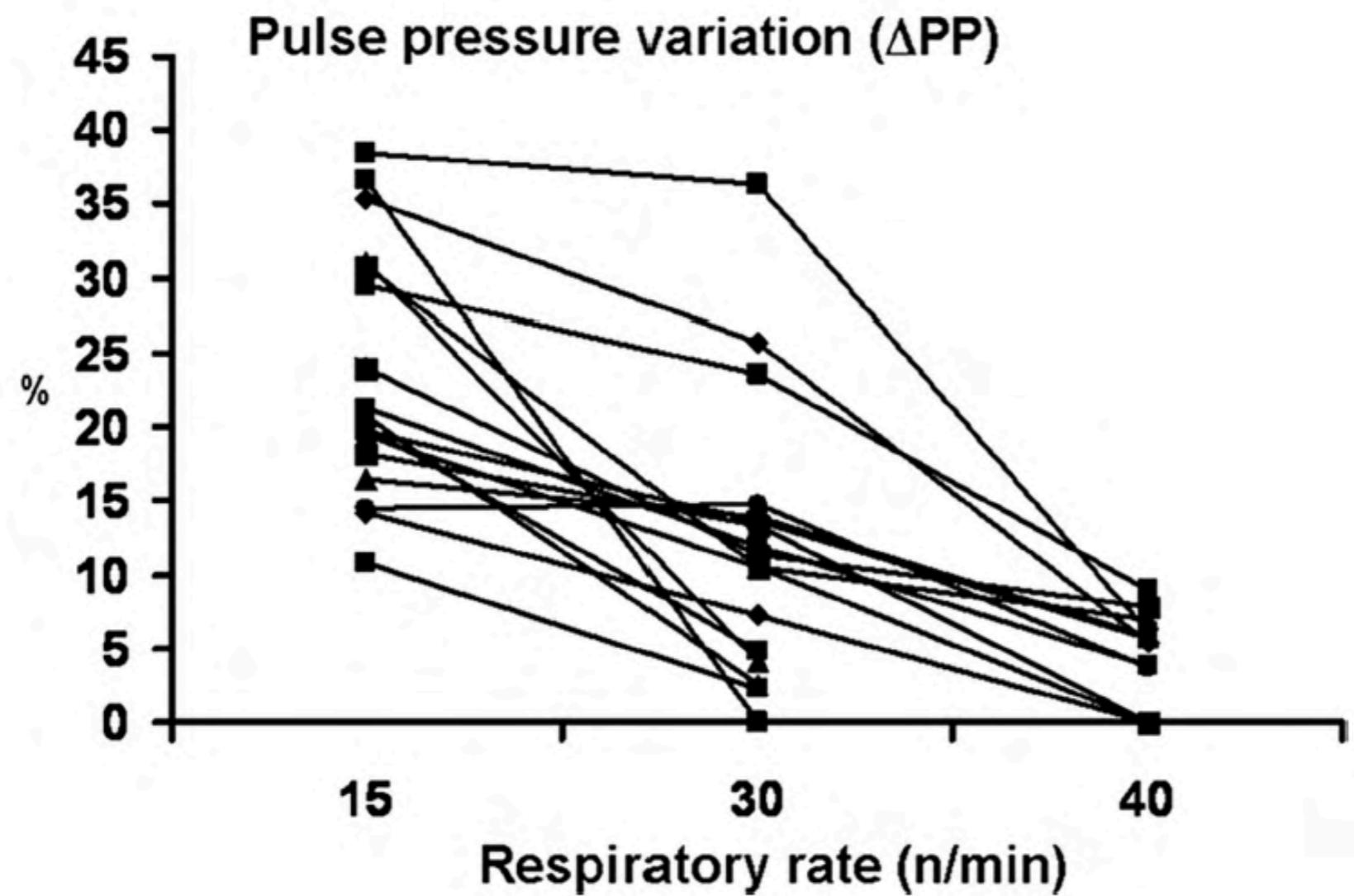
22 anesthetized
piglets (8 kg)

Variation of aortic blood flow velocity



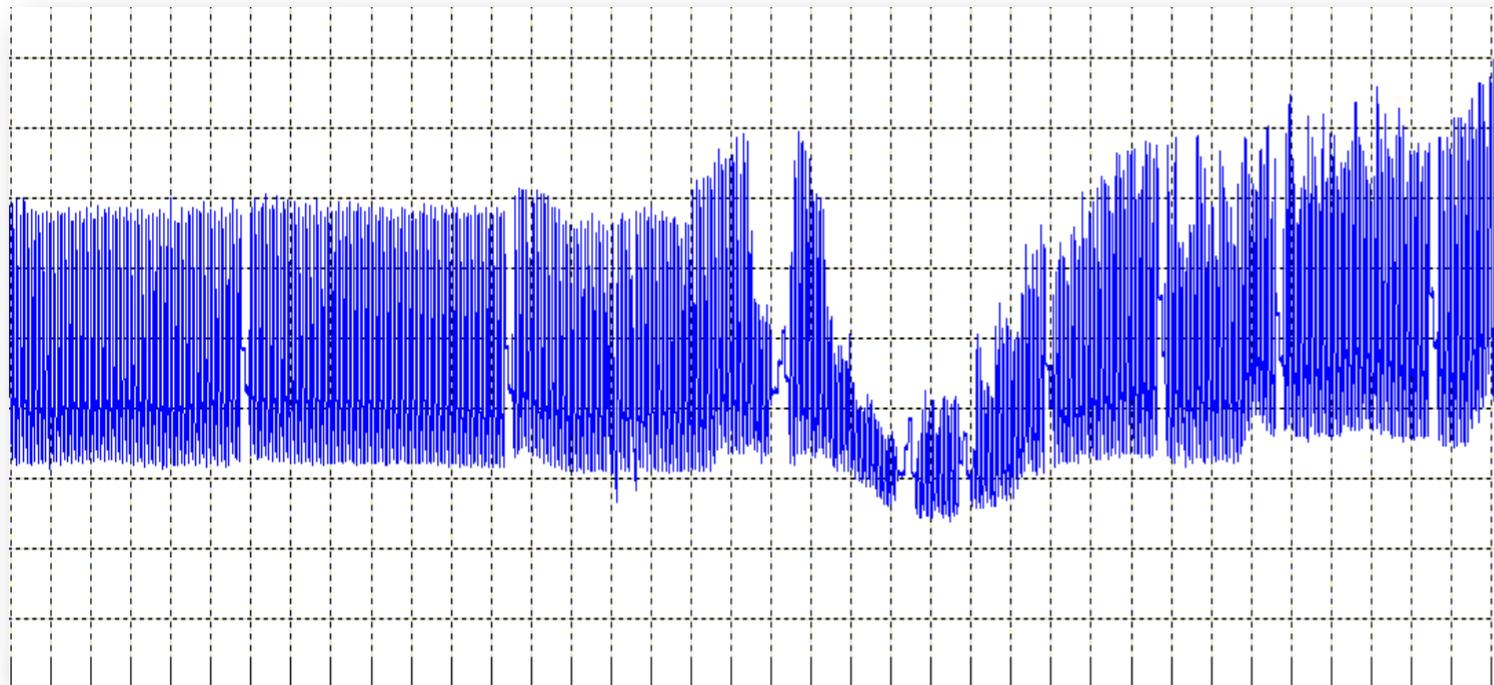
21 ventilated children after closure of VSD

PPV and the HR/RR ratio

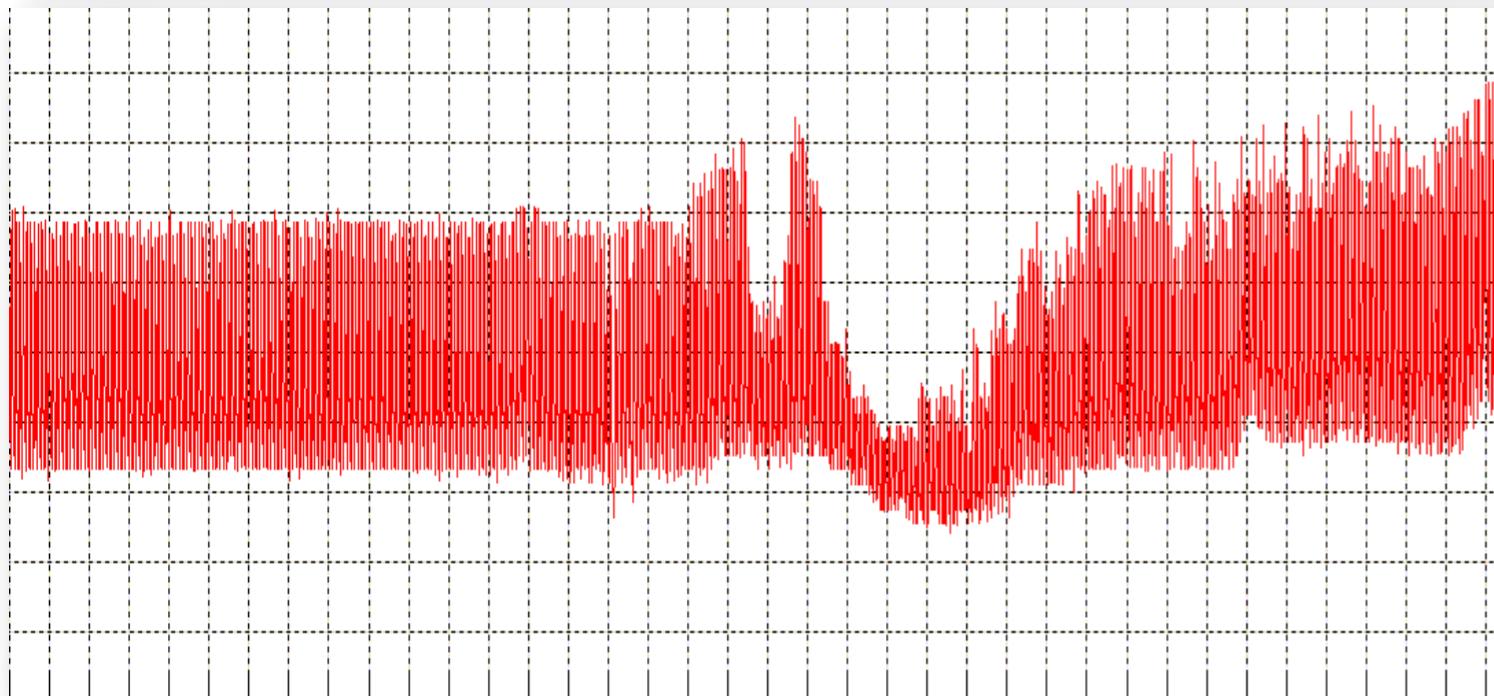


HR/RR ratio must be > 3.6

Nexfin-pediatric



finger arterial pressure



intra arterial pressure



Conclusions

1. Advanced hemodynamic monitoring in children is feasible and reliable
2. Many basic values and principles are similar to adults
3. There are certain important physiological differences between young children and adults

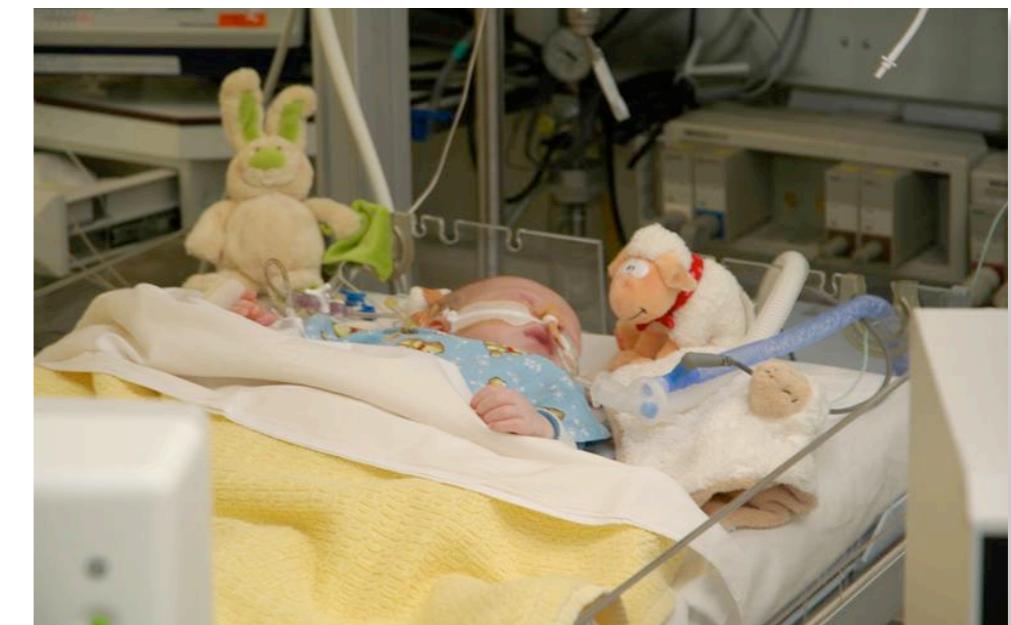


Wise words

“No monitoring device, no matter how simple or sophisticated, will improve patient-centered outcomes unless coupled with a treatment that, itself, improves outcome.....”

Pinsky & Vincent

Crit Care Med 2005;33:1119-1122



Questions?





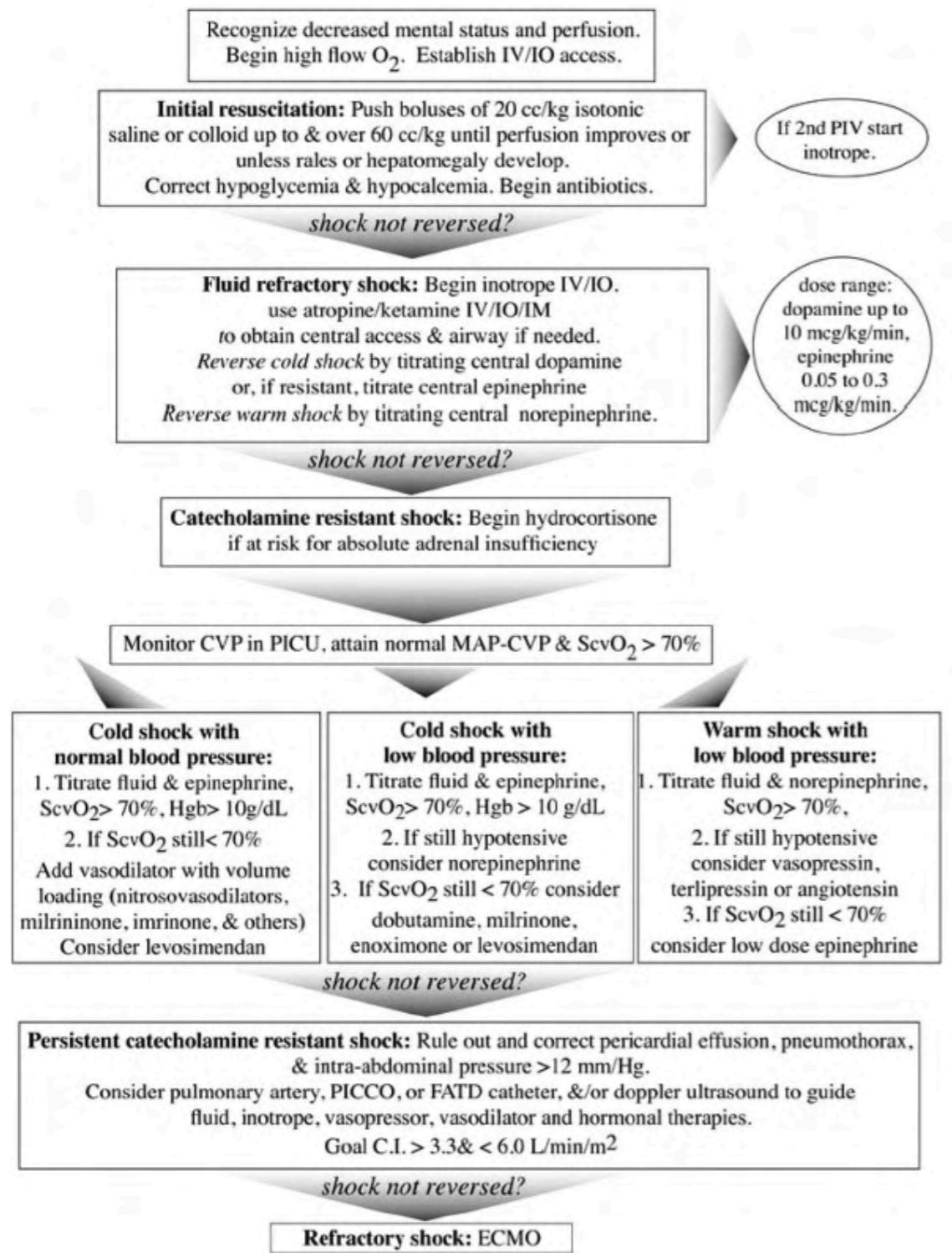
Future perspectives

- CO validation = done (non-invasive techniques excluded)
- Lung water = validation almost done
- Clinical value of lung water => not completed
- Hemodynamic treatment strategies should be tested





Surviving sepsis in children



Lots of fluids

Inotropes

CVP / ScvO₂

More inotropes/vasopressors
More fluids

Cardiac output
ECMO

PICU in the Netherlands

- 8 PICU's in The Netherlands
- 4800 admissions each year (0 to 16 year)
- Mortality 3 - 4%
- 20% of admissions: circulatory insufficiency





The New England Journal of Medicine

EARLY GOAL-DIRECTED THERAPY IN THE TREATMENT OF SEVERE SEPSIS AND SEPTIC SHOCK

EMANUEL RIVERS, M.D., M.P.H., BRYANT NGUYEN, M.D., SUZANNE HAVSTAD, M.A., JULIE RESSLER, B.S.,
ALEXANDRIA MUZZIN, B.S., BERNHARD KNOBLICH, M.D., EDWARD PETERSON, Ph.D., AND MICHAEL TOMLANOVICH, M.D.,
FOR THE EARLY GOAL-DIRECTED THERAPY COLLABORATIVE GROUP*

“early goal directed therapy”

N Engl J Med 2001; 345: 1368-1377

EGDT in children

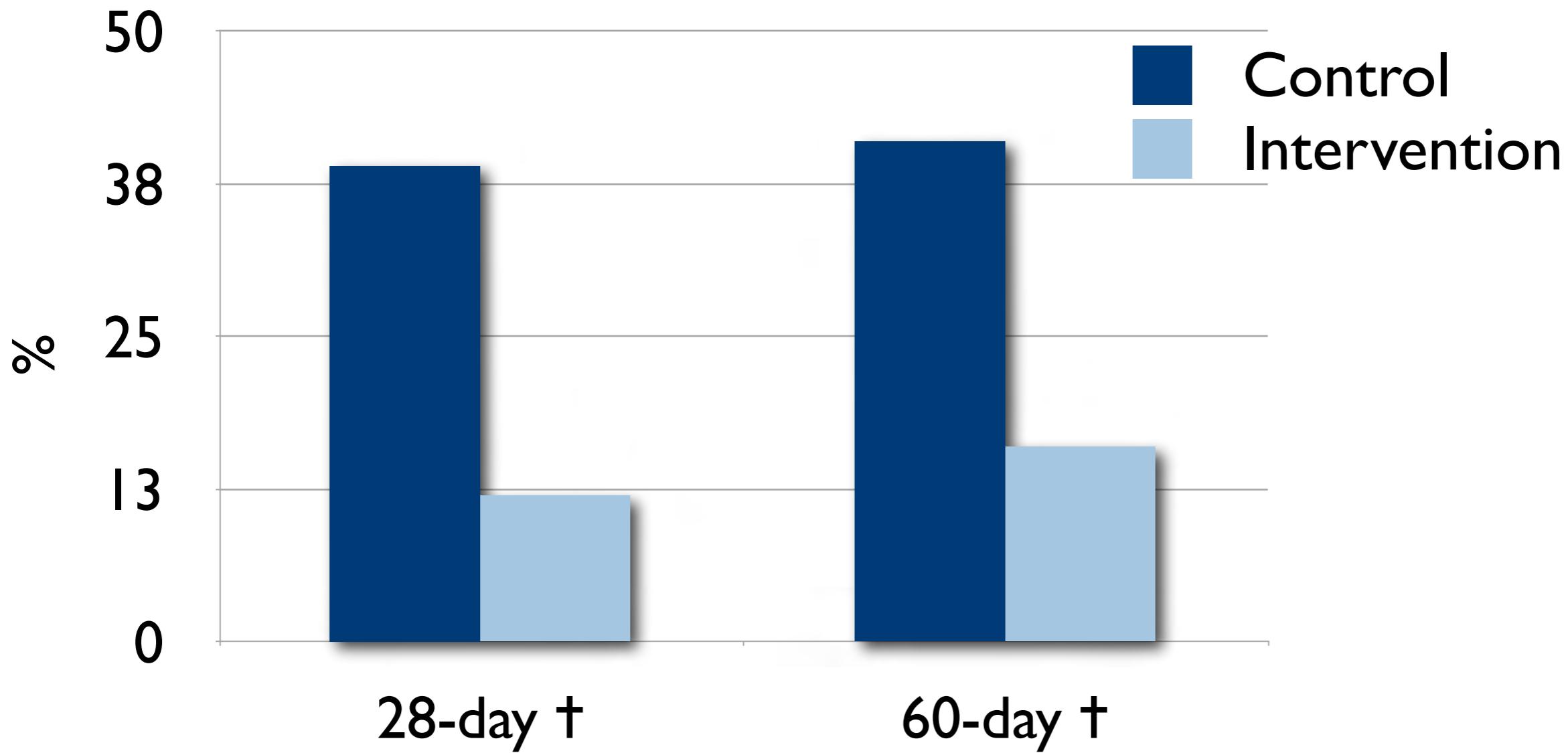
Intensive Care Med (2008) 34:1065–1075
DOI 10.1007/s00134-008-1085-9

PEDIATRIC ORIGINAL

Cláudio F. de Oliveira
Débora S. F. de Oliveira
Adriana F. C. Gottschald
Juliana D. G. Moura
Graziela A. Costa
Andréa C. Ventura
José Carlos Fernandes
Flávio A. C. Vaz
Joseph A. Carcillo
Emanuel P. Rivers
Eduardo J. Troster

**ACCM/PALS haemodynamic support guidelines
for paediatric septic shock: an outcomes
comparison with and without monitoring
central venous oxygen saturation**

ScvO₂ in septic children



ScvO₂ in septic children

parameter	Control	Intervention
Fluids total (< 6 hours)	21 ml/kg	73 ml/kg
ScvO ₂ (after 6 hours)	74%	78%
patients with ScvO ₂ < 70% (baseline)	31%	21%
Lactate (baseline)	1,2 mmol/l	1,1 mmol/l