Cisapride decreases gastric content aspiration in mechanically ventilated patients

ABSTRACT

Our study demonstrates that patients who are kept in a semirecumbent position still experience aspiration of gastric contents. Furthermore, cisapride decreases the amount of air in their abdomen during intubation and mechanical ventilation, potentially preventing ventilator-associated pneumonia. Gastric content aspiration was not completely prevented by cipsapride, even with the patient in the semirecumbent position.

INTRODUCTION

The pediatric intensive care unit uses chest radiographs to evaluate cardiopulmonary abnormalities, assess acute clinical deterioration, and identify the location of invasive life support devices like central venous catheters and endotracheal tubes. It is common to require immediate interpretation of chest radiographs to determine the appropriate position of invasive devices and diagnose or treat conditions. Pediatric intensivists (PI) at the bedside are typically the first physicians to interpret a radiographic image, and their interpretations often inform other clinicians about the necessary diagnostic and therapeutic interventions. Radiology interpretation is not readily available in hospitals where less than 30% of radiologists are present 24 hours per day, resulting in an unavailability for a radiologist to interpret chest radiographs until after acute interventions. This makes it essential for the PI to provide accurate readings of these images when he or she is unavailable due to lack of immediate availability. There are only a few centers that have tools to detect discrepancies between the radiologist and the treating physician, and whether these discrétionary differences may result in inappropriate changes in therapy. No research has yet examined the accuracy of board-certified PI's interpretation of chest radiographs. The aim of this research was to establish the agreement on chest radiograph interpretation between PI and pediatric radiologists (PR) and to determine if discrepancies caused adverse patient outcomes.

CONCLUSION

After a prolonged storage period of 28 days at 4°C and 24 hours at room temperature, all six ternary unsupplemented controlled mixtures were stable enough for normal therapeutic use. The choice of triglyceride mixture used was determined solely by the clinical and metabolic requirements of each regimen, as all other stability tests confirmed their stability.