

Volumetric Capnography as an Indirect Assessment of Cardiac Output in an Acute Respiratory Distress Syndrome Swine Model

Background:

- •Volumetric capnography has the potential to assess cardiac output (CO) in critically ill patients
- •ARDS is a a severe form of acute lung injury characterized by acute hypoxemic respiratory failure and increased physiological dead space to tidal volume ratio (V_d/V_t)
- •The utility of volumetric capnography to assess CO in patients with ARDS has been sparsely described

Aims:

- The primary aim of this study was to assess the correlation between the VCO₂ and ETCO₂ with CO in a swine model of ARDS
- The secondary aim was to determine whether changes in VCO2 and ETCO2 correlates with changes in CO after a fluid challenge

Methods:

- Animals weighing 23±3 were sedated, intubated, and mechanically ventilated
- ARDS (PALICC definition) was induced using continuous infusion of oleic acid at 0.05-0.6 mL/kg
- Animals received a fluid challenge of 0.9% Sodium Chloride at a rate of 100 mL/min over 10 minutes once before induction of ARDS, and once in ARDS
- Respiratory and hemodynamic variables were continuously monitored

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Key Take Aways:

- Understanding the correlations between ETCO2, VCO2, and CO could allow early detection of hemodynamic changes and the immediate assessment of the impact of interventions among critically ill pediatric patients
- Clinicians should consider the limitations associated with using ETCO2 and VCO2 in patients with Acute Lung Injury

Results:	CO (L/min)	VCO2 (mL/min	ETCO2 (mmHg)	V _d /V _t	Correlation Coefficient (r)
Baseline (n=16)	4.12 ± 1.23	98.37 ± 19.38	39.75 ± 3.46	.26 ± .09	.41, .46 (p=.001)
ARDS	3.42 ± .71	112.72 ± 22.97	49.23 ± 9.73	.43 ± .08	.26, .34 (p=.001)

Mean values of CO, VCO₂, ETCO₂, and V_d / V_t during baseline and ARDS settings. R represents Pearson correlation coefficients between CO with VCO₂ and ETCO₂ respectively.

• The correlations pre and post fluid challenge were not statistically significant before and during ARDS (p=0.11 and **p=0.16**)

Conclusions:

Next Steps:

Acknowledgements:

References:

- 23182383.



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Data Analysis:

Pearson's correlation coefficients and linear regression were used to assess association between measurements

Continuous measurements of ETCO₂ and VCO₂ can be used as surrogate markers for CO in the absence of acute lung injury

Neither VCO₂ nor ETCO₂ were able to detect fluid responsiveness following fluid challenge

• Increase sample size

Assess these relationships in physiologically unstable states like cardiac arrest and during **CPR performance**

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Young A, Marik PE, Sibole S, Grooms D, Levitov A. Changes in end-tidal carbon dioxide and volumetric carbon dioxide as predictors of volume responsiveness in hemodynamically unstable patients. J Cardiothorac Vasc Anesth. 2013 Aug;27(4):681-4. doi: 10.1053/j.jvca.2012.09.025. Epub 2012 Nov 20. PMID:

Pediatric Acute Lung Injury Consensus Conference Group (2015). Pediatric acute respiratory distress syndrome: consensus recommendations from the Pediatric Acute Lung Injury Consensus Conference. Pediatric critical care medicine : a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies, 16(5), 428–439.

S. T. John Sum-Ping and Tommy Symreng and Peter J. L. Jebson and Gagan D. Kamal. Stable and reproducible porcine model of acute lung injury induced by oleic acid. Critical Care Medicine. 1991. Volume 19. Pages 405-408