Centre Hospitalier de Bastia

srlf SOCIÉTÉ DE RÉANIMATION DE LANGUE FRANÇAISE

TOUS ENSEMBLE NOUS SOMMES LA RÉANIMATION — SOINS PROGRÈS BIENVEILLANCE COMPÉTENCES HUMANITÉ

Aix*Marseille université

AER ACTUALITÉS EN RÉANIMATION

Que retenir de 2022 ?

SDRA

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Università di Corsica Pasquale Paoli

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Conflicts of interest

- Fees and/or travel expenses
  - Air Liquide Santé
  - Maquet
  - Drager
  - GE
  - Faron
  - GSK
  - Covidien
  - Janssen
  - Orion
  - Johnson & Johnson
  - Peninsula Pharma

1. Cible
2. Effort
3. Signalisation
4. Familiarité

SpO2/PaO2 cible ?

Lower or Higher Oxygenation Targets for Acute Hypoxemic Respiratory Failure

N ENGL J MED 384;14 NEJM.ORG APRIL 8, 2021

O.L. Schjørring, T.L. Klitgaard, A. Perner, J. Wetterslev, T. Lange, M. Siegemund, M. Bäcklund, F. Keus, J.H. Laake, M. Morgan, K.M. Thormar, S.A. Rosborg, J. Bisgaard, A.E.S. Erntgaard, A.-S.H. Lynnerup, R.L. Pedersen, E. Crescioli, T.C. Gielstrup, M.T. Behzadi, L.M. Poulsen, S. Estrup, J.P. Laigaard, C. Andersen, C.B. Mortensen, B.A. Brand, J. White, I.-L. Jarnvig, M.H. Møller, L. Quist, M.H. Bestle, M. Schønemann-Lund, M.K. Kamper, M. Hindborg, A. Hollinger, C.E. Gebhard, N. Zellweger, C.S. Meyhoff, M. Hjort, L.K. Bech, T. Grøfte, H. Bundgaard, L.H.M. Østergaard, M.A. Thyø, T. Hildebrandt, B. Uslu, C.G. Sølling, N. Møller-Nielsen, A.C. Brøchner, M. Borup, M. Okkonen, W. Dieperink, U.G. Pedersen, A.S. Andreasen, L. Buus, T.N. Aslam, R.R. Winding, J.C. Schefold, S.B. Thorup, S.A. Iversen, J. Engstrøm, M.-B.N. Kjær, and B.S. Rasmussen, for the HOT-ICU Investigators*

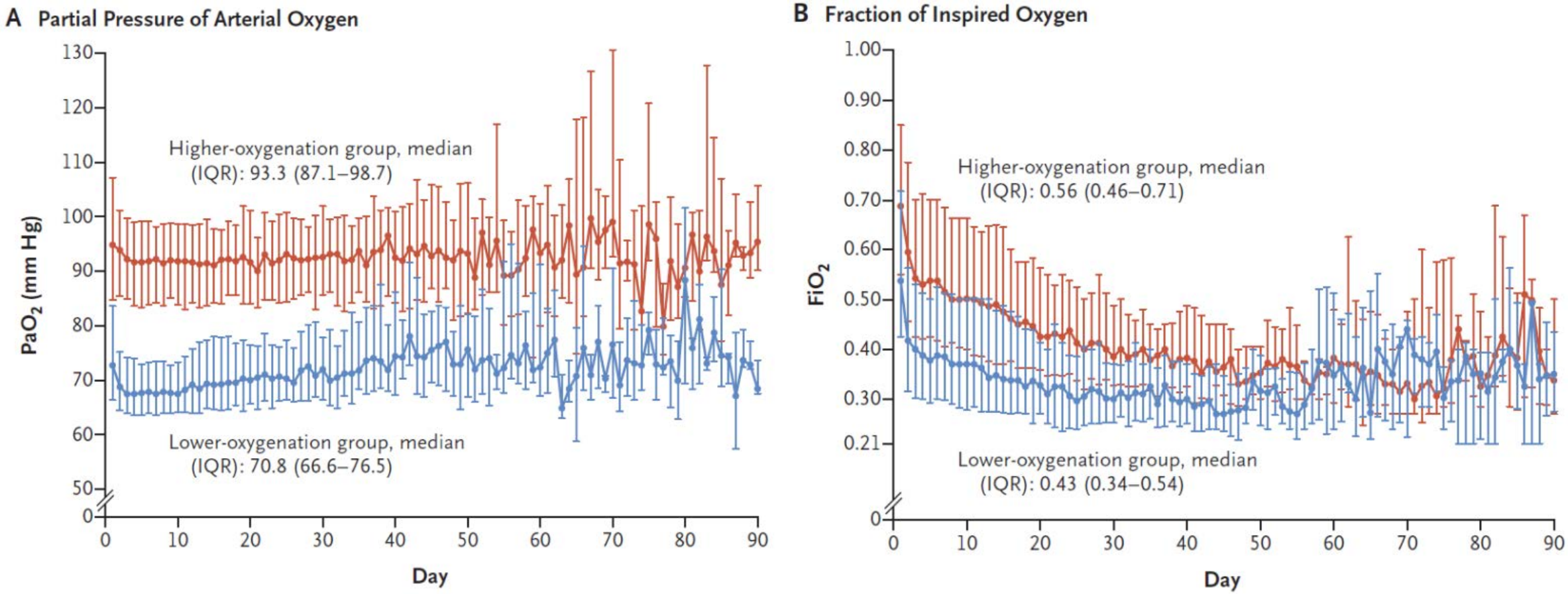
- 35 ICUs
- Denmark, Switzerland, Finland, the Netherlands, Norway, the United Kingdom, and Iceland

- **Hypothèse**
  - **PaO2 cible de 60 mmHg réduirait la mortalité à J90 par rapport à PaO2 cible à 90 mmHg**
- **Population: patients de reanimation présentant une insuffisance respiratoire hypoxémique**
  - **≥ 10 l/min O2 ou FiO2 ≥ 0.5**

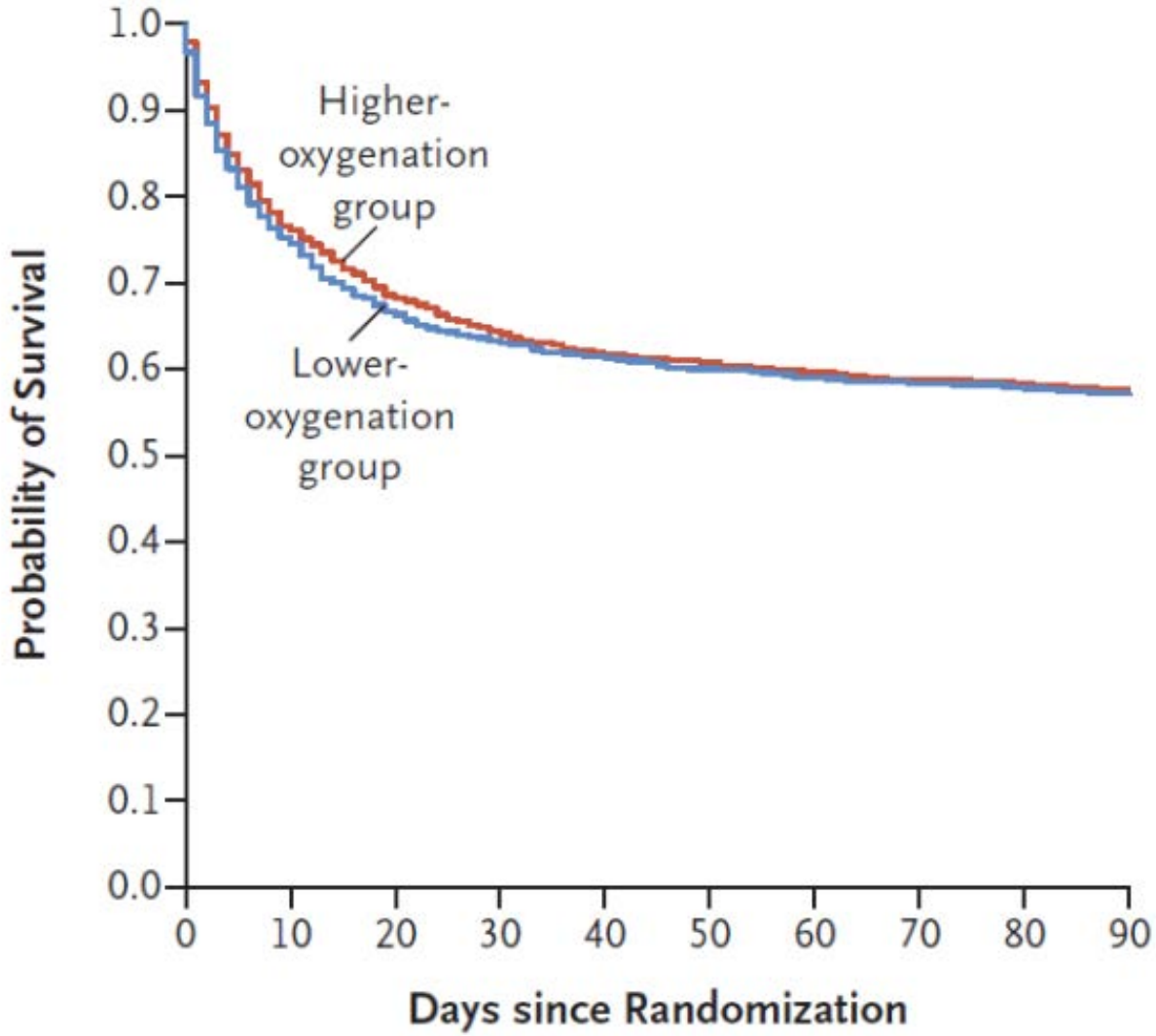
Lower or Higher Oxygenation Targets for Acute Hypoxemic Respiratory Failure

Characteristic	Lower-Oxygenation Group (N = 1453)	Higher-Oxygenation Group (N = 1457)
Acute illness — no. (%)		
Pneumonia	838 (57.7)	836 (57.4)
Multiple trauma	24 (1.7)	29 (2.0)
Hemorrhagic or ischemic stroke	25 (1.7)	22 (1.5)
Traumatic brain injury	9 (0.6)	15 (1.0)
Myocardial infarction	84 (5.8)	99 (6.8)
Intestinal ischemia	27 (1.9)	41 (2.8)
Cardiac arrest	149 (10.3)	186 (12.8)
ARDS	178 (12.3)	195 (13.4)
Invasive ventilation		
Patients — no. (%)	834 (57.4)	870 (59.7)
Median tidal volume (IQR) — ml	499 (429–582)	499 (426–561)
Median end-expiratory pressure (IQR) — cm of water	9 (7–10)	10 (7–10)
Median peak pressure (IQR) — cm of water	25 (20–29)	25 (21–30)
Noninvasive ventilation or CPAP		
Patients — no. (%)	199 (13.7)	176 (12.1)
Median end-expiratory pressure (IQR) — cm of water	8 (6–9)	7 (5–8)
Open system — no. (%)	420 (28.9)	411 (28.2)

Lower or Higher Oxygenation Targets for Acute Hypoxemic Respiratory Failure



Lower or Higher Oxygenation Targets for Acute Hypoxemic Respiratory Failure



Outcome	Lower-Oxygenation Group	Higher-Oxygenation Group
Primary outcome†		
Death by day 90 — no./total no. (%)	618/1441 (42.9)	613/1447 (42.4)
Secondary outcomes¶		
Median percentage of days alive without life support (IQR)	87.8 (0.0–96.7)	84.4 (0.0–96.0)
Median percentage of days alive after hospital discharge (IQR)	55.6 (0.0–85.6)	50.0 (0.0–84.4)
Serious adverse events — no./total no. (%)	525/1453 (36.1)	555/1457 (38.1)
Shock	492/1453 (33.9)	521/1457 (35.8)
Myocardial ischemia	14/1453 (1.0)	8/1457 (0.5)
Ischemic stroke	19/1453 (1.3)	23/1457 (1.6)
Intestinal ischemia	32/1453 (2.2)	29/1457 (2.0)

Lower or Higher Oxygenation Targets for Acute Hypoxemic Respiratory Failure

Table S2. ICU interventions.*

Characteristic	Lower Oxygenation Group (N = 1453)	Higher Oxygenation Group (N = 1457)
Number of arterial blood gas samples per day	6±2	6±2
Mechanical ventilation – no. (%)	1288 (88.6)	1311 (90.0)
Invasive ventilation – no. (%)†	994 (68.4)	1037 (71.2)
Non-invasive ventilation or CPAP – no. (%)†	203 (14.0)	238 (16.3)
Prone position – no. (%)	71 (4.9)	96 (6.6)
Inhaled vasodilators – no. ‡	50 (3.4)	74 (5.1)
ECMO – no. (%)	13 (0.9)	13 (0.9)

Lower or Higher Oxygenation Targets for Acute Hypoxemic Respiratory Failure

Characteristic	Lower Oxygenation Group	Higher Oxygenation Group	Risk Ratio (95% CI)†	Risk Difference (95% CI)†
Shock, no. of events/no. of patients in subgroup (%)‡				
Yes§	244/427 (57.1)	219/412 (53.2)	1.07 (0.95–1.21)	3.54 (-3.12–10.20)
No¶	374/1014 (36.9)	394/1035 (38.1)	0.97 (0.87–1.08)	-1.61 (-5.83–2.60)
Invasive ventilation, no. of events/no. of patients in subgroup (%)				
Yes¶	380/826 (46.0)	378/863 (43.8)	1.07 (0.97–1.19)	2.42 (-2.26–7.10)
No¶	238/615 (38.7)	235/584 (40.2)	0.95 (0.83–1.09)	-1.32 (-7.00–4.34)

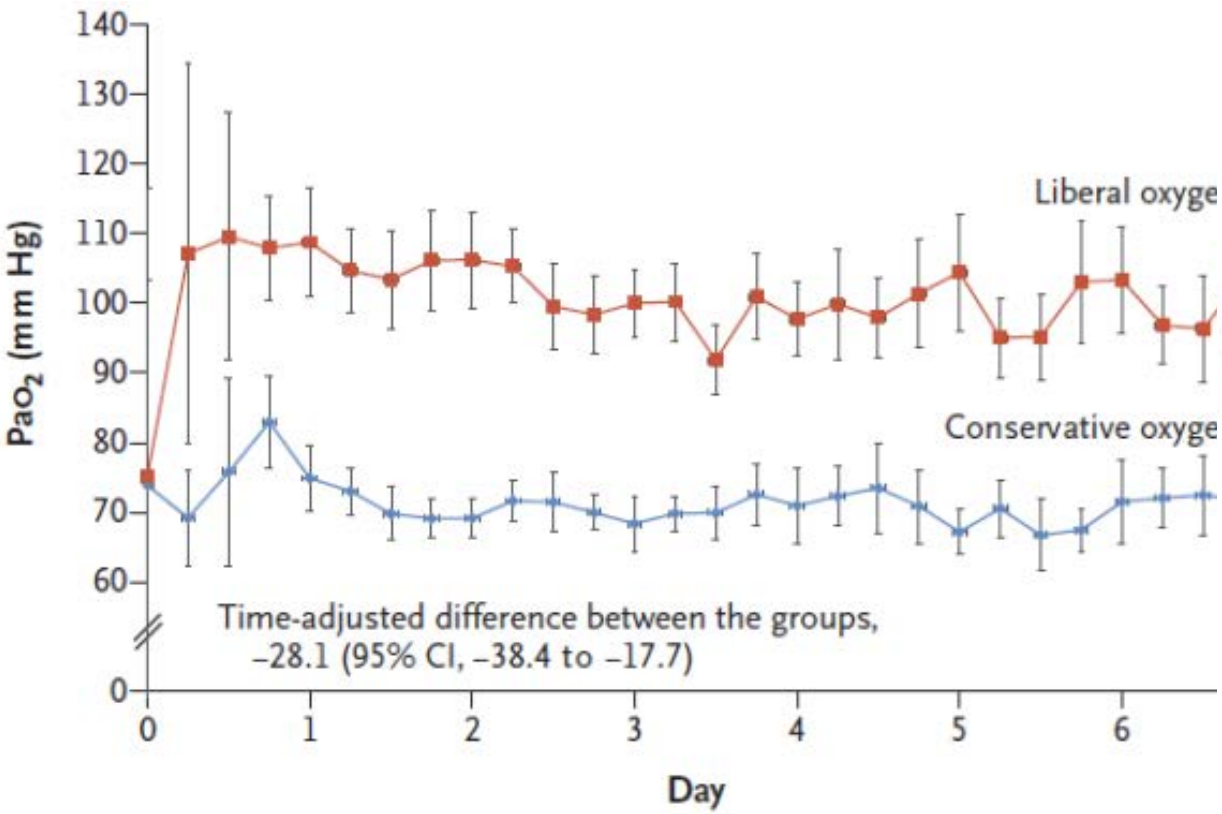
N ENGL J MED 382;11 NEJM.ORG MARCH 12, 2020

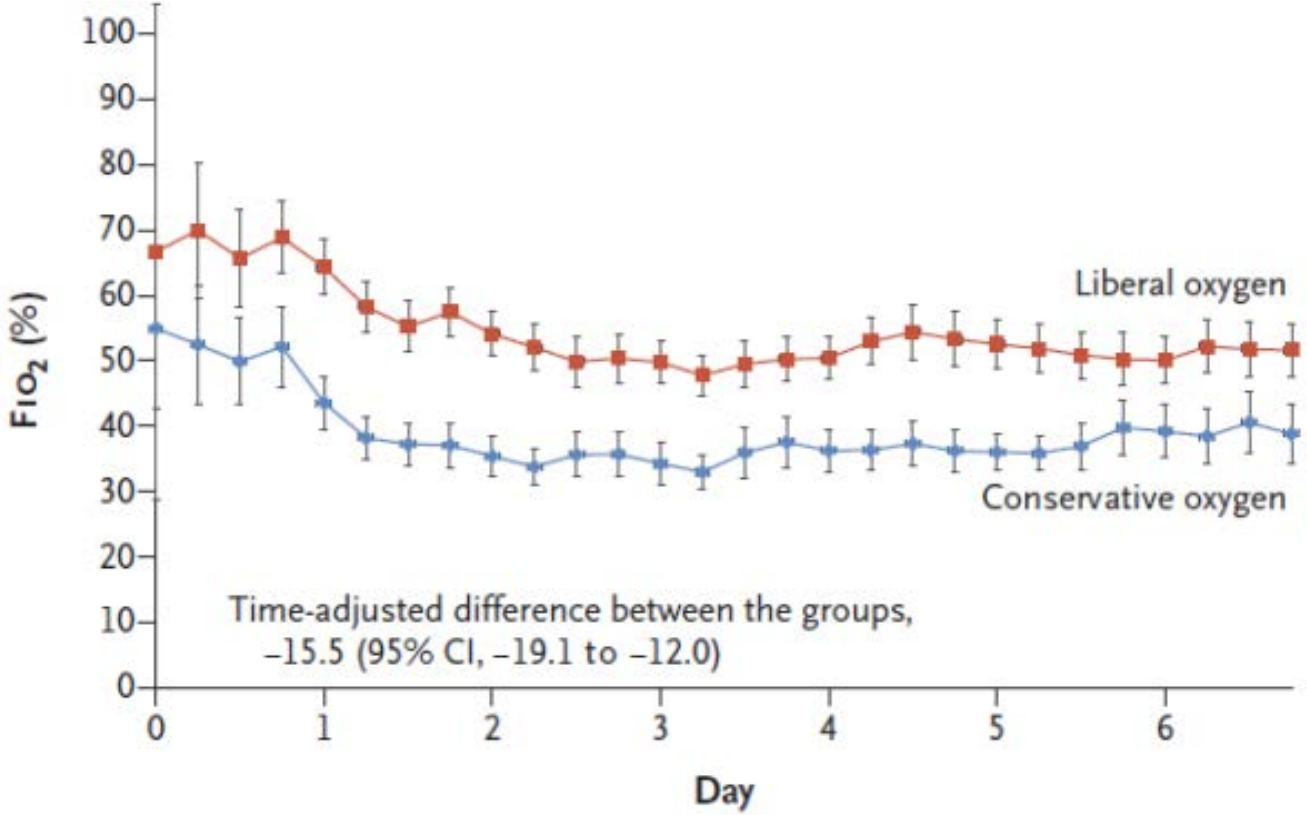
Liberal or Conservative Oxygen Therapy for Acute Respiratory Distress Syndrome

Loic Barrot, M.D., Pierre Asfar, M.D., Ph.D., Frederic Mauny, M.D., Ph.D., Hadrien Winiszewski, M.D., Florent Montini, M.D., Julio Badie, M.D., Jean-Pierre Quenot, M.D., Ph.D., Sebastien Pili-Floury, M.D., Ph.D., Belaid Bouhemad, M.D., Ph.D., Guillaume Louis, M.D., Bertrand Souweine, M.D., Ph.D., Olivier Collange, M.D., Ph.D., Julien Pottecher, M.D., Ph.D., Bruno Levy, M.D., Ph.D., Marc Puyraveau, M.Sc., Lucie Vettoretti, Ph.D., Jean-Michel Constantin, M.D., Ph.D., and Gilles Capellier, M.D., Ph.D., for the LOCO$_2$ Investigators and REVA Research Network*

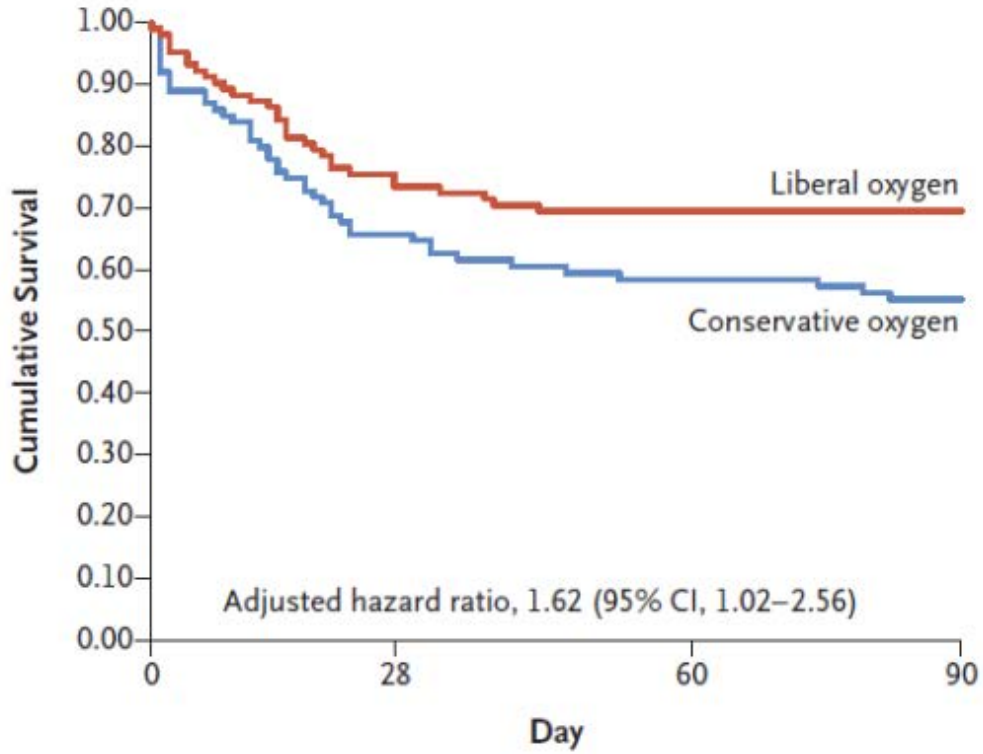
- SDRA
- "conservative oxygen therapy": cible PaO2 55-70 mmHg / SpO2 88-92%
- "stratégie libérale": cible PaO2 90-105 mmHg / SpO2 ≥ 96%
- Pendant 7 jours
- Stratégie VM identique
- Mortalité à J28

Liberal or Conservative Oxygen Therapy for Acute Respiratory Distress Syndrome





Liberal or Conservative Oxygen Therapy for Acute Respiratory Distress Syndrome



No. at Risk

Liberal oxygen	102	74	69	63
Conservative oxygen	99	64	55	45

Table 2. Outcomes.

Variable	Conservative Oxygen (N = 99)		Liberal Oxygen (N = 102)	
	no./total no.	*% (95% CI)*	*no./total no.*	*% (95% CI)*
Death				
At day 28	34/99	34.3 (25.0–43.7)	27/102	26.5 (17.9–35.0)
In the ICU	36/99	36.4 (26.9–45.8)	27/102	26.5 (17.9–35.0)
At day 90	44/99	44.4 (34.7–54.2)	31/102	30.4 (21.5–39.3)
Mesenteric ischemia	5/99	5.1 (1.7–11.4)	0/102	
Cardiac adverse events				
Arrhythmia	23/99	23.2 (14.9–31.6)	16/102	15.7 (8.6–22.7)
New-onset atrial fibrillation	21/99	21.2 (13.2–29.3)	13/102	12.7 (6.3–19.2)
Events leading to treatment	23/99	23.2 (14.9–31.6)	14/102	13.7 (7.0–20.4)

ORIGINAL ARTICLE

Oxygen-Saturation Targets for Critically Ill Adults Receiving Mechanical Ventilation

Matthew W. Semler, M.D., Jonathan D. Casey, M.D., Bradley D. Lloyd, R.R.T.-A.C.C.S., Pamela G. Hastings, R.R.T.-A.C.C.S., Margaret A. Hays, R.N., Joanna L. Stollings, Pharm.D., Kevin G. Buell, M.B., B.S., John H. Brems, M.D., Edward T. Qian, M.D., Kevin P. Seitz, M.D., Li Wang, M.S., Christopher J. Lindsell, Ph.D., Robert E. Freundlich, M.D., Jonathan P. Wanderer, M.D., Jin H. Han, M.D., Gordon R. Bernard, M.D., Wesley H. Self, M.D., M.P.H., and Todd W. Rice, M.D., for the PILOT Investigators and the Pragmatic Critical Care Research Group*

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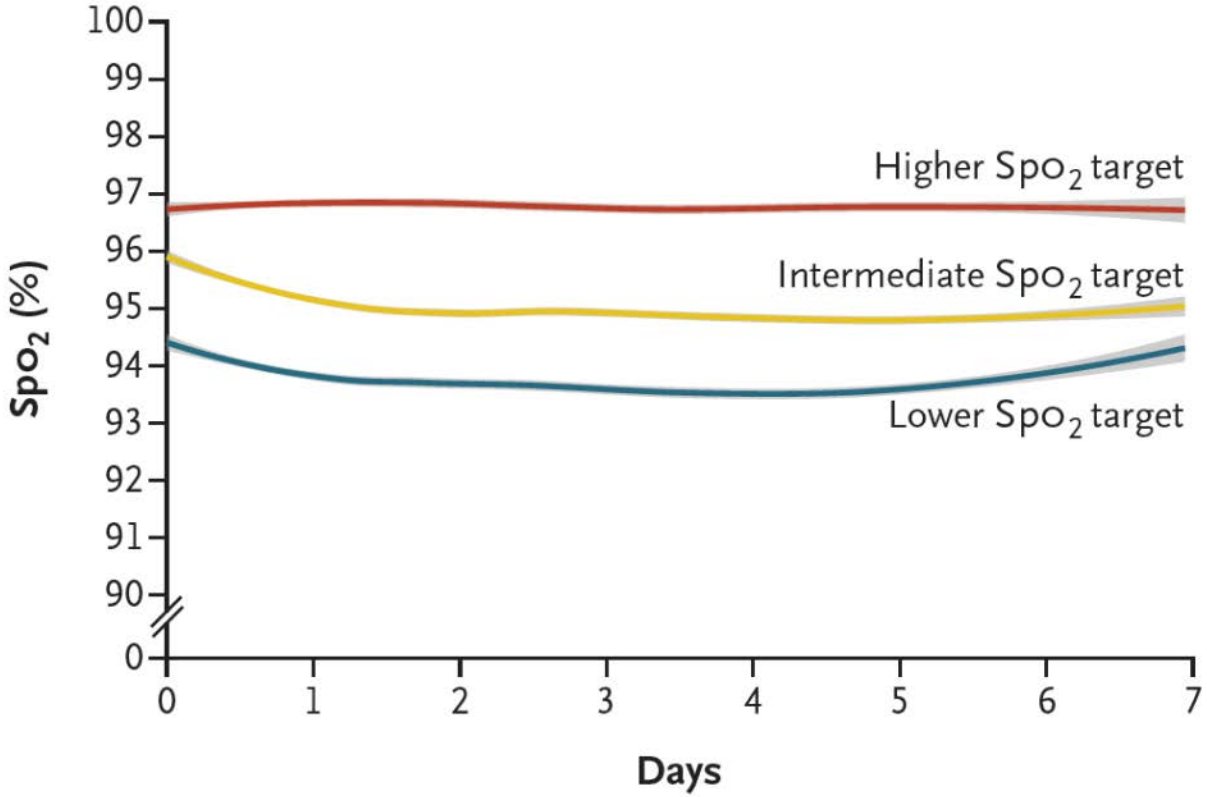
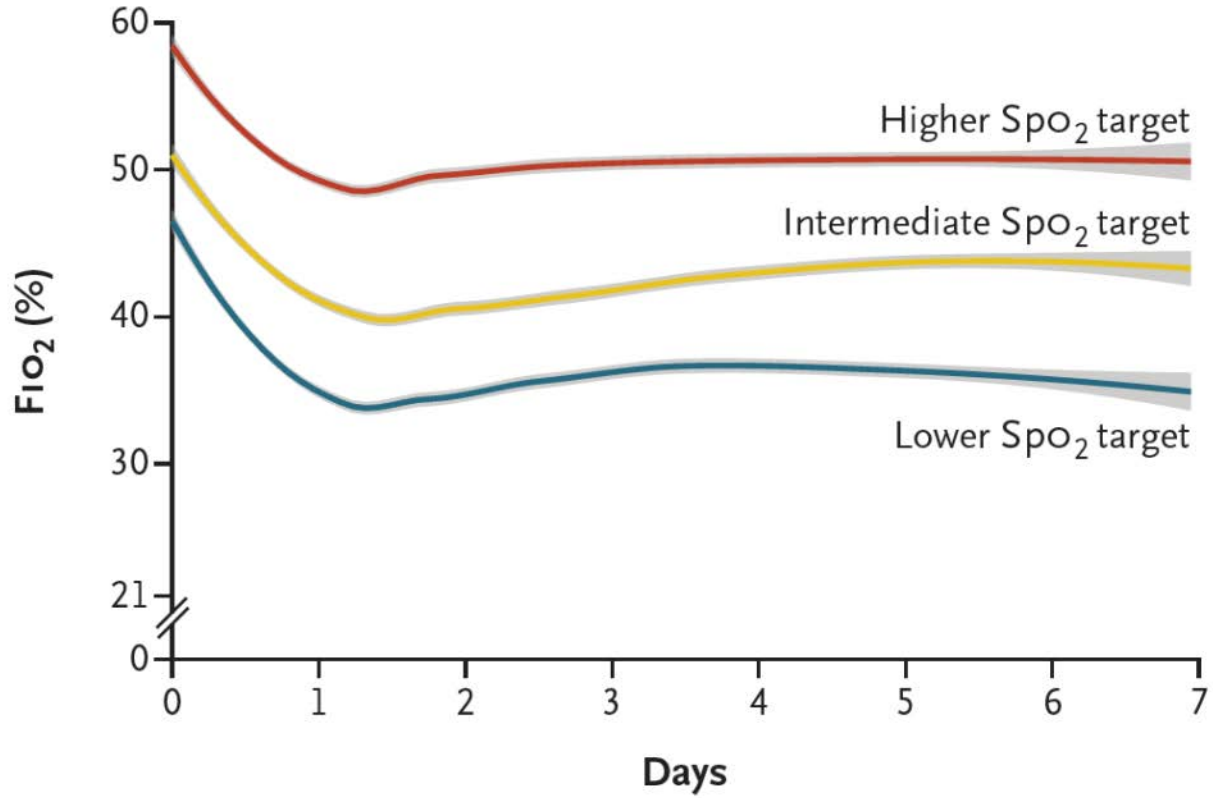
- Monocentrique (1 SAU + réa med)
- Malades sous VM invasive
- 3 groupes selon SpO2
  - lower target (90%; goal range, 88 to 92%)
  - intermediate target (94%; goal range, 92 to 96%)
  - higher target (98%; goal range, 96 to 100%)

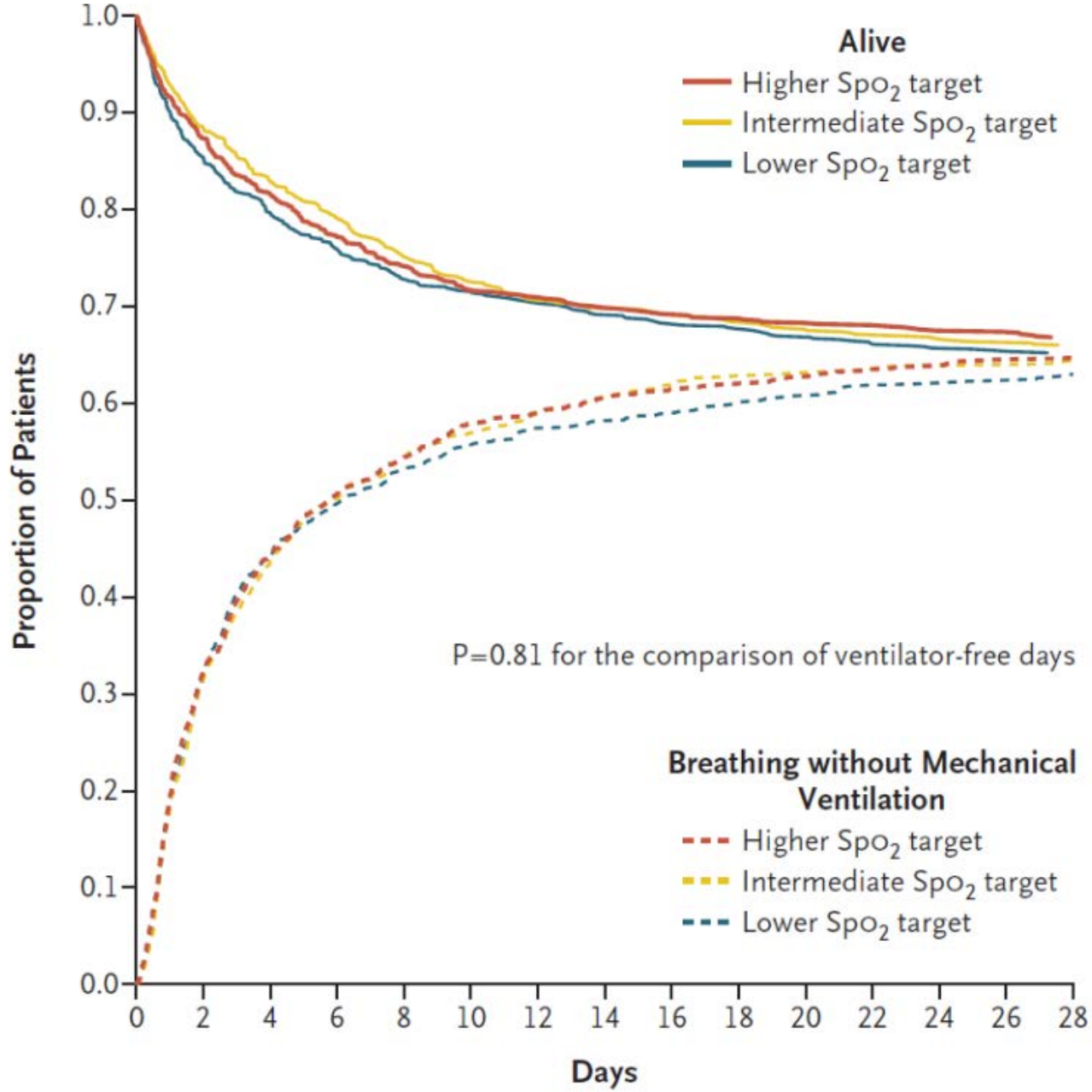
Figure S1. Group assignment during the trial.

Study Year 1						Study Year 2						Study Year 3					
Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	Mar-Apr	May-Jun	Jul-Aug	Sep-Oct	Nov-Dec	Jan-Feb	*Mar & Jun*	Jul-Aug	Sept-Oct	Nov-Dec	Jan-Feb	Mar-Apr	May-Jun	Jul-Aug
2018			2019						2020			2021					
A	B	C	B	C	A	C	B	A	A	B	C	B	A	C	B	A	C


100
99
98
97
96
95
94
93
92
91
90
0
Spo2 (%)
Higher Spo2 target
Intermediate Spo2 target
Lower Spo2 target
0
1
2
3
4
5
6
7
Days

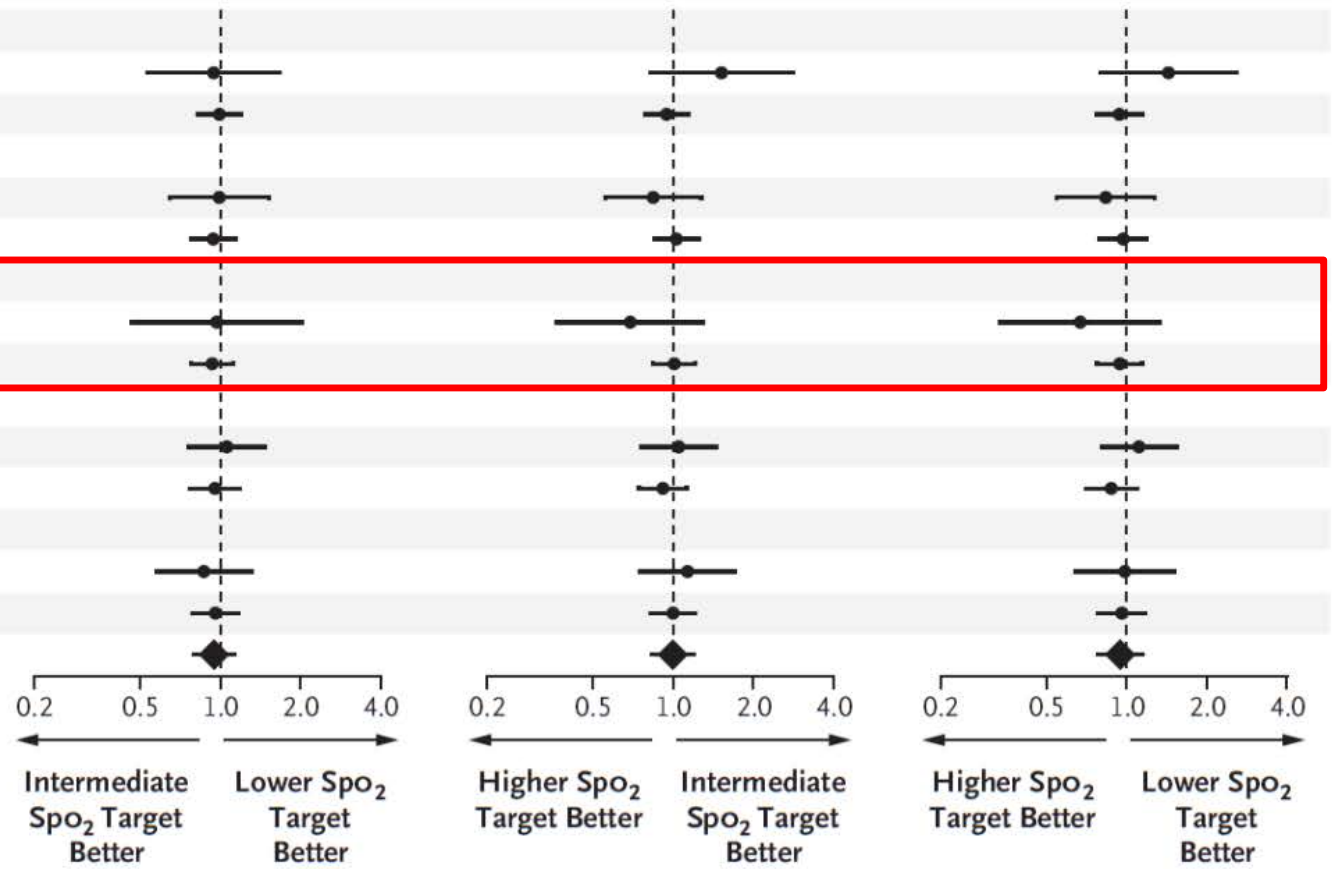

60
50
40
30
21
0
FIO2 (%)
Higher Spo2 target
Intermediate Spo2 target
Lower Spo2 target
0
1
2
3
4
5
6
7
Days

Proportion de patients vivants et sevrés de la ventilation mécanique invasive



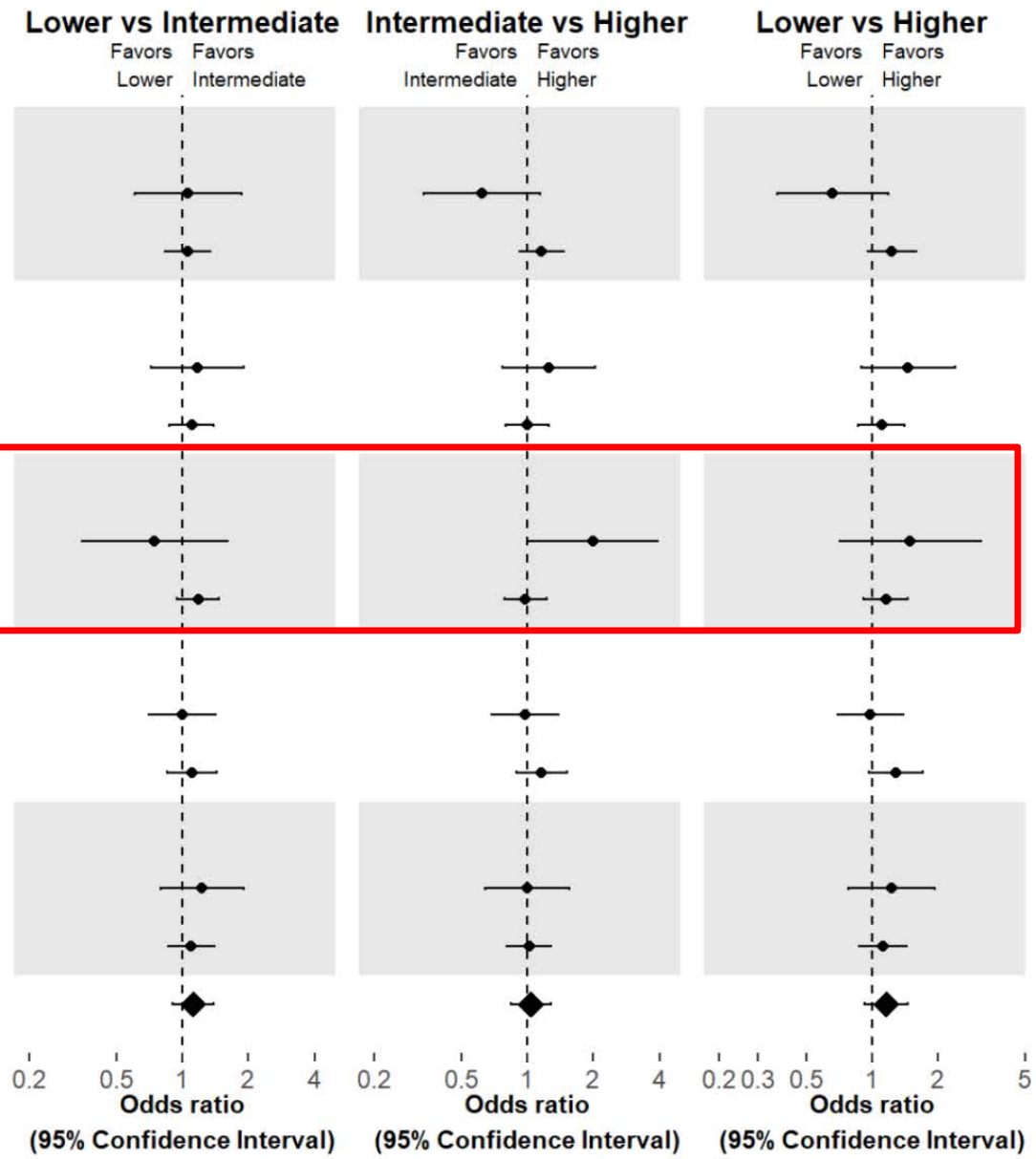
Ventilator-free days through day 28

Subgroup	No. of Patients	Lower Spo_2 Target	Intermediate Spo_2 Target	Higher Spo_2 Target
		median ventilator-free days (IQR)		
Cardiac arrest				
Yes	334	0 (0–16)	0 (0–20.5)	0 (0–0)
No	2207	23 (0–26)	22 (0–26)	22 (0–26)
Acute myocardial infarction				
Yes	419	13 (0–25)	15 (0–24)	21 (0–25)
No	2122	21 (0–26)	21 (0–26)	21 (0–26)
Acute respiratory distress syndrome				
Yes	190	0 (0–16)	0 (0–19)	0 (0–22.75)
No	2351	21 (0–26)	22 (0–26)	22 (0–26)
Sepsis or septic shock				
Yes	805	0 (0–24)	0 (0–22)	0 (0–23)
No	1736	23 (0–26)	23 (0–26)	24 (0–26)
Receipt of vasopressor				
Yes	484	0 (0–22)	0 (0–23)	0 (0–22)
No	2057	23 (0–26)	22 (0–26)	22 (0–26)
Overall	2541	20 (0–25)	21 (0–25)	21 (0–26)



Mortalité hospitalière J28

Subgroup	No. of Patients	Lower	Intermediate	Higher
		no./Total no. (percent)		
Cardiac arrest				
Yes	334	83/125 (66.4)	67/100 (67)	83/109 (76.1)
No	2207	198/683 (29)	225/759 (29.6)	207/765 (27.1)
Acute myocardial infarction				
Yes	419	56/136 (41.2)	55/138 (39.9)	49/145 (33.8)
No	2122	225/672 (33.5)	237/721 (32.9)	241/729 (33.1)
Acute respiratory distress				
Yes	190	25/47 (53.2)	40/65 (61.5)	35/78 (44.9)
No	2351	256/761 (33.6)	252/794 (31.7)	255/796 (32)
Sepsis or septic shock				
Yes	805	132/275 (48)	123/247 (49.8)	143/283 (50.5)
No	1736	149/533 (28)	169/612 (27.6)	147/591 (24.9)
Receipt of vasopressors				
Yes	484	81/160 (50.6)	81/171 (47.4)	72/153 (47.1)
No	2057	200/648 (30.9)	211/688 (30.7)	218/721 (30.2)
Overall	***2541***	***281/808 (34.8)***	***292/859 (34)***	***290/874 (33.2)***



Trial characteristic	PILOT	HOT-ICU[6]	ICU-ROX[5]	Oxygen-ICU[3]	O_2-ICU[7]	LOCO-2[4]
Number of participants						
Total	2,541	2,910	965	434	400	201
Mechanically ventilated at enrollment	2,541	1,704	965	291	295	201
Time-to-enrollment	At initiation of ventilation in ED or ICU	Median of 4 hours after ICU admission	After ICU admission, median of 3 hours after initiation of ventilation	At ICU admission	Median of 4 hours after ICU admission	After ICU admission, exact interval not reported
Target						
Primary target (SpO_2 vs PaO_2)	SpO_2	PaO_2	SpO_2	PaO_2	PaO_2	PaO_2
SpO_2 target in lower target group* - %	90%	Approximately 90%	91-96%	94-98%	Approximately 90-97%	88-92%
SpO_2 target in higher target group* - %	98%	Approximately 97%	91-100%	97-100%	Approximately 98-100%	96-100%
PaO_2 target in lower target group - mmHg	60	60	60	70-100	60-90	55-70
PaO_2 target in higher target group - mmHg	110	90	Not reported	<150	105-135	90-105
Oxygenation achieved						
Median SpO_2 in lower target group† - %	94%	93%	Not reported	Not reported	96%	Approximately 93%
Median SpO_2 in higher target group† - %	97%	96%	Not reported	Not reported	97%	Approximately 97%
Difference between groups - %	-3%	-3%	Not reported	Not reported	-1%	-3.8%
Median FiO_2 in lower target group†	0.31	0.43	Approximately 0.30	0.36	0.40	Approximately 0.40
Median FiO_2 in higher target group†	0.45	0.56	Approximately 0.35	0.39	0.51	Approximately 0.50
Difference between groups†	-0.15	-0.13	Approximately -0.05	-0.03	-0.09	-0.15
Mortality (timepoint of assessment)	28 days, in-hospital	90 days	90 days	In-hospital	In-hospital	28 days
In lower target group	34.8%	42.9%	34.7%	24.2%	32.2%	34.3%
In higher target group	33.2%	42.4%	32.5%	33.9%	31.3%	26.5%
Difference between groups	1.6 percentage points	0.5 percentage points	2.2 percentage points	-9.7 percentage points	0.9 percentage points	7.8 percentage points

En pratique, pour les patients en SDRA, SpO2 > 95%

ORIGINAL ARTICLE

Early Active Mobilization during Mechanical Ventilation in the ICU

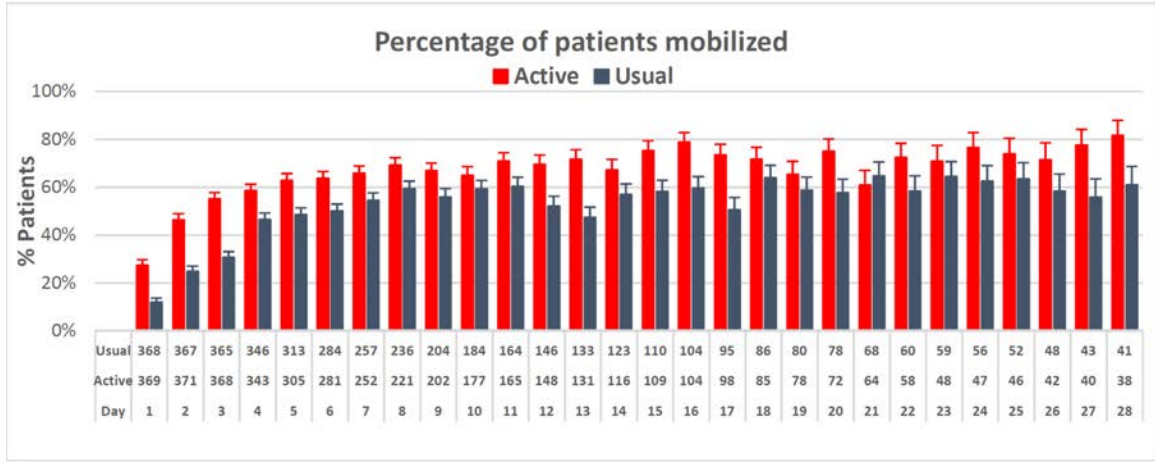
The TEAM Study Investigators and the ANZICS Clinical Trials Group*

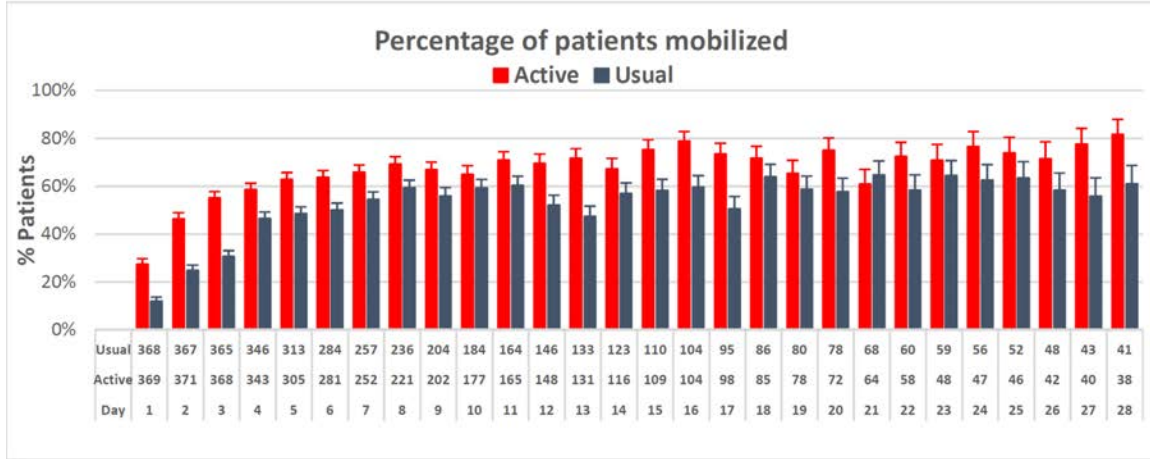
This article was published on October 26, 2022, at NEJM.org.

- **Intervention**
  - **Baisse de la sédation**
  - **Physiothérapie quotidienne en une ou plusieurs fois**
  - **Programme individualisé**
- **Usual-care group**

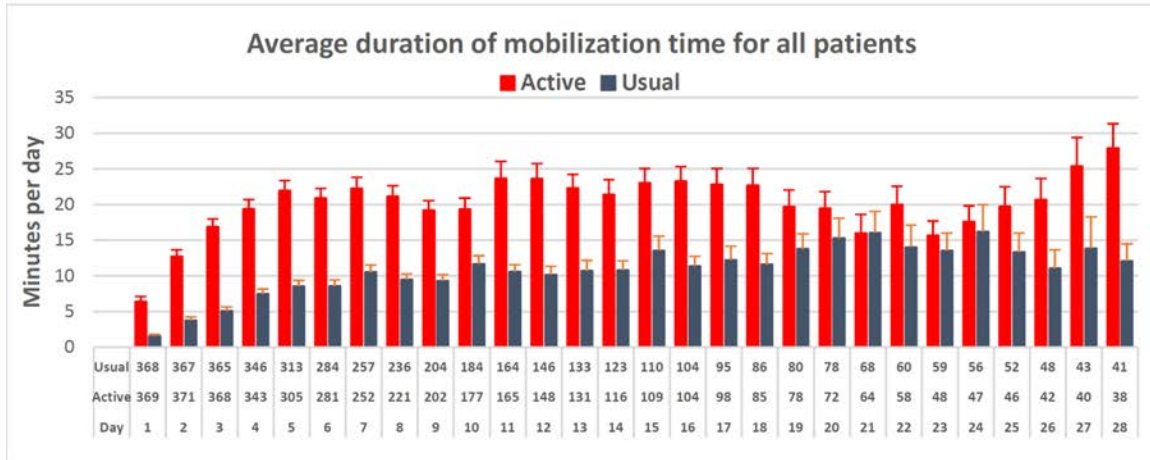
Table S5. Additional characteristics of the patients at baseline: physiology and ICU treatment.

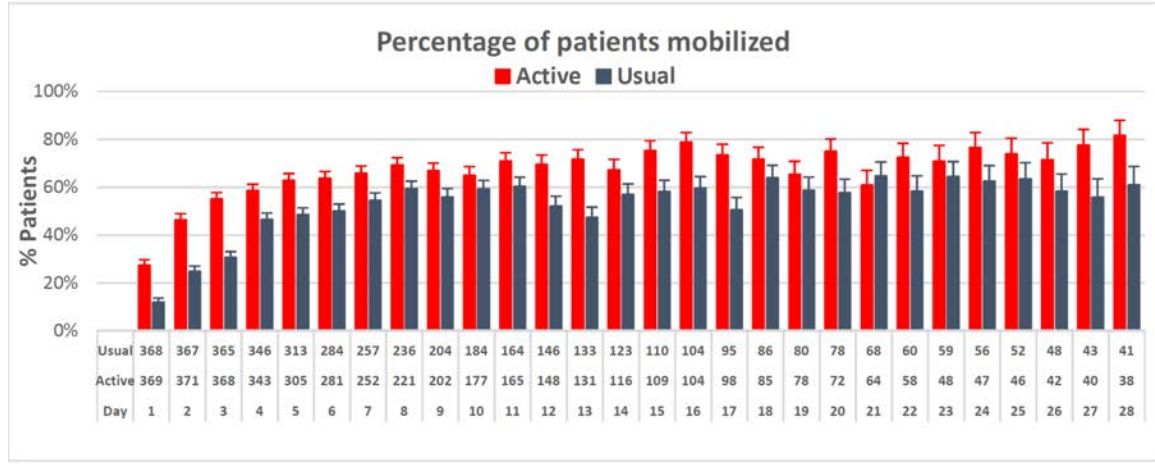
Characteristic	Early Mobilization (n=371)	Usual Care (n=370)
GCS, median [IQR] *	15 [14-15]	15 [14-15]
Serum creatinine, median [IQR]	106 [72-166]	97 [69-160]
PaO_2 – mmHg †	83.6 ±31.2	84.1± 23.9
Agitation and delirium		
RASS score, median [IQR] ‡	-3 [-4 to -2]	-3 [-4 to -2]
CAM-ICU positive, no. (%)	16 (4.3)	15 (4.1)
ICU supports and therapies, no. (%)		
Sedatives via continuous infusion	363 (97.8)	360 (97.3)
Vasopressors via continuous infusion	228 (61.5)	231 (62.4)
Renal replacement therapy	82 (22.1)	79 (21.4)
Corticosteroids	169 (45.6)	167 (45.1)


Percentage of patients mobilized
Active
Usual
% Patients
100%
80%
60%
40%
20%
0%
Usual 368 367 365 346 313 284 257 236 204 184 164 146 133 123 110 104 95 86 80 78 68 60 59 56 52 48 43 41
Active 369 371 368 343 305 281 252 221 202 177 165 148 131 116 109 104 98 85 78 72 64 58 48 47 46 42 40 38
Day 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

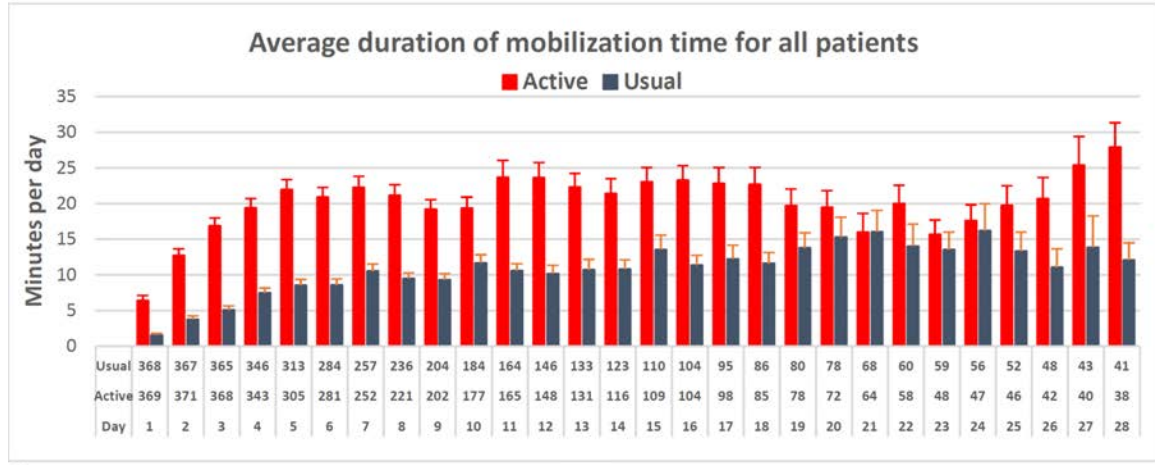

Percentage of patients mobilized
Active
Usual
100%
80%
60%
40%
20%
0%
% Patients
Usual 368 367 365 346 313 284 257 236 204 184 164 146 133 123 110 104 95 86 80 78 68 60 59 56 52 48 43 41
Active 369 371 368 343 305 281 252 221 202 177 165 148 131 116 109 104 98 85 78 72 64 58 48 47 46 42 40 38
Day 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

B


Average duration of mobilization time for all patients
Active
Usual
35
30
25
20
15
10
5
0
Minutes per day
Usual 368 367 365 346 313 284 257 236 204 184 164 146 133 123 110 104 95 86 80 78 68 60 59 56 52 48 43 41
Active 369 371 368 343 305 281 252 221 202 177 165 148 131 116 109 104 98 85 78 72 64 58 48 47 46 42 40 38
Day 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28


Percentage of patients mobilized
Active
Usual
100%
80%
60%
40%
20%
0%
% Patients
Usual 368 367 365 346 313 284 257 236 204 184 164 146 133 123 110 104 95 86 80 78 68 60 59 56 52 48 43 41
Active 369 371 368 343 305 281 252 221 202 177 165 148 131 116 109 104 98 85 78 72 64 58 48 47 46 42 40 38
Day 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

B


Average duration of mobilization time for all patients
Active
Usual
35
30
25
20
15
10
5
0
Minutes per day
Usual 368 367 365 346 313 284 257 236 204 184 164 146 133 123 110 104 95 86 80 78 68 60 59 56 52 48 43 41
Active 369 371 368 343 305 281 252 221 202 177 165 148 131 116 109 104 98 85 78 72 64 58 48 47 46 42 40 38
Day 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

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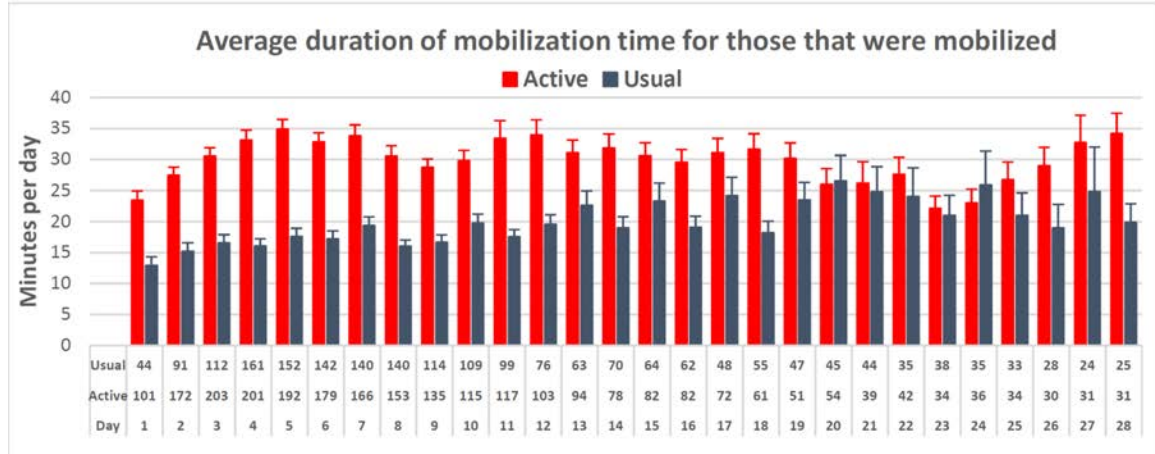
Average duration of mobilization time for those that were mobilized
Active
Usual
40
35
30
25
20
15
10
5
0
Minutes per day
Usual 44 91 112 161 152 142 140 140 114 109 99 76 63 70 64 62 48 55 47 45 44 35 38 35 33 28 24 25
Active 101 172 203 201 192 179 166 153 135 115 117 103 94 78 82 82 72 61 51 54 39 42 34 36 34 30 31 31
Day 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

Outcome	Early Mobilization (N=371)	Usual Care (N=370)	Difference or Odds Ratio (95% CI)†
Primary outcome			
Days alive and out of hospital at day 180‡			
Median no. (IQR)	143 (21 to 161)	145 (51 to 164)	−2.0 (−10 to 6)
Key secondary outcomes			
Death at day 180			
Patients — no. (%)	83/369 (22.5)	71/364 (19.5)	1.15 (0.81–1.65)§
Median no. of days since randomization (IQR)	17 (9 to 41)	19 (12 to 50)	−2.0 (−12.0 to 8.0)
Median no. of ventilator-free days at day 28 (IQR)	21 (8 to 25)	21 (11 to 25)	0.0 (−1.4 to 1.4)
Median no. of ICU-free days at day 28 (IQR)	16 (0 to 21)	17 (3 to 22)	−1.0 (−3.1 to 1.1)
Functional outcomes in survivors at day 180¶			
Score on EQ-5D-5L utility score‖	0.7±0.3	0.7±0.3	0.0 (−0.0 to 0.1)
Score on EQ Visual Analogue Scale**	70.2±19.7	69.0±20.1	2.0 (−5.7 to 9.7)
Median score on Barthel Index of ADL (IQR)††	100 (100 to 100)	100 (95 to 100)	0
Median score on IADL (IQR)‡‡	8.0 (7.0 to 8.0)	8.0 (6.0 to 8.0)	0.2 (−0.9 to 1.3)
Median score on WHODAS 2.0 (IQR)§§	12.5 (2.1 to 33.3)	14.6 (4.2 to 38.9)	−1.8 (−6.9 to 3.4)

Adverse events — no. (%) ¶¶				
Patients with ≥1 adverse event potentially due to mobilization — no. (%)	34 (9.2)	15 (4.1)	2.55 (1.33–4.89)§	0.005
Adverse events per patient — no. (%)				0.02
0	337 (90.8)	355 (95.9)		
1	19 (5.1)	11 (3.0)		
2	4 (1.1)	2 (0.5)		
≥3	11 (3.0)	2 (0.5)		
Type of adverse events — no. (%)‖‖				
Altered blood pressure	13 (3.5)	8 (2.2)		0.27
Cardiac arrhythmia	13 (3.5)	4 (1.1)		0.03
Oxygen desaturation	8 (2.2)	1 (0.3)		0.02
Pain or agitation	4 (1.1)	1 (0.3)		0.37
Removal of invasive line	2 (0.5)	2 (0.5)		1.00
Gastrointestinal	2 (0.5)	1 (0.3)		1.00
Tachypnea	3 (0.8)	0		0.25
Altered neurologic state	1 (0.3)	1 (0.3)		1.00
Other	4 (1.1)	0		0.12

Efficacy and safety of baricitinib for the treatment of hospitalised adults with COVID-19 (COV-BARRIER): a randomised, double-blind, parallel-group, placebo-controlled phase 3 trial

*Vincent C Marconi, Athimalaipet V Ramanan, Stephanie de Bono, Cynthia E Kartman, Venkatesh Krishnan, Ran Liao, Maria Lucia B Piruzeli, Jason D Goldman, Jorge Alatorre-Alexander, Rita de Cassia Pellegrini, Vicente Estrada, Mousumi Som, Anabela Cardoso, Sujatro Chakladar, Brenda Crowe, Paulo Reis, Xin Zhang, David H Adams, E Wesley Ely, on behalf of the COV-BARRIER Study Group**

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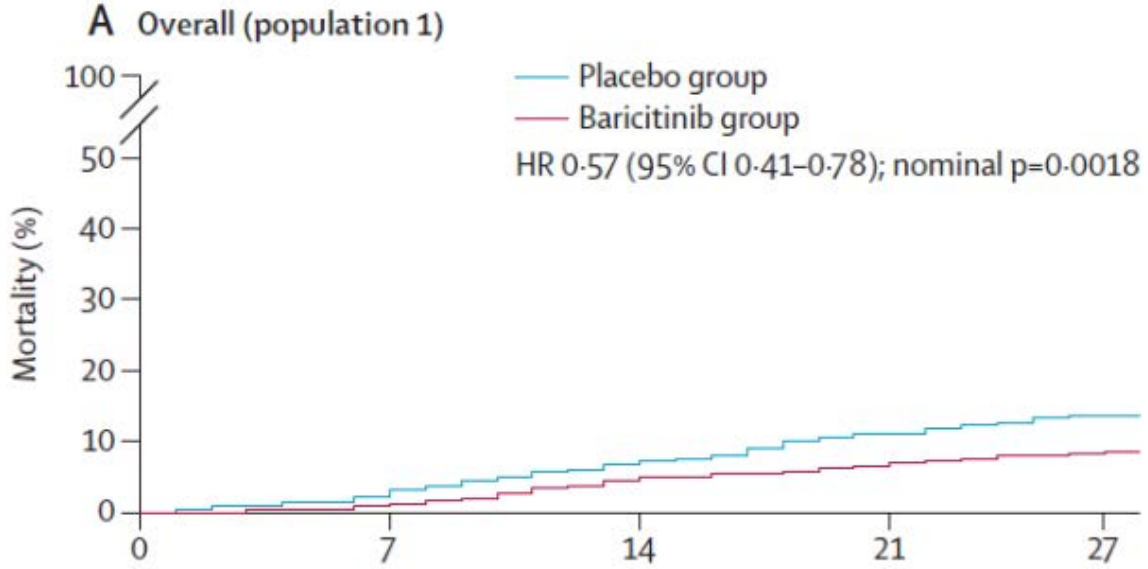
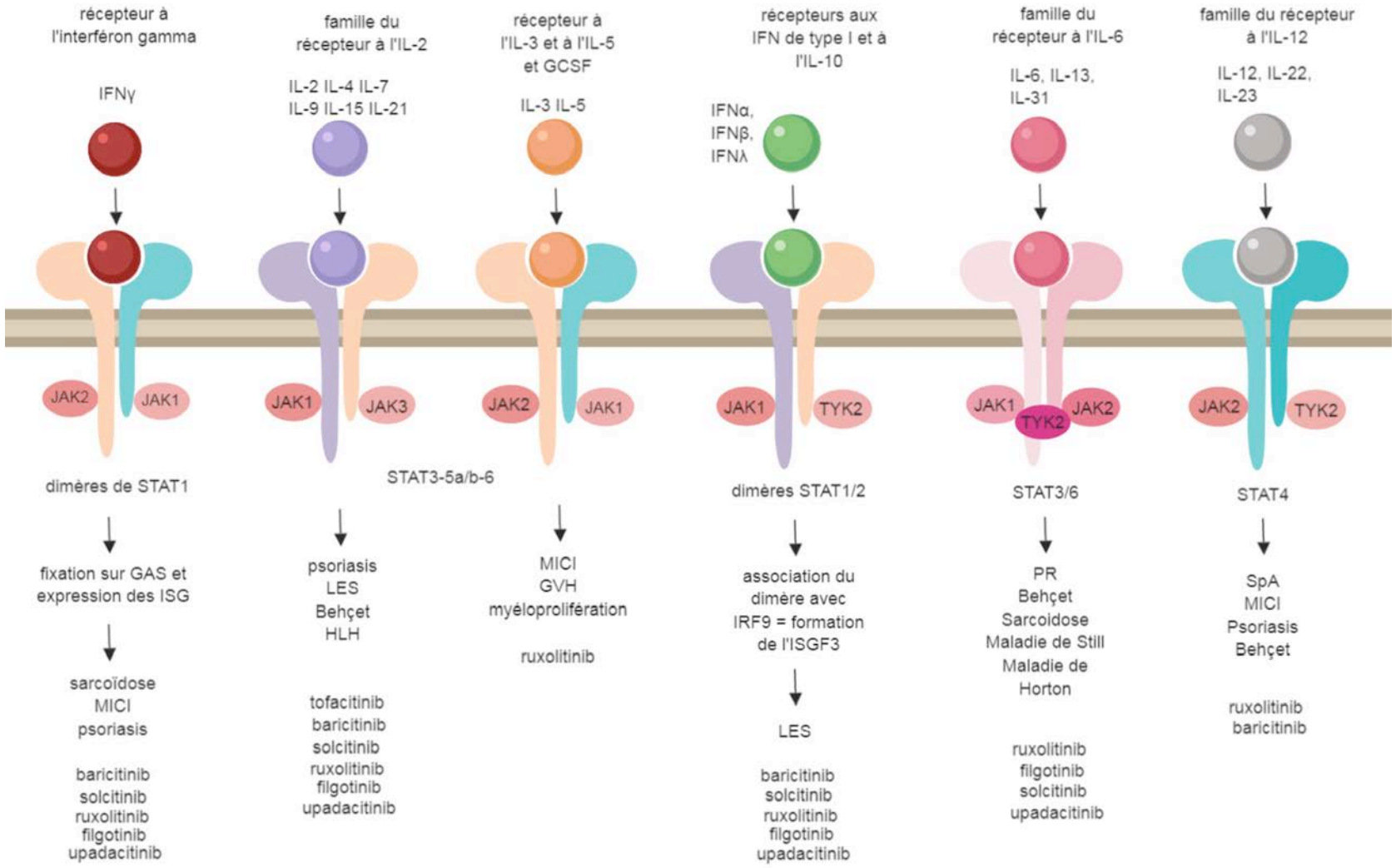


Number at risk (number censored)					
Placebo group	761 (0)	717 (20)	679 (28)	639 (40)	617 (44)
Baricitinib group	764 (0)	725 (30)	684 (44)	664 (50)	648 (55)

Inhibition de la voie de signalisation JAK/STAT

Janus Kinase / Signal Transducers and Activators of Transcription

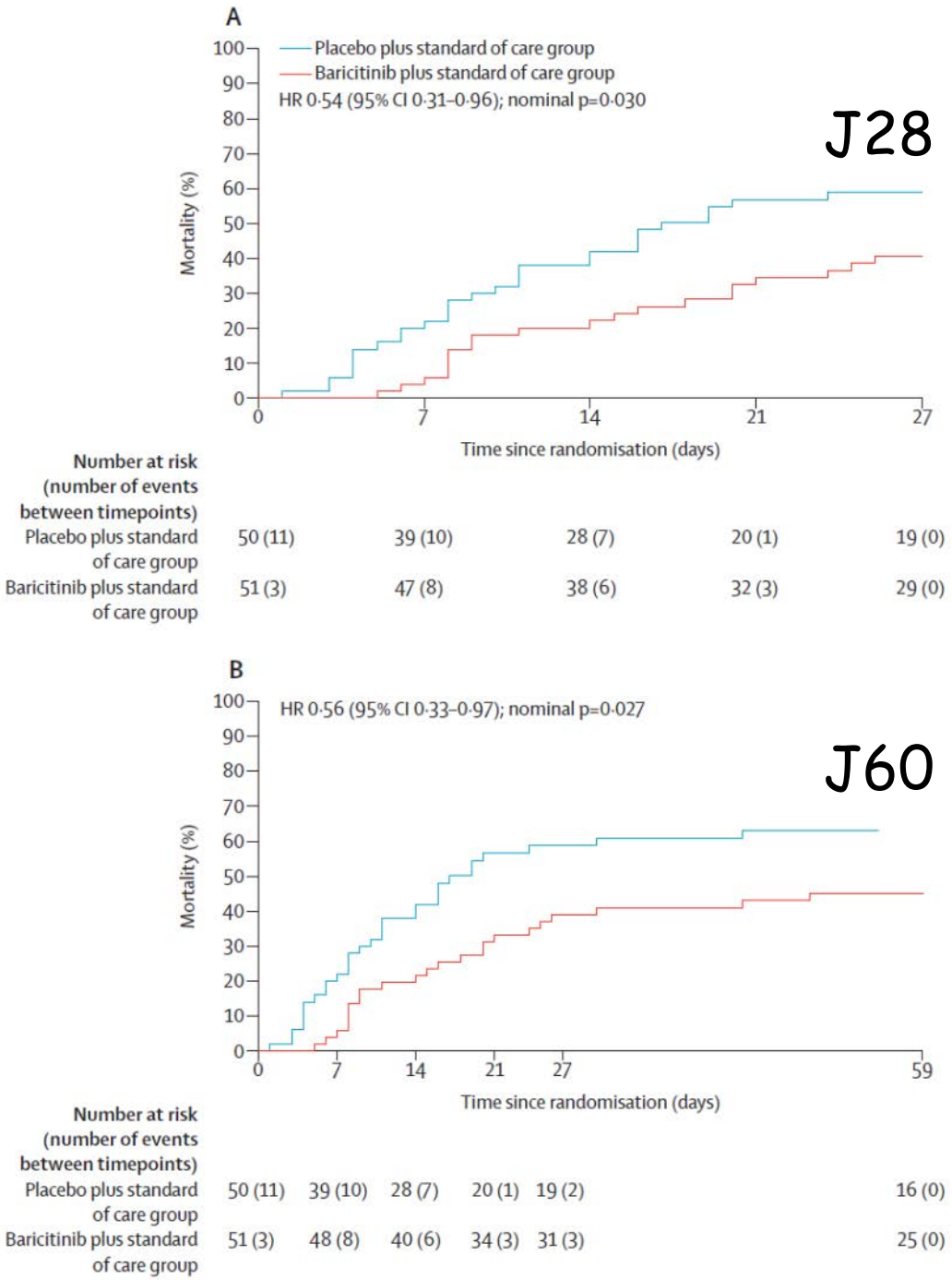


Efficacy and safety of baricitinib plus standard of care for the treatment of critically ill hospitalised adults with COVID-19 on invasive mechanical ventilation or extracorporeal membrane oxygenation: an exploratory, randomised, placebo-controlled trial

Lancet Respir Med 2022;
10: 327–36

*E Wesley Ely, Athimalaipet V Ramanan, Cynthia E Kartman, Stephanie de Bono, Ran Liao, Maria Lucia B Piruzeli, Jason D Goldman, José Francisco Kerr Saraiva, Sujatro Chakladar, Vincent C Marconi, on behalf of the COV-BARRIER Study Group**

- 18 centres (Argentine, Brésil, Mexique, USA)
- IMV ou ECMO + élévation d'au moins un marqueur infl (CRP, D-dimères, LDH,ferritine)
- Dexamethasone
- Baricitinib 4 mg ou placebo (SNG) / 14 jours (ou sortie H)

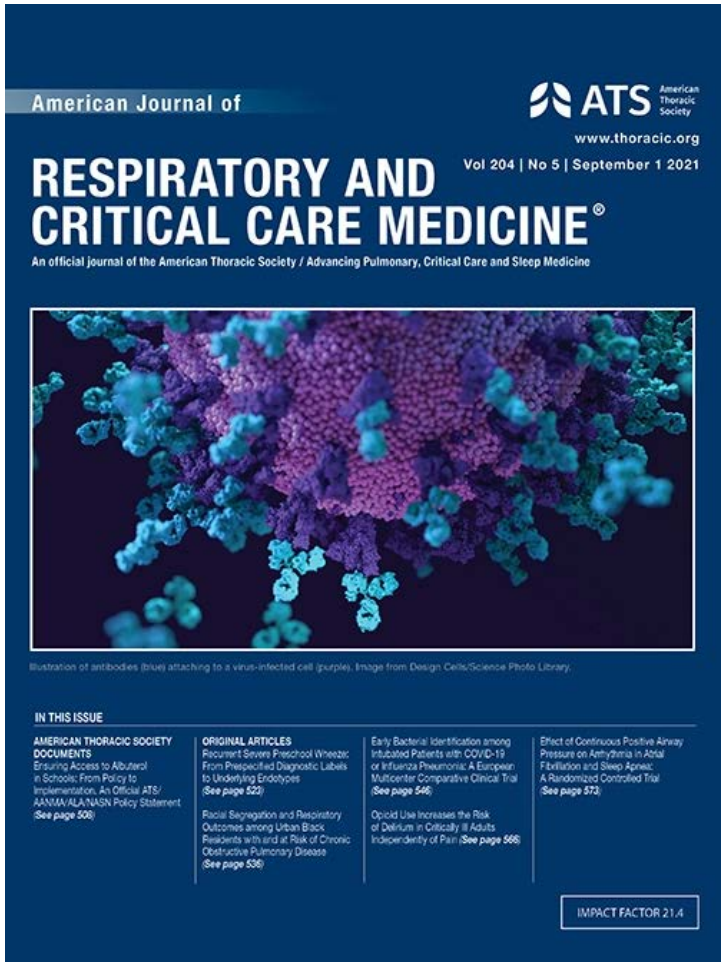


J28

J60

	Baricitinib plus standard of care group (n=50)	Placebo plus standard of care group (n=49)
Treatment-emergent adverse event*	44 (88%)	47 (96%)
Mild	3 (6%)	3 (6%)
Moderate	17 (34%)	11 (22%)
Severe	24 (48%)	33 (67%)
Death due to adverse event†	5 (10%)	3 (6%)
Serious adverse event	25 (50%)	35 (71%)
Discontinuation from study treatment due to adverse event (including death)	14 (28%)	17 (35%)
Treatment-emergent infection	35 (70%)	35 (71%)
Serious infections	22 (44%)	26 (53%)
Herpes simplex virus	1 (2%)	0
Opportunistic infections‡	0	2 (4%)

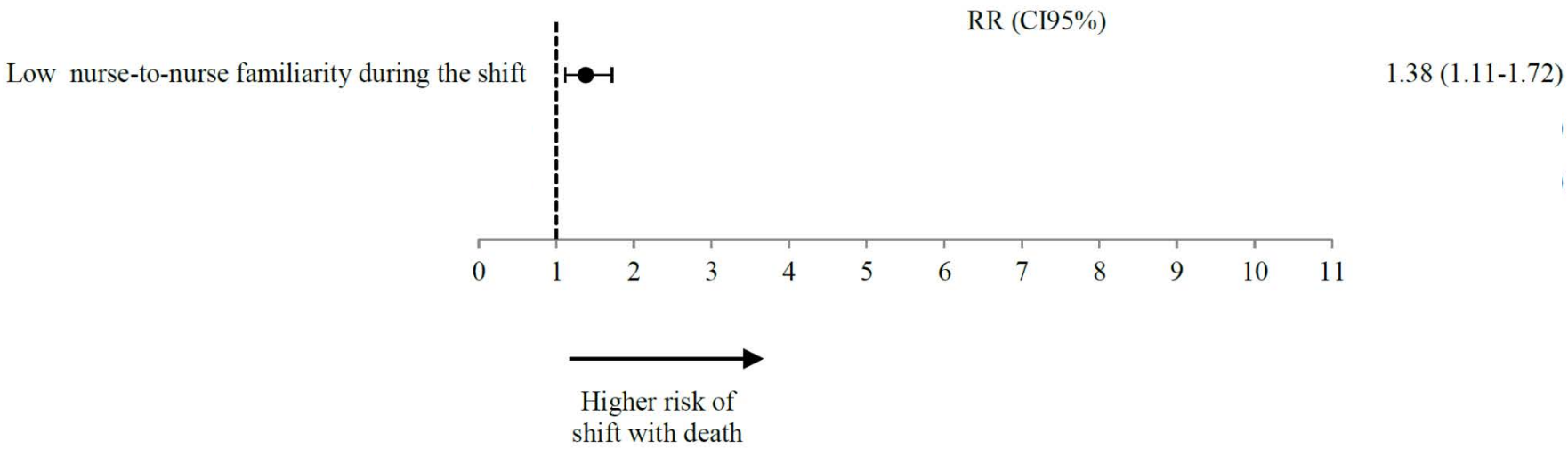
NURSE-TO-NURSE FAMILIARITY AND MORTALITY IN THE CRITICALLY-ILL



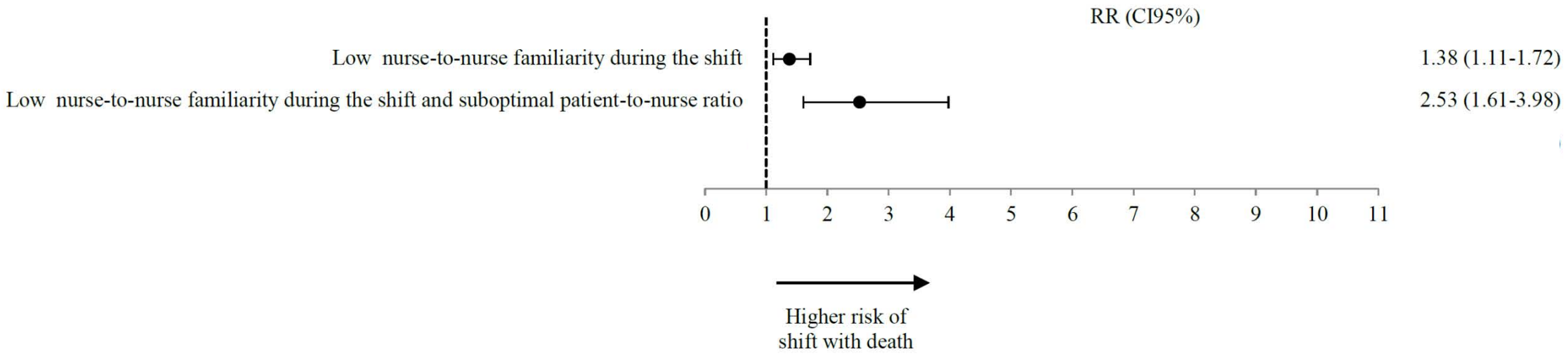
Caractéristiques des vacations sans et avec décès (sans LATA)

	Shifts Without Death N= 31,971 (%)	Shifts With Death N= 3,101 (%)
Staff		
Nurse-to nurse familiarity, mean (SD)		
In the shift	54 (2)	51 (2)
One shift before	54 (2)	51 (2)
Two shifts before	54 (2)	51 (2)
Patient-to-staffing ratios		
Optimal patient-to-nurse and assistant-nurse ratio	20,280 (63%)	1,961 (63%)
Suboptimal patient-to-assistant-nurse ratio	3,903 (12%)	340 (11%)
Suboptimal patient-to-nurse ratio	5,173 (16%)	501 (16%)
Suboptimal patient-to-nurse and assistant-nurse ratio	2,615 (8%)	299 (10%)
Experience length, mean (SD)	431 (129)	423 (127)
Workload, mean (SD)		
Turnover	13 (13)	22 (13)
Life-sustaining procedure	1 (0)	1 (0)
Proportion of Isolation	20 (14)	20 (13)

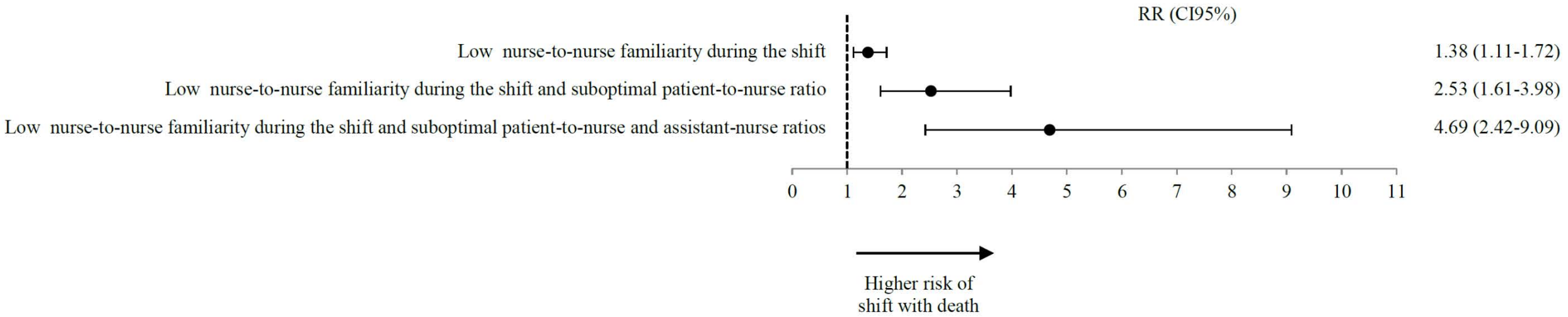
Risque de décès avec au moins un décès (hors LATA) pendant une vacation



Risque de décès avec au moins un décès (hors LATA) pendant une vacation



Risque de décès avec au moins un décès (hors LATA) pendant une vacation



AER

ACTUALITÉS EN RÉANIMATION

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reanimation 2023

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