As I look at the calendar I realize it has been almost a year since the last SOCC newsletter. This has been another exciting year for the section. Our session at the 2006 NCE held in Atlanta was well-attended. At that time, the executive committee worked on further development of the strategic plan, which has since been published on our section’s website.

We presented our Distinguished Career Award to Dr. David Nichols, who made an eloquent speech that was stimulating and upbeat. At this NCE we introduced a new format for the “business meeting” that had usually occurred over lunch. Instead, we had a nicely attended reception, while the poster presentations were up, and we were able to update the group on section issues while folks enjoyed a glass of wine and some substantial hors d’oeuvres. In addition, we held drawings for door prizes (American Express gift cards) which were well received. In all, this reception provided the opportunity for folks to mingle, for the executive committee to meet with the membership, and for much appreciated time to relax and get to know one another. We plan to make this reception an ongoing part of our future programs. Each year the abstracts presented get better and better. Please encourage your fellows and colleagues to submit their best work to the section program for next year, which will be back in San Francisco.

The executive committee is happy to welcome our two new members: Ed Conway, who is the liaison from the Society of Critical Care Medicine, where he serves as Chair of the Pediatric Section; and Megan McCabe, currently a pediatric critical care fellow at Johns Hopkins, who joins us as the post-residency fellow member of the executive committee.

The other exciting news to tell you about is the coming to fruition of a several-year dream that Tim Timmons, and a group of pediatric intensivists have been working on, supported by the section. This is the advent of what will be called PREP-ICU, an AAP-sponsored product for life-long learning and ongoing self-assessment. The team has been hard at work for a few months now, and you should see the official product become available shortly. We wish to thank Tim and his group for their ongoing efforts. This will be a professionally developed educational tool that will be of immense help to practicing intensivists who are in the process of maintenance of certification. You will be able to access it through the Pedialink page on the AAP-members only website.

A new organization, the Council of Pediatric Subspecialities, is under development. It is composed of two representatives of each official pediatric subspecialty and is currently supported by AMSPDC (the pediatric chairs group) and the APPD (the pediatric program directors). The initial representatives to this organization as it started up were myself, representing the AAP, and Donald Vernon, representing the ABP. One member must be a program director. At the recent SCCM pediatric fellowship director’s meeting in Orlando, Richard Mink was elected to serve as the program director representative, and will serve as the SCCM member. In October at our next section meeting, the AAP representative will be elected.
That election will give you yet another reason to attend the coming NCE. We have a dynamic program planned. The first day of our section’s program (October 28, 2007) will see a morning on “disaster preparedness,” the afternoon will be the traditional abstract presentations, and the distinguished career award presentation, followed by the reception and abstract awards ceremony. The following day (October 29) we are planning a joint program with the sections on emergency medicine and child abuse on “the abused child in the hospital.”

I strongly encourage you all to make plans to join us in San Francisco, and to encourage your fellows and colleagues to submit abstracts for presentation. If you come, be sure to plan to stay for the reception, where we will vote for the new representative to the Council on Pediatric Subspecialties, hold the raffle for the door prizes, and present the awards for best abstracts.

The AAP is a great organization, but our section can remain vibrant only if we have the interest and participation of the entire population of pediatric intensivists. We welcome new faces and will find a way to help you get and stay involved in section activities. This year the section election will be conducted by e-mail. Please watch your mailboxes for the ballot which should reach you in a few weeks.

I look forward to seeing you all in October. As always your executive committee wants to hear from you. Please feel free to contact us with your ideas, concerns and projects.

Sincerely,

Alice D. Ackerman, MD
aackerman@carilion.com

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PREP ICU

The American Academy of Pediatrics (AAP) is pleased to announce the upcoming release of PREP ICU, a life-long review and education series for pediatric intensivists. PREP ICU is the product of an ongoing collaboration between members of the Section on Critical Care and the AAP Department of Education.

From the trusted Pediatric Review and Education (PREP) program developed by the AAP to help pediatricians prepare for the American Board of Pediatrics Program for Maintenance of Certification in Pediatrics® (PMCP®), PREP ICU was developed to meet the specific education needs of pediatric intensivists.

This web-based self-assessment and review series will offer eight peer-reviewed questions and critiques monthly. Members of the PREP ICU Advisory Board include:

- Dana Braner, MD
- Susan Bratton, MD
- Edward Conway, MD
- Richard (Tad) Fiser, MD
- Bradley Fuhrman, MD
- Mary Lieh-Lai, MD
- Anthony Pearson-Shaver, MD
- Ann Thompson, MD
- Jeremy Garrett, MD, Co-Editor
- Otwell Timmons, MD, Co-Editor

PREP ICU will be available late summer 2007. For more information, contact Monique Evelyn at (847) 434-4728 or mevelyn@aap.org.
One of the unique benefits of AAP SOCC membership for fellows and junior faculty in academic practice is the New Investigator Award from the Section, now in its 10th year. This competitive award, from $7,500 to $10,000, is available to fellows in Pediatric Critical Care or faculty within 2 years of completing their fellowship who are members of the Section. The applications have been judged on the criteria of innovation, significance, approach, environment and aptitude of the investigator. New for 2007, we will include “financial need” as a metric. We recognize many young investigators are already supported in a senior scientist’s large lab; such projects would likely proceed with or without this award. We would like to be able to make a more substantive impact this year, by including financial need as a factor. In addition, many of the projects funded in the past have been bench research endeavors. In subsequent years, we would like to especially encourage applicants with clinical research or non-traditional research projects to apply as well.

The table is a list of all previous New Investigator Award winners and their project titles. We’re sure you’ll recognize a number of these individuals who are well on their way to establishing productive investigative careers.

<table>
<thead>
<tr>
<th>Year</th>
<th>Recipient</th>
<th>Title of Abstracts</th>
</tr>
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</table>
| 1996 | Heidi V. Connolly, MD  
University of Rochester School of Medicine, Rochester, NY | "Tissue Oxygen Delivery: Implications for Cellular Hypoxia" |
| 1996 | Paula Ann Chorazy, MD  
Medical College of Wisconsin | "Modulation of Oxyradical Toxicity by Glutathione Redox Elements" |
| 1997 | Jeannette C. Cocabo, MD  
Washington University School of Medicine  
St Louis, MO | "Neurophysiological Consequences of Aborted Apoptosis" |
| 1998 | JoAnne E. Natale, MD, PhD  
Johns Hopkins Hospital  
Baltimore, MD | "Glutamate Transporters in Newborn Cerebral Hypoxia-Ischemia" |
| 1999 | Scot Bateman, MD  
Harvard School of Public Health  
Boston, MA | "Neutrophil and Platelet Sequestration in Diffuse Lung Injury" |
| 1999 | Neal Thomas, MD  
Penn State University College of Medicine  
Hershey, PA | "Collectins and Inflammation in Multiple Organ Dysfunction" |
| 2000 | Sree Chirumamilla, MD  
Medical College of VirginiaChildren's Medical Center, Richmond, VA | "Traumatic Brain Injury Induced Cell Proliferation in the Mammalian CNS" |
| 2001 | Lara Primak, MD  
University Hospital of Cleveland  
Cleveland, OH | "Vasopressin Antagonism following Cardiopulmonary Bypass" |
| 2002 | Melissa C. Evans, MD  
Medical College of Virginia  
Richmond, VA | "Use of Protein Synthesis Inhibitors for Metabolic Down-Regulation in Shock" |
| 2003/2004 | No award/funding not available | |
| 2005 | Janet Rossi, MD  
Children's Memorial Hospital  
Chicago, IL | "The Role of Myosin Light Chain Kinase in Acute Lung Injury and Sepsis" |
| 2006 | Eman Al-Khadra, MBBS, MPH  
Brigham & Women's Hospital  
Boston, MA | "Role of Panton-Valentine-Leukocidin in the virulence of Community-Associated MRSA" |
American Academy of Pediatrics
National Conference & Exhibition
October 27-30, 2007  San Francisco, CA

SECTION ON CRITICAL CARE EDUCATIONAL PROGRAM SCHEDULE

Sunday, October 28, 2007

SOCC Educational Program

8:00 am – 12:00 pm

8:00 – 12:00 pm  “Disaster Management: The PICU Perspective”

8:00 – 8:10 am    Introduction
John P. Straumanis, MD, FAAP

8:10– 8:55 am    Disaster Management: What Makes Children Different?
Joan E. Shook, MD, MBA, FAAP

8:55 – 9:40 am    Hurricane Katrina: A PICU Perspective and Lesson
Lutifat A. Kashimawo, MD, MB, ChB, FAAP
Leron J. Finger, MD, FAAP

9:40 – 9:55 am    Coffee Break

J. David Roccaforte, MD

10:40 – 11:25 am    Avian Flu: Can PICUs Be Prepared
Richard A. Schieber, MD, MPH, FAAP

11:25 –12:00 pm    Panel Discussion

SOCC Scientific Abstract Presentation Session

1:00 – 6:00 pm

1:00 – 1:30 pm    Presentation of Distinguished Career Award

1:30 – 2:45 pm    ABSTRACT SESSION I  (Moderators: TBA)

2:45 – 3:00 pm    Coffee Break and Poster Review

3:00 – 4:15 pm    ABSTRACT SESSION II  (Moderators: TBA)

4:15 – 4:30 pm    2006 New Investigator Research Award:  Presentation and Findings
Role of Panton-Valentine-Leukocidin (PVL) in the Virulence of Community-Associated Methicillin Resistant S. Aureus (MRSA)
Eman Al-Khadra, MD, MPH, FAAP

continued on page 5
4:30 – 6:00 pm  
SOCC Reception/Poster Review and Awards Ceremony  
Outstanding Abstract Awards

Monday, October 29, 2007

Joint Educational Session – Sections on Critical Care, Child Abuse and Neglect, and Emergency Medicine  
8:00 am – 11:00 am  
Moderators:  
Vincent J. Palusci, MD, MS, FAAP and John P. Straumanis, MD, FAAP

8:00 am  
The Abused Child in the Emergency Department  
Robert A. Shapiro, MD, FAAP

9:00 am  
The Abused Child in the Intensive Care Unit  
Heather T. Keenan, MD, FAAP

10:00 am  
The Abused Child in the Hospital  
Michael E. Ruhlen, MD, FAAP
I. MEDICATION ERRORS

1. Vials of propofol and rotaglide look alike. Rotaglide is a lipid-based emulsion of egg yolk, olive oil and glycerin used for atherectomies, knee arthroplasty and to lubricate cardiac stents. The vial looks like propofol manufactured by Baxter and is the same size as the 200 mg/20 mL vial of propofol. An anesthesiologist picked up the vial of rotaglide thinking it was propofol. However he could not aspirate the drug and upon rechecking, realized it was rotaglide.

2. Vials of norepinephrine and bumetanide (Bedford Laboratories) look alike. An order of 1 mg of bumetanide was written for a patient. Instead he was given 4 mg of norepinephrine. The patient developed chest pains, ventricular tachycardia and ST elevation and required admission to the ICU.

3. Instead of 0.9% NaCl, 23.4% NaCl was used to mix with a chemotherapeutic agent. The 2-year-old died.

4. A 44-year old woman died after receiving 8000 mg of phenytoin IV instead of 800 mg. The nurse actually had to draw up the medication from 32 vials (50 mg/mL, 5 mL)

5. Errors from Opiates
   - Look alike names and packages –
     hydromorphone (Dilaudid) and morphine: confusion arises from look-alike
     - dose packaging, name similarity and the misconception that dosing of the 2 drugs is similar on a mg/mg basis
     - Equianalgesic Dose (mg/kg/dose) 0.1 mg of IV morphine = 0.015 mg IV of hydromorphone
   - Dosing errors –
     - increasing continuous opiate infusion rates to provide a bolus dose and forgetting to turn the rate back
     - Inaccurate use of opiate patches
     - Oversedation of patients when PCA is used “by proxy”
   - Respiratory Failure –
     - failure to monitor for respiratory depression
   - Confusing MSO₄ (morphine sulfate) and MgSO₄ (magnesium sulfate); these abbreviations should not be allowed.
II WARNINGS

1. Heparin sodium injection 10,000 units/mL and Hep-Lock 10 units/mL. The two solutions have been misaken for each other. Three infant deaths reported when the 10,000 units/mL solution was used instead of the 10 units/mL Hep-Lock solution.

2. Parenteral use of promethazine or Phenergan. Promethazine is commonly used to treat nausea and vomiting. It also has antihistamine and sedative effects. However, it is formulated with phenol and has a pH of 4 and 5.5. It is a known vesicant and is highly caustic to the intima of blood vessels. There are a number of case reports of promethazine being injected intravenously and of accidental intra-arterial injections. The resulting tissue necrosis and gangrene necessitated amputations.

3. Use of cough and cold medications for infants – 3 infants found dead in their homes has high levels of pseudoephedrine in post-mortem blood samples.

4. Smoking is hazardous to your health: An employee used a alcohol-based hand sanitizer and went outside to smoke. As he was lighting the cigarette, his hands burst into flames.

5. Do not inject topical thrombin intravenously. A physician injected topical thrombin into the track of a recently-removed central venous catheter and the patient died. Another patient died after he was given 5000 units of thrombin IV during surgery.

6. The FDA has banned the use of unapproved cough and cold remedies that contain carboxamine – an older sedating antihistamine. Carboxamine has been linked to 21 deaths in children < 2 years of age.

Source: ISMP Medication Safety Alert
The picu course website continues to grow. The contents of the website have now been translated to German and Portuguese. The second set of post-test questions is being used by many pediatric residency programs. Mohan Mysore submitted data from the picu course for presentation at the Critical Care Medicine World Congress in Geneva, and the abstract was accepted for poster presentation.

The third set of post-rotation questions should be ready for posting in July 2007. We are attempting to have one set of pre-rotation test questions and a second set of questions at the end of the ICU rotation. Apparently, having this format is not as easy to do.

There are a number of new presentations that are in the pipeline for posting. These include:

1. Arrhythmias
2. Toxicology
3. Coma
4. Spinal Cord Injury
5. Endocrine Emergencies

Unfortunately, there have been quite a number of personnel changes at SCCM, and this has led to a bit of a backlog. We will continue to work with SCCM in getting new presentations and the 3rd set of questions posted.

Please contact Ken Tegtmeyer or Mary Lieh-Lai if you have any suggestions. Once again, I would like to thank all those who have contributed presentations and questions to the course.
A. PCCSDP-K-12 Update

What is the PCCSDP? The Pediatric Critical Care Scientist Development Program (PCCSDP) is a national faculty training program that develops successful pediatric critical care physician scientists. The goal of the PCCSDP is to increase the number of highly trained, successfully funded, and sustainable pediatric critical care physician scientists who will do research to enhance the scientific understanding, clinical management, and rehabilitation of critical illness in children. The PCCSDP is funded by the National Institute for Child Health and Human Development (NICHD).

a. Eleven Scholars have been admitted to the program since its inception, which is ahead of schedule and this reflects the high caliber of the candidates.

b. Mike Dean has hired a consultant, Bautista Consulting, who will be systematically contacting Departments around the country to try to identify candidates, and to help us try to let younger people know about the program prior to them becoming faculty.

c. National Advisory Committee: Jeffrey Blumer, Ph.D., M.D., Jeffrey Burns, M.D., Jeffrey Fineman, M.D., Thomas Green, M.D., Patrick Kochanek, M.D., Mary Lieh-Lai, M.D., George Lister, M.D., M. Michel Mariscalco, M.D., Carol Nicholson, M.D., Daniel Notterman, M.D.


Program Director: J. Michael Dean, MD, MBA Email: mike.dean@hsc.utah.edu

B. Match Update

1. There continues to be problems with the PCCM Fellowship Match. The consensus is that it should continue. However, there was also wide agreement that the most egregious offense is for a program to claim to be in the MATCH and yet to be offering applicants positions outside of the MATCH. The chair of the Fellowship Directors committee (Jeff Burns) will contact all programs to ask them if they are participating in the match. A list of those programs participating and not participating in the MATCH would be published. In addition, the Chair will directly contact the program directors of programs reported to have offered positions outside the match, and yet claiming to be in the match, to confirm the MATCH violation allegation and to discuss immutable adherence to the MATCH rules.

Match Candidates:

i. Fellow applicants who must enter the MATCH:

Anyone who seeks three years of fellowship training, whether for ABP eligibility or an international applicant who does not seek ABP certification but seeks three years of training. Candidates pursuing two fellowships in series. Fellows seeking a second fellowship after completing a first over three years, though the ABP pathway at least, need only complete two years in the second fellowship, regardless of where they train. These fellow applicants are NOT exempt from the MATCH if they are seeking to do a second fellowship, as the second fellowship can occur at any institution. Thus, as they have no prospectively approved program for integrated training at one institution by the appropriate board granting agency, these candidates must go through the MATCH for both the first and second fellowship.

ii. Fellow applicants who are exempt from the MATCH:

- Fellows with prospective approval to integrate two fellowships (i.e. shorten the duration of training). Combined fellowship proposals (where the candidate seeks prospective approval by the ABP to reduce the total years of training by merging two fellowships at one institution) ARE exempt from the MATCH. For example, a fellow seeks to do a Cardiology-Pediatric Critical Care Fellowship at one institution for a total of 4 years instead of the usual 5. The ABP prospectively approves this proposal, but only if it occurs under the circumstances prospectively planned by two program directors at the same institution. With that letter of approval from the ABP in hand, the fellow applicant couldn’t possibly go into the MATCH until all programs have a common MATCH deadline (let alone the logistical burden on the applicant to arrange prospective letters from multiple program directors at all institutions they might apply to that would all have to be prospectively approved by the ABP to make the MATCH sorting among different programs feasible

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NRMP Update

a. No decision has yet been made about a combined Pediatrics fellowship match. To
b. Quote the Director of the NRMP in a recent email exchange with me, “If we move forward, however, there likely will be
two matches, one that runs roughly January-June and a second that runs July-December. I am hoping the new
Council of Pediatric Subspecialties will take the lead on this issue.”
c. For 2007-2008 all programs should plan on Quota change deadline late September 2007, Rank order list deadline early

C. Fellowship Survey Data

Wynne Morrison, the Associate Director Fellowship Director at CHOP presented her findings from a survey of our
program directors over the past year. One encouraging finding is that both large and small programs are preserving the
necessary research time for fellows.
For further details please contact Wynne at morrisonw@email.chop.edu.

D. Program on Professionalism at Children’s Hospital of Los Angeles

1. Niurka Rivero, Fellowship Director at CHLA, gave a presentation of an interesting program on professionalism that
they have developed for their fellows.
2. The purpose of their course is to increase professional effectiveness by focusing on leadership and professionalism.
3. Consider the idea that our influence in our medical context comes from our credibility, our ability to effectively lead
and develop alignment with others.
4. Look at dimensions of leadership including character, emotional intelligence, community, culture, and organizational
context, uses of power, as well as effective styles of leadership.
5. Topics will focus upon the person as leader and the organizational structure that supports his/her leadership.
6. Building leadership competence and professional maturity through personal change and leading our organizational
structures to patient and organizational health.
7. Training in professional networking and development of a career plan.
8. Contact Niurka at JIMNRMD@aol.com or Randall Wetzel at rwetzel@chla.usc.edu for further details.

E. Web-Based Video Lectures Project

Design, Development and Implementation of the Program:
1. The design will be similar to the principles of the American Association of Medical College’s MedEdPORTAL: struc
tured as a traditional print journal having an editor and 5 member editorial board, maintaining a peer review policy,
following a rigorous process and using invited expert reviewers.
2. Original copyrights are not transferred but remain with authors of the video lecture.
3. The project will follow a three phase process: establish core competencies; articulate template for each video
presentation; identify expert teachers for each competency; invite peer-reviewed outline of the proposed presenta-
tion; record and publish video presentation on the web; each presentation will be updated every three years.

The objectives of this program are:
1. To enhance pediatric critical care fellowship education across the nation by identifying outstanding teachers and
posting their lectures on the Web using streaming video.
2. To advance the field of pediatric critical care medicine by identifying core educational concepts and providing a
resource help learn these concepts.
3. To encourage ongoing collaboration among pediatric critical care fellowship programs.
4. To recognize educational scholarship by providing a forum for innovative formats for teaching.

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Obstacles:

1. Video-based lectures are inherently limited by the inability to the teacher to interact with students. The program will still be a useful resource. Programs can supplement the video-based lecture with the views on each topic of local faculty and allow for the give-and-take between teacher and students not possible with videotaped presentations alone.

2. Is the core curriculum intended to replace individual fellowship program priorities and objectives? No. This program is intended as a supplement to enhance all programs. Moreover, it is not intended to be a mandatory requirement for pediatric critical care fellows.

3. Where will we get the support to develop and sustain such a program?
   - I will make a five year commitment of 10K per year from the Division of Critical Care Medicine at Children’s Hospital Boston, if we are unable to obtain other funds.
   - Please note, funding support from one institution is not to interfere in anyway with Web location, editorial independence, or the promotion of institutional or individual objectives.

4. Where do we go next?
   Jeff Burns will draft a more detailed protocol for the development of this project and e-mail it to the membership, and will follow this up with a telephone call.

F. Nominations for next Chair of Fellowship Director’s Committee

Next year’s meeting will mark the end of Jeff Burn’s second term as Chair of the Pediatric Critical Care Medicine Fellowship Director’s committee. Following discussion with Ed Conway, the current Chair of the Pediatric Critical Care Executive Committee, it was agreed upon that it was best to solicit nominations for the next Chair of the Fellowship Director’s committee, to begin his or her duties at the end of next year’s meeting. If you are interested, or would like to nominate someone else, please e-mail Jeff Burns ASAP at: Jeffrey.Burns@Childrens.Harvard.EDU.

Infant CPR Anytime

A self-directed 22-minute program that teaches the core skills of infant CPR and relief from choking is now available for families, friends, grandparents, siblings and others caring for infants.

Infant CPR Anytime was developed by the Academy in coordination with the American Heart Association and uses the technology of Laerdal Medical. Research has shown the program to be equivalent to a traditional CPR course for learning the core skills of CPR.

The program uses the American Heart Association’s “practice-while-watching” technique for learning CPR skills. Users practice CPR on a mannequin while watching skills being taught and performed on the DVD.

The kit contains everything necessary to learn infant CPR and relief from choking, including a personal, inflatable baby mannequin; CPR skills practice DVD; fold-out quick reference guides (two sizes); and sanitizing wipes and a replacement lung for the mannequin.

To order, visit the AAP online bookstore at www.aap.org/bookstore or call 888-227-1770.
Welcome New Section Members
April 2006 to March 2007

Edgar Acevedo MD
Allesandro Acosta, MD
Dennis Basila MD
Diane Begany MD, FAAP
Judith Brill MD, FAAP
Rebecca Carchman MD, FAAP
Enrique C Carrion-Vargas MD, FAAP
William Ching MD, PhD
Jennifer Cohen MD, FAAP
William Cutrer MD
Mihaela Damian MD
Sanjeev Datar MD, PhD, FAAP
Bridget Donell MD
Eric Exelbert MD, FAAP
Alireza Fathi MD, FAAP
Jordana Fenik MD
Jill Fitch MD, FAAP
Megha Fitzpatrick MD
Richard Fox MD, FAAP
Stuart Friess MD, FAAP
Karen Gerdes MD, FAAP
Aaron Godshall MD, FAAP
Monika Goyal MD
Jyoti Gupta MD
William Harmon MD, FAAP
Jeremy Hertzig MD
Patrick Hines MD, PhD
Bert Johansson MD, PhD, FAAP
Asif Kazmi MBBS, FAAP

Steven Kernie MD, FAAP
John Kheir MD
Jane Kiff MD, FAAP
Jason Knight MD, FAAP
Ravishankar Koppada MD
Anastassios Koumbourlis MD, MPH, FAAP
Ranjit Kylathu MD, FAAP
Ann Marie LeVine MD, FAAP
Christopher Mastropietro MD, FAAP
Christine Mikesell MD
Kelly Miller MD, FAAP
Philip Millet MD
JoMaryam Naim MD, FAAP
Anne Natale MD, PhD, FAAP
Akira Nishsaki MD, FAAP
Clinton Pietz MD, FAAP
Michael Ponaman MD, FAAP
John Pope MD, FAAP
Katherine Potter MD
Erin Reade MD
Michelle Schober MD, FAAP
Jamie Schwartz MD, FAAP
Mahesh Sharman MD, FAAP
Jama Sy MD, FAAP
Susan Tourner MD
David Turner MD, FAAP
Mark Uhl MD, FAAP
Kiran Upadhyay MD
Jenny Wang MD, FAAP
Articles Authored by SOCC Members
AAP Grand Rounds

Susan L. Bratton
Rocky Mountain Spotted Fever: Diagnosis Difficult, Treat Presumptively

Susan L. Bratton
Decreasing Catheter-Related Bloodstream Infections in the ICU
AAP Grand Rounds, Mar 2007; 17: 27.

Susan L. Bratton
Intra-abdominal Hypertension and Abdominal Compartment Syndrome
AAP Grand Rounds, Feb 2007; 17: 19.

Susan L. Bratton
Organ Donation After Cardiac Death: Provider Attitudes
AAP Grand Rounds, Feb 2007; 17: 22.

Armand H. Matheny Antommaria and Nanette C. Dudley
Should Families Be Present During CPR?
AAP Grand Rounds, Jan 2007; 17: 4 - 5.

Elizabeth Saarel
Sudden Death and Long-QT Syndrome

Susan L. Bratton
Fluid Therapy for Acute Lung Injury

Susan L. Bratton
Computerized Provider Order Entry Redux
AAP Grand Rounds, Oct 2006; 16: 42.

Susan L. Bratton
Outcome of Ventricular Fibrillation in Children

Karen Booth
Surgical Outcome for Hypoplastic Left Heart Syndrome

Susan L. Bratton
Fatality in Hemolytic Uremic Syndrome

Susan L. Bratton
Humidity Treatment Does Not Improve Croup in the ED

Gitte Larsen
Insulin Therapy in the ICU
Section on Critical Care Membership

- Advocacy
- Educational Programs
- Networking
- Leadership opportunities
- Awards / New Investigator Research Grant (for SOCC members only)
- Abstract Submission
- Biannual Newsletter
- Eligible for election to the SOCC Executive Committee
- Access to SOCC website (http://www.aap.org/sections/criticare) and Listserv

How to Join?

It’s easy! Go to http://www.aap.org/moc/memberservices/sectionform.cfm (AAP Members Only Channel, Member Services) to complete a fast-track online application or call AAP Membership at 800/433-9016. Annual dues are $35 for AAP Fellows; $10 for Residents.

SOCC Executive Committee 2007-2008

Chairperson: Alice Ackerman, MD
Ed Conway, Jr, MD
Dave Jaimovich, MD
Barry Markovitz, MD, MPH
Megan McCabe, MD
Vicki Montogomery, MD
Don Vernon, MD
Ex-Officio: Michele Moss, MD

Newsletter Editor: Mary Lieh-Lai, MD
Program Chair: John Straumanis, MD
Web Site Editor: Barry Markovitz, MD, MPH
COPEM Liaison: Tom Bojko, MD, MS
SCCM Liaison: Ed Conway, Jr, MD
ACCM Board Liaison: Tim Yeh, MD
Transport Medicine Liaison: Michele Moss, MD
AAP Staff: Sue Tellez

Section on Critical Care Strategic Plan

To view the Section’s Strategic Plan including current objectives, visit the SOCC Members Only website at: http://www.aap.org/moc/displaytemp/soccstrategicplan0708.pdf