

VERSATILITY OF THE SHOCK PROGRAM

- Changing the knowledge base does not necessarily change attitude and has less of an effect on behavior. Our program, with its turn key education and implementation package, is designed to develop an onsite program advocate and trainer which assures adoption.
- Kritikus Foundation has physicians and nurses available for remote or onsite support to facilitate implementation.
- Our program is flexible and adaptive to individual institutions.
- Our program rapidly incorporates new best practices assuring timely change in behavior i.e., ScvO₂, hydrocortisone for pressor dependent sepsis, endotoxin assay.
- Our program is essentially a MET. 15% of the patients we respond to have respiratory failure, the remaining have shock from other causes. For institutions wishing to implement a MET it would be simple to add acute change in neurological status, i.e., seizures, stroke and acute encephalopathy which would capture all the patients a MET would respond to.
- Decreasing mortality from 40% to 15% brings the cost of implementation and maintenance down to \$2000 /life saved and we have preliminary data on reduced ICU LOS.
- Our Shock Education Program for nurses and physicians should be provided regardless whether the program is implemented as this is basic bread & butter nursing and medical care i.e., the Vince Lombardi approach to medicine by effective blocking and tackling, no razzle dazzle.
- Our program, unlike the MET, is designed for the prehospital environment as well as all hospital wards including the ER, recovery room and ICU.