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Path to Resistance: Risk Factors Associated With Carbapenem-Resistant Pseudomonas aeruginosa

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resistant to the six traditional non-carbapenem drugs and both carbapenems. 

**Conclusion:** Demographic and traditional risk factors, as well as respiratory cultures, were predictive of carbapenem resistance. Such information may guide initial antibiotic treatment of *P. aeruginosa*. Fortunately, less than 1% of strains were resistant to all drugs tested. Further studies looking at change in outcome while incorporating these risk factors in determination of empiric coverage for patients should be performed.

**THIRD PLACE ORAL PRESENTATION**
See page 245 for citation.

**SECOND PLACE POSTER (tie)**
**The Association Between Doppler Measures of Cardiac Function and Outcomes in Patients With Left Ventricular Ejection Fraction ≤ 40% Undergoing Noncardiovascular Surgeries**

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**Background:** Preoperative risk assessments of individuals who undergo major noncardiac surgery have focused on ischemic heart disease. Information on how to assess the noncardiac surgical risks for patients with depressed cardiac function, as seen in heart failure, is sparse. Echocardiography is routinely performed in patients with depressed cardiac function and is an accepted standard cardiac assessment. Transthoracic echocardiography (TTE) provides strong independent prognostic implications in a wide range of cardiovascular conditions.

**Purpose:** To identify the echocardiographic parameters associated with outcomes among patients undergoing major noncardiac surgery.

**Methods:** A retrospective single-institution investigation identified 1,770 patients who underwent one or more major noncardiac procedures from Jan. 1, 2011, to June 30, 2014, and had at least one TTE performed within 90 days before surgery. Patients were stratified by presurgery left ventricular ejection fraction (LVEF) into LVEF ≤ 40% and LVEF > 40% groups. The cohort was followed through June 12, 2015, with the outcome focused on all-cause mortality. Continuous and categorical variables were compared by Student’s t-test and chi-squared test, respectively. Kaplan-Meier method was used to calculate mortality estimates postsurgery. Cox proportional hazards model was used for univariate and multivariable models.