

Appendix A-2

GRADE Voting Details of the WSACS GRADE Process

Management Questions and Recommendations

Recommendation 1

“Measure IAP when any known risk factor is present in a critically ill/injured patient”

STRONG RECOMMENDATION

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
16	0	0	0	0	16

Recommendation 2

“Studies in this area adopt the standard IAP measurement technique”

STRONG RECOMMENDATION

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
16	0	0	0	0	0

Recommendation 3

“Use a protocolized monitoring and management strategy for managing intra-abdominal pressure versus none.”

STRONG RECOMMENDATION

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
13	3	0	0	0	16

Potential Recommendation

“Use of the APP to guide resuscitation versus not.”

NO RECOMMENDATION COULD BE MADE

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
2	9	5	0	0	16

Potential Recommendation 4a

“Protocols and/or efforts should be utilized to maintain IAP < 20 mmHg versus inattention to IAP”

SUGGESTION

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
5	6	1	0	1	16

Final Recommendation 4

(The previous suggestion was reworded to the following)

“Protocols and/or efforts should be utilized to avoid sustained IAH versus inattention to the IAP”

Suggestion

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
13	3	0	0	0	14

Suggestion 1

Potential Recommendation

“Use of diuretics to mobilize fluids in hemodynamically stable patients.”

NO RECOMMENDATION COULD BE MADE

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
3	0	7	0	6	16

Potential Recommendation

“Use of renal replacement therapies to mobilize fluids in hemodynamically stable patients.”

NO RECOMMENDATION COULD BE MADE

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
3	0	10	0	3	16

Potential Recommendation

“Administration of albumin to mobilize fluids in hemodynamically stable patients.”

NO RECOMMENDATION COULD BE MADE

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
4	0	11	0	1	16

Suggestion

“Use a protocol to try to avoid a positive cumulative fluid balance”

SUGGESTION

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
8	8	0	0	9	16

Suggestion

“Use an enhanced ratio of plasma to packed red blood cells during resuscitation from massive hemorrhage”

SUGGESTION

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
2	14	0	0	0	16

Suggestion

“Use percutaneous drainage to remove fluid in those with IAH/ACS when this is technically possible *compared to doing nothing*”

SUGGESTION

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
11	5	0	0	0	16

Suggestion

“Use percutaneous drainage to remove fluid in those with IAH/ACS when this is technically possible *compared to doing a decompressive laparotomy*”

SUGGESTION

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
6	5	3	2	0	16

Recommendation

“Use of decompressive laparotomy in patients with ACS”

RECCOMENDATION

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
15	1	0	0	0	16

Suggestion

“Use of the prophylactic open abdomen strategy for physiologically exhausted post-trauma patients”

SUGGESTION

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
8	6	0	1	0	15

Potential Recommendation

“Use of the prophylactic open abdomen strategy for physiologically exhausted post-operative emergency non-trauma patients”

NO RECOMMENDATION COULD BE MADE

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
3	3	3	3	3	15

Recommendation

“In patients with severe intra-peritoneal contamination undergoing laparotomy for emergency surgery the routine or prophylactic use of the OA versus expectant IAP management is NOT suggested”

SUGGESTION NOT TO DO

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
0	1	4	7	3	15

Potential Recommendation

“In critically ill patients with open abdomens component parts seperation should be routinely utilized to facilitate early acute fascial closure.”

NO RECOMMENDATION

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
0	5	9	0	0	14

Suggestion

“In patients critically ill patients with open abdomens biological meshes should be routinely utilized to facilitate early acute fascial closure.”

SUGGESTION NOT TO DO

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
0	0	7	0	8	15

Recommendation

“In patients critically ill patients with open abdomens that strategies utilizing negative pressure wound therapy should be used versus not. “

STRONG RECOMMENDATION

Voting Details

Recommend do	suggest do	neutral	suggest not	recommend not	votes
11	4	0	0	0	15

