

- **Name:** Michael Hiesmayr
- **Current Position:** Head of Division Cardiac Thoracic Vascular Anesthesia & Intensive Care
- **Country:** Austria
- **Educational Background:**

1973-1979 Medical School University Innsbruck & Vienna

1979-1980 PostDoc fellow: University Zürich, Internal medicine

1981-1983 Training in General Medicine, Vorarlberg

1984-1987 Residency in Anesthesiology and Intensive Care Medicine University of Vienna, Faculty of Medicine

2015 MSc Epidemiology, LSHTM UCL London

- **Professional Experiences:**

1973 Research trainee in pharmacology: Hoffmann- La Roche, Basel

1979-1980 PostDoc fellow: University Zürich, Switzerland

1987 Research fellow, Erasmus University Rotterdam, The Netherlands

2000 Visiting professor, Université Jean Fourier Grenoble, France

2007 Head of Department of Anaesthesia, General Intensive Care and Pain Medicine

2014 Director Postgraduate Program Medical University Vienna

- **Professional Organizations:**

International associations

2000-2004 Chairman European Workgroup of Cardiothoracic Intensivists (EWCI)

2003-2008 Founder/Chairman Section Perioperative Intensive Care (POIC), European Society of Intensive Care Medicine (ESICM)

1999-2007 National Representative European Association of Cardiothoracic Anaesthetists (EACTA)

2001-2008 National delegate European Society of Clinical Nutrition and Metabolism (ESPEN)

2009 President European Society of Clinical Nutrition and Metabolism (ESPEN)

2010 Austrian Expert for ICU-acquired infections for the European Center for Disease Control (ECDC)

2012-2015 Chairman Section on Metabolism, Endocrinology and Nutrition (ESICM)

National organisations

1995-2016 Chairman Interdisciplinary Center for Research and Development in Intensive Care (IZI, [www.izi.at](http://www.izi.at))

2011-2015 Chairman Austrian Society for Clinical Nutrition (AKE, [www.ake-nutrition.at](http://www.ake-nutrition.at))

2011-2018 Delegate of the Medical University Vienna to the National Nutrition Commission (NEK)

2011-2018 Workgroup leader for Institutional Nutrition of the NEK (AG-KRAPF)

- **Main Scientific Publications:**

1. Evidence-based practice within nutrition: what are the barriers for improving the evidence and how can they be dealt with? Laville M. et al. TRIALS. 2017 Sep 11;18(1):425.

2. Early enteral nutrition in critically ill patients: ESICM clinical practice guidelines. Reintam Blaser A et al. ESICM Working Group on Gastrointestinal Function. *INTENSIVE CARE MED.* 2017 Mar;43(3):380-398.
3. nutritionDay: 10 years of growth. Schindler K et al. *CLIN NUTR.* 2017 Oct;36(5):1207-1214.
4. nutritionDay in Nursing Homes-The Association of Nutritional Intake and Nutritional Interventions With 6-Month Mortality in Malnourished Residents. Streicher M et al. *JAMDA.* 2017 Feb 1;18(2):162-168.
5. Indirect calorimetry in nutritional therapy. A position paper by the ICALIC study group. Oshima T et al. *CLIN NUTR.* 2017 Jun;36(3):651-662.
6. NutritionDay ICU: A 7 year worldwide prevalence study of nutrition practice in intensive care. Bendavid I et al. *CLIN NUTR.* 2017 Aug;36(4):1122-1129.
7. To eat or not to eat? Indicators for reduced food intake in 91,245 patients hospitalized on nutritionDays 2006-2014 in 56 countries worldwide: a descriptive analysis. Schindler K, et al. *AM J CLIN NUTR.* 2016 Nov;104(5):1393-1402.
8. Effect of hemoadsorption during cardiopulmonary bypass surgery - a blinded, randomized, controlled pilot study using a novel adsorbent. Bernardi MH et al. *CRIT CARE.* 2016 Apr 9;20:96.
9. Muscle mass, strength and functional outcomes in critically ill patients after cardiothoracic surgery: does neuromuscular electrical stimulation help? The Catastim 2 randomized controlled trial. Fischer A et al. *CRIT CARE.* 2016 Jan 29;20:30.
10. The Patient- And Nutrition-Derived Outcome Risk Assessment score (PANDORA): development of a simple predictive risk score for 30-day in-hospital mortality based on demographics, clinical observation, and nutrition. Hiesmayr et al. *PLOS One* 2015 10:e0127316.
11. Comparison of the effects of albumin 5%, hydroxyethyl starch 130/0.4 6%, and Ringer's lactate on blood loss and coagulation after cardiac surgery. Skhirtladze K et al. *BRIT J ANAESTH* 2014; 112: 255-64.
12. Clinical outcomes of health-care-associated infections and antimicrobial resistance in patients admitted to European intensive-care units: a cohort study. Lambert ML et al. *LANCET INF DIS* 2011;11:30-8.
13. Intensive care-acquired hypernatremia after major cardiothoracic surgery is associated with increased mortality. Lindner G. et al. *INTENSIVE CARE MEDICINE* 2010;36:1718-23.
14. Decreased food intake is a risk factor for mortality in hospitalised patients: the NutritionDay survey 2006. Hiesmayr M et al. *CLINICAL NUTRITION* 2009;28:484-91.
15. Effect of different lipid emulsions on the immunological function in humans: a systematic review with meta-analysis. Wirtitsch M et al. *CLINICAL NUTRITION* 2007;26:302-13.
16. ESPEN Guidelines on Enteral Nutrition: Intensive care. Kreymann KG et al. *CLINICAL NUTRITION* 2006;25:210-23.
17. Minimal changes of serum creatinine predict prognosis in patients after cardiothoracic surgery: a prospective cohort study. Lassnigg A et al. *J Am Soc Nephrol.* 2004 Jun;15(6):1597-605.
18. Effect of centre-, patient- and procedure-related factors on intensive care resource utilisation after cardiac surgery. Lassnigg A et al. *INTENSIVE CARE MEDICINE* 2002;28:1453-61.
19. Lack of renoprotective effects of dopamine and furosemide during cardiac surgery. Lassnigg et al. *J AMERICAN SOCIETY NEPHROLOGY* 2000;11:97-104.
20. Performance of proportional and continuous nitric oxide delivery systems during pressure- and volume-controlled ventilation. Hiesmayr M et al. *BRITISH JOURNAL ANAESTHESIA* 1998;81:544-52.