



CURRICULUM VITAE

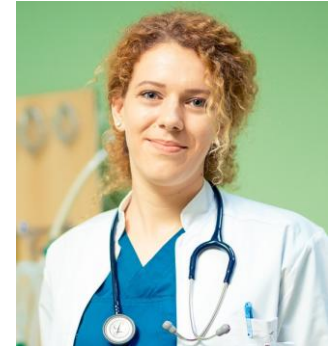
Identification data

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Areas of Interest (maximum 5 areas, directions):

1. Impact of Sarcopenia on Critically Ill Patients:

- Assessment of patients through diagnostic and evaluation methods (imaging techniques and functional assessments);
- Exploration of sarcopenia-specific factors (personalised for the critically ill patient);
- Analysis of prognosis and long-term consequences (mortality and quality of life among survivors).

2. Diaphragmatic Dysfunction in Critically Ill Patients:

- Investigation of the causes of diaphragmatic dysfunction and its evaluation through clinical methods and functional tests;
- Analysis of the effects of mechanical ventilation (hypoventilation, diaphragmatic dysfunction, alteration of work of breathing);
- Identification of mechanical ventilation strategies with beneficial effects (volume control ventilation, pressure support ventilation, diaphragmatic pacing);
- Management and rehabilitation of critically ill patients through physical therapy and long-term support for respiratory mechanics.

3. Mechanical Ventilation Particularities in Critically Ill Patients:

- Specific aspects of non-invasive mechanical ventilation in critically ill patients with COPD;
- Ventilatory management of critically ill patients with obesity;
- Techniques for weaning critically ill patients from mechanical ventilation.



4. Ultrasonography in Critically Ill Patients (POCUS):

- Exploration of Transcranial Doppler in critically ill neurological and neurosurgical patients;
- Identification of difficult airways before orotracheal intubation and confirmation of orotracheal intubation;
- Pulmonary ultrasound in critically ill patients with acute respiratory failure for dynamic assessment of ARDS, pneumonia, pneumothorax, pleural effusions, etc.;
- Ultrasonography of respiratory muscles to evaluate respiratory dysfunction and its impact on the prognosis of critically ill patients.

Research Activity:

1. Research Projects (maximum 3 projects)

- **Local Principal Investigator** in the research project: *Update on the practice of mechanical ventilation in non-ARDS ICU patients – An international, multi-centre, prospective, observational ICU cohort study of the PROVENet (PROVENT 2+)*, **Chief Investigator:** Martin Scharffenberg, MD (University Hospital Carl Gustav Carus at TU Dresden, Dresden, Germany).

2. Full-Length Published Papers (maximum 5 papers)

- OE Branea, KO Kiss, M Pui, et al. THE OUTCOME IN CRITICALLY ILL PATIENTS ADMITTED FOR THORACIC TRAUMA – A SINGLE CENTER ANALYSIS OVER ONE YEAR. Acta Marisiensis - Seria Medica 2023;69(4):266-274.DOI: 10.2478/amma-2023-0046
- Branea, S Copotoiu, D Becica, et al. ASSESSMENT OF THE DIAPHRAGM THICKNESS DECREASE IN CRITICALLY ILL COVID-19 PATIENTS: COULD COMPUTED TOMOGRAPHY BE OF AID REGARDING DIAPHRAGM MUSCLE MASS?. Cureus. 2023;15(10):e47195. DOI:10.7759/cureus.47195
- OE Branea, AG Vlad, M Pui et al. TOTAL PSOAS AREA AND PSOAS DENSITY ASSESSMENT IN COVID-19 PATIENTS USING CT IMAGING– COULD MUSCLE MASS ALTERATION DURING INTENSIVE CARE HOSPITALIZATION BE DETERMINED?. The Journal of Critical Care Medicine. 2023;9(4):218-229. DOI: 10.2478/jccm-2023-0026
- OE Branea, AR Budeanu, RG Budeanu et al. COMPUTED TOMOGRAPHY EVALUATION OF DIAPHRAGM ALTERATIONS IN 20 CRITICALLY ILL COVID-19 POSITIVE PATIENTS. Acta Marisiensis Seria Medica. 2022;68(3)103-107. DOI:10.2478/amma-2022-0014
- OE Branea, AR Jugariu, RG Budeanu et al. ULTRASONOGRAPHY: NEW INSIGHTS IN ITS APPLICABILITY TO EXPLORE MUSCLE MASS AND MUSCULOSKELETAL INFLAMMATION IN



CRITICALLY ILL PATIENTS. Acta Medica Marisiensis. 2018;64(4):147-150. DOI:
10.2478/amma-2018-0024