

The Cardiac Care Unit Survival Guide

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The Cardiac Care Unit Survival Guide

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The Cardiac Care Unit Survival

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The Cardiac Care Unit Survival Guide is geared toward cardiologists, trainees, and housestaff --anyone who rotates or practices in the CCU--who must grasp the subtleties when treating patients in a cardiac care unit. It is organized in a way to help you understand the simplified pathophysiology of the disease, the diagnosis modalities, the initial critical care management in the CCU, the clinical care in a step down unit and plan for discharge therapy.

The Cardiac Care Unit Survival Guide

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Cardiac Care Unit Survival Guide, The

Identifies what you need to tell the patient and family members about the patient's stay and condition. Edited by the Director of the CCU at St. Luke's Roosevelt Hospital Center and author of Lippincott Williams & Wilkins' The Cardiac Care Unit Survival Guide.

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The ability to abort sudden death from malignant ventricular arrhythmias in the post-MI setting led to the continuous monitoring of cardiac rhythm and an organized system of cardiopulmonary resuscitation, including external defibrillation. 7 An early experience of patients with acute MI treated in the CCU published in 1967 showed that patients treated in the CCU had better survival rates compared with other patients with acute MI in the absence of cardiogenic shock. 8 With creation of ...

Coronary Care Unit - an overview | ScienceDirect Topics

Evaluation of a clinical pathway for sedation and analgesia of mechanically ventilated patients in a cardiac intensive care unit (CICU): the Brigham and Women ' s Hospital Levine CICU sedation pathways. Eur Heart J Acute Cardiovasc Care. 2013; 2:299 – 305. doi: 10.1177/2048872613501986 Crossref Medline Google Scholar; 62. Katz JN, Turer AT ...

Prevention of Complications in the Cardiac Intensive Care ...

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A 2016 study from Beijing that included 1292 patients with in-hospital cardiac arrest from 12 hospitals found an overall survival of 9.1%, 6 which is much lower compared with a median survival of 25% in the US. Second, it is possible that the poor survival in patients with COVID-19 reported in the study from Wuhan are in part, because the hospital was severely overwhelmed with patients with COVID-19 and struggled to provide ICU care and ventilatory support for many severely ill patients ...

Survival After In-Hospital Cardiac Arrest in Critically ...

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intensivist in the cardiac ICU, it is worth examining the 20% of all cardiac surgery patients who undergo a procedure not clas-si-fied as a " major ". The mortality in these procedures runs between 3% and 20%, and the overall mortality and major complication rate are as high as 24 50%.8 Over a quarter suf-

Cardiac Intensive Care Units: What Should Be the Standard ...

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The type of cardiac arrest suffered by patients in intensive care units (ICUs) may predict their long-term survival rate, states a study in CMAJ (Canadian Medical Association Journal). Cardiac...

Survival predictors of cardiac arrest in the ICU ...

Setting: Intensive cardiac care unit at a university teaching hospital. Subjects: We followed 80 patients, of whom 25 were included after out-of-hospital cardiac arrest. Intervention: In all patients, we induced therapeutic hypothermia to 33 ° C during the first 24 hrs of admission.

Persistent peripheral and microcirculatory perfusion ...

All patients who survived to hospital admission were treated in a dedicated cardiac intensive care unit (ICU) by a specialised cardiology critical care team. Post-resuscitation care was not protocolised but followed local standard of care for both groups.

Advanced reperfusion strategies for patients with out-of ...

Background: Patient handoffs are high-risk times associated with sentinel events. Effective handoff processes may enhance patient safety and team member communication. This study assesses the impact of a standardized protocol for handoffs from the cardiac surgery operating room to intensive care unit (ICU).

This book is geared toward cardiologists, trainees, and housestaff --anyone who rotates or practices in the CCU--who must grasp the subtleties when treating patients in a cardiac care unit. It is organized in a way to help you understand the simplified pathophysiology of the disease, the diagnosis modalities, the initial critical care management in the CCU, the clinical care in a step down unit and plan for discharge therapy. Dr. Herzog has developed unified pathways for the management of patients presenting with acute chest pain or its equivalent, acute heart failure, atrial fibrillation and flutter, syncope, cardiac arrest, hypertension and hyperglycemia. Algorithms and pathways for management are provided in each chapter for easy implementation in any health care system. In addition, because specialized units are frightening to the patients and their families, there is a section in each chapter on what the patient and family need to know, that encompasses a capsulated explanation of the condition and treatment management. A companion website accompanies the text that includes fully searchable text and patient information.

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Cardiac arrest can strike a seemingly healthy individual of any age, race, ethnicity, or gender at any time in any location, often without warning. Cardiac arrest is the third leading cause of death in the United States, following cancer and heart disease. Four out of five cardiac arrests occur in the home, and more than 90 percent of individuals with cardiac arrest die before reaching the hospital. First and foremost, cardiac arrest treatment is a community issue - local resources and personnel must provide appropriate, high-quality care to save the life of a community member. Time between onset of arrest and provision of care is fundamental, and shortening this time is one of the best ways to reduce the risk of death and disability from cardiac arrest. Specific actions can be implemented now to decrease this time, and recent advances in science could lead to new discoveries in the causes of, and treatments for, cardiac arrest. However, specific barriers must first be addressed. Strategies to Improve Cardiac Arrest Survival examines the complete system of response to cardiac arrest in the United States and identifies opportunities within existing and new treatments, strategies, and research that promise to improve the survival and recovery of patients. The recommendations of Strategies to Improve Cardiac Arrest Survival provide high-priority actions to advance the field as a whole. This report will help citizens, government agencies, and private industry to improve health outcomes from sudden cardiac arrest across the United States.

Pericardial disease is a broad term that describes a wide range of pathologies. The clinical aspects of pericardial disease encompass acute pericarditis, pericardial tamponade, pericardial effusion, constrictive pericarditis, and effusive-constrictive pericarditis. Those disorders differ not only in clinical presentation but also in the timeline of disease development; for example, pericardial tamponade is commonly an acute, life-threatening event, whereas constrictive pericarditis is a chronic process developing over months to years. Therefore, pericardial disease management is challenging for most clinicians. The evidence base in the field is relatively scarce compared with other disease entities in cardiology. European Society of Cardiology released guidelines for the diagnosis and management of pericardial diseases. Currently there are no guidelines from American cardiology societies to help clinicians in dealing with pericardial disease. In this book, my goal is to provide extensive review of pericardial disease evaluation and management. A unified, stepwise pathway-based approach for the management of pericardial disease is provided at the end of the book.

The New York Times bestselling author of Better and Complications reveals the surprising power of the ordinary checklist We live in a world of great and increasing complexity, where even the most expert professionals struggle to master the tasks they face. Longer training, ever more advanced technologies—neither seems to prevent grievous errors. But in a hopeful turn, acclaimed surgeon and writer Atul Gawande finds a remedy in the humblest and simplest of techniques: the checklist. First introduced decades ago by the U.S. Air Force, checklists have enabled pilots to fly aircraft of mind-boggling sophistication. Now innovative checklists are being adopted in hospitals around the world, helping doctors and nurses respond to everything from flu epidemics to avalanches. Even in the immensely complex world of surgery, a simple ninety-second variant has cut the rate of fatalities by more than a third. In riveting stories, Gawande takes us from Austria, where an emergency checklist saved a drowning victim who had spent half an hour underwater, to Michigan, where a cleanliness checklist in intensive care units virtually eliminated a type of deadly hospital infection. He explains how checklists actually work to prompt striking and immediate improvements. And he follows the checklist revolution into fields well beyond medicine, from disaster response to investment banking, skyscraper construction, and businesses of all kinds. An intellectual adventure in which lives are lost and saved and one simple idea makes a tremendous difference, The Checklist Manifesto is essential reading for anyone working to get things right.

Based on extensive reviews of medical literature and archives, this historical perspective on medical decision making and risk highlights personal, professional, and community outcomes.

Incredible advances have been made in the management of a variety of cardiac problems during the past several years and this new issue of Critical Care Clinics seeks to illustrate a diverse sampling of some of those advancements. This issue, Guest Edited by Arthur Riba, explores such important topics as Cardiogenic Shock, Acute Valvular Insufficiency, Atrial Fibrillation, and Critical Care Imaging. Exciting topics such as New Interventional Devices in the Acute Cardiac Care Setting are also discussed. Every day we see new advancements in the field of Cardiac Critical Care, which makes this new issue of Critical Care Clinics a must have for anyone in the clinical field.

Geared to any health care professional practicing in or rotating into a CCU, this quick referenceadopts a similar format to the author ' s highly regarded Cardiac Care Unit Survival Guide. Packed with full-page diagnosis treatment algorithms and management pathways, Herzog ' s CCU Bookensures you acquire in-depth knowledge and understand the subtleties in treating the different kinds of patients you encounter in a CCU setting.

Using a multidisciplinary, team-oriented approach, this unique title expertly covers all the latest approaches to the assessment, diagnosis, and treatment of patients with critical cardiac illness. Led by Dr David L. Brown, a stellar team of authoritative writers guides you through cardiac pathophysiology, disease states presenting in the CICU, and state-of-the-art advanced diagnosis and therapeutic techniques. A visually appealing format, new chapters, and thorough updates ensure that you stay on the cutting edge of this rapidly advancing field. Discusses recent changes in cardiac intensive care, including new care paradigms, new mechanical support modalities, and new therapies and interventions. Contains 11 new chapters: Palliative Care, Temporary Pacemaker Insertion, Pericardiocentesis, Distributive Shock, Electrical Storm, Cardiopulmonary Cerebral Resuscitation after Cardiac Arrest, Temporary Mechanical Circulatory Support Devices, Cardiorenal Syndrome, Fulminant Myocarditis, Stress-Induced Cardiomyopathy, Diagnosis and Treatment of Unstable Supraventricular Tachycardia. Concisely yet thoroughly covers acute and severe heart failure, chronic pulmonary hypertension, life-threatening dysrhythmias, aortic dissection, and other cardiac conditions as they relate to intensive care. Explains drug therapy for key cardiac drugs, such as inotropes, vasodilators, anti-arrhythmics, diuretics, anticoagulants, and anti-platelets, and discusses important drug interactions. Ideal for all healthcare professionals involved in cardiac intensive care, including intensivists, cardiologists, cardiac surgeons, residents, fellows, cardiac nurses, respiratory therapists, physical therapists, and nutritionists.

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