CASES ON CRITICAL CARE

LEARNING OBJECTIVES

- Interpret hemodynamic parameters and acid-base status in critically ill patients.
- Differentiate between presentation of and treatment strategies for hypovolemic, obstructive, and distributive shock.
- Discuss the appropriate use of fluids, vasopressors, antibiotics, and corticosteroids in patients with sepsis, severe sepsis, or septic shock.
- Discuss strategies to optimize the safety and efficacy of therapeutic hypothermia for patients after cardiac arrest.
- Recommend therapeutic options to minimize delirium and provide optimal analgesia, sedation, neuromuscular blockade, and nutritional support in critically ill patients.
- Recommend therapeutic options to prevent stress ulcers, venous thromboembolism, hyperglycemia, and ventilator-associated pneumonia in critically ill patients.
- Recommend treatment options for acute intracranial hemorrhage.

*** Answers are in RED font ***

CASE 1

A 58-year old woman remains intubated in the intensive care unit (ICU) after a recent abdominal operation. In the operating room, she receives more than 10 L of fluid and blood products but has received aggressive diuresis with furosemide postoperatively. In the past 3 days, she has generated 12 L of urine output, and her blood urea nitrogen (BUN) and serum creatinine (SCr) have steadily increased to 40 and 1.5 mg/dL, respectively. Her urine chloride (Cl) concentration was 9 mEq/L (24 hours after her last dose of furosemide). This morning, her arterial blood gas (ABG) reveals pH 7.50, PaCO, 46 mmHg, and bicarbonate (HCO,) 34 mEq/L. Her vital signs include a blood pressure (BP) of 85/40 mmHg and a heart rate (HR) of 110 beats/ minute.

1. Which action is best to improve her acid-base status?

A. 0.9% sodium chloride (NaCl) bolus. - The patient manifests metabolic alkalosis, which is a primary increase in serum bicarbonate concentration (>30 mEq/L). In its pure form, it manifests as alkalemia (pH > 7.40). As a compensatory mechanism, metabolic alkalosis leads to alveolar hypoventilation with a rise in arterial carbon dioxide tension (PaCO₂). (Metabolic alkalosis. Medicape. 2018.) Due to the patients diuretics, she experienced volume contraction or the decrease in the volume of body fluid. Monitoring of chloride concentrations is essential to prevent or treat alkalosis. Administration of normal saline (0.9% NaCl) would correct the low chloride levels of the patient (Normal chloride (urine) = 25-40 mEq/L). (Chloride (Urine). Health Encyclopedia - University of Rochester Medical Center, 2020)

B. 5% dextrose (D5W) bolus. - Though the water content of both D5W and 0.9% NS solution is equal (1000 mL), much more fluid will reside in the intravascular space if given in the form of 0.9% NS (as none enters the intracellular space). Hence, 0.9% NS is preferred over D5W if the aim is to correct intravascular volume depletion. (Dehydration and volume depletion: How to handle misconceptions. World Journal of Nephrology, 2019.)

C. Hydrochloric acid infusion. - Infusion of HCI is indicated for patients experiencing metabolic alkalosis with arterial pH of > 7.55 and a PaCO2 of > 7.45. (Hydrochloric acid for treating metabolic alkalosis. The Japanese Journal of Surgery. 1989)

D. Acetazolamide intravenously. - Acetazolamide would be a consideration if the metabolic alkalosis persisted after correcting the volume contraction or other underlying problem. (Acetazolamide-mediated decrease in strong ion difference accounts for the correction of metabolic alkalosis in critically ill patients. BioMed Central, 2006.)

Critical Care Cases

Rahul Kashyap MBBS, John C. O'Horo MD, MPH, J. Christopher Farmer MD

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guidance on patient examination in the intensive care unit ICU Each of the following chapters covers a different disorder from acute severe asthma pulmonary embolism and septic shock to traumatic brain injury acute liver failure and much more The book concludes with cases examining out of hospital cardiac arrest brain death and organ donation as well as end of life care in the ICU A large selection of Objective Structured Clinical Examination OSCE practice questions are included to assist students in their preparation for examinations Nearly 300 clinical photographs illustrations and tables further enhance learning Key points Comprehensive guide to critical care medicine for postgraduates Presented in a case based question and answer format Includes numerous OSCE practice questions to help students prepare for examinations Highly illustrated with clinical photographs diagrams and tables Case Files Critical Care, Second Edition Eugene C. Toy, Terrence H. Liu, Manuel Suarez, 2017-09-08 Publisher's Note Products purchased from Third Party sellers are not guaranteed by the publisher for quality authenticity or access to any online entitlements included with the product SHARPEN YOUR CRITICAL THINKING SKILLS AND IMPROVE PATIENT CARE Experience with clinical cases is key to mastering the art and science of medicine and ultimately to providing patients with competent clinical care Case Files Critical Care Second Edition provides 42 true to life cases that illustrate essential concepts in critical care Each case includes an easy to understand discussion correlated to key concepts definitions of key terms clinical pearls and board style review questions to reinforce your learning With Case Files you ll learn instead of memorize The Second Edition has been revised throughout to reflect the very latest standard of care updates 42 high yield cases each with board style questions teach diagnostic or therapeutic approaches relevant to critical care medicine Explanations for the cases emphasize the mechanisms and underlying principles Complete discussion of each case makes this an instructive and practical primer for critical care rotations Perfect for residents medical students physician assistants and nurse practitioners working in the ICU Case Files Critical Care Eugene Toy, Manuel Suarez, Terrence Liu, 2014-01-07 SHARPEN YOUR CRITICAL THINKING SKILLS AND IMPROVE PATIENT CARE Experience with clinical cases is key to mastering the art and science of medicine and ultimately to providing patients with competent clinical care Case Files Critical Care provides 42 true to life cases that illustrate essential concepts in critical care Each case includes an easy to understand discussion correlated to key concepts definitions of key terms clinical pearls and board style review questions to reinforce your learning With Case Files you ll learn instead of memorize Learn from 42 high yield cases each with board style questions Master key concepts with clinical pearls Practice with review review questions to reinforce learning Polish your approach to clinical problem solving and to patient care Perfect for residents medical students PAs and Evidence-Based Critical Care Robert C. Hyzy, 2017-05-30 This book provides learners with a NPs working in the ICU unique opportunity by virtue of the format outlined above Each case presentation has a case vignette which leads up to an important clinical question and is followed by additional discussion which resolves the question posed This is a new way to present knowledge in a medical book and should help critical care practitioners fellows residents allied health professionals

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often experienced by the critically ill patient Inthis way consequences of critical illness such as acute renalfailure haemostatic failure and liver dysfunction are explored Throughout the text key research findings and critical caretreatment strategies are referred to applied and evaluated in the context of the given patient case study Advanced assessmenttechniques are explained and the underlying pathophysiology is discussed in depth Advanced Practice in Critical Care is an essential resource for experienced practitioners within critical care whom primarily care for patients requiring high dependency or intensive care

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